



Aalto University
School of Arts, Design
and Architecture

DESIGN
FOR
GOVERNMENT

CARE THROUGH CONNECTION

Continuity of Understanding: Supporting Bilingual, Inter-professional Care Pathways

Care 2 Team



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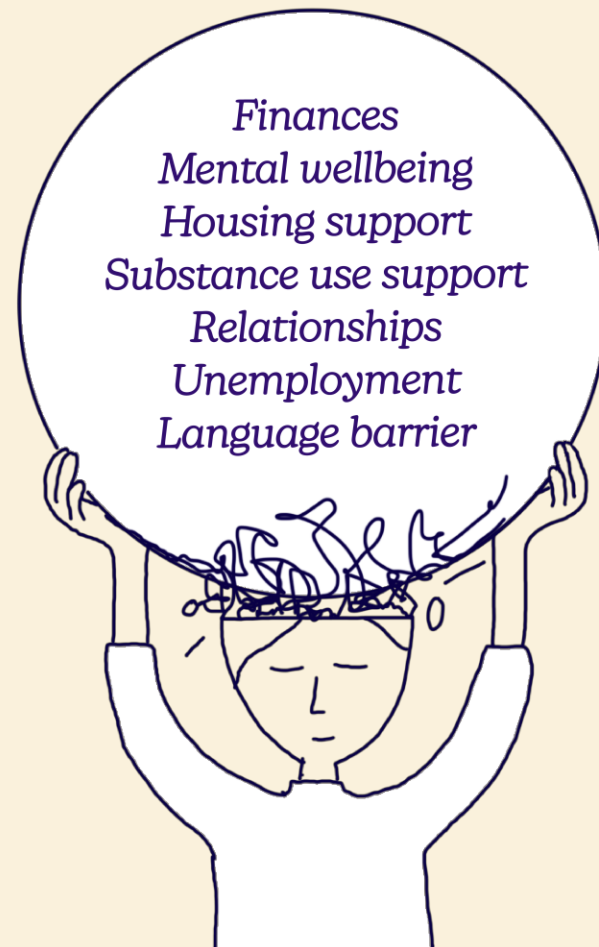
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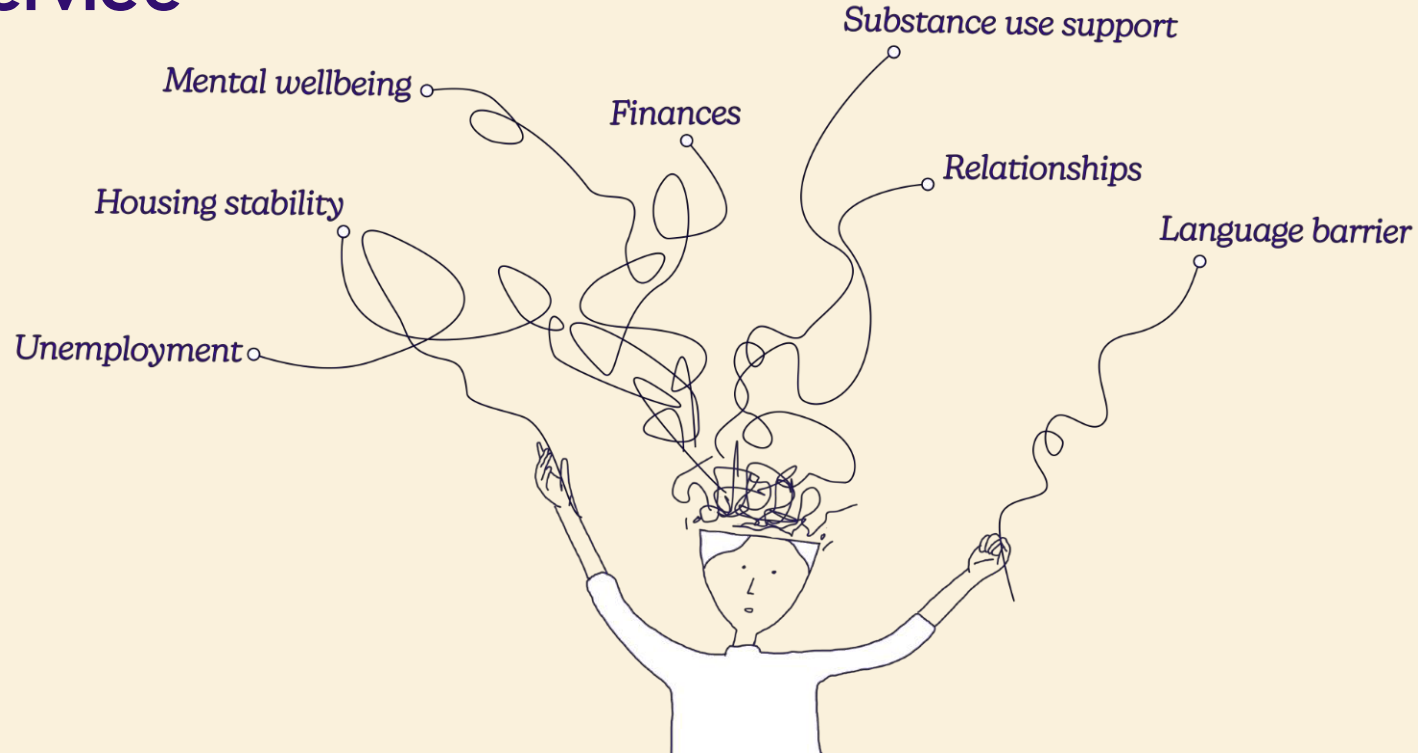
“Oh, there is so much more that I'd like to do, but I can't.”

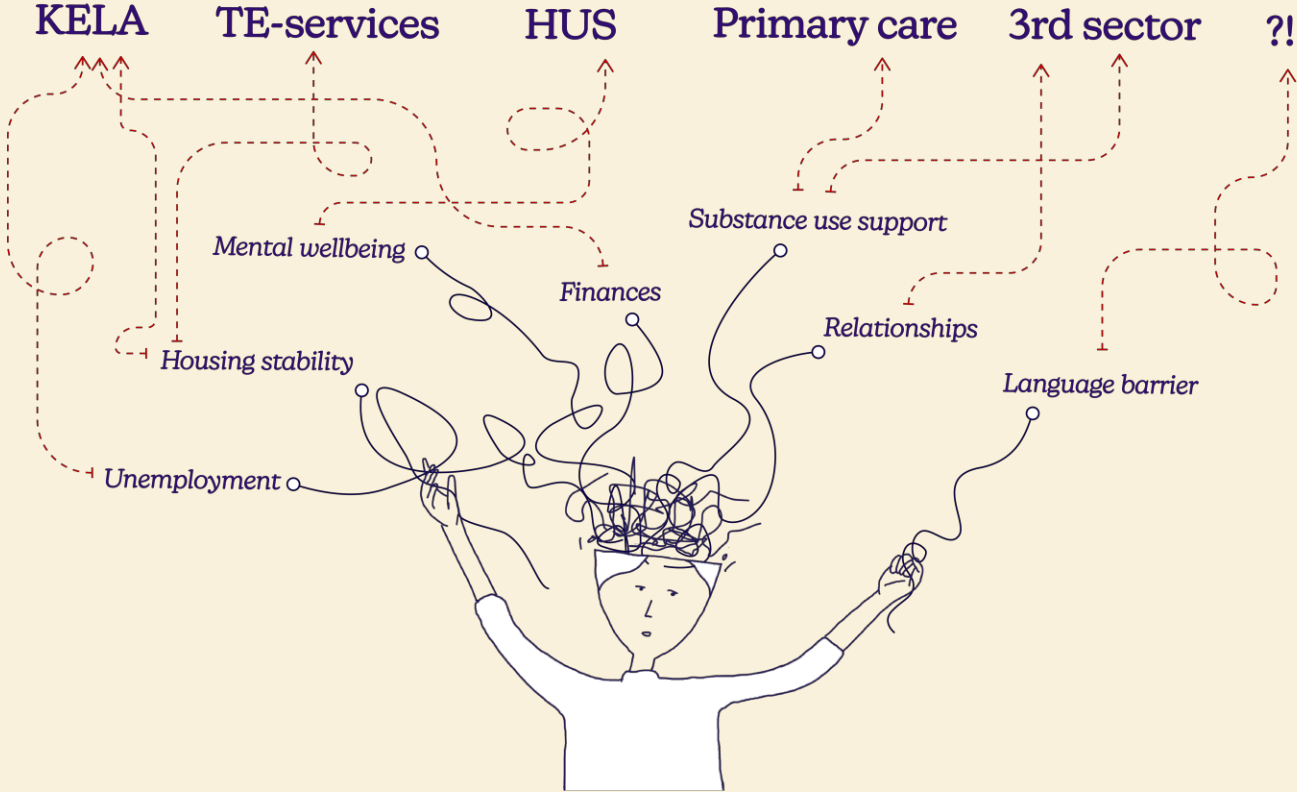
-Social worker

Vulnerable groups face many problems where help is needed



Help exists, but all problems do not fit under one service





Navigating and advocating for oneself is hard especially for vulnerable groups



There are **many steps** in the **care pathway**

-3rd sector service user

I'm **waiting to meet** my social worker to look over my benefits, **but she's probably very busy**

-3rd sector service user



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Itä UUSIMAA
Östra NYLAND

Hyvinvointialue
Välfärdsområde

Kela

Länsi-Uudenmaan hyvinvointialue
Västra Nylands välfärdsområde

HUS

These are snapshots of the challenges a **vulnerable person** might face in their **care pathway**

From three initial perspectives:

*Patient
Provider
Administrative*

to one coherent understanding

Foundation work

Desk research

Meetings

Discussions with a variety of organizations and sectors to better understand the target group and the current system

Round-table discussion

Collaborative meeting with partners for sharing perspectives



Field work

Interviews from

HUS

Länsi-Uudenmaan hyvinvointialue (LUVN)

Itä-Uudenmaan hyvinvointialue (IU)

Kela

3rd sector support groups

Erätauko

Focus group

X4 Service user participants

X1 3rd sector organiser



Ideation

Bringing all insights together

Mapping discoveries from our research to suggest entry points — the first simple, yet concrete, point of engagement (Steinberg, 2026)

Partner discussion

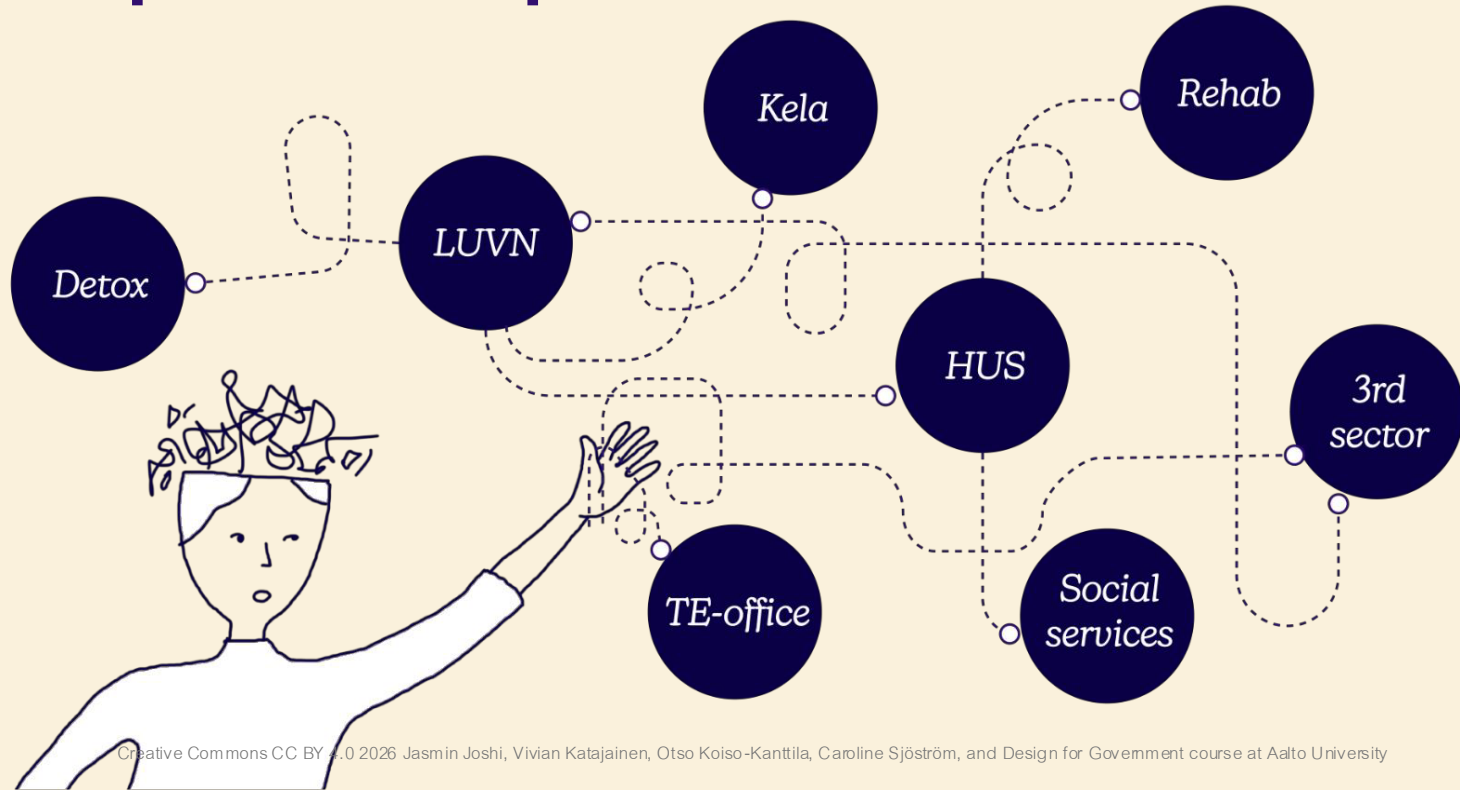
Collaborative meeting with partners for sharing ideas



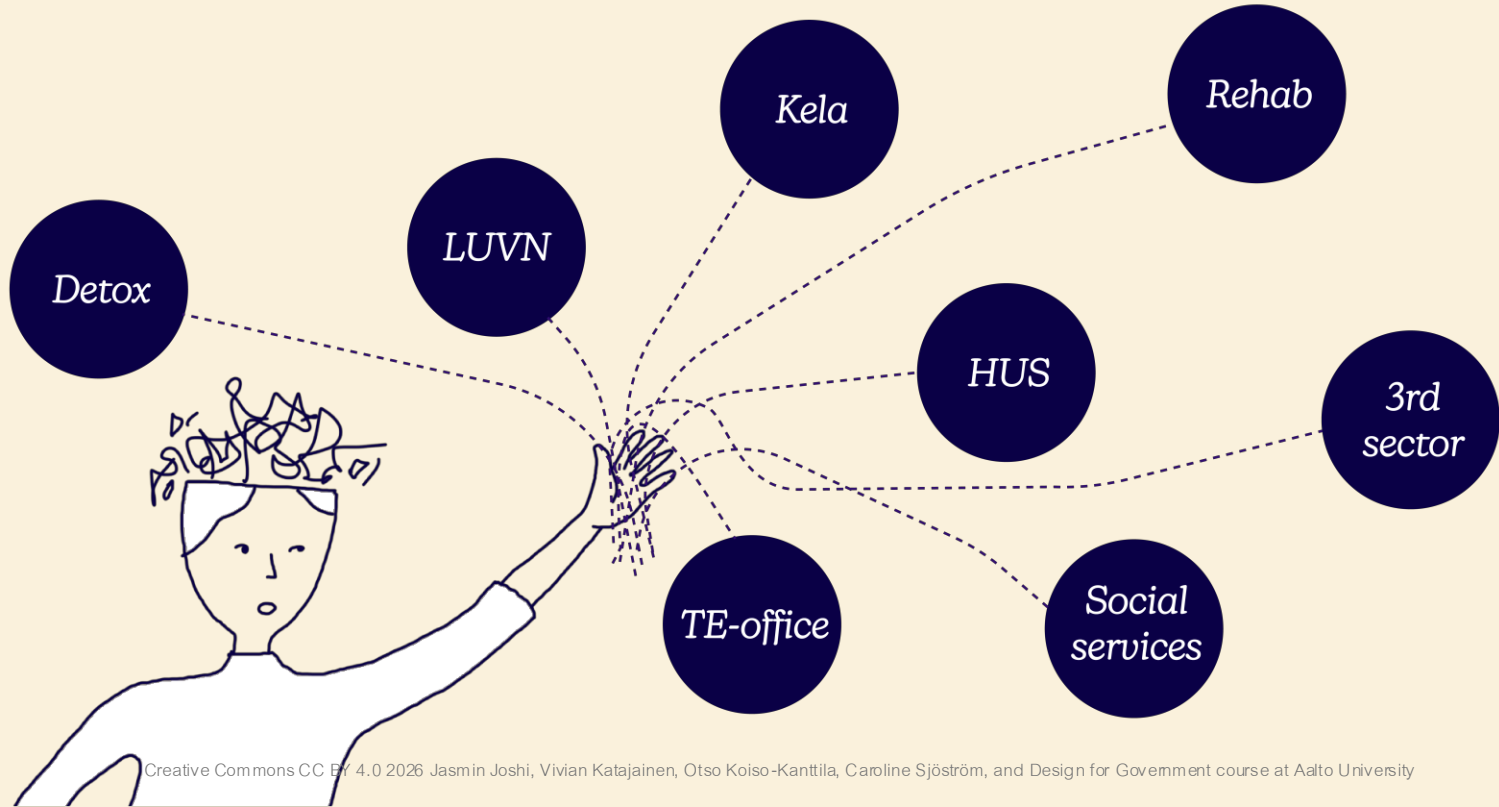
Key findings

Insights from our 12-week research

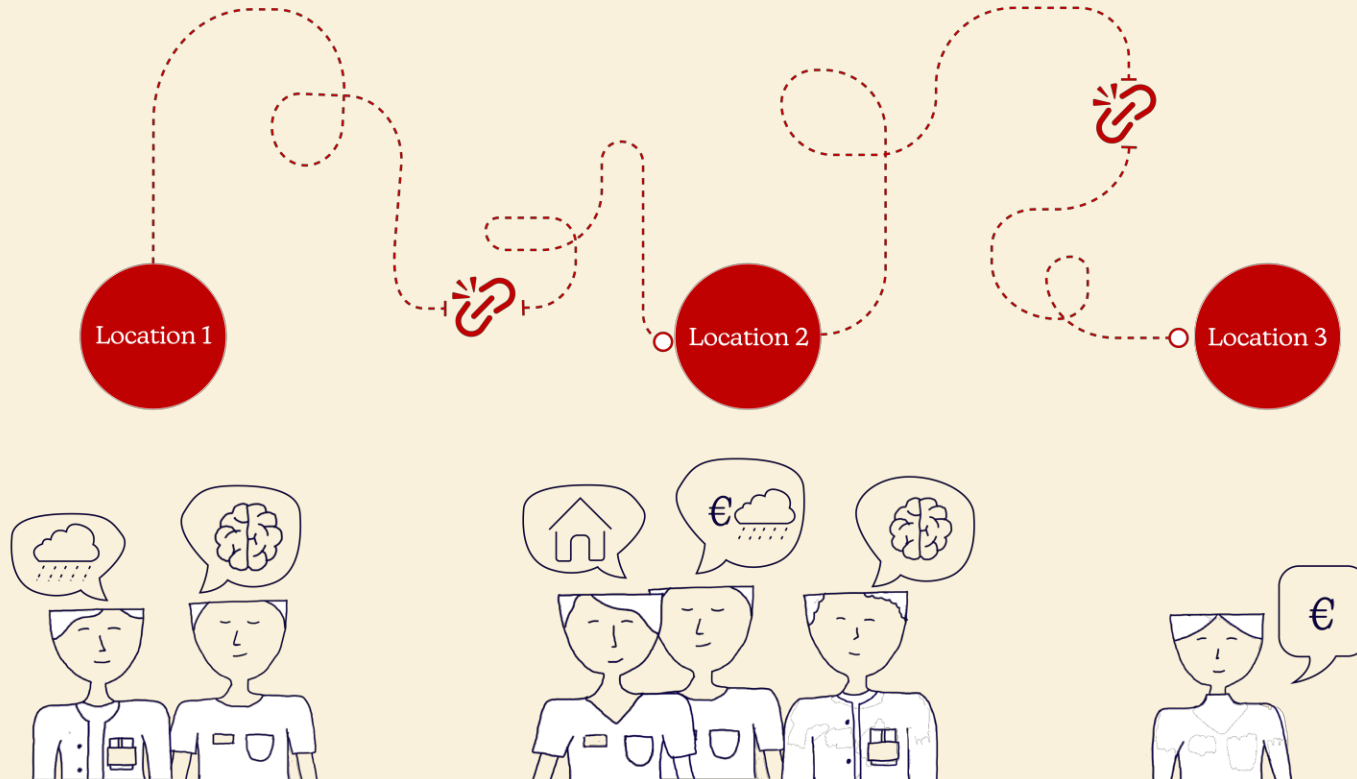
Vulnerable patients face the most complex care paths



For the individual, many of these interconnected issues are treated under separate points of care



Understanding breaks down in transitions between and within systems



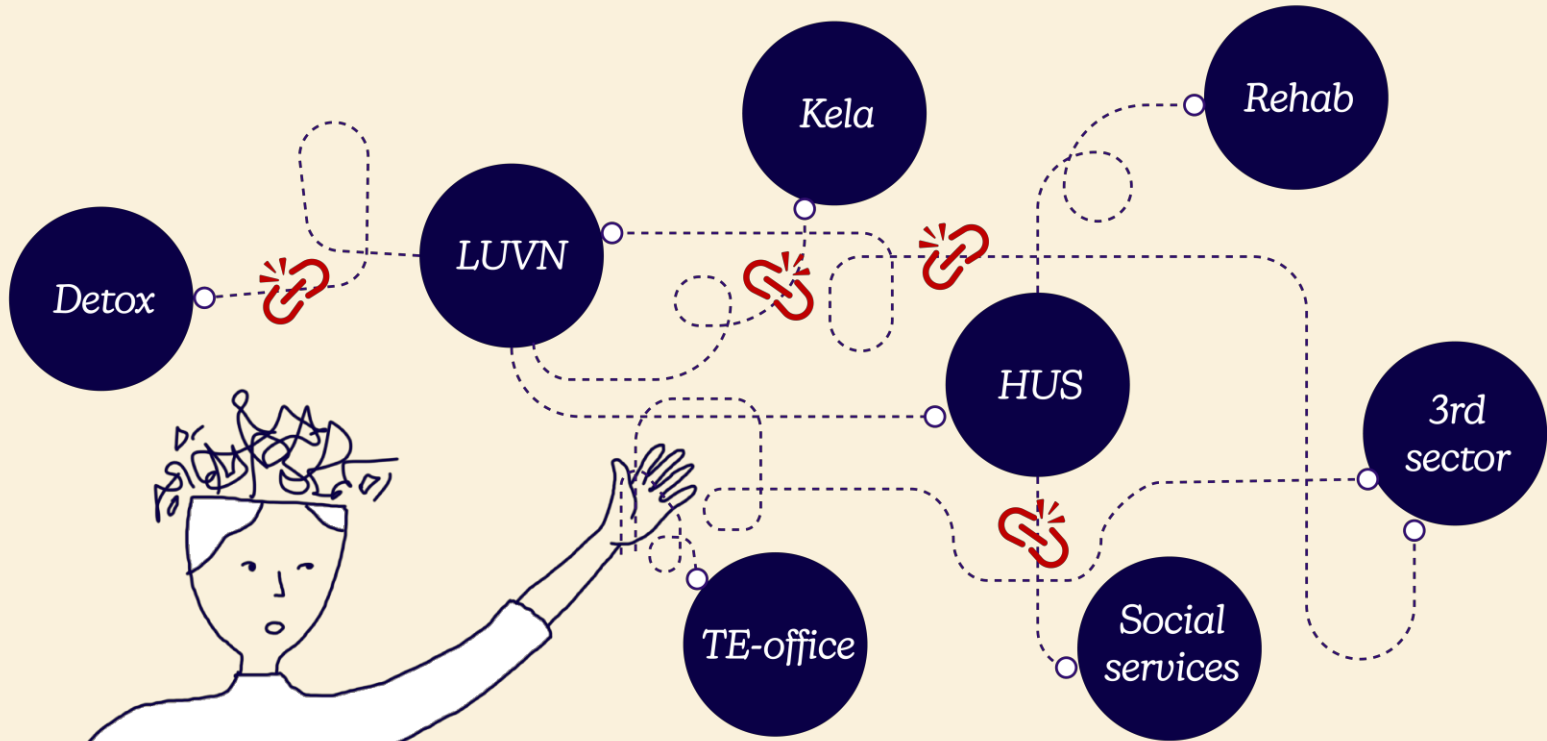
“We don't really cooperate so well. My wish is that we would.

...

They often send patients back and say: did you try this?”

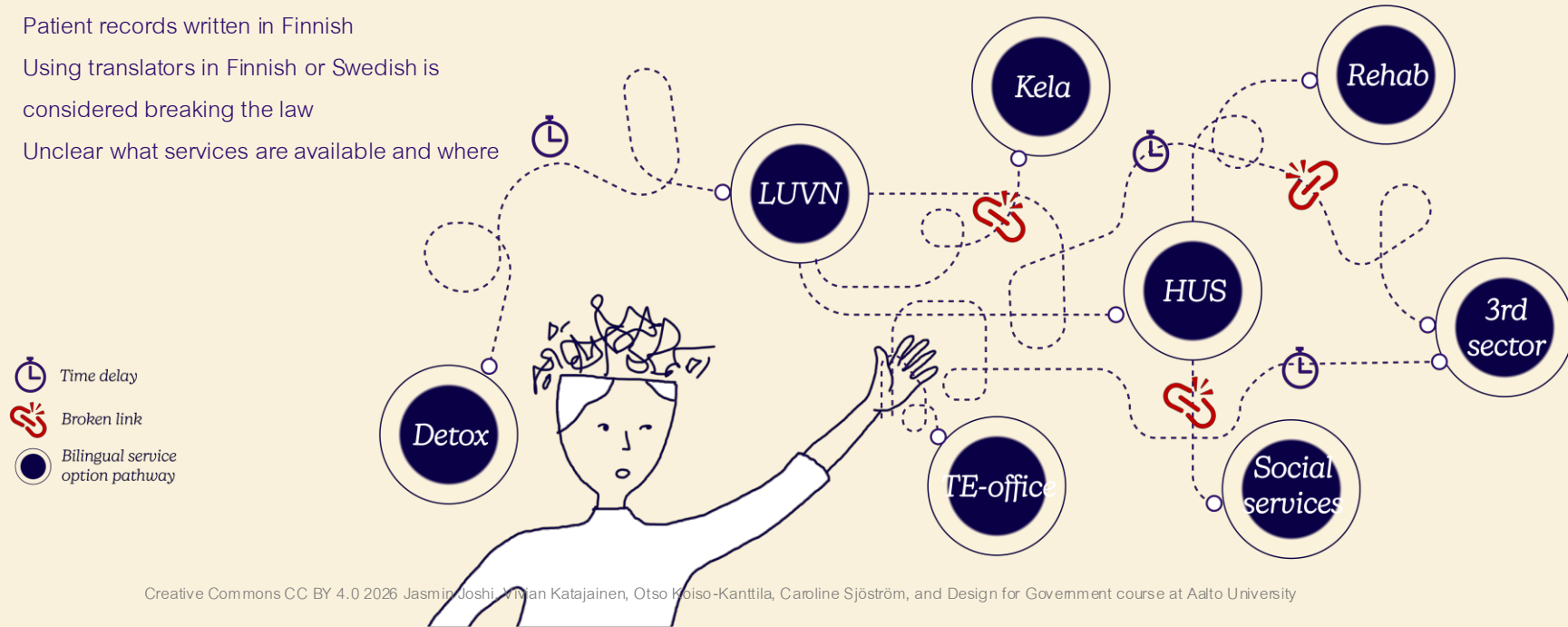
-Social worker about sharing information with the healthcare system

It is during these transitions that understanding can break down



Vulnerability compounds and language is part of it

- Swedish-speakers easily default to Finnish for convenience
- Patient records written in Finnish
- Using translators in Finnish or Swedish is considered breaking the law
- Unclear what services are available and where



Why **act** *now*?

The state of Finnish care & economy

Trust in the Finnish care system is declining

Trust in the
healthcare
system

(THL, 2025)

76% \ 54%

Trust in the
social care
system

(THL, 2025)

60% \ 42%

in 2020

in 2024

The Finnish public sector is facing cost pressures

240 million €

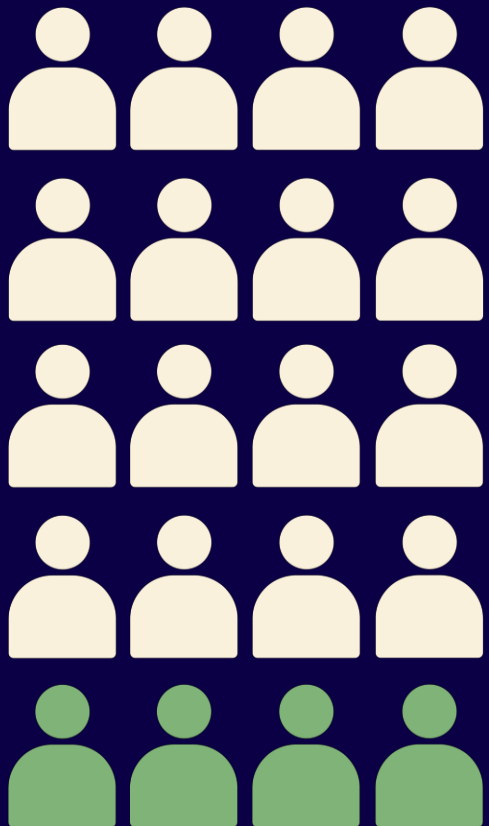
Planned cuts to
healthcare in 2027

(Valtioneuvosto, 2026)

73 % rise

Health center visit fees
between 2023-2027

(Sosiaali ja terveysministeriö, 2024-2026)



**20% of people use
80% of resources**

(Valtioneuvosto, 2020)

*“Preventive work must be seen in financial terms. How much **cheaper** will treatment be if it is done **on time**?”*

Expert from psychiatric outpatient clinic
*Translated from Finnish

Our vision is of *connected CARE.*

The backbone of the Finnish welfare state where the holistic needs of people and communities are understood and met through interconnected solutions.

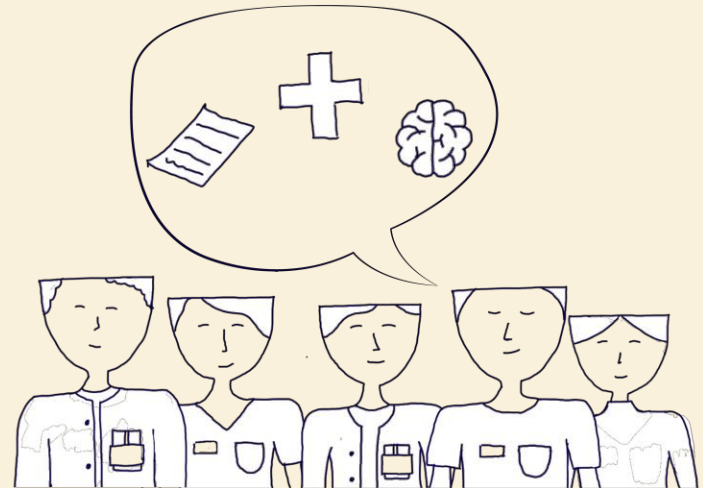
Where to *start*?

First steps towards connected CARE

Simplifying care by bringing broad expertise and care paths *under one roof*

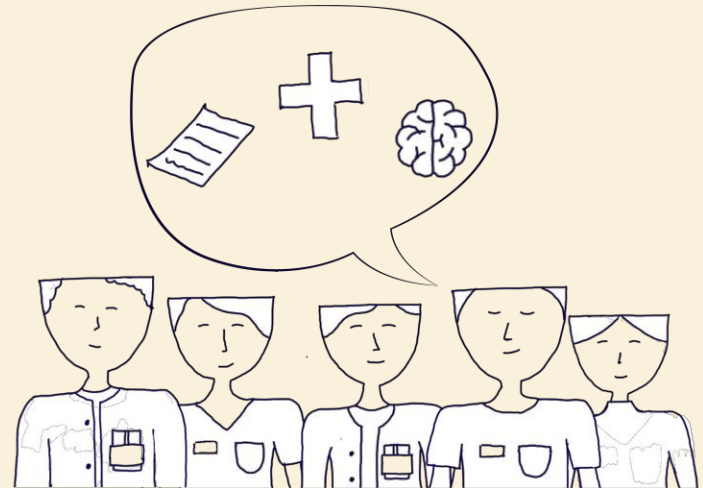
What does this mean

- Having multi-professional teams working together in the same place able to address patients with complex needs through simple paths
- E.g. Omalääkäri concept
- Similar models already in place: Netherlands (Flexible ACT) - outreaching multi-professional community care, now adopted in several other countries



Where it could help

- Allows opportunity for natural collaboration and smooth pathways to arise
- Improves trust over time
- Shorter care paths
- Reduces bouncing of patients
- Saves resources



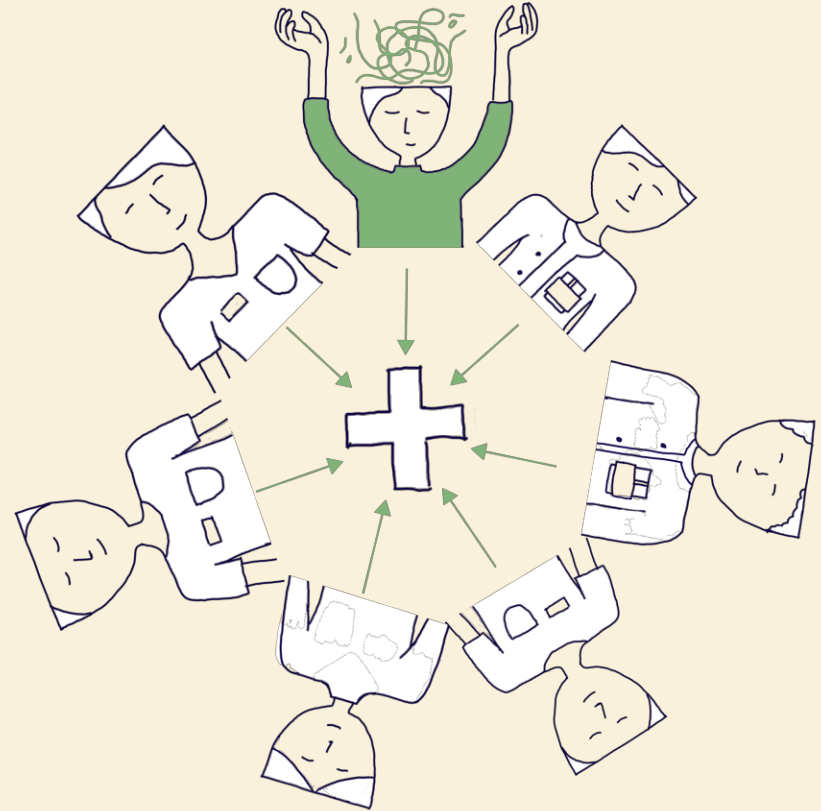
*“Trust our professionals more.
The system is the one with
gaps, but professionals
know.”*

-Special adviser

Making diagnostic & application criteria *more transparent* between providers

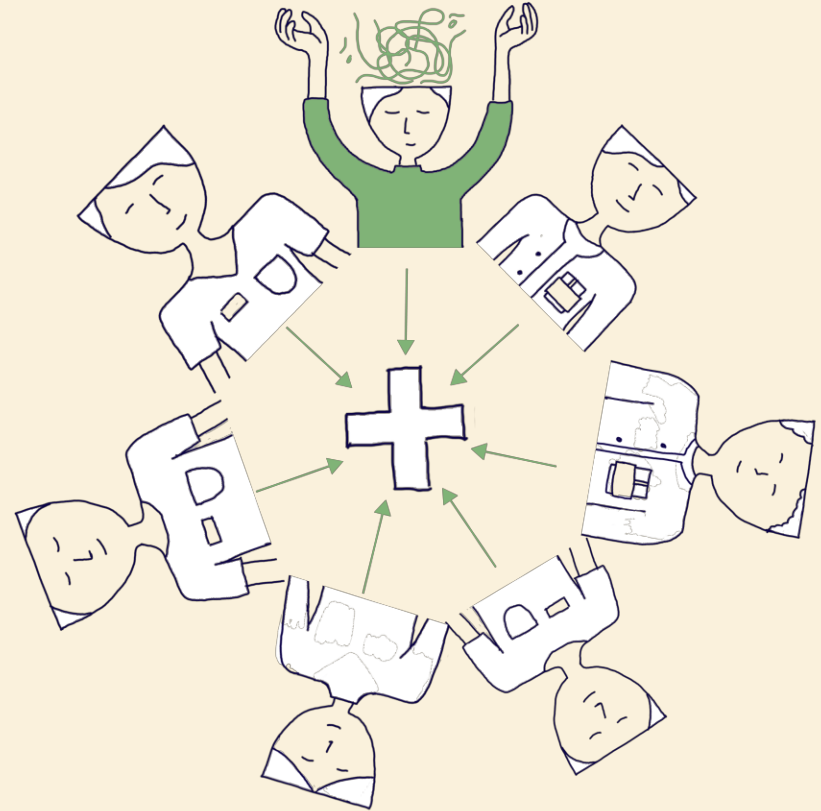
What it could mean

- Technological solutions to bridge gaps between digital systems
- Unifying systems between providers
- More intense inter-professional working between providers to facilitate shared understanding



Where it could help

- Reduces need for seesawing information sharing, making care faster and reducing administrative burden
- Get the right treatment and medical statements the first time
- Avoid disruptions to care and financial aid



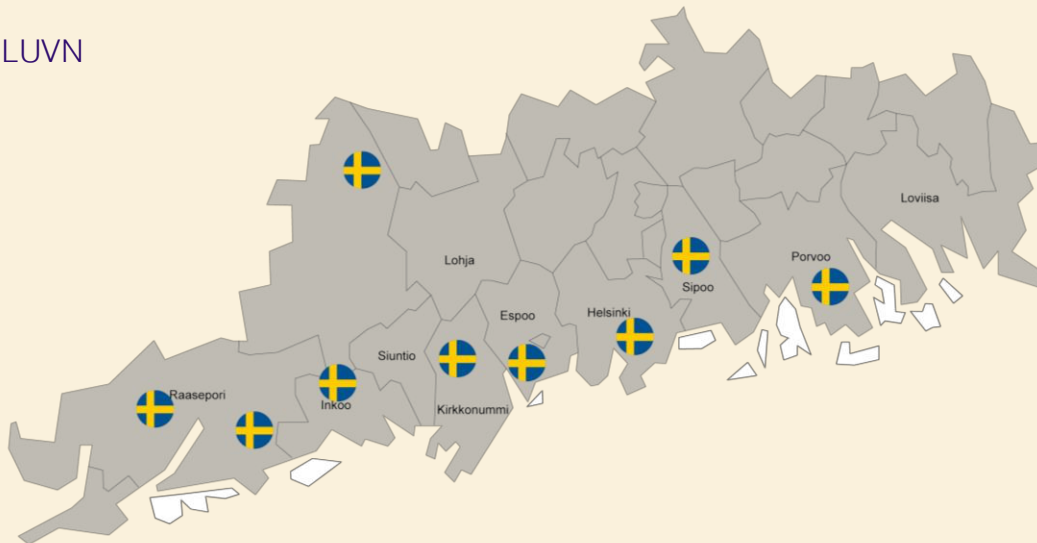
“There needs to be a checklist for making sure everyone receives equal service.”

-Care advisor

Improving awareness and accessibility of existing bilingual speaking services *by mapping them*

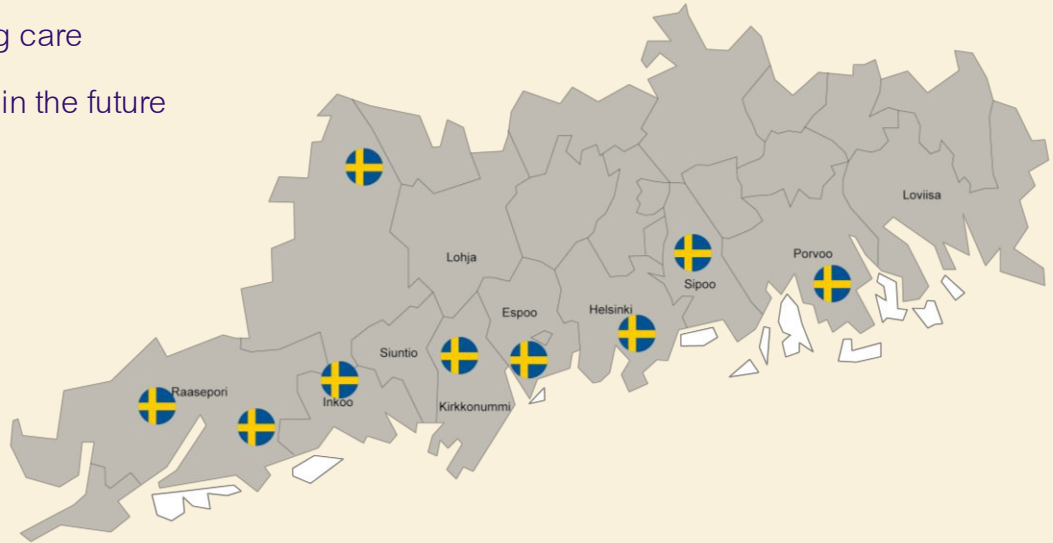
What it could mean

- Creating a map for all providers & patients to use in guiding patients through care paths effectively
- Mapping project already ongoing in LUVN



Where it could help

- Empowering Swedish speakers to seek care in their national language and lower threshold of using it in care
- Makes care paths clearer and easier to navigate
- Raises awareness of already existing care
- Scalable model for other languages in the future



“I feel I have been stamped as a Finnish speaker in the care pathway and rarely get Swedish service.”

-Mental health patient about getting Swedish speaking care



Challenges:

- Providers are independent organizations
- Cost of initial investment
- Hard to foster collaboration
- Shortage in staff



Mitigations:

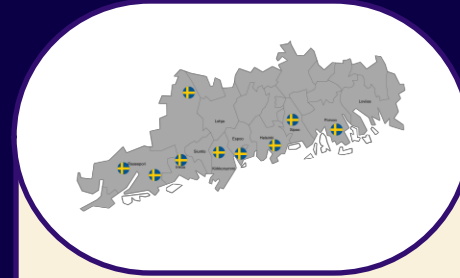
- Starting with small pilots
- Slow integrations, morning coffees
- Showing value through simplified system



- Cost of initial investment despite long-term savings
- Appropriate limiting in access to patient information



- Open and continuous communications
- Accounting for all communicational languages in terminologies



- Getting usage and awareness to spread
- Keeping map up to date



- Engaging & training employees to use system
- Open map to wider usage to encourage usage and maintenance

*“Even if laws wouldn’t change, **just changing the focus can bring change.**”*

-Expert from Kela



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Tack | ***Kiitos*** | ***Thank you***

Sources

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