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COMPETENCES AND SKILLS NEEDS IN SERVICES FOR THE ELDERLY



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Introduction

The objective of the anticipation of competences and skills needs that is carried out by the Finnish National Board of Education is to produce information about the competences and skills required in working life in the future. In particular, the anticipation data strives to respond to the needs of the educational administration, providers of vocational education and training, educational institutions, polytechnics and universities and to supply them with up-to-date information on this subject. For example, the information produced by the anticipation process may be utilised to develop qualification requirements, curricula and qualification structures.

A process model for the anticipation of competences and skills needs was developed in the Finnish National Board of Education between 1 June 2008 and 31 May 2012 as part of the National Project on Anticipation of Competences and Skills Needs (VOSE). The project was implemented with funding from the Finnish National Board of Education supported by the European Social Fund. After the VOSE project, anticipation of competences and skills needs has become an established part of the Finnish National Board of Education's activities.

As the first anticipation process following the project, anticipation of competences and skills needs in the graphics industry was carried out in March-June 2013. During the same period, a process to anticipate the competences and skills needs in services for the elderly was initiated. The work of this anticipation group was carried out in April-October 2013.

This document contains a report on the results produced by the anticipation group on services for the elderly (for the composition of the group, see Appendix 1). When looking at the results we should note that, rather than being the views of the Finnish National Board of Education, they represent the outcomes of the anticipation group's work. Chapter 1 describes the anticipation process, with greater details provided in Appendix 2. The results of a job advertisement analysis used as background data for the anticipation exercise are summed up in Chapter 2. Chapters 3 and 4 contain an introduction to the drivers of change and scenarios defined by the anticipation group.

Chapters 5–7 describe the future competences and skills needs that the anticipation group identified by individual scenarios, by areas of the sector, and by professional groups. Cross-cutting competences and skills needs that are relevant to several of the scenarios are discussed in Chapter 8. Chapter 9 compares the future competences and skills needs recognised by the anticipation group to needs that emerged in interviews conducted in work organisations of the sector. Proposals for measures aiming to develop education and training in this sector that came up in connection with the anticipation process are set out in Chapter 10.

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Abstract

The National Project on Anticipation of Competences and Skills Needs (VOSE) implemented by the Finnish National Board of Education between 1st June 2008 and 31st May 2012 developed a process model for anticipating competences and skills needs. The aim was to produce anticipation data to be used in development of the contents of vocational education and training as well as polytechnic and university education to meet the needs of the future world of work. The VOSE project was implemented by the Finnish National Board of Education with funding from the European Social Fund (ESF). During the project, the anticipation model was piloted in the real estate and construction sector, in child day care and family welfare, as well as in the tourism and catering services.

After the conclusion of the project, efforts have been made to establish the anticipation of competences and skills needs as a permanent activity in the Anticipation and Strategic Development unit that is a part of the Vocational Education and Training unit at the Finnish National Board of Education. Following the conclusion of the VOSE project, the graphics industry was selected as the first sector to which the operating model developed in the project was applied. While this anticipation process was in progress, a process to anticipate competences and skills needs in services for the elderly was launched, the results of which are reported in this publication. The anticipation process concerning services for the elderly, which drew on experiences gathered during the VOSE project, took place in April–October 2013.

To examine the future competences and skills needs in services for the elderly, an anticipation group was put together. The group consisted of the National Education and Training Committees for social care, health care, rehabilitation and sport, and it was complemented with other specialists. After the kickoff meeting, the anticipation group met at four one-day workshops. A concluding meeting was held at the end of the process to finalise the results produced so far.

At the beginning of its work, the anticipation group formulated the following definition for the elderly services sector, which was the object of the anticipation exercise in this process:

“The point of departure of services for the elderly is to facilitate the physical, psychological and social functional capacity, independent and meaningful life, personal activity and agency as well as inclusion and resources of older persons. The purpose of the services for the elderly is to safeguard older persons’ wellbeing, health and functional capacity and support their independent living. This is made possible by means of multidisciplinary competences and skills.”

After considering key drivers of change that will have an impact on services for the elderly in the future, the anticipation group moved on to define alternative future states for the services and, using the futures table method, created four different scenarios for the sector. Starting with these scenarios, the group worked on future competences and skills needs and proposals for developing education and training. The time span for the anticipation exercise was 10–15 years from now.

The following emerged as the key shared competences and skills needs applicable to the various scenarios, areas and professions:

- competence in customer-centred operating methods and quality thinking
- interdisciplinary and multiprofessional approach (service coordination)
- innovation competence (including skills in developing one's own work)
- ethical competences and responsible action
- (holistic) knowledge of human functions
- competence in multiculturalism
- knowledge of recommendations, orders and legislation.

This publication describes the future drivers of change identified by the anticipation group, the four scenarios prepared by the group and the future competences and skills needs derived from the scenarios. The report discusses the competences and skills needs of each scenario, area of the sector and professional group selected for scrutiny. A fuller description of the shared competences and skills needs relevant to three of the scenarios is also provided. At the end of the report, the anticipation group's proposals for developing education and training are presented.

The anticipation group's work was complemented by an analysis of competences and skills needs obtained from job advertisements and interview data from the C&Q competence management system. The data concerns the future competences and skills needs as seen by work organisations in the elderly services sector.

This report comprises the results of the anticipation group's work. The report does not represent an official opinion of the Finnish National Board of Education.

As background data for the anticipation process, both sector-specific and more general analyses and views about the future were used. The process also utilised the Trendwiki system used in the administrative branch of the Ministry of Employment and the Economy, job advertisement data supplied by Foredata Oy, and data, which was obtained from the C&Q competence management system, on interviews conducted in work organisations. In addition, the chairpersons and secretaries of National Education and Training Committees for various fields contributed their views about the type of changes they expect to see in the future on the interfaces between the sectors they represent and the elderly services sector. During the anticipation process, the anticipation group received statements from Seta LGBTI Rights in Finland and from an informal carers' working group.

1 About the anticipation process

An anticipation group was set up to examine the future competences and skills needs in services for the elderly. The National Education and Training Committees for social care, health care, rehabilitation and sports sectors, as well as other experts of the field, were invited to participate in the group. For the composition of the anticipation group, see Appendix 1. The group was tasked to produce scenarios for services for the elderly and derive from them future competences and skills needs for the sector. Based on the scenarios, they were also asked to make proposals for developing education and training in the sector. In addition to workshop participants, all those who registered their interest in the process had the possibility of commenting on the various work phases and results and giving feedback.

As a backdrop for the anticipation work, the most important drivers of change in the operating environment were analysed, and prior studies and projects related to the anticipation of competences and skills needs were charted. The analysis of drivers was based on prior research and it utilised the Ministry of Employment and the Economy's Trendwiki system, in which not only prior research data but information on weak signals and trends had been collected. The examination of earlier studies and projects relevant to the anticipation of competences and skills needs, on the other hand, produced valuable information to support the selection of the sector to be examined.

The kickoff meeting and the first workshop that marked the launching of the project took place in April 2013. At the beginning of its work, the anticipation group defined services for the elderly that were the object of the anticipation exercise as follows:

“The point of departure of services for the elderly is to facilitate the physical, psychological and social functional capacity, independent and meaningful life, personal activity and agency as well as inclusion and resources of older persons. The purpose of the services for the elderly is to safeguard older persons' wellbeing, health and functional capacity and support their independent living. This is made possible by means of multidisciplinary competences and skills.”

The time span for the anticipation work was projected to extend over the following 10–15 years, with the objective of producing information about the types of competences and skills that will be needed in this sector in 2023–2028. At the first workshop, the participants discussed future drivers of change that will play key roles in services for the elderly. At its second workshop, which took place at the beginning of June 2013, the anticipation group defined various future states for the drivers of change, prepared four alternative scenarios with the help of the futures table method, and created three different customer stories for each scenario.

At the third workshop, which was also held in June, the anticipation group complemented and enriched the scenarios created earlier. In addition, the group identified different areas in the elderly services sector and considered the competences and skills needs from this perspective. At the fourth workshop in September, the anticipation group defined competences and skills needs by professional groups. The foundation for this work had already been laid in the concluding phase of the previous workshop. At the final workshop, the

participants also discussed the needs to develop vocational education and training in the sector from the perspective of different levels of education. For a more detailed description of the Finnish National Board of Education's anticipation process of competences and skills needs, see Appendix 2.

The contents of the different work phases in the anticipation process were determined and the general organisation of the work was handled by the personnel engaged in the anticipation of competences and skills needs process at the Finnish National Board of Education. The anticipation group's workshops were planned and implemented by Gaia Consulting Oy, which also was responsible for drawing up memoranda that recorded the progress and outcomes of each workshop.

2 Competences and skills needs in services for the elderly in job advertisements

To support the process of anticipating the competences and skills needs in services for the elderly, the Finnish National Board of Education obtained job advertisement data from Foredata Oy. This data reflects the employers' expectations, as they come up in job advertisements, concerning the competences and skills of persons to be recruited in the sector. The data was presented to the anticipation group before it began its efforts to define the future competences and skills needs of the sector for particular professional groups. It remains for the reader to decide whether the needs that came up in job advertisements reflect the competences and skills that will be needed in the sector in the future or whether the employers are only seeking competences and skills for their current needs in their advertisements.

The data was collected from the web services mol.fi and oikotie.fi. During the data collection period that ran from 1 January 2010 to 21 May 2013, a total of 21,813 advertisements relevant to the elderly services sector had been placed. The actual job titles used in the advertisements had been linked to the occupational classifications used by the Ministry of Employment and the Economy.

All advertisements that mentioned the elderly services sector were included in the data. In practice, this meant that the advertisement contained words such as services for the elderly, older person, geriatrics or the elderly. The search was also adjusted to pick up the various grammatical forms in which these words appeared. As a result, the data contains a broad range of advertisements. Consequently, there also is a great deal of variation in how directly the advertisements were associated with the elderly services sector.

Of the job advertisements related to services for the elderly, 90% concerned the main occupational group of social and health care. The following Table illustrates the distribution of job advertisements according to professional group.

Table 1. Job advertisements in the elderly services sector by profession grouped according to the Ministry of Employment and the Economy's occupational classification.

Most common professions in services for the elderly	Number of advertisements	Share of all advertisements (%)
Practical nurses and medical technicians	9 303	43
Nurses	6 178	28
Social sector carers and personal assistants	903	4
Doctors	725	3
Home help providers and home care assistants	566	3
Physiotherapists, rehabilitation assistants	346	2
Social workers	314	1
Assisting roles in treatment and research	308	1
Chefs, cooks and chilled foods cooks	302	1
Senior social workers and sectoral managers	271	1
Bus and car drivers	229	1
Cleaners	227	1
Kitchen and restaurant workers	218	1
Other social sector work	123	1
Occupational therapy	113	1
Others	1 687	8
Total	21 813	100

Of the professional groups referred to in the advertisements, practical nurses/medical technicians and nurses account for 71%. The next most frequently mentioned professional groups are social care workers and personal assistants, doctors, home help providers and home care assistants, physiotherapists and rehabilitation assistants. During the period under scrutiny, these groups came up in the job advertisements clearly less frequently than the two first-mentioned groups.

2.1 Competences and skills requirements applicable to all professional groups involved in providing services for the elderly

The competences and skills were divided into personal skills, vocational competence, language skills and other competences. The most frequently mentioned personal skill was a combination of a positive attitude, good motivation and enthusiasm, which was mentioned in 37% of all job advertisements in the elderly services sector. The second most important personal skill was team work skills, which were mentioned in 34% of all advertisements.

Other key personal skills that came up in the advertisements included cooperation skills (26%), development-oriented approach (25%), flexibility (23%) and responsibility (21%). This reflects the fact that work in the elderly services sector is performed in teams, and co-operation skills and development orientation are thus highly appreciated as personal skills.

The vocational competence that employers clearly valued the most was skills in carrying out basic care procedures (64%). Other significant vocational competences and skills needs were competences that were part of the qualification requirements (30%), knowledge of home care (28%), competence related to intellectual disability (20%), customer service skills (20%), and competence in rehabilitation (19%) and dementia care (13%). Of these competences, especially skills in basic care procedures and skills requiring familiarity with home care are needed in a practical nurse's tasks.

Importance given on competences and skills that are part of qualification requirements is a typical feature for the entire social and health care sector. Emphasis on competences related to intellectual disability, on the other hand, may have been prompted by sheltered housing units which have both disabled and older persons as their customers. Employees recruited to these units are thus required to have competences in both areas.

Remarkably few requirements concerning language skills came up in the job advertisement data, except for the Finnish language, which was mentioned in one advertisement out of five. We must presume, however, that Finnish language skills are not always brought up, as they are taken for granted. In some 5% of the advertisements, Swedish language skills were required, and English skills were required in less than 1%. In practice, no skills in any other languages were sought. Of other competences and skills, possessing a driving licence and having access to a personal car came up. These were seen particularly important in case of practical nurses and medical technicians.

2.2 Duration of the employment relationship and competences and skills needs

Of all job advertisements, 64% concerned recruitment to permanent employment. This figure slightly exceeds the average; if we look at all vacancies advertised during this period on the web services mol.fi and oikotie.fi, which numbered around 700,000 in total, 61% led to permanent employment.

If we compare the competences and skills required in job advertisements and leading to fixed-term and permanent employment, we note that there is little difference between the competences and skills needs. As the qualification requirements are highlighted, employees in a fixed-term employment are expected to have a similar level of competences and skills as those working in a permanent employment in the same profession. For this reason, the competence and skills needs also are similar in the elderly services sector both in fixed-term and permanent employment relationships.

2.3 Temporary agency work and competences and skills needs

The share of temporary agency work in jobs in the elderly services sector only was 3%. This share is remarkably small, as on average 19% of all vacancies were advertised through temporary employment agencies. In professions in the elderly services sector, agency work accounts for a maximum of 10% of all job advertisements, regardless of the professional group. In services for the elderly, agency work seems to mainly focus on tasks other than care-giving that is at the core of the sector. A good example of this is cleaners; in this group, agency work accounts for a relatively large share (8%).

As the share of agency work is low in job advertisements in the elderly services sector, the analysis of competences and skills needs inevitably remains somewhat sketchy in this respect. However, no difference can be pinpointed in the current data between temporary agency work and so-called ordinary employment relationships regarding competences and skills needs. The work mediated through agencies seems to focus on tasks that have lower skills requirements than other professions. As a result, competence requirements in agency jobs generally are less stringent than in other jobs. In these tasks, the competence requirements are less stringent regardless of whether the employer is an agency or some other organisation. Consequently, no actual difference between the competences and skills needs can be demonstrated.

3 Drivers of change

The anticipation group began its actual work by selecting key drivers of change that affect¹ the sector. For the purposes of this work, drivers of change meant significant issues or factors that will trigger a chain of events or an individual major event during the period under scrutiny and point the direction for its trends. While a driver of change may stand alone, it usually consists of a number of other factors.

At the first workshop, the anticipation group came up with a great number of drivers of change that will impact on competences and skills needs in services for the elderly in the future. After the discussion, the anticipation group verified that political, economic, social, technological, ecological, and values-based factors had been included in the analysis of the drivers.

The anticipation group then placed the drivers in a matrix where the vertical axis described the significance of the driver for the sector and the horizontal axis the likelihood of its realisation. The group proceeded to reduce the number of drivers by a vote where each participant selected three of the most essential and three of the least essential drivers. After the vote and as a result of a joint group discussion, the following drivers that the group found the most significant were selected for the basis of future efforts:

- change in demographic structure
- increasing diversity of older persons (including the widening range of ages, great variations in older persons' condition, growing number and sizes of minority groups)
- more wide-spread exclusion and inequality
- integration of services and technology (social media, online shopping, networks and wellbeing technology)
- limited economic resources
- cost-effectiveness mentality
- use of the political decision-making process in society to define a framework and values for other activities
- diversification of working life (expectations of young people, customer-orientation vs. market-drivenness and various service providers)
- technology for providing services at home
- activation of older persons: they have more choice and more responsibility
- environment needed by an ageing society (physical and social)
- changing social and health care structures (against the backdrop of multiculturalism, leadership and increasing personnel diversity)
- medicalisation and structural change
- impacts of globalisation on Finnish society.

The next step consisted of placing the drivers of change in a so-called futures table, in which different potential future states for them were defined and used as the bases for scenarios.

1 In reference literature, synonyms for drivers of change may include drivers or driving forces.

4 Scenarios

The scenarios were drawn up using the futures table methodology. The drivers of change listed in the previous chapter were used as row headings in the table, whereas the columns were populated with various states of the world. The first column described the Business As Usual state. In this scenario, the current development will continue with little change. The second column described a desirable state for the sector we should aim for, while the third one described an undesirable and the fourth one an unexpected situation. Within the aforementioned states of the world, the table defined various future states for the driving factors.

To prepare the scenarios the anticipation group, supported by the futures table, drew up a description of each one of the four states of the world. In addition, it was decided that the scenarios would be enriched with a customer perspective. This was achieved by selecting three customer types that play a key role in services for the elderly and including in the scenarios short narratives that describe the customers' situations. The customer types were an active and independent older person, a lonely person in a poor condition, and an informal care customer. The most significant parts of the customer narratives were included in the scenario texts.

4.1 All Is Well (Business As Usual)

In 2025, the number of older persons will be higher, and we will thus be operating on 10 per cent less resources than in 2013. The number of persons with memory disorders will have grown. The services must be planned well to facilitate the allocation of meagre resources to those who need and use them the most. Integration of services and technologies has been slow. The static nature of services for the elderly hampers the development of the sector. Significant structural changes are watered down at the grass-roots level, for example by protection against dismissals in municipalities. Political decision-making is slow. On the other hand, debate on values in society is lively.

Addressing the development of services for the elderly and the evaluation, cost-effectiveness and customer-orientation of these services is necessary also in workplaces and in service units' production structures. Integrating a customer perspective in everything, starting with education and training in the sector, has replaced the old approach of older persons being passive recipients of services. Patients and customers are increasingly participants as regards services provided for them. Older persons are given more responsibility for their own wellbeing, and more choice.

Older persons' possibilities of living in their own homes are supported. In addition, sheltered housing units have been set up to allow customers to receive the services indicated by their individual needs. The development of service complex concepts is making headway. However, there is a shortage of flats suitable for older persons in urban centres. Older persons are troubled by feelings of insecurity and loneliness.

There is a broader choice of services, and service vouchers will be introduced more widely. New combinations of services have been put together: social care, primary health

care and specialised medical care are working closely together. In rehabilitation, physical, psychological and social aspects are taken into consideration. There is a shortage of skilled personnel in the elderly services sector.

In 2025, typical active and independent older persons want to keep up to date and enjoy life. They know how to use Skype and Facebook to keep in touch. Even if they participate in aqua aerobics for senior citizens, they also use many other services, and they do not wish to be labelled as users of senior services alone. They appreciate services of a high quality. They use taxis and public transport to get around.

Active and independent older persons are hampered, to some extent, by osteoporosis, but they are energetic and wish to enjoy exercise and culture. From the perspective of health care, they need repeat prescriptions from time to time and an annual checkup at a private health centre. They visit public health centres, which are unable to approach a customer holistically, only in emergencies.

The identified service needs of active and independent older persons include

- cleaning services and home help
- cultural and health-related travel
- individualised ICT services
- gym training and guidance by a physiotherapist
- analysis of home services every second year
- making sure that their home is safe (anti-slip devices, grab bars etc.)
- weather forecasts for pedestrians and sanding of icy pavements.

In 2025, an example of lonely persons in poor condition is an older person living in his childhood home but struggling to cope. The house needs work. Food of an adequate standard and a confidential relationship with a doctor would also be important in order to deal with troublesome and embarrassing ailments. Following sports is an important part of the older person's life. Society provides a home help who comes once a week, doses medications and does the shopping.

An informal care customer may, for example, be the tired and overworked spouse of an Alzheimer's patient. The illness has progressed gradually, but now the informal carer is at the end of his tether at home, even if the patient's physical condition remains good. The services offered should meet the informal carer's needs without upsetting the Alzheimer's patient (with major changes, etc.). Offering free-time services, peer support, home services and the possibility of respite care would be important.

4.2 Ageing, Wild and Free (desirable)

In 2025, older persons enjoy equality and have good functional capacity, and their declining years are long and happy. Ailments only catch up with them in the last few years of their lives (rather than facing drawn-out periods in poor condition). Society fosters communality and is more tolerant. Exclusion is also less prevalent. Integration of services and technologies has progressed significantly. Technology is user-centred, easy to use and intuitive, and it can be tailored. Older persons are assisted by young people, school-children and working dogs.

Society is prosperous. Services can be offered at a low cost, or they are free of charge. On the other hand, older persons are wealthier in 2025 than in 2013, and they pay for a large share of the services they use. Older persons receive a good quality of care. Retirement age is subject to individual agreement, but in general, it has gone up. Pensions are adequate. Older persons remain functioning members of society for an extended period.

In 2025, the older population exerts a strong political influence. The voices of the older population are heard in society, and older persons are respected. Older persons serve as mentors in working life. They choose what to do, and some of them choose to work. Urban farming is valued, and an allotment is provided for all those who wish to have one. The generations live together. Society supports individual housing, for example by means of planning. Accessibility in homes and living environments has improved. Day-care centres, schools and sheltered housing units are co-located. Older persons have a stronger feeling of safety.

Boundaries between the various sectors of services for the elderly have become eroded. Combinations of the required competences and skills are used in a customer-oriented manner. The older person's own experience is also utilised. Workplaces rely on individual leadership, and partial ability to work is also accepted. The social and health care reform is under way. Primary health care, social care and specialised medical care services have been integrated.

The significance of rehabilitation has been understood, and plenty of rehabilitation services are available. The gulf between private and public service provision has been eliminated, and service users can select the option that suits them best (e.g. service vouchers). Plenty of stylish and non-stigmatising products and brands are available in the market that support active ageing. Drugs have been developed to treat memory disorders². Finnish research on memory disorders and competences in this area will be world class.

The active and independent older person of 2025 travels and uses plenty of cultural services. While she may work part time, she also has time to look after her grandchildren. She lives in a town or a city, owns her home, and also wishes to continue living at home until the end.

The active and independent older person uses public transport to get around. She is socially active and finds maintaining her functional capacity important: for example the ability to tend the vegetable garden at her summer house. The only long-term illness affecting her is asthma. Her recognised service needs include

- provision of health-related advice (information about asthma treatment and related services and preventive activities, or about maintaining a good functional capacity)
- timely health services, exercise services and health advice
- cultural services
- local services
- continuing education and training
- acute care services (demanding customers).

2 On the other hand, the group also detected weak signals indicating that the number of memory disorders will not increase at the rate we currently expect, after all, as the younger generations have benefited from better nutrition, health care etc. than their parents throughout their lives.

An example of a lonely older person in poor condition is a person suffering from dementia, with reduced mobility and aged 95. She has few social relationships and no family, as she arrived in Finland as an immigrant. She needs 24-hour care and many services, but her meagre financial resources make using wellbeing services difficult.

Recognised service needs of a lonely older person in poor condition include

- basic care needs (rehabilitation, nutrition and hygiene)
- stimulation (need for other people to ensure that life continues to feel meaningful)
- rehabilitation
- safety-related needs
- making use of culture (music, literature and visual arts)
- expert services in dementia care that are provided by a multiprofessional team (assessment by a doctor at home).

Informal care customers are represented by a couple where the husband is looking after his severely paralysed wife. Both are aged over 80. The couple live in a privately-owned one-family house in a small rural municipality. Their children live in a distant city. The house has been renovated and the necessary alterations that make living easier have been completed.

Among the recognised service needs of the informal care customers are:

- needs for support for their functional capacity and mobility
- the husband as an informal carer needs information, support and free time
- needs related to basic care (health services and basic care services)
- rehabilitation services
- shopping and cleaning services
- taxi services (support for mobility)
- recreational services (stimulation and activities taken to the home: keeping the old folks active and contented).

4.3 Ineffective System, Dissatisfied Individuals (undesirable)

Adequate provision for the demographic change has not been made in all areas of society, resulting in labour shortages and changes in service needs. The number of older persons is large, they are treated as a faceless mass, and their individual needs are not taken into account. From the perspective of services, the customers are not experienced as individuals. For example, sheltered housing units have similar, standard rooms for everyone. Ageing is seen and experienced as an illness.

While technology has become more widespread, skills in using and exploiting it have not. Technology is being used for wrong purposes, and some issues depend entirely on technology. On the other hand, the services for the elderly are structurally very labour intensive, which is costing too much. New solutions are not being sought. Different treatment forms are controlled by professionals, and self-treatment is not possible.

Professional groups have become differentiated, and cooperation between various disciplines is ineffective. The customers are sent from one window or institution to another; there is no overall picture of the customer's situation. The number of patients with memory disorders is increasing, memory disorders affect ever younger patients, and

alcohol-induced memory disorders are more widespread. If you do not suffer from a memory disorder, you have no access to services; simultaneously, memory disorders are exacerbated because adequate rehabilitation is not available.

Society is led by older people, and traditional values prevail. Innovativeness in society declines, and there is age racism. Challenges to plurality in society include over-regulation, need for permissions, and stringent norms. As a result of these factors, large service providers are the most successful. Implementation of new housing solutions has not been successful. Older persons move out of their homes and familiar environments when their functional capacity declines. Their lives become fragmented. Products are difficult to use in 2025, and older persons are overcharged.

The active and independent older person lives in a small locality. He is keen on networking and capable of social interaction. His minimum recognised service needs include maintaining his functional capacity (nutrition and exercise).

The lonely persons in poor condition lives alone and is excluded. He is likely to have a drinking problem, and his social contacts are few. His recognised service needs include supporting his participation in social activities and meeting his social, physical and psychological needs. The informal care customers, on the other hand, include an 85-year old who is looking after his spouse with a memory disorder. Their recognised service needs include the basic needs laid down in legislation.

4.4 Ageing Is a Desirable Trend (unexpected)

In 2025, the Finnish population will be considerably younger as a result of an influx of immigrants. Age is not a decisive factor in society, and individual choice is in key role. Older persons have become more radical in demanding their rights. Finland has become a "gerontocracy".

Older persons influence decisions and political decision-making structures at the formal level. People of all ages can flexibly continue in working life; all citizens work to the extent permitted by their competences and ability. New professional groups are emerging. Older persons' competences and skills are appreciated and exploited in working life.

Productisation of services has become diversified, and the quality has improved. The right service at the right time can be offered to older persons. All services are offered at the same window, and decisions on providing services are made without delay. Patient record systems are interoperable and work without delay. Older persons are looked after by Greek and Spanish carers. Prevention and treatment of memory disorders has progressed radically. The number of persons with memory disorders drops. Dementia can be cured by drugs.

New natural resources have been discovered in Finland, and a new prosperity permeates society. Older persons have a range of individual options: dance, sport, arts, travel, gardening, campuses for mixed generations, religious groups etc.

One of the active and independent older persons is an 80-year-old woman living in Kau-niainen. She has retired from her job as a comprehensive school teacher. She is socially

active. She is financially secure and able to use technology. The identified service needs of active and independent older persons include

- networking needs
- a need for education
- well-being services
- technological solutions
- services buses
- high-quality meal services.

An example of the lonely persons in poor condition is a single man with a drinking problem. He suffers from diabetes, coronary disease and obesity. He eats poorly, and his diet is not balanced. His recognised service needs include:

- A comprehensive needs analysis.
- The services should either be brought to the customer, or housing should be organised for him in an area of his choice.
- A dedicated contact person is needed to look after his affairs.

Among the informal care customers is a 90-year-old mother looking after her son, who has been injured in a road accident and who suffers from a memory disorder. The son and the mother live in the same household. The recognised service needs of the informal care customer include

- support for the informal carer's free time
- assistance in caring for the patient (basic activities)
- one-stop-shop services
- holidays as needed
- recreational visits outside the home.

5 Scenario-specific competences and skills needs

The scenario “All Is Well, Business As Usual” describes a future state where the current trend in the development of the elderly services sector continues. The “Ageing, Wild and Free” and “Ageing Is a Desirable Trend” scenarios, on the other hand, predict a positively-nuanced future, and the latter scenario even an unexpected one. The “Ineffective System, Dissatisfied Individuals” scenario, on the other hand, describes a future we would like to avoid.

It is unlikely that any of these scenarios will be a one-to-one match for the future of the sector. As part of the anticipation process, the scenarios are thus intended as tools for defining future competences and skills needs and sketching potential futures. The scenarios create alternatives that can be used as a starting point for anticipating the future, and their purpose is to broaden our horizon regarding potential future developments in the sector.

The anticipation group looked at the future competences and skills needs emerging from the scenarios from different angles: what types of competences and skills are needed to achieve a desirable future, and what types of competences we should have if the future looks threatening.

See Table 2 for the key competences and skills needs for each scenario. The categorization is based on the dynamic competence qualification classification used in the C&Q competence management system³. The main classes of competences and skills used are

- non-sector-specific general knowledge and skills related to production
- competence in product and service production
- business skills, administration and finance skills
- competences in customerships and customer relationships
- work organisation skills
- personal skills and attitudes
- research and development competence
- scientific and other competences.

At this stage, the objective was not to find competences and skills needs for each main group in every scenario: the needs that the group found the most important in each scenario were selected through a free flow of ideas. In a later phase, the competences and skills needs thus produced were classified following the aforementioned qualification classification system.

In later stages of the anticipation process, the competences and skills needs were also considered scenario by scenario for various areas of the sector and from the perspective of different professional groups. For a description of these competences and skills needs, see Chapters 6 and 7. In Chapter 8, the competences and skills needs that most frequently cropped up in the different scenarios, areas and professional groups are discussed in detail.

3 For more information on the classification system of competences and skills, see Taina Hanhinen's doctoral dissertation *Työelämäosaaminen – Kvalifikaatioiden luokitusjärjestelmän konstruointi* (Working life competences - constructing a classification system for qualifications). 2010. <http://acta.uta.fi/pdf/978-951-44-8290-8.pdf>.

Table 2. *Competences and skills needs in different scenarios.*

	All Is Well, Business As Usual	Ageing, Wild and Free (desirable)	Ineffective System, Dissatisfied Individuals (undesirable)	Ageing is a Desirable Trend (unexpected)
Non-sector-specific general knowledge and skills	<ul style="list-style-type: none"> • Interaction and communication skills • Quality competence • Knowledge of environmental issues, competence in environmental protection • Ethical competence, command of professional ethics, compliance with ethical values associated with the work 	<ul style="list-style-type: none"> • Interaction and communication skills • Language skills, language skills that are adequate for the work • Ethical competence, command of professional ethics, compliance with ethical values associated with the work 	<ul style="list-style-type: none"> • Basic ICT skills, basic IT skills, skills in using the most common software tools 	<ul style="list-style-type: none"> • Quality responsibility, quality control of work, quality thinking, quality awareness
Competence in product and service production	<ul style="list-style-type: none"> • Strong competence in the content of one's professional field • Competence related to nursing and care requiring individual responsibility (patient centredness, primary nursing) • Skills in assessing health, illness and need for treatment and care, observing symptoms • Competence related to drug-free treatment of mental health • Knowledge of dementia-inducing illnesses and memory disorders • Broad knowledge and command of and perspective on the rehabilitation sector • Basic skills in physical, psychological and social rehabilitation services • Adopting and internalising the culture of caring • Understanding accessibility, competence related to equal and easy access to services • Knowledge of social and health care services and the wellbeing sector 	<ul style="list-style-type: none"> • Skills in assessing health, illness and need for treatment and care, observing symptoms • Knowledge of dementia-inducing illnesses and memory disorders • Basic skills in physical, psychological and social rehabilitation services • Gerontological knowledge base and competence 	<ul style="list-style-type: none"> • Competence in peer learning • Educational skills, instructor skills 	<ul style="list-style-type: none"> • Early identification of memory disorder patients • Adopting and internalising the culture of caring • Knowledge related to normal ageing

	All Is Well, Business As Usual	Ageing, Wild and Free (desirable)	Ineffective System, Dissatisfied Individuals (undesirable)	Ageing is a Desirable Trend (unexpected)
	<ul style="list-style-type: none"> • Competence related to stimulation activities • Competence related to analysing a customer's need for support • Media education skills, critical media literacy • Competence in services for the elderly • Command of the service process for the care of the elderly • Gerontological knowledge base and competence • Knowledge of technological services needed by older persons • Basic skills in substance abuse welfare work 			
Business skills, administration and finance skills	<ul style="list-style-type: none"> • Organisation management skills and business management skills 	<ul style="list-style-type: none"> • Skills in networking and cooperating with various professionals 		<ul style="list-style-type: none"> • Entrepreneurial and business skills
Command of customer relationships and customer relationships	<ul style="list-style-type: none"> • Fair and equal treatment of customers • Customer-oriented operating method, understanding customer orientation, identifying needs and expectations • Skills in instructing and advising customers • Cultural knowledge, multiculturalism competence • Multiculturalism competence, knowledge of various cultural backgrounds, religions, working cultures, etc. 	<ul style="list-style-type: none"> • Customer-oriented operating method, understanding customer orientation, identifying needs and expectations • Skills in instructing and advising customers • Cultural knowledge, multiculturalism competence 	<ul style="list-style-type: none"> • Customer-oriented operating method, understanding customer orientation, identifying needs and expectations • Cultural knowledge, multiculturalism competence 	<ul style="list-style-type: none"> • Customer-oriented operating method, understanding customer orientation, identifying needs and expectations • Cultural knowledge, multiculturalism competence
Work organisation skills	<ul style="list-style-type: none"> • Self-directedness, conscious control of one's own behaviour and mind • Command of change management 	<ul style="list-style-type: none"> • Self-directedness, conscious control of one's own behaviour and mind 	<ul style="list-style-type: none"> • Work instruction skills and induction skills 	<ul style="list-style-type: none"> • Self-directedness, conscious control of one's own behaviour and mind

	All Is Well, Business As Usual	Ageing, Wild and Free (desirable)	Ineffective System, Dissatisfied Individuals (undesirable)	Ageing is a Desirable Trend (unexpected)
Personal skills and attitudes	<ul style="list-style-type: none"> Looking after well-being at work, promoting coping at work Commitment to working life operating methods, normal social behaviour in the workplace, compliance with working life rules Competence related to acquiring and seeking information, finding information in various sources A development-oriented approach to work, development of one's own work and work activities Skills in resolving problems, conflicts and disputes Skills in keeping control of situations, comprehensive perception, command of large and complex issues Problem-solving ability Multi-skilling, multidisciplinary command of work, multi-tasker, multidisciplinary competence Cost-awareness, financial thinking, results-oriented mindset 	<ul style="list-style-type: none"> Looking after well-being at work, promoting coping at work Competence related to acquiring and seeking information, finding information in various sources A development-oriented approach to work, development of one's own work and work activities Problem-solving ability Multi-skilling, multidisciplinary command of work, multi-tasker 	<ul style="list-style-type: none"> Looking after well-being at work, promoting coping at work Competence related to acquiring and seeking information, finding information in various sources Organisation skills, methodical operating method Problem-solving ability Life management, being responsible for one's own life, taking charge of one's own life and wellbeing 	<ul style="list-style-type: none"> Competence related to acquiring and seeking information, finding information in various sources Ability to apply knowledge acquired through education and training to one's work, transferring theoretical information into practice Interpersonal skills, social skills, sociability, skills in encountering people Accepting and respecting individuality and diversity in people Multi-skilling, multidisciplinary command of work, multi-tasker
Research and development competence	<ul style="list-style-type: none"> Competence in the deployment of and providing instruction related to technologies 	<ul style="list-style-type: none"> Competence in product development and design 	<ul style="list-style-type: none"> Innovativeness, creativity, ability to produce ideas Command of facilitation methods, finding suitable solutions and instruction 	
Scientific and other competences	<ul style="list-style-type: none"> Competence related to genomics (genetic material of an organism) 	<ul style="list-style-type: none"> Competence related to genomics (genetic material of an organism) 	<ul style="list-style-type: none"> Knowledge of sociocultural activities, influencing attitudes through social, cultural and leisure activities 	

After considering the individual scenarios, the group acknowledged that the greatest problem in the elderly services sector is a lack of appreciation and respect for old age. Those working in the sector should have the ability to understand an older person's position holistically and in concrete terms. People should not be labelled or categorised into any groups, and the services should adapt to an individual's life situation.

In all scenarios, strong competence in the content of one's professional field is required, but also multidisciplinary understanding is needed to see the service user's overall situation from different perspectives. In other words, in the future there will be an increasing demand for competences and skills that transcend traditional sectoral boundaries.

6 Competences and skills needs in various areas of services for the elderly

Once the scenarios had been completed, the group turned its attention to competences and skills needs in various areas of the elderly services sector. Competences and skills needs were defined for different scenarios. The anticipation group divided services for the elderly into the following areas:

- promotion of health and wellbeing
- support for the inclusion of the older population (decision-making, services, society)
- service activities that support living at home
- sheltered housing with 24-hour assistance (or institutional care).

The following sections describe, first, the shared competences and skills needs of the various areas; after that, the competences and skills needs arising from the target scenario for each area are discussed. These are partly included with the shared competence needs of various areas and complement them with additional competences and skills.

Examining the target scenario can be regarded as justified, as the purpose of the scenarios was to define those competences and needs that are a precondition for achieving and maintaining the state of the world in question. The anticipation group did not put the competences and skills needs in an order of importance, and neither is this report attempting to do so.

6.1 Shared competences and skills needs among all areas of services for the elderly

When looking at the aforementioned areas of services for the elderly and the different scenarios, we can point out certain competences and skills needs that are mentioned, in one form or another, in almost all areas and scenarios. These needs include

- ethical competence, command of professional ethics, compliance with ethical values that are part of the work
- basic nursing skills in health services, especially
 - competence in promoting brain health
 - mastery of basic medical care, medical care skills (including knowledge of side effects, interactions and administration routes)
 - instruction for self-treatment and guidance in it, ensuring customer participation and assigning responsibility to the customer
 - rehabilitation competence
 - exploitation of new technologies in health sector work
- shared competences in the social care fields, especially
 - knowledge of activities associated with social care services, seeing the big picture
 - consideration of family and friends and cooperation skills when interacting with them
 - exploitation of new technologies in social care sector work
 - skills in guiding and advising customers in social care services
 - competences in helping to maintain a customer's grasp of a meaningful everyday life, including command of stimulation activities in a variety of manners

- competence related to services for the elderly, including
 - command of the service process for the care of the elderly
 - knowledge related to ageing
 - knowledge of acts, statutes, orders and standards applicable to care for the elderly
 - appreciation of the older person and his or her life history
- customer cooperation skills, including
 - customer service skills, willingness to serve
 - sensitivity in customer service situations, presence
 - customer-oriented operating methods, understanding customer orientation, identifying needs and expectations
 - supporting and promoting the customer's inclusion.

6.2 Promotion of health and wellbeing

This perspective is integrated in all policies, and it stresses the need for anticipatory thinking. The promotion of health and wellbeing targets specific age groups, for example older persons. Inclusion, which is dealt with in connection with another area (Section 6.3), is not discussed in this section. Optimally, older persons would have to rely on the more intensive services at a later stage of their lives than today. Primarily, we should strive to maintain older persons' individual health, wellbeing and functional capacity (physical, psychological and social).

In addition to competences and skills needed in all areas cited in Section 6.1, competences and skills required in the target scenario in the area of promoting well-being and health are

- mathematical skills relevant to one's professional field, command of basic arithmetical operations (in the context of medical care)
- skills in assessing the impact of various procedures
- understanding accessibility, competence related to equal and easy access to services
- competence in stimulation activities
- understanding joint responsibility and acting accordingly
- knowledge of the decision-making process in society in the context of both central and local government
- accepting and respecting individuality and diversity in people
- knowledge of the customer-supplier model
- understanding of and basic skills in business and finance.

6.3 Supporting the inclusion of the older population (decision-making, services, society)

The inclusion of the older population means older persons' possibility of exerting influence as members of the community and citizens on the way the community works and services are developed. From an older person's perspective, inclusion means participation in planning his or her own services, processing of his or her case as a customer and the assessment of the quality of services, also when his or her functional capacity has deteriorated. (Cf. Quality recommendation to guarantee a good quality of life and improved services for older persons⁴.)

4 http://www.stm.fi/julkaisut/nayta/-/_julkaisu/1860580

Competences and skills needs typical of this area that come up in the target scenario include

- mathematical skills relevant to one's professional field, command of basic arithmetical operations (in the context of medical care)
- interaction and communication skills
- team work skills
- quality competence
- knowledge of social and health care services, knowledge of the wellbeing sector (also of services offered by the private sector)
- familiarity with income security
- new modes of exploiting existing social welfare sector services
- knowledge of the decision-making process in society in the context of both central and local government
- sensitivity to situations, ability to understand situations
- understanding of and basic skills in business and finance.

6.4 Service activities that support living at home

This area includes the following services: home care, shopping services, transport services, stimulation services, assistive devices, accessibility, catering, other wellbeing services (pedicures, hairdresser's services). In addition to competences and skills referred to in Section 6.1, the following capabilities are needed in the target scenario in this area:

- mathematical skills relevant to one's professional field, command of basic arithmetical operations (in the context of medical care)
- skills in instructing and controlling a group
- knowledge of care for the elderly services
- ensuring and observing the availability of stimulation
- basic knowledge of the effects of exercise on promoting good health
- terminal care skills
- a committed and responsible attitude towards one's own tasks and the work organisation
- a development-oriented work approach, development of one's own work and work activities.

6.5 Sheltered housing with 24-hour assistance (or institutional care)

This area covers sheltered housing units providing 24-hour assistance, old people's homes and health centre inpatient wards. Key future competences and skills needs for the target scenario include

- mathematical skills relevant to one's professional field, command of basic arithmetical operations (in the context of medical care)
- team work skills, cooperation skills
- competence related to developing a good care environment
- utilisation of new technologies in social and health care sector work
- motivational and active outlook, positive work attitude
- ability for critical thinking and innovation
- understanding of and basic skills in business and finance
- introduction and deployment of innovations.

7 Competences and skills needs in services for the elderly relevant to various professional groups and roles

In order to reach as concrete a level as possible in defining future competences and skills needs, the group next discussed the needs from the perspective of a few key professional groups and roles in the sector. As occupations to be scrutinised were selected **practical nurses and similar** (vocational education and training), **persons with a polytechnic degree in health care** (including nurses and other health care experts), **persons with a polytechnic degree in social care** (including Bachelor of Social Services, Bachelor of Social Services and Health Care) and **persons with a university degree** (doctor, psychologist, graduates of social work and social policy, Master of Health Sciences). The anticipation group believes that new professional groups will emerge in care for the elderly, and these professionals will be multiskilled providers of assistance with a shorter education and training than today. For this reason, as the fifth group was selected **assisting and supporting roles** (including care assistants, support services).

The following sections describe the future competences and skills needs of the aforementioned groups classified into main groups in line with the dynamic competence qualification classification of the C&Q competence management system. These main groups are highlighted in bold letters in the report. This document discusses the competences and skills that are needed either in all or at least most of the scenarios.

7.1 Practical nurses and similar

In the area of non-sector-specific general knowledge and skills, practical nurses will also need to master basic arithmetic operations needed in medical care in the future. They will additionally need interaction and communication skills and documentation and reporting skills. The importance of ethical competence, mastering professional ethics and acting in compliance with ethical values associated with the work will be highlighted. Adequate language skills will be needed, for example as a result of the increasing multiculturalism of our society.

An interest in nursing and care-giving naturally is a key precondition for working in the sector, as is a solid foundation of skills related to care for the elderly services. **Competences in service production** will also be needed in the future, as well as knowledge of illnesses and diseases, skills in daily basic nursing procedures and competence in medical care. Skills in instructing and advising customers in social and health care services and supporting the customer's functional capacity will be increasingly important. Practical nurses should be able to utilise new technologies in their work. They also need to be familiar with the acts, statutes and standards applicable to services for the elderly and understand their relevance to their work.

In work organisation skills, an ability to work in multiprofessional teams and groups will be stressed.

In **personal skills**, being motivated and active and having a positive work attitude will play a key role. Being responsible is another important personal skill needed in the work. In an ever faster-changing world, continuously maintaining and developing one's professional skills, willingness to develop oneself, and keeping up-to-date on developments in one's professional field will be highlighted. It is likely that professionals of the future will be expected to have an ability to adjust their competences (for example, extending their competences to such sectors as culture, tourism or beauty care). An ability to see individuals as holistic entities can also be considered a personal skill required of a practical nurse, even if it can partly be considered an aspect of professional competence related to service production.

7.2 Persons with a polytechnic degree in health care

Non-sector-specific general knowledge and skills expected of employees with a polytechnic degree in health care will in most scenarios include dialogical skills, adequate language skills and ethical competence.

Professionals must be able to draw on their vocational competence for making decisions on nursing and care. This also requires an ability to make decisions. They will maintain their professional competences and skills by constantly acquiring new information and evidence about the effectiveness of various solutions (evidence-based practice) and draw on this knowledge in their own nursing and care-giving work. **Of competences related to service provision**, an ability to promote a customer's health and functional capacity will also be highlighted. Knowledge of an older person's functional capacity and the factors that influence it, as well as skills in instructing and advising customers in using social and health care services, will be key competence requirements. An understanding and knowledge of when a person is healthy and when he or she is in need of support is naturally linked to the aforementioned competences.

The significance of vocational competence will be highlighted, and the work is likely to become more independent. It is also possible that some of the tasks currently performed by doctors will be delegated to nurses.

In most scenarios, strong **competences related to customers** will be needed. These include mastering customerships and customer relationships, willingness to serve and skills in encountering customers. In the future, knowledge of different cultures and competence in multiculturalism will be stressed.

A committed and responsible attitude to one's work and work organisation, acting as a responsible member of a team, and team work and cooperation skills will be key **work organisations skills** of the future.

Of **personal skills**, an ability to see individuals as holistic beings will be important. The world of work will need multiskilled professionals with multiprofessional competence in their work.

Competence in measuring effectiveness and impact in general and in evaluating effectiveness will be highlighted as areas of **research and development competence**.

In the future, there will be **less** demand for skills related to traditional record-keeping, as the modes of documentation will change. In future record-keeping and documentation, mastering the use of ICT systems and the connection between these systems and customer safety will be highlighted. Learning and teaching practical and theoretical aspects separately should be reduced, and efforts should be made to combine theory with practical work.

7.3 Persons with a polytechnic degree in social care

Of non-sector-specific general knowledge and skills, competences related to information activities and communication, and especially to online communication, will be increasingly important in the future. Understanding the opportunities offered by technology in general will also be important.

Of **competences in service production**, supporting and promoting the customer's inclusion, instruction and guidance of self-treatment and ensuring customer participation and assigning responsibility to the customer will play a key role. Professionals must be able to instruct and advise customers in issues related to social care services. They must be familiar with electronic services in the social sector and be able to utilise them. Evaluation competence, including skills related to assessing the quality of services and impact of activities, will be highlighted. When instructing customers, their participation in the evaluation, implementation and development of services must also be ensured.

Social welfare professionals should also have competences related to brain health. They must be able to deal with persons with memory disorders, also in other tasks than in services for the elderly.

Supporting citizen-led action and voluntary activities will also be important.

Regardless of the scenario, skills and competences in preventing exclusion and intervening in difficult situations will be required.

Business, administration and finance skills required in the future will include multidisciplinary leadership aiming to reach a shared goal. Management skills in general are also required. These skills will also include competence in the implementation of public administration strategies. Refashioning of activities and work processes and an ability to organise activities in a new way will be important in most scenarios. Mastering cost calculation will be part of a professional's vocational competence.

Competence related to mastering customerships and customer relationships will increase in significance. This also includes an ability to use information systems associated with customer relationship management. As multiculturalism of customers and work organisations increases, familiarity with different cultures will be more significant in the future.

Of **work organisation skills**, competence in age management and mastering change management will be important in all scenarios.

In a rapidly changing society and working life, employees must have a willingness to learn, and they must learn to learn. A development-oriented work approach and critical assessment of one's own activities are important **personal skills** that will be more essential in the future. In order to coordinate both services and their own work, professionals will be expected to have organisation skills and capabilities for methodical operation.

Research and development competence will be needed in areas such as service design and assessment and development of services.

In the context of **education and training content**, the anticipation group considered whether obtaining a food hygiene pass, for example, should be part of a polytechnic degree, or whether responsibility for obtaining this qualification should be passed on to employers.

7.4 Persons with a university degree

In the area of **non-sector-specific general knowledge and skills**, professionals with a university degree will also be expected to have good interaction and communication skills.

Of **service production competences**, at least satisfactory knowledge of the fundamentals of the ageing processes will be required in all scenarios. Other important competences and skills will include mastering the service process in care for the elderly, familiarity with social welfare services, knowledge about the entire field of rehabilitation activities, and understanding of the roles of other areas in the service system of the sector.

Of **business, administration and finance skills**, management competence skills and business skills will be highlighted. An expert must think and act with foresight and follow future trends. Skills in establishing relationships and networking, as well as mastery of partnership mentality will be vital in future working life.

The skill of self-direction and conscious control of one's behaviour and mind are part of **work organisation skills** required in most scenarios.

Personal skills needed in the future will include an ability to produce, process and select information and communicate it effectively. Interdisciplinary cooperation will increase between fields of science. This will require an ability to communicate with representatives of different disciplines (generating a shared language); professionals will benefit from an ability to make their competence relevant to such fields as architecture, engineering sciences or economics. Understanding at least something about other disciplines will thus be an advantage.

Less basic ICT training will be needed in the future **as part of university education**, and in this area, the focus should thus be on applied and in-depth command of content-specific systems of the students' professional fields. The role of language skills in education and training will also change. Students will already have acquired basic language skills in general education, and at university, they will concentrate on the terminology of their own professional field.

7.5 Assisting and supporting roles

It is also anticipated that new professions will emerge in care for the elderly in the future; these professionals will be so-called multi-skilled providers of assistance. A shorter period of education and training will be adequate for these professions, and training may take place in the workplace or be provided in the form of local training courses.

In the area of **non-sector-specific general knowledge and skills**, such competences as command of data security and protection of customer data will be important.

In the context of **service production**, an ability to support the customers' functional capacity, promote their participation in day activities and encourage them to be active will be important.

In **customer service skills**, an ability to be present and encounter the customer will be highlighted. Strict competence requirements will include a customer-oriented operating method, understanding of customer orientation and recognizing a customer's individual needs and expectations.

Of **personal skills**, multidisciplinary command of the work and a multidisciplinary approach in every-day encounters and services will be vital.

Less competence than today will be needed in such areas as command of hospital vocabulary. Formal divisions of labour and hierarchic mentality will decline in importance. Instead of theoretical thinking and written expression, vital aspects of studies will include on-the-job learning, genuine customer encounters and listening to the customer.

8 Cross-cutting competences and skills needs applicable to most scenarios

When we look at the scenario “All is well, Business As Usual” where the current development continues or the more positive “Ageing, Wild and Free” and “Ageing Is a Desirable Trend” scenarios and examine the competences and skills needs, as identified by the anticipation group, that are applicable to various areas of the sector and selected professional groups, certain needs can be found that crop up in all three scenarios. Selecting these scenarios as one of the points of departure for the examination is justified: in the Business As Usual scenario, the current development continues as a trend, whereas the other two describe a more desirable future, which we can hope to realise optimally if competences and skills required for them are available.

Table 3 lists the future competences and skills needs identified by the anticipation group in services for the elderly. These needs are arranged into eight categories. These competences and skills can be considered widely applicable to services for the elderly, rather than tied to any professional group. The emphasis of the needs may, however, be different in different professional groups.

Table 3. Competences and skills needs in services for the elderly identified by the anticipation group, converted into a competence classification ⁵ and grouped by main class.

Non-sector-specific general knowledge and skills
<ul style="list-style-type: none"> • Basic arithmetic skills, basic mathematical skills, command of basic arithmetic operations (in the context of medical care) • Interaction and communication skills, including online communication skills • Basic ICT skills, basic IT skills, skills in using the most common software tools • Quality responsibility, quality assurance in work, quality thinking and awareness • Command of language skills that are adequate for the work • Ethical competence, command of professional ethics, compliance with ethical values associated with the work
Competence in product and service production
<ul style="list-style-type: none"> • Competence related to promoting brain health • Command of nursing and care-giving with individual responsibility (patient centredness, primary nursing) • Knowledge of illnesses and diseases, familiarity with illnesses and diseases, pathological competence • Command of the daily basic care procedures for a customer/patient • Rehabilitative work approach, motivation, encouragement, etc. • Instruction and guidance in customer's self-treatment, ensuring customer participation and assigning responsibility to the customer • Skills in assessing the impact of various procedures • Knowledge of dementia-inducing illnesses and memory disorders • Knowledge of an older person's functional capacity and factors that influence it, support for functional capacity and knowledge of services that support functional capacity • Basic knowledge and skills related to physical, psychological and social rehabilitation services • Familiarity with activities related to social and health care services, understanding complex issues • Consideration of friends and family; cooperation skills when interacting with them • Utilisation of new technologies in social and health care sector work • Knowledge of acts and statutes applicable to social and health care sector professionals • Skills in instructing and advising customers in social and health care sector services • Competence related to resources, drawing on a person's resources, command of empowering methods • Command of the care and service plan process • Command of the service process for the care of the elderly • Knowledge of acts, statutes, orders and standards applicable to care for the elderly
Business skills, administration and finance skills
<ul style="list-style-type: none"> • Entrepreneurship and business skills • Preparedness to engage in multisectoral cooperation • Skills in establishing relationships and networking, command of a partnership mentality
Command of customerships and customer relationships
<ul style="list-style-type: none"> • Customer service skills, willingness to serve • Customer-oriented operating methods, understanding customer orientation, identifying needs and expectations • Cultural knowledge, multiculturalism competence

⁵ During the anticipation process, the group produced freely-worded competences and skills needs, which were subsequently converted into competences in line with the C&Q system and grouped by main class.

Work organisation skills
<ul style="list-style-type: none"> • Self-directedness, conscious control of one's own behaviour and mind • Team work skills, cooperation skills
Personal skills and attitudes
<ul style="list-style-type: none"> • Motivational and active outlook, positive work attitude • Looking after well-being at work, promoting coping at work • Entrepreneurial attitude and operating method, internal entrepreneurship, active and committed work approach • Commitment to working life operating methods, normal social behaviour in the workplace, compliance with working life rules • Competence related to acquiring and seeking information, finding information in various sources • A development-oriented approach to work, development of one's own work and work activities • Accepting and respecting individuality and diversity in people • Organisation skills, methodical operating method • Multiskilled or multiprofessional employees • Understanding of and basic skills in business and finance
Research and development competence
<ul style="list-style-type: none"> • Competence in the deployment of and providing instruction in new technologies • Innovation skills • Skills related to assessing effectiveness

While all the anticipated competences are important, towards the end of the anticipation process the group was asked to select a handful of competences and skills needs that it found the most important in the elderly services sector.

<p>Besides strong basic vocational competence in one's professional field, as the most important competences and skills needs were selected:</p> <ul style="list-style-type: none"> • competence in customer-centred operating methods and quality thinking • interdisciplinary and multiprofessional approach (service coordination) • innovation competence (including skills in developing one's own work) • ethical competences and responsible action • (holistic) knowledge of human functions⁶ • competence in multiculturalism • knowledge of recommendations, orders and legislation.
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6 Biopsychological knowledge, familiarity with basic human needs, familiarity with physiological, psychological, and social needs

9 Comparison of the anticipation group's results to interview data in the C&Q profession system

As one set of background data for the anticipation group on services for the elderly, interview data focusing on future competences and skills needs compiled in the C&Q competence management system was acquired. Interviews had been carried out in 103 work organisations, which employ a total of some 2,640 professionals in various roles of the elderly services sector. The interviews were conducted in 2010–2012.

On the basis of interviews conducted in organisations of the sector, ten of the most frequently mentioned competences and skills needs that will be prominent ⁷ in the future are:

- terminal care skills
- knowledge of dementia, dementia care, skills in caring for persons with memory disorders
- Customer-oriented operating methods, understanding customer orientation, identifying needs and expectations
- command of basic medication, medical care skills
- interaction and communication skills
- rehabilitative work approach, motivation, encouragement etc.
- cost-awareness, economic thinking, results-oriented mentality
- mastering the daily basic care procedures of the customer/patient
- knowledge of geriatric illnesses, including knowledge of dementia
- knowledge of dementia-inducing illnesses and memory disorders.

A total of 84 competences were mentioned in the interviews.

In Table 4, the results of the interviews conducted in work organisations have been grouped in seven main competence categories. In each main category, five future competence needs that were the most frequently mentioned in the interviews have been selected.⁸ If the fifth place in the order of frequency was shared by several needs, all these needs were included in the Table.

7 The actual question contained in the interviews was: "Which of the current competences will be particularly important for professionals of your sector in the future, and what new competences and skills will they need?" The competences needs are listed here in the order of the number of organisations believing that the competence in question will be highlighted in the future.

8 This means the number of organisations that mentioned the need in question as a future competence need.

Table 4. Competences and skills needs in company interviews, the most frequently mentioned needs in seven main classes, the most accurate level.

Non-sector-specific general knowledge and skills related to production
<ul style="list-style-type: none"> • Interaction and communication skills • Quality responsibility, quality control in work, quality thinking and awareness • Project work capabilities, project skills • Good quality of work, skills in performing high-quality work • Basic ICT skills, basic IT skills, skills in using the most common software tools • Occupational safety and ergonomics-related skills • Ethical competence, command of professional ethics, compliance with ethical values associated with the work
Competence in product and service production⁹
<ul style="list-style-type: none"> • Rehabilitative work approach, motivation, encouragement, etc. • Managing the daily basic care procedures of the customer/patient • Knowledge of dementia, dementia care work, skills in caring for persons with a memory disorder • Mastering the nursing of older persons with multiple illnesses • Terminal care skills
Business skills, administration and finance skills
<ul style="list-style-type: none"> • Competence related to networks and stakeholders • Strategy-related competence, including anticipation and responding to competitive situations and change • Change management skills • Competence in personnel management and in management of employment relationships • Skills in establishing relationships and networking, mastering a partnership mentality
Mastering customerships and customer relationships
<ul style="list-style-type: none"> • Addressing a customer's special requirements and individual needs • Marketing skills, sales promotion competence • Skills in marketing one's own services/products • Skills in dealing with aggressive customers who display challenging behaviours • Customer service skills, willingness to serve
Work organisation skills
<ul style="list-style-type: none"> • Supervisory skills • Team work skills • Team work skills, cooperation skills • Multiprofessional cooperation, cooperation with various professionals in the organisation • Skills in managing a team-based organisation
Personal skills and attitudes
<ul style="list-style-type: none"> • Cost awareness, economic thinking, results-oriented mentality • Maintaining and developing professional competence, willingness to develop oneself, keeping up to date • Assessment and analysis skills, critical approach • Accountable, capable of achieving results, productive, goal-oriented • Adaptability and flexibility
Research and development competence
<ul style="list-style-type: none"> • Management, development and verification of competences • Skills in assessing personnel competence

9 In this analysis, two main categories were combined.

When we look at the results, we note that the responses concerning future competence needs in the sector received in the company interviews and the competences and skills needs identified by the anticipation group are very similar. The anticipation group did not set the competences and skills needs in an order of importance, or any other order, and they can thus not be directly compared with the competence needs picked out from interview results based on the number of citations. When we examine the entire set of interview data, it appears that the majority of the future competences and skills needs proposed by the anticipation group were also mentioned, at least a few times, in interviews conducted in over one hundred work organisations.

The results of interviews conducted in work organisations are to a great extent consistent with the results produced by the anticipation group, which are summed up in Chapter 8. Unlike the company interviews, the competences and skills needs produced by the anticipation group stress such skills applicable to the entire sector and all scenarios as mastering nursing and care-giving work with individual responsibility (patient centredness, primary nursing), instructing and guiding patients in self-treatment, ensuring customer participation and assigning responsibility to the customer, skills in assessing the effectiveness of various procedures, knowledge of activities related to social and health care services (understanding complex issues), skills in instructing and advising customers in social and health care sector services, mastering the care for the elderly service process, and knowledge of acts, statutes, orders and standards applicable to care for the elderly.

On the other hand, the anticipation group paid little attention to project work skills, ergonomics skills, terminal care skills, competence related to employment relationships or marketing skills, which were visible in the company interviews.

It appears that the anticipation group found competence related to assessing activities, participatory methods with individual customers, providing advice and instruction and mastering more complex areas, including the service system and processes, more important than the interviewees. The interviewees, on the other hand, were more likely to highlight skills in basic nursing and care procedures, and various types of competences related to maintaining a competitive position, of which the latter may be due to the fact that the group interviewed contained more private sector representatives than the anticipation group.

10 Proposals for measures aiming to develop education and training

As part of the anticipation process, the group discussed concrete needs to develop vocational upper secondary education and training and polytechnic and university education.

Vocational upper secondary education and training

- The students need more places for on-the-job learning. Adequate workplace supervision of a high quality during on-the-job learning periods also needs to be ensured.
- Teaching should have closer links with working life. Greater numbers of workplace representatives should be involved in teaching, for example as visiting lecturers and instructors.
- More teaching that imparts competence related to memory disorders and teaching associated with providing customers motivational and participatory support should be included in education and training.
- To support holistic knowledge of human functions, the studies should, at minimum, include competences related to anatomy, illnesses, the psyche and wellbeing, as well as competence relevant to changes brought about by ageing.
- Familiarisation with the students' own culture and other cultures should have a larger role in the education and training.
- The study programmes should ensure that the students are aware of their duties as employees and familiar with the customers' rights. Capabilities in keeping up with legislative changes and assessing their impact on one's own work and customer service are also needed.
- The students should have more possibilities of also choosing modules in other fields of study and education.
- Genuine cooperation and studying together with other professional groups in the education and training stage would be a good idea.
- More attention should be paid to the recognition and accreditation of a student's competences. Prior learning must be better accounted for.
- Joint study modules are needed for various levels of education.
- Cooperation between educational programmes for adults and young people should be stepped up.
- A dedicated educational path should be established for care of the elderly. The anticipation group used the term "gerontological path", which meant a smooth progression in studies related to care for the elderly from vocational training to higher education.

Polytechnics

- Study programmes should include more content on brain health, various rehabilitative and preventive measures, and methods that support brain function (including music and drama therapy).
- Teaching through simulation should be expanded.
- The students should, during their studies, acquire a holistic perspective on rehabilitation and prevention.
- It should be ensured that students have a genuine possibility of also choosing modules from studies in other fields. Building up versatile competences by combining studies in different fields should be made possible.

- More content that supports familiarity with and acceptance of other cultures should be included in the teaching.
- The studies should contain more project assignments and learning through projects.
- Teaching should have closer links with working life. Greater numbers of workplace representatives should be involved in teaching, for example as visiting lecturers and instructors. Theory and practice should be more strongly integrated in the teaching and learning, for example by means of teaching that takes place in working life.
- Research and development should be integrated in the study path, rather than being an “isolated island” in the studies.
- The possibilities of taking competence-based qualifications should be developed.
- More attention should be paid to the recognition and accreditation of competence.
- When preparing teaching contents, anticipation data should be drawn upon more extensively to ensure that education will meet future working life needs.
- Work placements abroad should preferably contain both theory and on-the-job learning.
- It should be ensured that teachers have a possibility to follow international research and development in their fields.
- The position of education programmes leading to a Bachelor of Social and Health Care in Gerontology degree should be strengthened in the national discussion and the expertise of these graduates should be exploited extensively in services for the elderly.

Universities

- The studies should contain more education in economic sciences and education strengthening entrepreneurial and management skills.
- Degree programmes should contain teaching on research ethics.
- The students should develop a broad understanding of rehabilitation (psychological, physical and social) and become familiar with the entire rehabilitation system during their studies. This can be facilitated by, for example, cooperation with polytechnics.
- In addition to ensuring strong competences in a professional’s own field, access to interdisciplinary studies should be improved. Students should learn to understand the holistic and process-like nature of phenomena (in the social care sector). Understanding the terminology and viewpoints of other disciplines outside one’s own discipline would be beneficial in this respect.
- Degrees should contain international modules.
- More project assignments implemented in cooperation with working life and various professionals, as well as learning-through projects, should be included in the studies. These components will not only build up the students’ team work, interaction and networking skills but also impart cultural skills and an ability for multiprofessional operation and promote cooperation with working life.
- Universities should work together, for example in the areas of obtaining project funding and deciding the orientation of research.
- Interested students should increasingly be directed to researcher training, thus giving a boost to Finnish research in ageing.
- As the number of private universities goes up, the quality of the teaching they deliver should be vetted.

General remarks

At all levels of education, we should ensure that the students obtain an adequate foundation of ethical knowledge and theory that is consistent with the level of their degrees. It would thus be a good idea to re-examine ethical questions in different contexts during the studies.

The anticipation group proposes that a follow-up study of the results and proposals produced by this anticipation process be carried out in 2 to 3 years after their publication. The follow-up study could be implemented by, for example, the National Education and Training Committees for social and health care, rehabilitation and the sports sector that participated in this anticipation process.

11 Conclusion

At its anticipation workshops, the anticipation group for services for the elderly sketched various future scenarios for the sector and discussed the relevant competences and skills needs. The anticipation group consisted of representatives of employers and employees, teaching, education and training, research, students and administration. The group had the opportunity of commenting on the results produced in various phases of the process. This final report describes the results of the various work phases that were recorded in the memoranda drawn up to document the anticipation workshops. The draft report was discussed at the anticipation group's concluding meeting.

Rather than predict accurately the future of the sector in 10–15 years, the purpose of the anticipation process was to anticipate and reflect upon potential trends. It is unlikely that any of the scenarios discussed in this publication will come true as such, and the truth will be “something in between”. However, by anticipating alternative trends we can seek out competences and skills that we are very likely to need in the future. This method does not result in highly accurate definitions of competences and skills needs, as technological changes that affect tools and working processes, for example, are extremely difficult to anticipate. Bringing such anticipation results to bear on the contents of education programmes and degrees could also be fraught with risks and lead into serious misjudgements in cases where the prediction in question failed to come true in the end. The objective of these efforts thus was to identify sets of competences and the broader extent of competences and skills needs that will play key roles in this sector in the future. It is up to those involved in the development of teaching, education and training to continuously follow the megatrends, trends and weak signals in their operating environments and to draw on these indicators to adjust the contents of education programmes and degrees. A flexible education system will be able to meet working life challenges, and continuing and further education and training can provide a rapid response to changing competence needs in working life. Keeping constantly up to date with developments in the sector naturally also is in the interest of employers and employees.

The authors hope that the work carried out by the anticipation group will benefit the efforts to develop education, training and degrees in this sector and make it possible to adjust the contents of education programmes and degrees to the needs of future working life more accurately.

APPENDIX 1. Participants in the anticipation for competences and skills needs in services for the elderly

Representatives of the National Education and Training Committee for rehabilitation and sport:

Seppo Kilpiäinen, Member	Kemi-Tornio University of Applied Sciences, social and health care sector
Juhani Laurinkari, Member	University of Eastern Finland/Kuopio campus
Päivi Mäkinen, Member	Union of Professional Social Workers Talentia
Aira Rajamäki, Secretary	Finnish National Board of Education/Vocational Education and Training/Vocational Upper Secondary Education and Training
Jarno Talvitie, Deputy Member	Private Health Services Association
Riitta Vehovaara, Chair	Trade Union for the Public and Welfare Sectors JHL

Representatives of the National Education and Training Committee for the social care sector:

Jari Helminen, Member	Diaconia University of Applied Sciences
Juha Hämäläinen, Deputy Member	University of Eastern Finland
Anne Mårtensson, Secretary	Finnish National Board of Education/Vocational Education and Training/Vocational Adult Education and Training
Soili Nevala, Member	Finnish Union of Practical Nurses SuPer
Heli Sahala, Chair	City of Kotka
Aira Rajamäki, Deputy Member	Finnish National Board of Education/Vocational Education and Training/Vocational Upper Secondary Education and Training
Pirjo Sarvimäki, Member	Ministry of Social Affairs and Health
Riitta Vehovaara, Deputy Member	Trade Union for the Public and Welfare Sectors JHL

Representatives of the National Education and Training Committee for the health care sector:

Marja-Kaarina Koskinen, Chair	Union of Health and Social Care Professionals Tehy
Sami Matikainen, Deputy Member	Trade Union for the Public and Welfare Sectors JHL
Anne Mårtensson, Deputy Member	Finnish National Board of Education/Vocational Education and Training/Vocational Adult Education and Training
Soili Nevala, Deputy Member	Finnish Union of Practical Nurses SuPer
Soile Paahtama, Vice Chair	Association of Finnish Local and Regional Authorities
Aira Rajamäki, Secretary	Finnish National Board of Education/Vocational Education and Training/Vocational Upper Secondary Education and Training
Pirjo Sarvimäki, Deputy Member	Ministry of Social Affairs and Health
Riitta Vehovaara, Member	Trade Union for the Public and Welfare Sectors JHL

Experts invited to participate in the work:

Laura Airaksinen	Pikonlinna Kiinteistöt Oy
Sirpa Asko-Seljavaara	Helsinki Council for Older People
Harriet Finne-Soveri	National Institute for Health and Welfare
Sirkkaliisa Heimonen	The Age Institute
Petri Honkanen	Ministry of Employment and the Economy
Eija Hoppu	Omnia/Vocational College
Tiina Häyhä	KT Local Government Employers
Terhi Jussila	Central Union for the Welfare of the Aged
Asta Kaitila	Omnia/Adult Education Centre
Anna Kallaskari	Association of Social Service Employers
Auli Korhonen	Ministry of Employment and the Economy
Ulla-Maija Laiho	Ministry of Employment and the Economy
Jaana Leikas	VTT - Technical Research Centre of Finland
Merja Mäkisalo-Ropponen	Parliamentary Social Affairs and Health Committee
Ville Niemi	University of Jyväskylä (student?)
Jenna Nieminen	Finnish National Board of Education/Vocational Education and Training/Anticipation
Petri Nikander	Finnish Federation of Vocational Trainees – SAKKI
Eila Okkonen	The Alzheimer Society of Finland
Mervi Pulkkanen	Tekes – the Finnish Funding Agency for Technology and Innovation
Riitta Radnia	Finnish National Board of Education/Vocational Education and Training/Anticipation
Sari Rissanen	University of Eastern Finland
Teemu Santonen	Laurea University of Applied Sciences
Eva Siitonen	Union of Health and Social Care Professionals Tehy
Timo Suutama	University of Jyväskylä, Department of Psychology
Eero Toivainen	Finpro ry
Liisa Tyllilä	Hiking Travel, Hit Ky
Virpi Uotinen	Open University of the University of Jyväskylä
Ninni Vatula-Heikkinen	TAMK - Tampere University of Applied Sciences
Erkki Vauramo	Aalto University, Sotera Institute
Päivi Vuokila-Oikkonen	Diaconia University of Applied Sciences

Project organisation:

Timo Bergman	Finnish National Board of Education/Vocational Education and Training/Anticipation
Ulla Taipale-Lehto	Finnish National Board of Education/Vocational Education and Training/Anticipation

Facilitation of the anticipation workshops:

Meiju Ruotsalainen	Gaia Consulting Oy
Anu Vaahtera	Gaia Consulting Oy

APPENDIX 2. Anticipation process related to services for the elderly

Composition of the anticipation group

The anticipation group for competences and skills needs in services for the elderly was composed around the National Education and Training Committees for social and health care, rehabilitation and sport sectors. Initially, interested participants were found in the National Education and Training Committees, after which the group was complemented with other experts of the field.

Background for the process

Two methods were employed in autumn 2012 to provide background for the process. First, various projects, surveys and studies related to anticipation of competences and skills needs were charted. The purpose of this exercise was to establish to what extent the competences and skills needs in each field had been anticipated previously. This information supported the selection of the field that would be the object of the anticipation exercise. In this phase, a survey addressed to the National Education and Training Committees was used to obtain the Committees' opinions on the fields that should be the next objects of anticipation.

The second part of the background data consisted of an analysis of the operating environment, in which various drivers of change that influence societal development were examined. To this end, background studies conducted during the VOSE project, anticipation studies carried out by the National Education and Training Committees in 2012, other research literature and weak signals and trends collected in the Ministry of Employment and the Economy's Trendwiki system were exploited. The contents of the drivers of change were analysed in Trendwiki, and experts of quantitative and qualitative anticipation in the Anticipation unit of the Finnish National Board of Education took part in it.

Kickoff meeting, 9 April 2013

The anticipation group came together at a kickoff meeting, where background to the project was provided and the objectives of the anticipation exercise were explained to the group. The group also familiarised itself with the timeline of the anticipation process and research data relevant to the sector, discussed the definition of the sector to be anticipated, agreed upon the roles, tasks and working methods of the different parties in the anticipation group, and discussed additional members to be invited to participate in the group.

First anticipation workshop: selection of future drivers of change, 2 May 2013

The anticipation group began its work by listening to introductory remarks on the objectives of anticipation and the work process and by producing a more specific definition of the sector to be examined. After this, general drivers of change in the operating environment, results of the Foremassi 2025 project, and the long-term quantitative outlook for future labour and training needs in the sector were presented to the group. During the introduction, the members were asked to write down 5–10 drivers of change that they felt would exert the most significant influence on the future of the elderly services sector.

The group members then paired up to write a joint list of at least seven drivers. The drivers of change catalogued by the pairs were assessed from the political, economic, technological, social, ecological and values-based perspective to ensure that the selected drivers would have a sufficiently wide coverage.

Next, the participants were divided into three groups, in which they firstly had an opportunity to assess the significance of the drivers for the sector and, secondly, the certainty of the drivers. This was achieved by placing the drivers of change in a matrix of four fields divided by two axes. The group members then voted to select 3 of the most essential and 3 of the least essential drivers from among those collected in the matrices. Finally, the anticipation group discussed the results of the vote and selected 14 of the most important drivers of change.

Second anticipation workshop: futures table and scenarios, 3 June 2013

The workshop began by re-examining the drivers of change selected at the previous workshop. In pairs, the participants discussed whether or not the list formulated at the previous workshop contained the most essential drivers of change for services for the elderly. Finally, the following were selected as key drivers for services for the elderly:

1. change in demographic structure
2. increasing diversity of older persons (e.g. increasing age range, great variations in the condition of older persons, increasing number and sizes of minority groups)
3. more wide-spread exclusion and inequality
4. integration of services and technology (social media, online shopping, networks and wellbeing technology)
5. limited economic resources
6. cost-effectiveness mentality
7. society uses political decision-making to create a framework and values for other activities
8. diversification of working life (expectations of young people, customer-orientation vs. market drivenness and various service providers)
9. technology for providing services at home
10. more active older persons, older persons have more choice and more responsibility
11. environment needed by an ageing society (physical and social)
12. structural change of social and health care (against the backdrop of multiculturalism, leadership and increasing personnel diversity)
13. medicalisation and structural change
14. impacts of globalisation on Finnish society.

The participants were then divided into four groups to work on the scenarios:

- Business As Usual
- Desirable scenario, or one of strong growth and/or blossoming of the sector
- Undesirable scenario, or one of decline in the sector
- Unexpected/"mad"/"unhinged" scenario

In small groups, the participants were tasked to find optional states for the drivers of change from the perspective of the scenario assigned to them and to answer the question: What could result from each driver of change? The options were recorded in the futures tables by entering the drivers as row headings and the scenarios as column headings. The groups could comment on and add detail to the outcomes concerning drivers of

change produced by other groups. The groups made independent decisions on which comments to include in their scenario and which to leave out. Next, the scenarios were named, and the following names were selected:

1. All is well, Business as Usual
2. Ageing, Wild and Free – desirable
3. Ineffective System, Dissatisfied Individuals – undesirable
4. Ageing Is a Desirable Trend – unexpected.

After this, the participants were asked to create three customer stories to go with their scenario. As a result of a joint discussion, the following three customer types were selected:

1. An active and independent older person
2. A lonely person in poor condition
3. An informal care customer.

The scenarios were complemented with customer stories, which aimed to describe in detail the customers of the aforementioned three types and their needs and assess what these customers can be offered.

At the end of the workshop, the anticipation group discussed the scenarios it had produced and considered, in small groups, the scenario-specific competence and skills needs.

Between the second and the third workshop, the parties represented in the anticipation group could ask their own networks to comment on the scenarios. The comments and proposed changes were discussed at the third workshop.

Third anticipation workshop: Complementations of scenarios and definition of future competences and skills needs in services for the elderly by area, 18 June 2013

The workshop was launched with an introduction to the results of a survey that had examined the interfaces of other National Education and Training Committees with services for the elderly. A joint discussion on the scenarios followed.

The work was continued in four small groups, each of which was tasked to enrich a specific scenario with noteworthy and surprising elements. The groups drew upon the trends and weak signals that had come up in TrendWiki, upon issues that emerged in feedback on the scenarios, and upon views obtained from the National Education and Training Committees on the future outlook for interfaces between services for the elderly and other sectors. In addition, the groups were asked to consider how products and services would be combined from the perspective of their scenarios.

In the next phase, the group selected four areas which play a key role for services for the elderly, to start defining the competences and skills needs for those areas. Promotion of health and wellbeing, support for the inclusion of older population (decision-making, services, society), service activities that facilitate living at home, and sheltered housing with 24-hour assistance (or institutional care) were selected as such areas.

The participants were then divided into four small groups, one for each separate jointly-defined area of services for the elderly. The groups were asked to consider what competences and skills needs related to services for the elderly in each scenario can be derived from the perspective of the various areas involved.

At the next workshop, the objective was to define competences and skills needs from the viewpoint of different professional groups. At the end of the workshop, the anticipation group had an initial discussion about the professional groups on which the work should be based. This discussion continued at the fourth anticipation workshop.

Fourth anticipation workshop: Definition of competences and skills needs by professional group and proposals for developing education and training, 2 September 2013

At the beginning of the day, an analysis of job advertisements and the competences expected of the persons to be recruited mentioned in them was presented to the group. The group then selected five professional groups that play a key role in services for the elderly for the basis of the definition of competences and skills needs. These professional groups were practical nurses and similar, persons with a polytechnic degree in health care (including nurses and other health care experts), persons with a polytechnic degree in social care (including Bachelors of Social Welfare, Bachelors of Social Welfare and Health Care), and professionals with a university degree (doctors, psychologists, holders of degrees in social work and social policy, Masters of Health Sciences) as well as those in assisting and supporting roles in services for the elderly.

As indicated by their competences and interests, the participants divided into small groups focusing on different professional categories and started discussing the future competences and skills needs of each professional category in their scenario. Another objective was identifying competences and skills for which there would be a reduced need in the future.

At the end of the workshop, the participants divided into three groups focusing on different levels of education and discussed the needs for changes that the scenarios and competences and skills needs created in the previous work phases bring to education and training in the sector. In addition, the group selected among the competences and skills needs they had come up with so far the more extensive competence areas that they felt were the most important and discussed proposals for measures related to the changes that will be required in education and training in order to deliver competence in these areas.

Concluding meeting, 16 October 2013

The anticipation group discussed the draft report on competences and skills needs and the comments received on it.

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