





## Health and social protection for all

The Kaste programme is the statutory strategic steering tool of the Ministry of Social Affairs and Health in managing social and health policy. The programme defines the aims of social and health policy in Finland in 2008–2011, the focal development and supervision areas, as well as the reforms and legislative projects in support of the implementation of these. The Government adopted the programme on 31 January 2008.

The programme seeks to:

- enhance social inclusion and reduce social exclusion,
- enhance wellbeing and health, narrow inequalities in health and wellbeing and
- improve the quality, effectiveness and availability of services and reduce regional inequalities.

### The objective of increasing inclusion and reducing exclusion:

- A downturn is seen in the number of children, relative to the entire age group, placed in care outside the home by child welfare authorities
- Over ninety percent of the population aged 17–24 is enrolled in education
- The share of young people aged 18–24 in need of long-term social assistance is halved
- The number of the long-term unemployed falls below 30,000
- Long-term homelessness is halved

### Inclusion

### The objective of increasing wellbeing and reducing health inequalities:

- Total alcohol consumption is reduced to the level seen in 2003
- The share of the obese among persons of working age is restored to the level seen in 1998–2001
- The share of 16–18-year-olds who smoke falls by five percentage units
- Less than ten percent of families with children count as low-income households
- Age-adjusted functional capacity among older people improves
- The number of serious and fatal home and leisure accident injuries is reduced by ten percent

### Health and wellbeing

### The objective of improving service quality, effectiveness and availability:

- Satisfaction with services as observed from client feedback improves
- The deadlines imposed for access to care in healthcare are observed
- The deadlines imposed for assessing the need for home help services for older persons are observed
- Regular home care according to needs is available to 14 percent of the population over the age of 75
- No more than three percent of the population over the age of 75 are in long-term institutional care
- The shortage of doctors and dentists in primary healthcare is alleviated
- The shortage of social workers is alleviated
- Regional disparities in the effectiveness of specialised medical care are reduced

### Services

# How to achieve the goals?

The objectives are sought to be achieved by:

- 1) preventing problems from arising and addressing any problems that arise at an early stage,
- 2) ensuring the adequate supply and skills of employees,
- 3) creating integrated sets of services and effective operating models within social welfare and healthcare.

The programme encompasses 39 national measures to support the achievement of the objectives.

## Prevention and early intervention

Prevention and early intervention will be made part of the entire municipality's activities. Cooperation between non-governmental organisations and local government will be supported to allow these to jointly develop new models for prevention and early intervention. Services for children, young people and families with children will be reorganised by integrating services in support of child development and services to prevent and address problems. New ways of working will be introduced in the rehabilitation of persons with low employability.

## Ensuring the adequate supply and skills of employees

An adequate supply of employees will be safeguarded through a regional allocation of student intake to correspond to labour needs in the respective regions. Opportunities for lifelong learning and work life orientation in education and training will be improved. Management skills will be reinforced. The effectiveness and quality of social welfare and healthcare will be improved by continuing the development of job structures and division of duties and by paying more attention to wellbeing at work.

## Creating integrated sets of services

Service structures will be revised, integrated sets of services created in social welfare and healthcare and primary health care augmented. Cooperation between specialised medical care and primary healthcare will be strengthened and the collaboration and division of duties among hospitals intensified by special responsibility area. Patients will be given greater freedom to choose their place of treatment. The areas of specialised services provision in social care will be revised.

The structures for the development of social welfare and healthcare and the links of these with universities, polytechnics and other educational institutions will be strengthened. Dissemination of best practices and service innovations will be ensured.

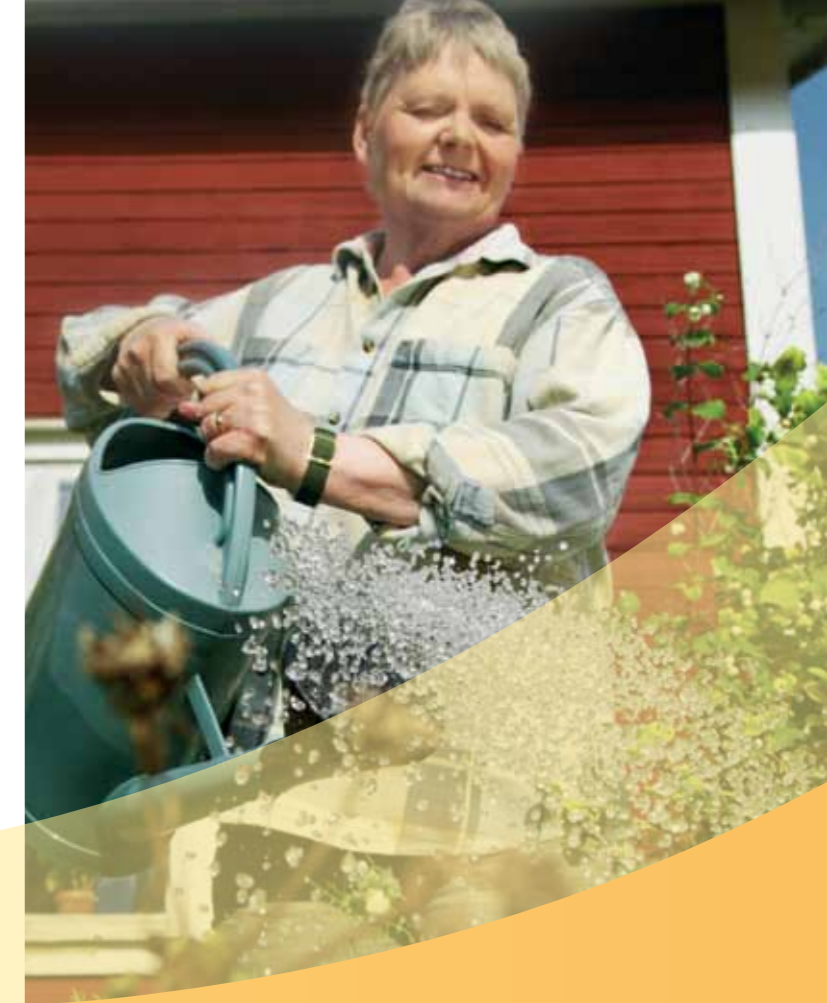
## Programme funding

- The Kaste programme receives its funding from the annual State budget. Central government transfers have been set aside for development projects in municipal social welfare and health care carried out by local government and joint municipal boards as follows: EUR 24.8 million in 2008, about EUR 29 million in 2009 and about EUR 27 million in 2010 and 2011.

Central government transfers are allocated to the following areas:

- Social welfare and healthcare service structures and processes
- Social welfare and healthcare staff
- Structures of promoting wellbeing and health
- Strengthening primary healthcare and social welfare
- Services for children, young people and families
- Enhancing social inclusion and preventing social exclusion (inc. long-term homelessness, rehabilitation of persons with low employability)

## Funding







## The objectives will be achieved through enhanced cooperation

The implementation of the Kaste programme has been tasked to the National Advisory Committee on Social Welfare and Health Care, which monitors programme implementation, issues guidelines for the achievement of the objectives and submits proposals on the allocation of appropriations.

The Advisory Committee is chaired by the Minister of Health and Social Services and it consists of representatives of the Ministry of Social Affairs and Health as well as the Ministry of Education, the Ministry of Employment and the Economy, and the Association of Finnish Local and Regional Authorities.

The Advisory Committee on Social Welfare and Health Care is divided into consolidation, regional and civic sub-committees.

### Civic, consolidation and regional sub-committees

The civic subcommittee conveys to the Advisory Committee the views of private individuals, clients and non-governmental organisations regarding citizens' needs and the implementation of the programme.

The consolidation sub-committee prepares and coordinates development and other measures by which the agencies in the administrative sector support local government in the implementation of the programme.

The regional sub-committee compiles, coordinates and transmits proposals for programme implementation from local government and other regional actors. It also provides regional support to foster advances in the nationally agreed measures.

### Regional management teams in charge of local implementation

The Ministry of Social Affairs and Health has appointed five regional management teams tasked with attending to the implementation of the Kaste programme in their respective regions.

In addition to representatives of local government, the regional management teams also comprise representatives of non-governmental organisations, the National Institute for Health and Welfare, private service providers, centres of excellence in the social services sector, the Regional State Administration Agencies (from 1 January 2010), Regional Councils, universities, polytechnics and other educational institutions.

The Ministry of Social Affairs and Health decides on allocation of development funding to the regions on the basis of the regional development plans drafted by the management teams.

### Programme supervision and evaluation

The Regional State Administration Agencies (from 1 January 2010) and the National Supervisory Authority for Welfare and Health (Valvira) will supervise the implementation of the Kaste programme. The progress, achievement of the objectives and the effectiveness of the programme will also be assessed by an independent outside evaluator.

[www.stm.fi/english](http://www.stm.fi/english) >  
> Strategies and Projects  
> National development programme for social welfare and health care (Kaste)

*Further information*

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