

A photograph of a family playing croquet in a garden. A man in a light blue shirt and dark pants is bent over, using a wooden mallet to hit a ball. A young boy in a camouflage jacket and white pants is also using a mallet. A woman in a black top and blue skirt stands behind them, holding a baby. Another woman in a grey and white striped cardigan stands to the left. The garden has a wooden fence in the background and a green wire fence in the foreground. The scene is set outdoors with trees and a building in the background.

CHILD AND FAMILY POLICY IN FINLAND

■ MINISTRY OF SOCIAL AFFAIRS AND HEALTH

Brochures 9eng (2013)



Brochures of the Ministry of Social Affairs and Health 9eng (2013)

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 MINISTRY OF SOCIAL AFFAIRS AND HEALTH
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Contents

1. Family policy in Finland	6
Significant reforms in the sphere of family policy	8
Local authorities' responsibility for the provision of services	10
Finland's social welfare and health care system	10
Non-governmental social welfare and health care organisations complement public sector services	10
Social insurance institution of Finland coordinates financial benefits	11
2. Financial assistance for families	13
Maternity grant	13
Child benefit	13
Housing support	14
Social assistance	14
Maintenance allowance	15
Taxation	15
3. Family leave system	16
Maternity leave and maternity allowance	16
Parental leave and parental allowance	16
Paternity leave and paternity allowance	16
Child care leave	18
4. Early childhood education and care	19
Day care and preschool	19
Private day-care allowance	22
Child home care allowance	22
Partial care allowance	22
A wealth of options for families	24
Before-school and after-school activities	24
Free school meals for all	24
5. Child welfare	27
Non-residential services and assistance	27
Taking into care and foster care	28
6. Health care for families	31
Prenatal clinics	31
Child health clinics	32
School health care	32
Medical care for children	33
Mental health services for children	33
Child guidance and family counselling	33
Dental care for children	34
7. Services for children with disabilities and their families	37
8. Adoption	39

I. Family policy in Finland

The aim of Finland's family policy is to create a safe environment for children to grow up in and to provide parents with the material and psychological means to have and raise children. In recent years, the emphasis has been on reconciling paid employment and family life, strengthening fatherhood and ensuring an adequate level of income for families.

In Finland, support for families consists of three elements: financial support, services and family leave. Family benefits are aimed at offsetting some of the costs resulting from children and therefore at emphasising society's shared responsibility for children and the prerequisites of their well-being. The most important forms of support for families are child benefit and day-care services.

The Ministry of Social Affairs and Health is responsible for formulating Finland's family policy and for maintaining and developing the well-being of children, young people and families together with other ministries. The ministry is especially responsible for the development of social welfare and health care services and for ensuring an adequate level of income for families.

One of the most important elements of the family policy of the Ministry of Social Affairs and Health is reconciling paid employment and family life. The aim is to improve the possibilities of parents to spend time with their children, to make working easier for parents and to encourage fathers to take more advantage of the family leave system. Services aimed at families support parents or other guardians in their efforts to ensure the well-being and good upbringing of children.

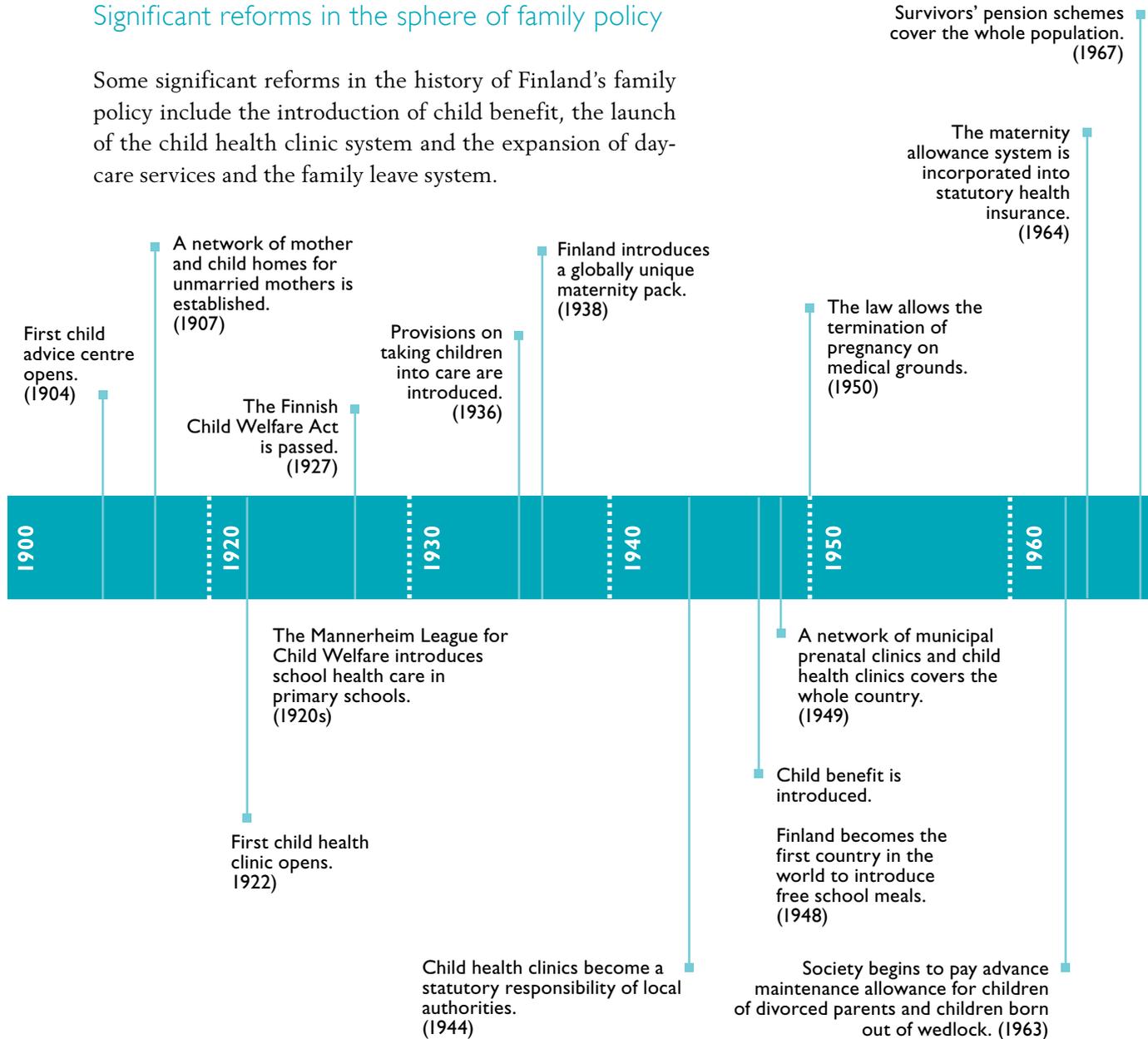
Housing policy, environmental policy, education policy and employment policy also have implications on the daily lives of families.

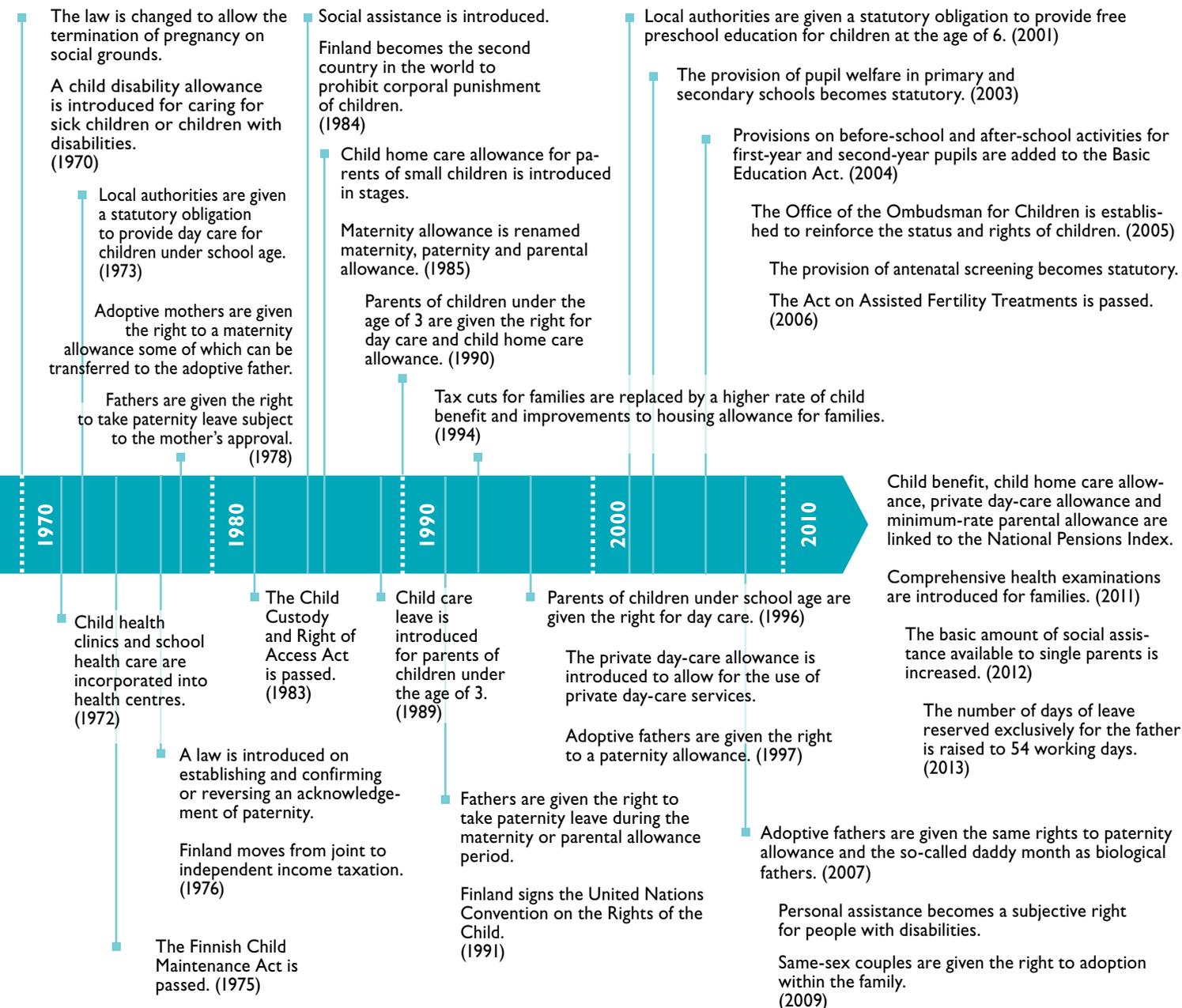
- Finland's population was 5.4 million at the end of 2011.
- The number of families was approximately 581,000.
- 20 per cent of families were single-parent families.
- The total fertility rate was 1.83.
- Families accounted for approximately 40 per cent of the population.
- The average monthly income of a Finnish wage-earner was EUR 3,111 per month at the end of 2011.



Significant reforms in the sphere of family policy

Some significant reforms in the history of Finland's family policy include the introduction of child benefit, the launch of the child health clinic system and the expansion of day-care services and the family leave system.





Local authorities' responsibility for the provision of services

In Finland, the responsibility for providing social welfare and health care services rests with local authorities (municipalities). The services available can vary from one municipality to another. The basic services that must be available in every municipality are nevertheless defined by law. Local authorities can organise the provision of services independently or form joint municipal authorities with other municipalities to provide services together. The provision of basic social welfare and health care services is funded by municipal tax revenue and central government transfers to local government. Local authorities can also charge fees to clients. In addition, local authorities can outsource the provision of basic social welfare and health care services to another municipality or to a private service provider.

Regional State Administrative Agencies are responsible for overseeing the provision of social welfare and health care services in their respective regions. Local residents can ask the Regional State Administrative Agency to investigate whether the services available in their municipality comply with the law. The National Supervisory Authority for Welfare and Health (Valvira) oversees the provision of social welfare and health care services nationally.

The Ministry of Social Affairs and Health directs and guides the development of social welfare and health care services and the operation of the sector. The ministry is responsible for formulating the national social welfare and health care policy together with the Government and the Parliament and for preparing social welfare and health care legislation and key reforms. Responsibility for the administration of early childhood education and care was transferred from the Ministry of Social Affairs and Health to the Ministry of Education and Culture at the beginning of 2013.

Finland's social welfare and health care system

Finland's social welfare and health care system is founded on government-assisted municipal social welfare and health care services. In addition to the public sector, services are available from various private companies. Finland also has an extensive network of non-governmental social welfare and health care organisations that provide services both free of charge and for a fee.

Non-governmental social welfare and health care organisations complement public sector services

Finland has numerous non-governmental social welfare and health care organisations that complement public sector services with their own service provision. Organisations promoting the welfare of families and children represent the interests of families in areas such

Guidance	Research and development	Licensing and supervision	Service provision
<p>Ministry of Social Affairs and Health</p> <ul style="list-style-type: none"> • Prepares legislation and guides implementation • Directs and guides the development of social security and social welfare and health care services and the operation of the sector • Formulates social welfare and health care policy, prepares legislative reforms and oversees implementation and coordination • Liaises with political decision-making bodies 	<p>Government agencies and public bodies within the ministry's administrative branch are responsible for research and development relating to social welfare and health care:</p> <ul style="list-style-type: none"> • National Institute for Health and Welfare • Finnish Medicines Agency (Fimea) • Radiation and Nuclear Safety Authority • Finnish Institute of Occupational Health 	<p>Regional State Administrative Agencies guide and oversee the provision of municipal and private social welfare and health care services in their respective regions, evaluate the scope and quality of the basic services provided by local authorities and grant operating licences to private service providers in their respective regions.</p> <p>The National Supervisory Authority for Welfare and Health oversees, supervises and coordinates the administration of licences for the social welfare and health care sector, alcohol licensing and environmental health licensing.</p>	<p>Local authorities, private service providers and non-governmental organisations</p> <p>Local authorities are responsible for organising the provision of social welfare and health care services. Local authorities can organise the provision of services independently or form joint municipal authorities with other municipalities to provide services together. In addition, local authorities can outsource the provision of primary social welfare and health care services to another municipality, a non-governmental social welfare and health care organisation or a private service provider.</p> <p>Hospital districts organise the provision of specialised medical care. Responsibility for the provision of some specialised medical care services is divided between university hospitals on the basis of specific catchment areas.</p>

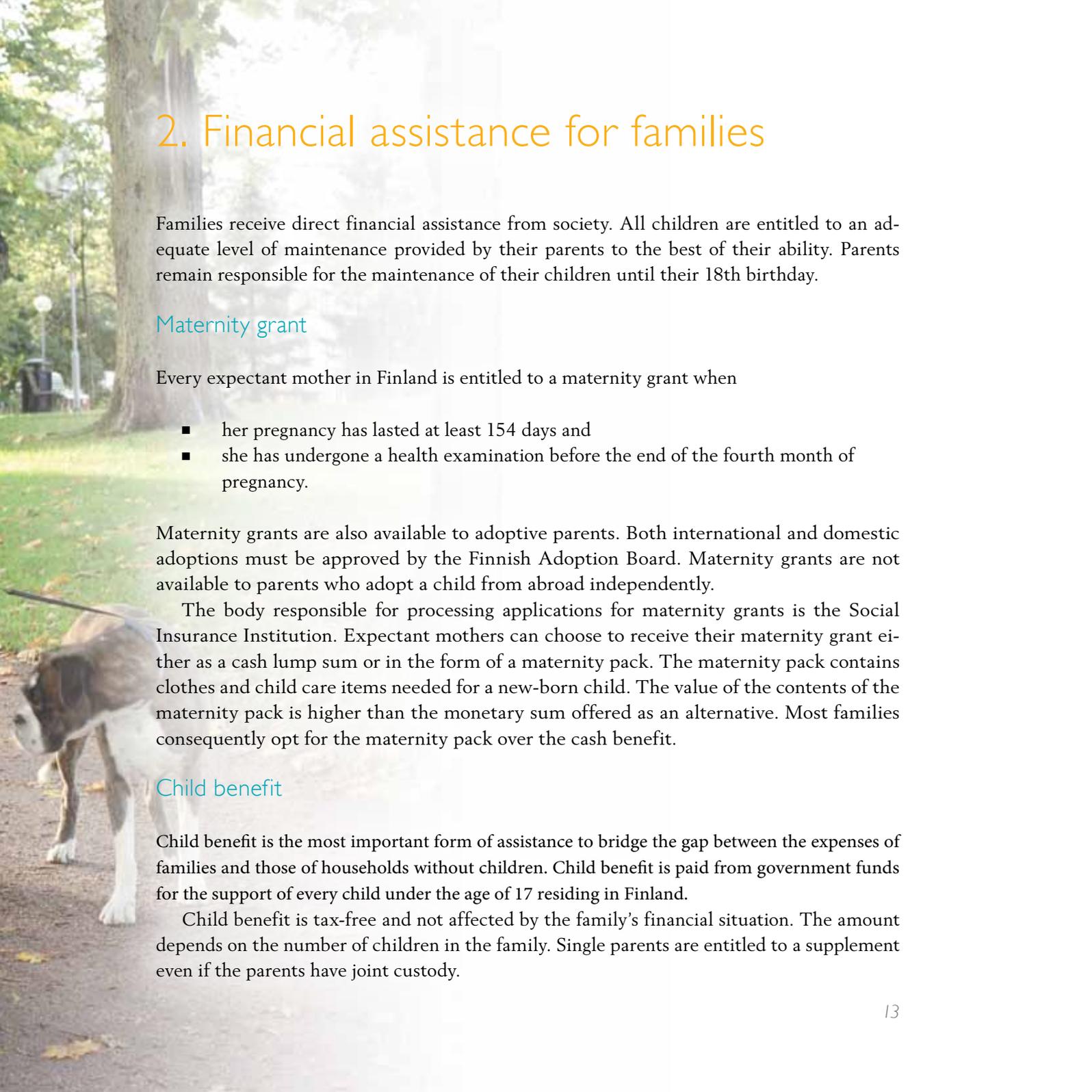
Figure 1. Finland's social welfare and health care system

as legislative reforms that have implications on the status of families. They offer a wide range of services for families, such as child care and domestic help, caring for sick children as well as various clubs and helplines for children and adolescents.

Social Insurance Institution of Finland coordinates financial benefits

The Social Insurance Institution of Finland safeguards the legal rights of people residing in Finland. Among its responsibilities is the payment of parental allowances and other family benefits. The Social Insurance Institution is also the body responsible for processing applications for benefits.



A dog with white and brown patches is walking on a paved path in a park. The background shows green trees and a grassy area. The dog is on the left side of the frame, walking towards the right.

2. Financial assistance for families

Families receive direct financial assistance from society. All children are entitled to an adequate level of maintenance provided by their parents to the best of their ability. Parents remain responsible for the maintenance of their children until their 18th birthday.

Maternity grant

Every expectant mother in Finland is entitled to a maternity grant when

- her pregnancy has lasted at least 154 days and
- she has undergone a health examination before the end of the fourth month of pregnancy.

Maternity grants are also available to adoptive parents. Both international and domestic adoptions must be approved by the Finnish Adoption Board. Maternity grants are not available to parents who adopt a child from abroad independently.

The body responsible for processing applications for maternity grants is the Social Insurance Institution. Expectant mothers can choose to receive their maternity grant either as a cash lump sum or in the form of a maternity pack. The maternity pack contains clothes and child care items needed for a new-born child. The value of the contents of the maternity pack is higher than the monetary sum offered as an alternative. Most families consequently opt for the maternity pack over the cash benefit.

Child benefit

Child benefit is the most important form of assistance to bridge the gap between the expenses of families and those of households without children. Child benefit is paid from government funds for the support of every child under the age of 17 residing in Finland.

Child benefit is tax-free and not affected by the family's financial situation. The amount depends on the number of children in the family. Single parents are entitled to a supplement even if the parents have joint custody.

Housing support

Forms of housing support available to families include the general housing allowance, state-guaranteed housing loans and other interest subsidies as well as tax subsidies for housing loans. The general housing allowance is intended to offset a portion of any reasonable housing-related costs of low-income families from government funds.

The amount depends on the family's size, income and housing-related outgoings and the size of the home. The body responsible for processing applications for the general housing allowance is the Social Insurance Institution.

Social assistance

Social assistance is the last-resort form of income security aimed at promoting the financial independence of families. Social assistance is paid from local government funds to families with no income or insufficient income to cover essential everyday expenses.

The purpose of social assistance is to ensure basic subsistence. The amount of social assistance is based on the difference between families' eligible expenses and their income and assets. Eligible expenses include food and clothing, essential housing-related costs, health care and hobbies. Supplementary social assistance is available for covering unforeseen expenses.

The purpose of preventive social assistance is to promote social security and independent living. It is also designed to prevent social exclusion and long-term dependence on social assistance.

Maintenance allowance

The maintenance allowance is intended to safeguard the maintenance of children under the age of 18 residing in Finland in situations where one of the parents fails to provide adequate financial support for the child. The body responsible for paying maintenance allowances is the Social Insurance Institution. Maintenance allowance is paid from public funds if

- a parent liable for maintenance has failed to pay the agreed amount of child support,
- a parent liable for maintenance has insufficient means to provide an adequate level of child support,
- the agreed level of child support is lower than the maintenance allowance,
- paternity of the child has not been confirmed, or
- the child was adopted by a single parent.

If a maintenance allowance is granted on the grounds of a parent's failure to pay the agreed amount of child support, the Social Insurance Institution collects the money from the defaulting parent in arrears. Maintenance allowances are only available to parents who have a child support agreement confirmed by the municipal social welfare office or a court order for the payment of child support.

Taxation

Finland moved from joint to independent income taxation in 1976. The shift to independent income taxation and the abolishment of family-based tax deductions has simplified and clarified taxation and increased paid employment among married women.

3. Family leave system

The family leave system is designed to give parents an opportunity to stay at home with their children in different circumstances. Parental leave and child care leave give both parents an equal opportunity to participate in child care. The mother and father are entitled to maternity leave, paternity leave and parental leave on the basis of pregnancy, birth and child care. Maternity allowance, paternity allowance and parental allowance are paid for the duration of the leave determined on the basis of income. In the absence of income, a minimum allowance is paid.

Maternity leave and maternity allowance

Expectant mothers can start maternity leave no earlier than 50 and no later than 30 working days before they are due to give birth. The duration of maternity leave is 105 working days.

Expectant mothers in hazardous occupations are entitled to a longer maternity leave and a special maternity allowance unless their employer is able to offer them alternative work. The special maternity allowance is paid until the regular maternity allowance period begins. Hazardous occupations include working with chemicals, radiation or infectious diseases that could jeopardise the health of the mother or the baby.

Parental leave and parental allowance

A parental allowance enables either the mother or the father to stay at home with the child. Either parent can take parental leave after the maternity leave period. The parents can also split the parental leave period.

Parental leave begins immediately after maternity leave. The duration of parental leave is 158 working days with an extension of 60 working days for each child in the case of multiple births. The opportunity to take parental leave is still rarely used by fathers.

Paternity leave and paternity allowance

As of the legislative reform implemented at the beginning of 2013, fathers can take up to 18 working days of paternity leave while the mother is on maternity leave once the child is born.



The total duration of paternity leave is 54 working days, and the remaining 36 days need to be taken when the mother is not on leave. Paternity leave no longer reduces the length of parental leave that the parents can split.

Fathers can also take the entire 54 working days of paternity leave when the mother is not on maternity or parental leave. In both cases, the whole leave must be taken before the child's second birthday. Paternity leave cannot be transferred to the other parent.

The current system of paternity leave has replaced an earlier system where paternity leave overlapped with the maternity allowance and parental allowance period and where fathers were entitled to a so-called daddy month after the end of the parental leave period. The maximum combined length of the earlier form of paternity leave and the daddy month also came to 54 working days. Approximately three out of four fathers took paternity leave during the mother's maternity leave period in 2011.

Child care leave

Parents of small children have a right to take unpaid leave from work to care for a child until the child's third birthday. Either parent can take the leave but both parents cannot be on child care leave at the same time. Employers have an obligation to offer parents who have taken child care leave the same or similar job to the one they had before the leave after the leave. The family is entitled to a child home care allowance during child care leave.

Parents can take partial child care leave by requesting a reduction to their working hours. Partial child care leave can be taken until the end of the child's second year at school or, in the case of children with special educational needs, until the end of the child's third year at school. The practical arrangements of partial child care leave are agreed with the employer.

Both parents cannot be on partial child care leave at the same time. The leave is unpaid, but the family can apply for a partial care allowance for the duration of the leave. However, the maximum length of child care leave is longer than the period for which the Social Insurance Institution will pay the allowance.

Parents of children under the age of 10 are entitled to take up to four working days of temporary child care leave to arrange child care if the child falls ill. To be eligible for temporary child care leave, both parents or, in the case of single-parent families, the lone parent must be in paid employment. The leave is unpaid unless otherwise agreed with the employer.

4. Early childhood education and care

There are various forms of child care available to families. A prerequisite for the active participation of women in working life has been the development of legislation, services and financial support relating to the care of small children and the job security of parents.

After the parental leave period, parents have three government-assisted forms of child care to choose from until the child starts school, usually at the age of 7. The options are

- municipal day care either in a day-care centre or in the home of a family day care provider,
- private day care either in a day-care centre or in the home of a family day care provider, subsidised through a private day-care allowance, and
- one parent staying at home on child home care allowance, if the child is under the age of 3.

Day care and preschool

Local authorities are responsible for the provision, quality and supervision of early childhood education and care services. All parents of children under school age have a right to place their child in municipal day care regardless of their financial situation or whether they are in paid employment. Local authorities have a legal obligation to provide a day-care placement within two weeks of the application in urgent cases where the family could not have reasonably foreseen the need for child care (due to employment, studies or training).

Day care in Finland combines elements of child care, child rearing and education (known as the 'EduCare' model). The provision of early childhood education and care is based on a national early childhood education and care strategy. Local authorities must provide day care in the child's mother tongue, whether it is Finnish, Swedish or Sámi. Day-care personnel support families in the upbringing of children, also taking into consideration the linguistic and cultural background of families.

Local authorities provide day care in municipal day-care centres, in the form of family day care in the homes of municipal family day care providers or in the form of group family day





care. Many local authorities also offer early childhood education and care open to all in playgrounds and in so-called open day-care centres. The church and non-governmental organisations also provide early childhood education and care open to all.

Day care is provided by trained personnel. The qualification of a kindergarten teacher is a university or university of applied sciences degree. All day-care centre personnel must have at least an upper secondary-level qualification in social welfare and health care (ISCED 3). One in three day-care personnel must be a qualified kindergarten teacher, i.e. have a lower tertiary degree (ISCED 5). Family day care providers must have a vocational qualification in family day care or other appropriate training.

Day-care centres are allowed to care for four children under the age of 3 or seven children over the age of 3 per carer or teacher. Family day care providers are allowed to care for up to four children including their own children who are under school age on a full-day basis as well as for one preschool or school-age child on a part-day basis. Local authorities also provide evening, overnight and weekend care for children whose parents work shifts.

Day care includes healthy meals at regular intervals. Mealtimes are considered an essential part of children's basic care, upbringing and education.

Local authorities charge day-care fees according to the size and income of families. The fees payable for a family's subsequent children are smaller than those payable for the first child. Families on the lowest incomes are exempt from fees. Fees cover approximately 14 per cent of the total costs of day-care provision.

Families are entitled to free preschool education for one year before their children start school. Attending preschool is voluntary, but almost all six-year-old children attend preschool in Finland. In addition to preschool education, approximately 70 per cent of six-year-olds require day care. Teaching is based on local curricula, which in turn are derived from a national preschool curriculum.

Private day-care allowance

As an alternative to municipal day care, families can apply to the Social Insurance Institution for a private day-care allowance to arrange care for children under school age. Private day-care allowance is available from the end of the parental allowance period until the child reaches school age. The care provider can be a private day-care centre, a group family day care unit or a private childminder.

Private day-care allowance consists of a care allowance and a care supplement, eligibility for which depends on the size and income of the family. Some local authorities also pay a municipal supplement. The amount of the supplement and eligibility criteria are decided by the municipality in question. Private day-care allowance is paid directly to the care provider and constitutes taxable income.

Child home care allowance

Child home care allowance is available to families with children under the age of 3 who are not in municipal day care. Child home care allowance is also paid for other children of the same family who are under school age.

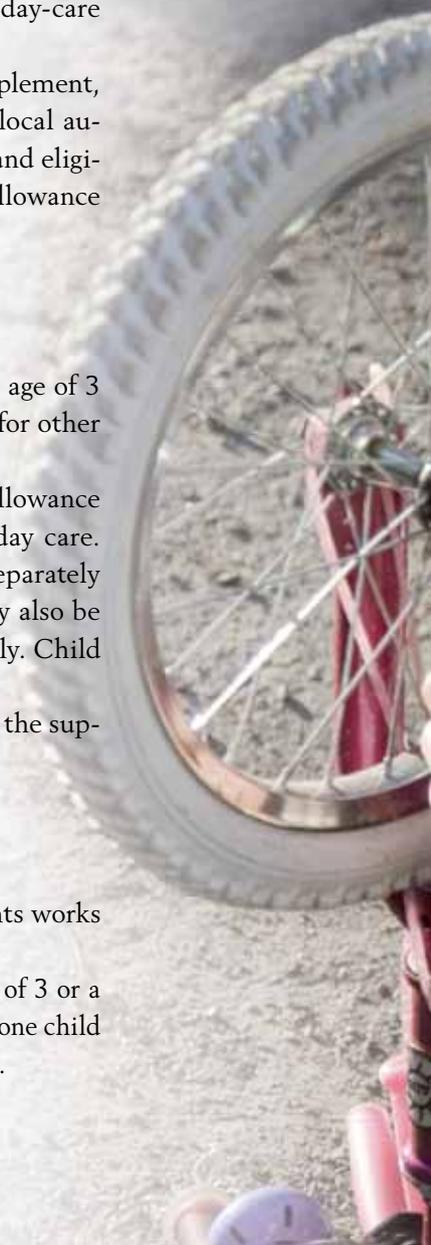
Child home care allowance is available from the end of the parental allowance period until the family's youngest child is three years old or enrolled in day care. Child home care allowance includes a basic care allowance which is paid separately for each eligible child. In addition to the basic care allowance, a family may also be entitled to a care supplement depending on the size and income of the family. Child home care allowance constitutes taxable income.

Some local authorities also pay a municipal supplement. The amount of the supplement and eligibility criteria are decided by the municipality in question.

Partial care allowance

A family may also be entitled to a partial care allowance if one of the parents works shorter hours than normal due to child care.

Partial care allowance is paid to a working parent of a child under the age of 3 or a child in the first or second year of school. Partial care allowance is only paid for one child even if there are several children to care for in the household at the same time.





A wealth of options for families

Most families make use of all the government-assisted forms of child care before their children reach school age. Typically parents begin by caring for their children at home with the aid of a parental allowance, after which many families rely on a child home care allowance. The next step for most families is to place children in a municipal day-care centre or with a family day care provider. Some families prefer to use a private service provider and apply for a private day-care allowance.

There are approximately 422,000 children under school age in Finland, around half of whom are in municipal day care. The older children get, the more likely they are to attend day care. Approximately four per cent of all children in day care are in private day care.

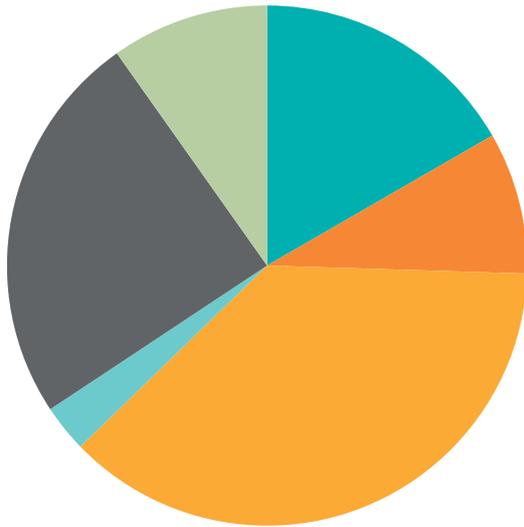
Before-school and after-school activities

The Basic Education Act includes a provision entitling local government to central government transfers for the provision of before-school and after-school activities for first-year and second-year pupils and for pupils with special educational needs.

Before-school and after-school activities support the educational role of both school and home and provide children with a safe environment. Local authorities can organise the provision of before-school and after-school activities independently or together with other local authorities or they can outsource the provision of these services to non-governmental organisations or private service providers. However, local authorities have no legal obligation to provide before-school and after-school activities. Local authorities can also charge reasonable client fees. There is no legal obligation for children to attend before-school and after-school activities.

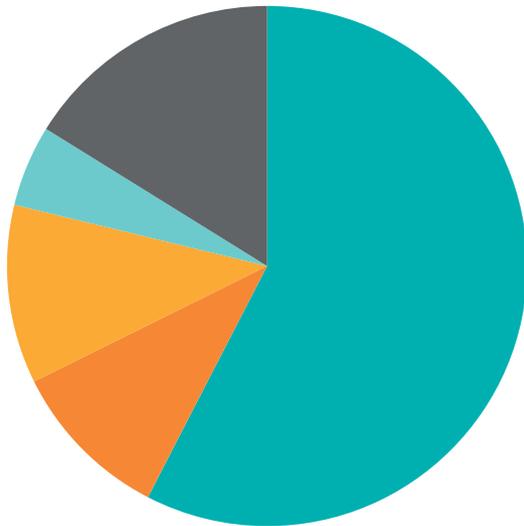
Free school meals for all

All pupils and students in primary and secondary schools, upper secondary schools and vocational schools are entitled to one healthy meal per day free of charge. It is recommended that school meals support the nutrition given at home and as such should provide one third of the pupil's or the student's daily nutritional requirements. Free school meals were introduced in Finland in 1948.



Percentage of children aged 0–2		2011
■	Municipal day-care centre	17 %
■	Municipal family day care	9 %
■	Child home care allowance	38 %
■	Private day-care allowance	3 %
■	Parental allowance	25 %
■	Other	10 %

Figure 2. Child care for children under the age of 3 in 2011



Percentage of children aged 3–6		2011
■	Municipal day-care centre	57 %
■	Municipal family day care	10 %
■	Child home care allowance	11 %
■	Private day-care allowance	5 %
■	Other	16 %

Figure 3. Child care for children aged between 3 and 6 in 2011



5. Child welfare

Society provides services and financial support for families to help them bring up their children. Prenatal clinics, child health clinics, day care, psychosocial pupil and student welfare, school health care and student health care as well as youth work contribute to averting a need for intervention by child welfare authorities. Often the personnel employed in the aforementioned functions are the first to notice any problems arising in families.

Non-residential services and assistance

Local authorities have a legal obligation to provide families with adequate financial support and to rectify any shortcomings in housing as required. Municipal social welfare authorities provide non-residential support for families and for children and adolescents in situations where the home environment is deemed detrimental to the child's or the adolescent's health and development. Non-residential support is also required if the child's or adolescent's own behaviour endangers his or her health or development. Other child welfare measures are only undertaken if the situation is not improved by such action.

Non-residential child welfare services and assistance are tailored to the needs and circumstances of the child and the family in question. A family can also be assigned a support person or a support family. A child can be placed in a foster family or an institution for a short period of time without being formally taken into care if it is believed that a short-term separation can improve the situation.

An entire family can also be admitted to rehabilitation for substance abusers, for example. Other forms of assistance include

- child guidance and family counselling,
- home services and day care,
- therapy services,
- help for children at school and in their hobbies, and
- help for adolescents in acquiring job skills and finding accommodation.

Non-residential services and assistance require the consent of the parents and of the child if the child is aged 12 or over.

Taking into care and foster care

Taking into care and foster care are procedures undertaken only if the circumstances in the home or the child's own behaviour seriously endanger the child's health or development and if non-residential services are insufficient. Furthermore, it must be established that taking into care and foster care are the best solution in the interests of the child. The parents of a child who has been taken into care are also supported during foster care. Taking into care can be voluntary or, by decision of the municipal social welfare board, involuntary. Taking into care can also be undertaken as an urgent protective measure.

The child and his or her family must be heard during the preparations for taking the child into care. If a child over the age of 12 or his or her parents or guardians are opposed to the child being taken into care, the decision must be confirmed by the competent Administrative Court. A decision to take a child into care can be appealed to the Administrative Court and further to the Supreme Administrative Court.

A decision to take a child into care expires when the child turns 18 at the latest. However, the arrangement must be terminated as soon as the grounds for the decision to take the child into care cease to exist unless this would not be in the interests of the child. Once a care arrangement ends, the municipal social welfare board is required to support the child or adolescent with after-care measures until he or she turns 21.







6. Health care for families

Municipal health centres operate prenatal clinics, child health clinics and school health care services. Primary health care services are provided locally and they are voluntary and free of charge for residents. Almost all children and families use these services. Health care providers are bound by patient confidentiality.

The primary objective is to monitor and promote the health and welfare of children, adolescents and families. A secondary objective is to identify any need for special support as early as possible and to provide assistance and refer patients to examinations and treatment. Personalised health advice is given to support the psychosocial welfare of children and adolescents, parenthood and a healthy lifestyle for families.

Prenatal clinics

Almost all expectant mothers have a health examination at a prenatal clinic before the end of the fourth month of pregnancy. Most fathers also come along to the clinic. At the clinic, a public health nurse monitors the mother's health, the baby's development and the whole family's well-being at regular intervals. Additional visits are scheduled as required.

Periodic health examinations allow health care professionals to engage both parents in discussions about the family's circumstances, the health of the parents and their preparedness for parenthood. Prenatal clinics also provide parental training for families expecting their first child. The training includes antenatal classes which fathers also attend.

Prenatal clinics work in close cooperation with maternity hospitals and outpatient maternity clinics. More than 99 per cent of mothers give birth in a hospital.

Child health clinics

All new mothers receive a home visit from a midwife or a nurse from the prenatal clinic shortly after giving birth. At least nine visits to a child health clinic are scheduled for the first year of a child's life to monitor the well-being of the child and the parents. This is followed by a total of at least six check-ups scheduled first at six-monthly and then at yearly intervals.

Three of the appointments are more extensive medical examinations. Both parents are invited along. The parents meet with a nurse and a doctor to discuss the child's health, the whole family's well-being and circumstances, parenthood and lifestyle.

Check-ups at the child health clinic are aimed at monitoring and promoting the physical, psychological and social development and health of the child as well as the parents' resources and coping. Additional appointments are scheduled for the child and the family to provide support from other specialists as required. Families can also be referred to examinations and treatment in other branches of the health care system. All routine vaccinations are given at the child health clinic.

School health care

On starting school, children are transferred over to the school health care system. The school health nurse sees children for regular check-ups once a year. First-year, fifth-year and eighth-year pupils are provided a more extensive medical examination to which also both parents are invited. Parents are also notified of the yearly check-ups and can attend if they wish.

Personalised health advice is given to support and promote mental health, independence, a healthy lifestyle and physical fitness. Prevention of bullying is an important aspect of school health care. Parents are also given support in the care and upbringing of their children.

The routine vaccination programme begun at the child health clinic continues in the school health care system. School health care personnel monitor the health and safety of the school environment, promote the well-being of the school community and organise dental care for schoolchildren. School health care personnel also support children with long-term illnesses to manage their condition.

School health care is part of the school's general pupil welfare system which also includes the services of a school social worker and a school psychologist. On leaving school, the student health care system takes over from school health care.

Medical care for children

Municipal health centres are responsible for providing the required medical examinations and treatment when a child is ill. If necessary, children can also be referred to a hospital for further examinations and treatment. Hospitals typically have paediatric, paediatric neurology, paediatric surgery and paediatric psychology clinics and wards for the specialised medical care of children. Medical care for children is provided in close cooperation with the child and the family.

Children under the age of 18 are entitled to free appointments with health centre GPs. Hospital care lasting over seven days is also free of charge for children under 18.

In addition to municipal health centres, larger towns and cities in particular also have private health care providers. All residents in Finland are entitled to reimbursement for the costs of medical (doctors' fees, examinations and treatments, medication and travel expenses) and dental care under the Finnish Health Insurance Act.

Mental health services for children

Child health clinics and school health care personnel work together with health centre psychologists to provide mental health services for children through the primary health care system. The more extensive medical examinations carried out in connection with regular periodic health check-ups also cover any mental health issues or concerns of children and families.

Specialised mental health services for children are available from municipal child guidance and family counselling clinics. Non-residential child welfare services, early childhood education and care services, schools and pupil and student welfare officers work together to provide mental health services for children.

Psychiatric examinations, treatment and rehabilitation for children with mental health problems are coordinated by hospital paediatric psychiatry clinics. Timely access to treatment is guaranteed by law.

Child guidance and family counselling

Child guidance and family counselling involves the provision of expert assistance in child guidance and family matters and social, psychological and medical examinations and treat-

ment to promote the positive development of children. Child guidance and family counselling services are available from child guidance and family counselling clinics.

The aim of child guidance and family counselling is to create a foundation of safe and secure conditions for children to grow up in and to contribute to the functional capacity and psychosocial well-being of families. Families typically seek child guidance and family counselling if a child is having problems or if there are problems in the family or in the relationship between the parents. Other common reasons include family mediation and the need for a professional opinion. The services are free of charge for families.

Dental care for children

All children of the same age are invited to a dental check-up at regular intervals. Additional appointments can be scheduled as required. Periodic check-ups include an oral health examination and an assessment of any need for treatment if the situation has changed. Personalised health plans are drawn up as required.

Families expecting their first child are invited to a dental check-up to discuss the oral health care of the whole family. The check-up includes an oral health examination and an assessment of any need for treatment for all members of the family.

Children under school age are invited to periodic check-ups with a dental hygienist or a dental nurse and, if necessary, with a dentist. Periodic dental examinations for schoolchildren are part of the school health care system. Dental check-ups for schoolchildren are performed by dentists, dental hygienists and specialised dental nurses. Additional examinations are carried out to establish the need for orthodontic treatment, for example. Children under the age of 18 are entitled to free dental appointments.





7. Services for children with disabilities and their families

Children with disabilities and their families are entitled to special services and assistance if the services and assistance available under general legislation are not appropriate or sufficient for their needs. Special services available to children with disabilities and their families typically include transport services and access to a personal assistant. Assistive devices to help children cope with disability are available from the health care system, the Social Insurance Institution and the primary and secondary school system. Social welfare and health care professionals provide support and information for parents of children with disabilities.

Child health clinics follow children's development at regular intervals, striving to identify any delays in development as early as possible. Further examinations are scheduled as required. The medical, educational and social rehabilitation of the child and his or her family begins immediately if a disability, an illness or a delay in development is diagnosed.

Children with severe disabilities are entitled to medical rehabilitation organised by the Social Insurance Institution. Local authorities, the Social Insurance Institution and various non-governmental organisations also provide training to help children with disabilities and their families adapt to disability. The authorities draw up a service plan together with the parents, covering all the services and assistance needed by the child and serving as the basis for making decisions. The child is assigned a contact person who will liaise between the family and the various authorities.

Children with disabilities are generally placed with other children in municipal day care and additional support is provided as required. Day care in a special group can also be arranged, if necessary. Normal day-care fees determined on the basis of the family's size and income also apply for the day care of children with disabilities. Any special services required as a result of the disability, such as a personal assistant, rehabilitation and assistive devices, are provided free of charge.

The parents of sick children or children with disabilities are eligible for various financial benefits from the Social Insurance Institution, most importantly a disability allowance for children under the age of 16 and a special care allowance. Parents are eligible for a disability allowance if caring for their child and arranging any required rehabilitation causes them additional strain compared to caring for a healthy child of the same age for a period of at least six months. The special care allowance compensates for the parents' loss of income during time spent caring for the child or taking him or her to hospital appointments.

Various disability NGOs as well as the municipal ombudsman for social services are at hand to help and support children with disabilities and their families, to protect their interests and to ensure access to services and assistance.



A group of children in winter clothing are running happily on a path outdoors. The children are wearing various winter hats, scarves, and jackets. They have their arms raised in the air, suggesting they are playing or celebrating. The background shows a tree and a path leading into the distance under a bright sky.

8. Adoption

The purpose of adoption is to serve the best interests of the child by strengthening the relationship between the adoptive parent and the adopted child. Adoptions are confirmed by a court of law. Both single parents and married couples can adopt a child. People living in a registered civil partnership can adopt a child of their partner.

Adoptive parents are not eligible for a maternity allowance. They are, however, entitled to a longer parental allowance period. Parents who adopt a child from abroad independently are not eligible for an adoption grant, a maternity grant or a parental allowance. They are, however, entitled to child benefit and a child home care allowance.

Families wishing to adopt an underage child must attend adoption counselling. Adoption counselling is available from municipal authorities and adoption agencies that have been authorised to provide adoption counselling. Families wishing to adopt a child from abroad must also use the services of an adoption agency authorised to handle international adoptions. Both international and domestic adoptions must be approved by the Finnish Adoption Board.

Parents are entitled to financial support to cover the costs of international adoptions. A higher rate of support is awarded if the family adopts several children at the same time (usually siblings).

The body responsible for awarding and paying adoption grants is the Social Insurance Institution. The grant covers a portion of the costs incurred from the translation of documents, service provider's fees, travel expenses and administrative charges.



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