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## *Statutory Social and Health Services in Finland*

■ *For Health  
and  
Social Protection.*



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*Statutory Social and  
Health Services in Finland*



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## *Introduction*

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It is the task of government to promote people's welfare, health and livelihood. It is the duty of local authorities to organise social and health services in practice.

The majority of social and health services are statutory, meaning that legislation obliges municipalities to arrange them. In addition, municipalities may organise other kinds of social and health services.

This brochure offers a brief explanation of what social and health services are statutory. It does not deal with non-statutory services.

It also does not cover some of the statutory municipal duties closely related to the organisation of services, such as income security benefits, nor does it deal with social and health services that are funded by the state in their entirety, such as those in line with legislation on military injuries.

## *1 In general*

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### **Social rights – the starting point**

Government's obligation to promote people's welfare, health and security is grounded in the Constitution. The most important obligations are set by legislation on social welfare and health care. The legislation safeguarding the status and rights of patients and clients receiving social care implements this constitutional mandate.

Economic, social and educational rights were raised to the level of constitutional law by their implementation as basic rights in 1995. Of these rights, social and health services are especially dealt with by the constitutional provision on the right to social protection.

Based on this, everyone who is not able to secure the requirements of a decent life has the right to necessary income and care. This is a subjective right, meaning that it belongs to everyone. Social and health services are one way to safeguard this.

Under the provision government has to ensure sufficient social and health services for everyone and to promote the health of the population. Government must also support the possibilities of family and other actors

responsible for childcare to provide for the welfare of children and their individual upbringing. Social and healthcare legislation specifies how the availability of services is to be ensured.

The concepts of basic security and primary services appear in the legislation. Their content is not, however, specified in law or otherwise defined.

Patients' rights and the status and rights of clients receiving social care have been emphasised in recent legislation. The purpose of this legislation is to promote and ensure the implementation of basic rights in line with the provision of constitutional law.

## **Subjective and allocation-bound rights**

The individual's right to social and health services is prescribed in law in different ways. The securing of some services is considered to be so important that individuals are accorded a subjective right – one that applies to everyone – to receive a service. Such services include child day care, certain services for people with disabilities, and the right to emergency medical treatment. Municipalities are obliged to earmark sufficient funds for such services in all situations.

A major part of social and health services are nevertheless allocation-bound. This means that the individual has the right to a service within the limits of the appropriation the municipality affords. In this way services can be allocated, for instance, to those who need them most. The general principle, though, is that the need for services has always to be assessed on an individual basis. A service cannot be refused purely on the grounds of a lack of allocations.

## **How services are organised**

Municipalities are responsible for arranging social and healthcare. Legislation obligates them to organise social and health services for residents, but does not regulate their extent, content or method of arrangement in detail.

Municipalities may arrange services independently, as part of a joint municipal board or by buying them from other municipalities or a

service provider. Clients may also be given service vouchers with which to buy services. There may be disparities in services according to local conditions and the needs of the population. Municipal elected officials and other decision-makers are responsible for ensuring that the level and quality of services meet residents' needs.

## **Social and health legislation**

Legislation concerning social and healthcare can be divided into central universal laws and special laws that regulate certain areas separately. Efforts are made to arrange social and health services primarily by universal laws. People who do not get sufficient services based on universal law are entitled to services regulated by special laws.

Special laws are prescribed for certain groups, such as people with mental health or substance abuse problems, to safeguard their position. However there are no separate regulations on the care of older people, for instance, and instead services for the elderly are organised as part of universal social and health services. For example, the organisation of home-based care for older people is regulated by several different social and healthcare laws and by a number of decrees.

The universal laws on social welfare include the Social Welfare Act and the Act on the Status and Rights of Social Welfare Clients of 2001. The Social Welfare Act regulates all social services by a commonly applied principle concerning how general social services should be organised. The latter law specifies the main procedures to be used in work with clients and in matters of data protection.

Separate regulations deal with how to organise child and youth care, child day care, care of substance abusers, special care for the mentally disabled, disability services and support, rehabilitative work, informal care support and family care. Separate legislation also regulates the organisation of tasks assigned to child welfare officers, determination and establishment of paternity, securing child maintenance, adoption counselling, family counselling and mediation concerning child custody and visiting rights.

Universal healthcare laws comprise those on primary health care and specialised medical treatment. In general they regulate the municipalities'



responsibilities to arrange health and hospital services and their related activities. The law on the status and rights of patients regulates the status of health service users. Other separately regulated areas include occupational healthcare, mental health services, health protection and the prevention and treatment of communicable diseases.

The following is a general description of the main contents of the organisational responsibilities concerning social and healthcare services. More precise norms are contained in the laws, decrees and regulations dealing with different forms of services.

## *2 Statutory social services*

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The law on social welfare regulates the responsibility of municipalities to organise general social services. These include social work, child guidance and family counselling, home services, housing services, institutional care, family care and informal care support.

In addition, municipalities are responsible for taking charge of other social services mentioned in the Social Welfare Act which are regulated by different laws (see above).

Statutory social services needed in emergency have to be arranged on a 24-hour basis.

### **Statutory social services:**

#### **Social work**

Social work refers to the guidance, counselling, social problem solving and other supportive measures performed by a social care professional, which maintain and promote individuals' and families' security and their ability to cope and act in the community.

#### **Child guidance and family counselling**

Child guidance and family counselling refers to the provision of expert assistance in bringing up children and in family matters, as well as social, psychological and medical checkups and care.

## **Home services**

Home services are given to people who need help coping with day-to-day tasks and activities. The reasons for receiving home services may be due to diminished functional capacity, family situation, exhaustion, illness, childbirth, injury or some other corresponding reason. There is a special service voucher system for securing home services provided for by the Social Welfare Act.

## **Housing services**

Housing services are provided to people who for particular reasons need help or support for a place to live or with organising their housing.

## **Institutional care**

Institutional care is given to people who need help, care or other forms of attention that cannot or is not practical to be arranged at home or using other social services.

## **Family care**

People receive family care when the care, upbringing or other form of attention they need cannot for practical reasons be arranged in the home or through other social and health services, and when institutional care is not considered necessary. The Social Welfare Act stipulates the maximum number of people who can be cared for in a family home. The law on family care regulates the status and duties of the carer.

## **Informal care support**

Informal care support concerns the compensation and services defined in the care and service plan for the home care of an elderly, disabled or sick person.

## **Child and youth care**

Under the Child Welfare Act, municipalities have to ensure that child welfare is arranged to the extent and composition that meet evident local needs. The perspective of child welfare has also to be taken into account in the development of other municipally organised services.

Sometimes the need for child welfare services stems from insufficient income, deficient housing or a lack of it. These problems can fundamentally hinder the rehabilitation of a child and family or of a young person becoming independent who before the age of 18 has been a child welfare client. The municipality then has to organise without delay sufficient financial support and alleviate the deficiencies related to housing conditions or, as needed, to arrange housing.

### **Child day care**

According to the law on child day care municipalities have to ensure that day care is available to the extent and capacity evidently needed locally. Municipalities either directly organise child day care or oversee its running.

Where possible day care has to be organised in line with the wishes of parents or guardians. Day care services have to be arranged in municipalities so that children's care and educational needs in different age groups are assured evenly and according to the requirements of local conditions.

Parents or guardians are entitled to a full-time day care place or, on certain conditions, to support for child home care or private care.

The entitlement to day care, child home care allowance or private care allowance begins when the maternity, paternity and parental leave period ends, in line with the Health Insurance Act. The entitlement expires when children transfer to compulsory education under the Basic Education Act and start attending primary or a corresponding type of school. Before attending school, when children take part in pre-school, day care can be arranged on a part-time basis.

A day care place for a child below school age has to be applied for at the latest four months before the child needs it. If the need for a day care place cannot be predicted, for reasons to do with employment, training or studying, the place has to be applied for at latest two weeks before the child needs to attend. Otherwise, parents and guardians have to follow the application periods in municipalities.

In addition to children who have the unconditional right to day care, priority is given in placing to children who need day care for social and educational reasons.

The numbers of children in day care or family day care, and the care and educational duties of staff are more precisely regulated by decree.

Municipalities have to ensure that day care can be provided in children's own languages of Finnish, Swedish or Saami. Support has to be given to teaching the Roma children and children with different immigrant backgrounds in their own language and culture.

### **Care of substance abusers**

According to the law on the care of substance abusers, municipalities have to ensure that such care is organised in terms of its composition and extent in line with evident need locally. Substance abuse care services have to be organised by developing general social and healthcare services and by providing services especially intended for dealing with intoxicant abuse. The service system should at every point be able to assist people who have substance abuse problems. If general social and health services are not sufficient for this, clients are referred to substance abuse services. Services are primarily on an outpatient basis.

Substance abuse care services are to be provided to individuals, their families and other people close to them based on the need for help, support and treatment.

### **Special care for mentally disabled persons**

According to the Act on Special Care for Mentally Handicapped Persons, recipients of special care are those whose development or mental functioning has been hindered or disturbed since birth due to a sickness, handicap or injury, and who cannot get the services they need on the basis of other legislation.

Special care services include healthcare, guidance, rehabilitation and functional training, the organisation of employment and housing, the arrangement of assistive devices and other necessary activities.

### **Services and supportive measures organised on the basis of disability**

Legislation concerning the services and supportive measures to be organised on the basis of disability obliges municipalities to arrange such services in terms of composition and extent in line with local needs. People

with disabilities have to receive services and these must be organised taking account of clients' own language.

The services and supportive measures that people with disabilities need have to be organised so that they support their ability to act independently. To this end service plans that clarify the services and supportive measures required have to be drawn up. Each service plan is compiled together with the disabled client and his/her guardian.

Municipalities have to organise adequate transport services for people with severe disabilities, related escort services, interpretation services and service accommodation. In addition, people with severe disabilities have to receive compensation for alterations made to their homes as well as for expenses incurred from equipping them.

The law on services for people with disabilities also mentions services and supportive measures that municipalities arrange within the framework of their budget allocation. These include rehabilitation guidance, adjustment training and the reimbursement of expenses for personal assistants.

Municipalities may also organise measures supporting integration into working life as well as work activities.

### **Rehabilitative work**

Rehabilitative work provided for by legislation comprises measures to improve the prerequisites of people who receive labour market support or social assistance to find work on the open labour market. Access to rehabilitative work is based on long-term unemployment. The law also helps promote the rehabilitee's possibilities to take part in training or other measures provided by the labour administration to further employment.

## *3 Statutory health services*

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The Primary Health Care Act and Decree place the responsibilities related to health services with the municipalities. There are separate statutes on such things as specialised medical treatment, mental health services, the prevention and treatment of communicable diseases and occupational healthcare.

## **Statutory health services:**

### **Health counselling**

Municipalities are obliged to maintain health counselling. This includes health education, pregnancy prevention counselling and general physical examinations.

### **Medical treatment and rehabilitation**

Municipalities have to arrange medical care for their residents. This includes medical examinations, treatment and medical rehabilitation. Medical treatment can be provided at health centres as outpatient care, ward care or home nursing. Emergency medical treatment has to be arranged for all residents regardless of where they live.

Rehabilitation has to be organised as far as it is not a duty of the Social Insurance Institution. Its composition is regulated more precisely by a decree on medical rehabilitation. The main responsibility for procuring assistive devices lies with health centres or hospitals.

### **Transportation of patients**

Municipalities have to organise the transportation of patients and ensure the upkeep of medical rescue services except for the procurement and maintenance of aircraft, all-weather transport and similar special vehicles.

### **Dental treatment**

Municipalities have to organise dental care. This includes instruction and prevention, as well as dental examinations and treatment. Treatment has to be arranged for everyone regardless of age.

### **School healthcare**

Municipalities have to maintain school healthcare, which includes the overseeing of health conditions in primary and upper secondary schools, pupil healthcare and health education and special health examinations. These include sight and hearing examinations performed by specialists, as well as laboratory, x-ray and other examinations ordered by them, and psychiatric and psychological examinations.

### **Student healthcare**

Municipalities have to maintain student healthcare for students at educational establishments, other than mentioned above. This includes the monitoring of health conditions at educational establishments, and health, medical and dental care for students. Municipalities can transfer high school student healthcare to be organised by the Student Health Service.

### **Screenings**

Municipalities have to organise screenings and other mass examinations. Breast cancer screening has to be arranged for all women between the ages of 50–59 and cervical cancer screening for women between the ages of 30–60.

### **Specialised medical treatment**

Specialised medical treatment refers to healthcare services related to specialist medical or dental illness prevention, examinations, treatment and medical rehabilitation. The comprehensiveness and quality requirements of specialised medical treatment are not individualised by legislation. Municipalities have to ensure that patients receive sufficient specialised treatment.

### **Occupational health**

Municipalities have to organise occupational health services for employees and entrepreneurs. Certain municipalities also have to run healthcare for sailors and organise occupational healthcare services for them.

### **Environmental healthcare**

Environmental healthcare refers to the protection of the individual's and his/her living environment. Municipalities are responsible for carrying out environmental healthcare, which includes the assessment of health hazards, health monitoring, food safety and veterinary work. The chemicals control and the monitoring of the carrying out of tobacco control legislation, which is closely related to environmental healthcare, also fall within the scope of municipal activity in this area.

## **Mental health services**

Municipalities have to ensure the organisation of mental health services. These can be arranged as a part of either public health work or social welfare.

Municipalities have to arrange the kinds of mental health services that can be provided at health centres. Hospital districts take care of services where specialised treatment has to be given.

Services have to be organised in terms of their composition and extent in line with evident local needs. Services are primarily arranged in the form of outpatient care and supporting the application for treatment at the client's own independent initiative.

## **Timeframes on access to treatment**

Patients receive immediate medical attention in emergencies. Timeframes on non-urgent treatment are defined in law.

People have to be able to contact their health centre immediately during weekday opening hours. A patient's treatment needs can often be assessed on the phone and this can be done by a healthcare professional other than a doctor. If the treatment needs assessment requires that the patient visits the health centre, the appointment time has to be available within three working days of contacting the health centre.

Health centre treatment is usually started with the patient's first visit. If this cannot be done, access to treatment must take place within three months. If specialised medical treatment is given at a health centre, it has to be available within six months of the treatment needs assessment.

Mental healthcare treatment for children and young people has to be made available within three months.

Needs assessed medical dental treatment has to be arranged within a reasonable timeframe, and at most within six months.



## *4 Status of people in need of services*

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The Act on the Status and Rights of Social Welfare Clients contains principles related to their participation, treatment and legal protection.

According to the law, clients are entitled to receive good quality social care from the service provider, to be treated well and without discrimination. Clients' conviction and privacy must be respected and their dignity must not be violated. Special attention has to be given to clients' possibilities to take part in and influence the social care given them, and to observing their autonomy.

Social care must primarily seek forms of activity that enable clients' independent living and that create financial and other requirements needed to manage with daily activities independently.

According to the Act on the Status and Rights of Patients, health and medical care has to be of good quality. The dignity of patients must not be violated and their conviction and privacy must be respected. If patients cannot be given immediate attention they must either wait for access to treatment or else be directed or sent for treatment elsewhere. Patients must be told the reason for the delay and how long it is expected to last.

Municipalities have to arrange social and healthcare services usually for their own residents, in other words those for whom the municipality is the municipality of residence and place of abode. Social services are provided regardless of place of residence, if circumstances demand. This concerns, for instance, people staying in a municipality for study or work purposes who need services. In addition, school and student healthcare has to be arranged for learners in the municipality where the educational establishment is located.

Occupational health services are provided for employees and entrepreneurs in the municipality where their workplaces are located.

In emergency, the municipality where a patient or client is staying will organise social and health services regardless of their municipality of residence, in the same way as in other situations required by international agreements.

Based on the Nordic Agreement on Social Assistance and Social Services, the citizens of Nordic countries can use their own language when needing services and, if possible, interpretation and translation

assistance has to be provided. There is a particular need to organise interpretation and translation help should a Nordic citizen contact social and health authorities in writing.

Municipally arranged social and health services can take payments from clients within limits set by legislation on social and healthcare client charges and in line with the relevant decree. The buying of services by municipalities from private service providers incurs the same client charge as municipally organised services. Charges liable for environmental healthcare are regulated separately.

In many cases clients may apply to have decisions concerning them altered. If so, an appellate authority may in individual cases take a stand for the organisation of necessary services. Appeals are generally regulated by legislation concerning the organisation of services.

A client who is dissatisfied with a service may also contact the municipal social welfare ombudsman or patients' ombudsman.

## *5 Extent of services*

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According to the Act on Planning and Government Grants for Social Welfare and Health Care, municipalities must allocate appropriate resources for the social and healthcare on the basis of which it has received the grant. The law does not however stipulate the amount of resources.

The minimum extent of statutory services to be arranged is regulated on the basis of the legislation on service organisation described earlier.

The extent of many services is not defined in detail. This means that municipalities have much discretionary power concerning the comprehensiveness of services. An example of a general regulation is the obligation under the Act on Specialised Medical Care to arrange specialised medical services.

On the other hand, the extent of some services is defined very closely in legislation. An example is the entitlement of parents of children under school age to choose a municipally organised day care place, a child home care allowance or a private care allowance.

Between these two extremes the breadth of responsibility for organising is determined in very different ways. Some laws are fairly

specific about what services should be arranged and how comprehensively, without giving a precise definition of the entitlement to the service for those who need the service. Laws such as this include the Primary Health Care Act and its attendant Primary Health Care Decree.

The starting point should be that resources directed for service activity guarantee equal primary services for service users regardless of where they live, their social position or language group. The aim is that all people living in the country receive equitably the social and health services they need.

## *6 Service quality*

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The quality of municipally produced services is not generally specified in detail. Many laws or decrees nevertheless set the bases for defining the quality of services. For instance, the decree regulating child day care specifies the permitted ratio of children to care and teaching staff.

Since 2000, there have been numerous national quality recommendations given to support the municipalities' quality management work, usually in cooperation with the Finnish Association of Local and Regional Authorities. For example, such quality recommendations cover services for older people, mental health services, school healthcare, assistive device maintenance and substance abuser care. The quality recommendations are not legally binding but they can be used as a measure of apposite services.

Legislation regulates the professional competence requirements and further training of social care professionals, while the law on health care professionals regulates the professional competence of healthcare personnel.

Services bought from private service providers have to meet the level required by corresponding municipal services. This condition aims to ensure that all publically funded services fulfil the same minimum quality requirements.

The organisation and supervision of private services is individually regulated in legislation on private healthcare as well as in legislation on the supervision of private social services. These regulations also cover the services bought from private service providers by municipalities.

## *7 Service organisation and funding*

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According to the Act on Planning and Government Grants for Social Welfare and Health Care, municipalities can arrange services by themselves, together with other municipalities, as members of a joint municipal board, by buying them from the state, by buying them from another municipality, joint municipal board or from a private service provider approved by the municipality.

Municipalities can also consider how to arrange services, unless legislation contains regulations indicating differently. Some laws, for instance on specialised medical care and the special care of mentally handicapped people, contain provisions about belonging to a joint municipal board, but they have free hands as to the method of organising services.

Regardless of their method of organisation, statutory services have to be assured. If only bought services are available, these have to be used within the scope of the regulation.

Responsibility for the financing of services rests with municipalities. In practice, they finance their activities mainly by taxation, the main form of which is the municipal tax, as well as by the government transfers and payments.

The bases for determining the government grants to municipalities comprise factors that influence service costs. They include the number of residents, the age structure, morbidity among the local population, the local unemployment rate and the remoteness of the municipality. In addition, municipalities may receive separate state funding for organising social and healthcare projects that support the development and efficiency of activities and the reform of operating methods.

## *8 Monitoring resources and quality*

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### **Service guidance**

National guidance on social and healthcare chiefly takes place by legislation. In addition, the Target and Action Plan for Social Welfare and Health Care contains objectives for the organisation of social and healthcare as well as measures, recommendations and guidelines for achieving them. In addition, each year when drawing up the budget the Government decides on social and healthcare resources as well as the points of emphasis of various development projects.

From 2002–2007 two national social and healthcare development programmes are being carried out, the National Health Care Project and the Development Project for Social Services. The aim of these projects is to safeguard services for everyone regardless of where they live or their level of wealth. The programmes are being carried out through numerous sub-projects, the implementation of which in municipalities is supported by state assistance and information guidance.

### **General monitoring**

The general planning, guidance, monitoring and supervision of statutory services is done by the Ministry of Social Affairs and Health. Provincial level planning, guidance and monitoring are regulated by the State Provincial Offices.

The Local Government Act gives State Provincial Offices the right to keep an eye on the legality of municipal activities. The Offices can interfere in municipal affairs only on the basis of a complaint.

Despite the Local Government Act, State Provincial Offices have to monitor social and healthcare legislated requirements concerning municipal activity, and if needed take measures at their own initiative if municipalities or joint municipal boards act contrary to the law or regulations. The Act on Central Government Transfers to Local Government allows State Provincial Offices to order a municipality or joint municipal board, under threat of being fined, to conform to the law or the obligation it regulates.

### **Consequences of neglecting service organisation**

If municipalities fail to organise statutory services, they may face being fined under the terms of the law on government grants. Fines are imposed by State Provincial Offices, after having heard the ministry concerned.

This approach is applied in all activities carried out in line with the law on planning and government grants. The threat of a fine can also be imposed when municipalities have not fulfilled individual obligations of special legislation, or when they have not channelled sufficient resources intended for social and healthcare within the above-mentioned law.

### **Further information:**

Ministry of Social Affairs and Health website [www.stm.fi](http://www.stm.fi)

Government legislation databank Finlex: [www.finlex.fi](http://www.finlex.fi)