



Statutory social welfare
and health care services

MINISTRY OF SOCIAL AFFAIRS AND HEALTH

Brochures 2001:7eng



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■ MINISTRY OF SOCIAL AFFAIRS AND HEALTH

Helsinki 2002

Introduction

It is the function of the public authorities to promote the well-being, health and welfare of the population. The provision of social welfare and health care services in practice is the task of the individual municipalities.

Most of these social welfare and health care services are statutory, meaning that there are laws which require the municipalities to provide the services in question. In addition to statutory services, individual municipalities may choose to provide other social welfare and health care services, too.

The aim of this brochure is to provide a brief survey of Finland's statutory social welfare and health care services. It does not cover any services which are non-statutory, or certain statutory municipal services closely related to the social welfare and health care system, such as income security benefits. Furthermore, it does not deal with services which are fully funded by the central government, such as those under the legislation on military injuries.

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1. General

Social rights as a basic principle

The duty of the public authorities to promote the welfare, health and safety of the people derives from the Finnish constitution. The duty in question is defined in more detail in the Finnish legislation on social welfare and health care. The legislation on the status and rights of patients and clients of the social welfare system also implements this constitutional mandate.

Economic, social and educational rights were enshrined in the Finnish constitution in the constitutional reform of 1995. These rights are relevant for social welfare and health care services primarily in terms of the constitutional stipulation on the right to social security.

This states that all those unable to provide for themselves the security they need for day-to-day life are entitled to the necessary basic income and care. This is a subjective right of everyone. The social welfare and health care services represent one way of ensuring that this right is extended to everyone. The provision also states that the public authorities must guarantee adequate social welfare and health care services for all, and promote public health. The public authorities must also support families and others who take care of children in their efforts to ensure children's well-being and the provision of education for children as individuals. The current legislation on social welfare and health care services defines how access to services must be ensured in practice.

'Basic security' and 'basic services' are two key concepts which occur in the law texts. Their exact meaning has not, however, been defined in the law or elsewhere.

Patients' rights and the rights and status of clients of the social welfare services have been emphasized in recent legislation. This represents fur-

ther work to implement the constitutional mandate of promoting and ensuring basic rights for everyone.

Subjective rights and rights based on budget appropriations

There are various legislative provisions on individuals' rights to social welfare and health care services. Secure provision of certain services is considered so important that the legislation gives the individual what is known as a 'subjective right' to specific services. These include children's daycare, certain statutory services for people with disabilities, and the right to emergency medical care. Municipalities are required to reserve adequate funds for the provision of these services in all circumstances.

Many social welfare and health care services are, however, based on budget appropriations. This means that individual clients are entitled to these services only within the limits of the funds allocated to them by the municipality in its budget. Thus, services may be targeted at those who need them most. The general principle is, however, that service needs should be assessed on a case-by-case basis, and that services cannot be refused simply by pointing to a lack of funds.

Service provision

The responsibility for providing social welfare and health care services lies with the municipalities. These are required by law to provide social welfare and health care services for their residents, but the legislation does not set down detailed requirements for the extent, content or method of this service provision.

The municipalities may provide services as part of their own operations, through membership of a joint municipal board, or by purchasing services from other municipalities or private providers. Operations may thus vary from one municipality to the next, depending on local conditions and the specific needs of the local population. This emphasizes the responsibility of municipal elected officials and other local policy-makers

for ensuring that service quality and provision correspond to the needs of local people.

Legislation on social welfare and health care services

The legislation on social welfare and health care consists of certain key general acts and the special legislation which applies to certain sectors. Social welfare and health care services are primarily based on the general acts. Those who cannot be provided with adequate service under the provisions of the general acts are entitled to the services set down in the special legislation.

This special legislation is designed to ensure the welfare of certain special groups, including those with mental health or substance abuse problems. By contrast, there is no separate legislation on, for instance, care for old people, which is provided as part of general social welfare and health care services. Home care for old people is, for instance, dealt with in several different acts and decrees within the legislation on social welfare and health care.

In **social welfare**, the general legislation consists of the Social Welfare Act, plus an Act on the Status and Rights of Social Welfare Clients which entered into force in 2001. The Social Welfare Act sets down the principles which apply to all social welfare services and the provision of general social services. The newer Act on the Status and Rights of Social Welfare Clients defines the main procedures to be used in client services and data protection.

There is separate legislation on care and welfare for children and young people, children's daycare, care for substance abusers, special services for the mentally handicapped, services and support for people with disabilities, support for informal care and family care. There is also separate legislation on the duties of child welfare officers, establishment of paternity, ensuring payment of child maintenance, advisory services for adoptive parents, arbitration of family matters, and arbitration in the implementation

of a decision concerning child custody or visiting rights. In September 2001, a new Act on Rehabilitative Work also entered into force.

In **health care services**, the general legislation consists of the Primary Health Care Act and the Act on Specialized Medical Care; these two acts contain general provisions on the municipalities' duty to provide health care and medical care and related operations. The status of users of health care services is regulated by the Act on the Status and Rights of Patients.

There is separate legislation on occupational health care, mental health services and the prevention and treatment of communicable diseases.

The following is a general overview of the social welfare and health care services that municipalities are required to provide. More details can be found in the acts, decrees and other regulations concerning the individual forms of care.

2. Statutory social welfare services

The Social Welfare Act states that it is the duty of municipalities to provide general social welfare services, which are: social work, child guidance and family counselling, home help services, housing services, institutional care, family care and support for informal care.

Municipalities are also required to ensure the provision of certain other social welfare services mentioned in the Social Welfare Act, on which there is special legislation (see previous section).

Urgent statutory social welfare services must be provided whenever needed, regardless of the time of day.

The statutory social welfare services are:

Social work

Social work refers to the guidance, advisory services and help in solving social problems provided by professional social welfare staff, as well as other support measures which help individuals and families to cope, maintain and improve their security, and promote the functioning of communities.

Child guidance and family counselling

Child guidance and family counselling means that expert advice is provided on issues involving the raising of children and on family matters generally, and that there is social, psychological and medical research and care available to help children grow and develop in the best possible way.

Home help services

Home help services are provided because of reduced functional capacity, the family situation, stress, illness, a new baby, disability or other such reason for those who need help in coping with everyday chores and tasks.

Housing services

Housing services are provided for people who need help or support in finding housing for specific reasons.

Institutional care

Institutional care is given to people who need help, medical care or other assistance which cannot be arranged or would be unreasonably difficult to arrange in their own home using other social services.

Family care

Family care is provided for a person who cannot be reasonably well cared for, raised or generally looked after at home or with the aid of other social welfare and health care services, but who is nevertheless not considered to be in need of institutional care. The maximum number of people cared for in a family environment is prescribed in the Social Welfare Act. The Family Carers Act contains provisions on the position and duties of a family carer.

Support for informal care

Support for informal care is a form of care payment and support service provided for those looking after an old, disabled or ill person at home. What it actually comprises is set down in a care and service plan drawn up for the person concerned.

Care for children and young people

The Child Welfare Act stipulates that municipalities must ensure that their child welfare services correspond to the actual need, in terms of both

content and extent. Child welfare should also be taken into account in developing other municipal services.

Where the need for child welfare actions arises essentially from inadequate income, poor housing conditions or actual homelessness, or where these factors constitute an essential obstacle to the rehabilitation of a child and family, or a young person who has been a child welfare client before the age of 18 and is striving to start an independent life, the municipality is required to provide financial support and remedy housing conditions or to provide housing without delay.

Children's daycare

Under the Children's Daycare Act, municipalities are required to ensure that children's daycare is available on the scale and in the form that needs in the municipality dictate, in the form of daycare either provided or supervised by the municipality.

As far as possible, daycare should be provided in the form preferred by the child's parents or guardians. Municipal daycare services should further be arranged so as to ensure that the need for child care and education in different age groups are met equally and according to local needs.

A child's parents or other guardians are entitled to full-day municipal daycare for their child, or under certain conditions, to child home care allowance or private child-care allowance.

The right to daycare, child home care or private child-care allowance begins at the end of the period of maternity, paternity or parental allowance as laid down in the Health Insurance Act. The right ends when the child begins compulsory education in a primary school or other similar school as defined in the Basic Education Act. If the child goes to pre-school before beginning primary school, additional part-time daycare may be provided.

Applications for daycare for a child under school age must be submitted at the latest four months before the child needs the daycare. Where the need for daycare cannot be anticipated due to the nature of the parents'

work or studies, applications for daycare should be submitted at least two weeks before the daycare is needed.

In providing daycare for children who are not unconditionally entitled to daycare, priority should be given to those who need daycare for social or educational reasons.

More detailed provisions on the number of children permitted in a daycare centre or in family daycare and on the personnel employed to care for them are issued by decree.

Municipalities are required to ensure that children who speak Finnish, Swedish or Sami receive daycare in their mother tongue. The language and culture of Romani and immigrant children should also be supported.

Substance abuse

Under the Act on Welfare for Substance Abusers, municipalities must ensure that care for substance abusers is provided in the form and on the scale required by local needs. Welfare for substance abusers must be provided by developing general social welfare and health care services, and also by providing services specifically designed for substance abusers. These services should primarily be provided in the form of non-institutional care.

Services for substance abusers should be provided according to the need for help, support and care of individual clients and their families.

Special care for people with mental disabilities

Under the Act on Special Care for the Mentally Handicapped, special care is provided for a person whose development or mental abilities have been limited or disrupted by illness, defect or disability, whether congenital or acquired in childhood, and who cannot obtain the services needed under the general legislation.

The special care services include health care, counselling, rehabilitation and functional training, occupational activities and housing, the provision of assistive devices and other necessary services.

Services and assistance for people with disabilities

Under the Services and Assistance for the Disabled Act, municipalities are required to ensure that services and assistance for people with disabilities are provided in the form and on the scale needed in the local community. Services for people with disabilities should also be available in their mother tongue.

The services and assistance needed by people with disabilities should be planned to help people live independent lives. To this end, a service plan should be drawn up in cooperation with the disabled person and his or her parent or guardian, defining the services and support needed.

Municipalities are required to provide reasonable transportation services for people with severe disabilities, including escorts, interpreters and service housing. People with severe disabilities should also be reimbursed for necessary alterations in their housing arrangements and the expenses incurred in acquiring equipment and appliances needed in the home.

The Act also mentions services and assistance that can be provided by municipalities within the framework of their budget appropriations for the purpose. These include rehabilitation counselling, adjustment training and reimbursement of the cost of hiring a personal assistant.

Municipalities may also provide sheltered work or other forms of occupational activity. A Government bill regarding changes in the sheltered work system was submitted in autumn 2001.

Rehabilitative work

Actions under the Act on Rehabilitative Work, which entered into force in 2001, are designed to improve the opportunities of long-term unemployed receiving labour market support or income support to find work on the open labour market. The Act also helps such people to attend training or other labour administration programmes designed to improve employment potential.

3. Statutory health care services

The Primary Health Care Act and Decree place certain health care provision duties on the municipalities. There is also separate legislation on specialized medical care, mental health services, the prevention and care of communicable diseases and occupational health care.

The statutory health care services are:

Health care advice

Municipalities are required to provide health care advice, which includes health education, advice on birth control and general health checks.

Medical care and rehabilitation

Municipalities are required to provide medical care for local residents. This includes medical examination and treatment, and also medical rehabilitation. Medical care can be provided at health centres as non-institutional care or in health centre wards, or in the form of home nursing. Emergency medical services must be available to all, regardless of where they live.

Rehabilitation must be provided insofar as this is not the function of the Social Insurance Institution. The content of rehabilitation is specified in more detail in the Decree on Medical Rehabilitation. The main responsibility for providing assistive devices lies with the health centre or hospital.

Transportation of patients

Municipalities must ensure that transportation is available for patients and maintain emergency medical care services, with the exception of the

acquisition and maintenance of airborne rescue or special rescue vehicles for difficult ice conditions or the like.

Dental care

Municipalities are required to provide dental care. This includes education and preventive work as well as dental check-ups and treatment. Dental care must be available to all regardless of age. Up to November 30, 2002 it will, however, be possible to limit access to care for those born in 1945 and earlier.

School health care

School health care is also the responsibility of the municipalities; this includes supervising the health conditions at comprehensive schools and upper secondary schools, and health education and health care services for schoolchildren, including any special tests necessary. These include eyesight and hearing examinations by the relevant specialists, laboratory tests, x-rays or other special tests ordered by a specialist, and examinations by a psychiatrist or psychologist.

Student health care

Municipalities are also required to provide student health care for students at educational institutions other than those included under the previous section, including supervising the health conditions at the educational institutions in question, health care and specialized medical care, and dental care for students. Municipalities may, however, allot the responsibility for providing health care for university students to the Student Health Foundation.

Screenings

Municipalities are required to arrange screenings and certain other mass examinations. Breast cancer screening is arranged for women aged 50-59,

and women aged 30–60 are screened as a preventive measure against cervical cancer.

Specialized medical care

Specialized medical care refers to health care services involving the prevention, examination, treatment and rehabilitation of medical conditions within the specialized fields of medicine and dentistry. There is no detailed legislation on the required scale and quality of specialized medical care. The home municipality is, however, responsible for ensuring that people receive the specialized medical care they need.

Occupational health care

Municipalities must provide occupational health services for employees and entrepreneurs.

Some municipalities are also required to provide special seamen's health care services and occupational health care for seamen.

Mental health services

Municipalities are required to provide mental health services under either their primary health care or their social welfare services.

They are also required to provide the mental health services appropriate to a health centre. Hospital districts are responsible for mental health services provided as part of specialized medical care.

The content and scale of services must correspond to local needs. Services should primarily take in a non-institutional form, and comprise support for people in seeking treatment on their own initiative and coping independently.

4. The status of service users

The Act on the Status and Rights of Social Welfare Clients lays down principles for the participation, treatment, and legal rights of social welfare clients.

According to the Act, clients are entitled to receive social services of a high quality as well as considerate and non-discriminatory treatment, from the authorities implementing social welfare. Clients' beliefs and privacy must be respected and their human dignity preserved. Special attention must be given allowing the client a say in the social services allocated, and to ensuring the client's right of self-determination in general.

In the provision of social welfare services, the primary aim should be to help clients to live independently by giving them the financial means and other support necessary to cope on their own in their day-to-day life.

The Act on the Status and Rights of Patients requires the health care and medical care given to patients to be of a high quality. Human dignity must be safeguarded and respect shown for individual beliefs and privacy. If care or treatment cannot be provided immediately, the patient must be either instructed to wait for care or referred elsewhere for treatment. Patients must be advised of the reasons for any delays and told how long the waiting time is expected to be.

Municipalities are generally required to provide social welfare and health care services for their own inhabitants, i.e. the people who live permanently in that municipality according to the definition in the Municipality of Residence Act. Social welfare services are provided regardless of residence if circumstances so demand, for instance when those studying or working in a municipality need such services. Similarly, school or student health care must also be provided for the pupils and students at

educational institutions in the municipality. Occupational health care must be provided for the employees at workplaces in the municipality and entrepreneurs operating there.

In emergencies, municipalities are expected to provide social welfare and health care services regardless of the patient's/client's municipality of residence; this also applies in situations covered by international reciprocal agreements.

Under the Nordic Agreement on Social Services and Social Assistance, citizens of the Nordic countries may use their mother tongue in service situations and they should be provided with the necessary interpreter and translation services as far as possible. There is a separate requirement concerning the provision of interpreter and translation services in cases where a citizen of a Nordic country addresses the social welfare and health care authorities in writing.

Users of municipal social welfare and health care services may be charged a fee for the services within the limits set down in the Act and Decree on Client Fees in Social Welfare and Health Care. Clients are charged the same fee for services purchased by the municipality from private service providers as for municipal services proper.

Clients have a number of channels for appeal in decisions concerning them. In such cases the appeal authority will consider each case individually and decide on the services needed. Provisions on appeal procedures are generally included in the relevant legislation on the service provision.

A client who is dissatisfied with services can also contact the municipal social affairs ombudsman or patient ombudsman.

5. Extent of statutory services

Under the Act on Planning and Government Grants for Social Welfare and Health Care, municipalities are required to allocate funds to the social welfare and health care services receiving government subsidy. The Act does not, however, specify the amount of funds to be allocated.

The minimum scale of statutory services is based on the Acts on the provision of specific services, as outlined above.

Nevertheless, there are a number of services whose scale is not specified in any detail. In such cases, the municipalities have considerable influence in deciding on the scale of the service in question. One example of such very general provisions might be the requirements for providing specialized medical care laid down in the Act on Specialized Medical Care.

By contrast, there are certain services for which extremely specific requirements are laid down in the law. They include the right to choose between municipal daycare, child home care allowance or private child-care allowance in the case of children under school age.

Between these extremes, there are a number of different ways of defining the requirements for the scale of services that municipalities must arrange for. Some Acts contain very detailed provisions concerning the services and the scale required, without assigning service users any clearly defined right to the services in question. The Primary Health Care Act and Decree are an example of such legislation.

The basic principle ought to be that the resources allocated to operations guarantee all service users equal primary services regardless of where they live or their social status or language. The ultimate aim is that everyone resident in Finland should have equal access to the social welfare and health care services they need.

6. The quality of statutory services

There is generally no detailed definition of the quality required of municipal services. In many cases, however, the relevant legislation does lay down principles for specifying the quality of services. In children's day-care, for instance, provisions have been issued by decree on the number of children permitted relative to the number of personnel.

During the period of the Target and Action Plan for Social Welfare and Health Care 2000-2003, quality recommendations to support the municipalities' quality management efforts will be prepared in the fields of care for old people, mental health services, school health care, housing services for people with disabilities, provision of assistive devices and welfare for substance abusers. The national framework for care and services for old people was published in spring 2001 and the quality recommendations for mental health work in autumn 2001.

These quality recommendations are not legally binding, but should be considered as a gauge of appropriate services.

The requirements for the training of social welfare personnel are set down in the Decree on formal qualifications for social welfare personnel. The competence of health care staff, meanwhile, is provided for in the legislation on vocational practice.

Services procured from private service providers must correspond to the standard required of the corresponding municipal services. This should ensure that all publicly funded services fulfil the same minimum quality requirements.

The provision and supervision of private services is covered by the Private Health Care Act and Decree and the Act and Decree on the Supervision of Private Social Services. This legislation also applies to the services that municipalities purchase from private service providers.

7. Service provision: methods and funding

According to the Act on Planning and Government Grants for Social Welfare and Health Care, a municipality may provide services as part of its own operations, in cooperation with other municipalities, as a member of a joint municipal board or by purchasing the services from the State, from another municipality, from a joint municipal board or from a private service provider.

Unless otherwise provided by law, this allows each municipality to decide how to organize its service provision. Certain acts, e.g. the Act on Specialized Medical Care and the Act on Special Care for the Mentally Handicapped, contain provisions requiring municipalities to belong to joint municipal boards, but aside from these restrictions, service provision methods are open to choice.

The statutory services must be ensured, however, whatever the method of provision. If only outsourced services are available, they must be available to users on the scale required.

The responsibility for funding services lies with the municipalities. In practice, they finance their operations mainly out of tax revenues, most of which come from municipal tax, but also through government subsidy and client fees.

Government subsidies are paid according to principles reflecting the factors influencing the cost of the service provision. These principles include the number of inhabitants, the age structure, morbidity, unemployment, and the remoteness of the municipality's location. Municipalities are also eligible for separate government subsidies for investments.

8. Supervision of resources and quality

Service steering

Nationally speaking, social welfare and health care services are mainly steered through the legislation. The Target and Action Plan for Social Welfare and Health Care contains the targets set for social welfare and health care and the actions, recommendations and instructions required to reach the targets. In the annual budget, the Government also decides on the resources to be allocated to social welfare and health care services, and issues a special decree on the matter.

General supervision

General planning, guidance and supervision of statutory services falls within the purview of the Ministry of Social Affairs and Health. Planning, guidance and supervision on the provincial level is defined as a duty of the Provincial State Offices.

The Local Government Act no longer contains any provisions entitling the Provincial State Offices to keep an eye on the legality of municipal operations. State offices can thus only intervene in municipal operations on the basis of complaints submitted.

Despite the provisions of the Local Government Act, Provincial State Offices are required to supervise municipal operations as specified in the legislation on social welfare and health care and, if necessary, to take action on their own initiative if municipalities or joint municipal boards violate the law or regulations based on law. Under the Act on Central Government Transfers to Local Government, Provincial State Offices are entitled to order a municipality or joint municipal board to conform to the law or a statutory obligation under penalty of a fine.

The Basic Security Guarantee Board

The Act on Planning and Government Grants for Social Welfare and Health Care states that there is to be a national Basic Security Guarantee Board operating at the Ministry of Social Affairs and Health. Following a proposal from the Ministry, the Board can investigate whether the service system of an individual municipality is adequate.

The Ministry proposal may derive from a variety of sources, for instance, a complaint submitted by people in need of services.

Should the Board find that the municipal service system suffers from deficiencies which are the municipality's fault, it can issue a recommendation to the municipality on how the deficiencies in question should be corrected and within what time limit.

The Board evaluates the operation and standard of a municipal service system as a whole, however, and does not function as an appeals authority in individual cases. In the final analysis, the concept of primary services and material deficiencies are both defined by the Basic Security Guarantee Board itself, as they are not specified in the law.

Consequences of neglecting the duty to provide services

In cases where a municipality or joint municipal board has neglected a statutory duty, the general penalty is a conditional fine, according to the provisions of the Act on Planning and Government Grants for Social Welfare and Health Care and the Act on Central Government Transfers to Local Government. In such cases, the conditional fine is set by the Provincial State Office after consulting the relevant Ministry.

This procedure applies to all operations covered by the Act on Planning and Government Grants for Social Welfare and Health Care. A conditional fine is also possible in cases where, for instance, a municipality has failed to fulfil duties specified in special legislation or has not allocated the resources for social welfare and health care services specified in this Act.

Further information:

Ministry of Social Affairs and Health in Finland

<http://www.stm.fi/english/index.html>

FINLEX Data Bank - the Internet database of Finnish legislation

<http://www.finlex.fi/english/index.html>

Kela - the Finnish Social Insurance Institution

<http://www.kela.fi/english/index.html>

Kuntaliitto - the Association of Finnish Local and Regional Authorities

<http://www.kuntaliitto.fi/english/indexeng.htm>

ISSN 1236-2123

ISBN 952-00-1060-2

Layout: AT-julkaisutoimisto

Internet: www.stm.fi

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ISSN 1236-2123

ISBN 952-00-1060-2

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