



Social Welfare in Finland

■ *For Health
and Social
Protection.*



Brochures of the Ministry of Social Affairs and Health 2006: I I eng

Social Welfare in Finland

■ MINISTRY OF SOCIAL AFFAIRS AND HEALTH

Helsinki, Finland 2006

ISSN 1236-2123

ISBN 952-00-2098-5 (paperback)

ISBN 952-00-2099-3 (PDF)

Pictures by Mari Soini

Layout and printed by Helsinki University Printing House, Helsinki 2006

Contents

Social Welfare in Finland.....	4
Social welfare is part of the system of social protection.....	4
Aims and principles of social welfare.....	4
Organization of social welfare	5
Ministry of Social Affairs and Health	5
State Provincial Offices.....	5
Municipalities.....	6
Private service providers	8
Social welfare services and benefits	8
Preventive social welfare	9
Social work.....	9
Emergency social services	10
Social assistance.....	11
Social lending	12
Services and benefits for children and families with children	13
Support for organizing child care.....	14
Child guidance and family counselling	15
Family conciliation	15
Maintenance allowance	16
Child welfare.....	16
Services for the older people.....	18
Home care.....	19
Day services.....	20
Housing services.....	20
Institutional care.....	20
Support for informal care	21
Services for people with disabilities	21
Substance abusers and social work with substance abusers.....	24
Social welfare personnel.....	25
Social welfare expenditure and funding	26
Client rights	27
Municipal social services ombudsman	28

Social Welfare in Finland

Social welfare is part of the system of social protection

In Finland, the concept 'social welfare' refers to a range of functions that municipal authorities are required by law to provide, including general social services, special services for certain sections of the population, and the component of income security provided as part of social welfare. Social welfare forms part of the system of social protection. The social protection system consists of two key elements: social welfare (social services and a component of income security) and income security (unemployment security, pay security and pension security).

This publication describes the social services that municipal authorities are required to provide and also covers municipal income security. This publication does not cover pension security, unemployment security, sickness benefits or similar social benefits.

Aims and principles of social welfare

The aim of the Finnish social protection system and its social welfare component is to guarantee everyone the constitutional right to indispensable subsistence and care consistent with the dignity of human life. Social services and income security together secure the support and care that individuals and families need at various stages in their lives, while also enabling participation in working life and ensuring gender equality. Prevention and treatment of social exclusion are an essential part of social welfare.

Finnish social welfare is based on the Nordic welfare state model. Extensive public responsibility and tax funding are its cornerstones. The central government plays a strong guiding role in setting the basic principles of social welfare and in monitoring their implementation. However, the actual provision of social welfare is carried out at the local level, in municipalities.

Finnish social policy focuses on the prevention of social problems. Preventive measures are the most economical and most humane way of

maintaining social welfare. Preventing social problems requires the consideration of social aspects in all decisions that have a social impact, for example in environmental policy, housing policy, employment policy and education policy.

Organization of social welfare

Ministry of Social Affairs and Health

The Ministry of Social Affairs and Health prepares the legislation governing the organization and financing of social and health care, and also monitors its implementation. The development of social protection and of social and health care services is managed and guided by the Ministry of Social Affairs and Health, which also sets operating policy. It determines the outlines of social and health care policy, prepares essential reforms, guides their implementation and coordination, and is the liaison with the political decision-making process.

The administrative sector of the Ministry

The Ministry of Social Affairs and Health and the various agencies and institutions in the social and health care administrative sector are together responsible for the research and development, statistical functions and monitoring undertaken in the sector.

Centres of excellence in social welfare

There are nine statutory centres of excellence in social welfare in Finland, all with permanent government funding. The centres of excellence are consortia involving municipal authorities, universities, polytechnics and social welfare organizations in their respective areas. They maintain and disseminate social welfare expertise in their areas.

State Provincial Offices

The regional tier of Finland's central government consists of six provinces, each managed by a State Provincial Office headed by a Governor. The Social and Health Departments of State Provincial Offices are re-

MINISTRY OF SOCIAL AFFAIRS AND HEALTH AND RELATED AUTHORITIES

Ministry of Social Affairs and Health

Minister of Social Affairs and Health
State Secretary

Minister of Health and Social Services
State Secretary

Permanent Secretary

International Affairs Unit

Advisory Staff

Information and
Communication Unit

Administrative
Department

Office of the
Ombudsman
for Equality

Insurance
Department

Pharmaceu-
ticals Pricing
Board

Department for Fam-
ily and Social Affairs

Office of the
Ombudsman
for Children

Health
Department

Finance and
Planning
Department

Department for
Occupational
Safety and Health

Insurance
Supervisory
Authority

Unemploy-
ment
Appeal Board

Appeal
Tribunal

Social
Insurance
Institution

Finnish
Centre for
Pensions

Unemploy-
ment Insur-
ance
Fund

Education
Fund

National Research
and Development
Centre for Welfare
and Health

Alko Inc.

Radiation and Nuclear Safety
Authority

National Agency for Medicines

Centre for Pharmaco-
therapy
Development

National Authority
for Medicolegal Affairs

National Public
Health Institute

National Product
Control Agency
for Welfare and Health

Finnish Institute
of Occupational
Health

District
Administration
for Occupa-
tional
Safety and
Health

Finnish Work
Environment Fund

Finnish Slot
Machine
Association

Social and Health Departments of State Provincial Offices

responsible for the regional guidance and monitoring of social and health care, and they handle complaints against the social services. The State Provincial Offices also organize training for social welfare personnel and participate in municipal service development projects.

In Åland Islands, the regional administrative authority is the Government of Åland. It takes care of most of the duties that elsewhere in Finland are managed by the State Provincial Offices.

Municipalities

Responsibility for the provision of social welfare is decentralized to the municipalities. These authorities are responsible in practice for arranging social services and granting social assistance. In Finland, municipalities are autonomous administrative units with the right to collect taxes. Decisions on local matters in municipalities, including social services, are taken by democratically elected municipal councils.

Municipalities are required to provide social welfare services according to the needs of their inhabitants. Although this is a statutory requirement, the law does not specify the extent or content of the services nor the manner in which they should be provided. Municipal authorities thus exercise broad discretion in how to provide these services. There are, however, in some respects very detailed provisions on the obligation to provide services. For example, children's daycare and services covered by the special provision requirement in the Services and Assistance for the Disabled Act are subjective rights. All children under school age in Finland have the absolute right to daycare arranged by municipal authorities. Persons with severe disabilities have a subjective right to transportation and interpreter services, to service housing and to home conversion services.

Municipalities produce most services themselves, independently. Municipalities can also provide services jointly with other municipalities or by purchasing services from another municipality, an NGO or a private service provider. Municipalities can also issue service vouchers.



At the beginning of 2006, there were 431 municipalities in Finland.

Private service providers

The status of municipal authorities as providers of social and health services is changing. The use of services provided by private service providers, i.e. NGOs and private companies, has increased, and currently private service providers already account for one fifth of all social and health care services.

There is a long tradition of NGOs and parishes being involved in social welfare work in Finland. Several organizations not only provide services but are active in safeguarding the interests of their members and also engage in peer and volunteer services and provide expert assistance. Some of their personnel are trained professionals, while others are lay volunteers. NGOs are funded to a significant extent by public funds and by the Slot Machine Association. The Slot Machine Association is a Finnish peculiarity: it holds a national monopoly on slot machines and uses the funds thus accumulated for charitable and other non-profit activities. The contributions it makes to NGOs are substantial. The Government decides on the distribution of Slot Machine Association surpluses annually on the basis of a submission from the Ministry of Social Affairs and Health.

Social welfare services and benefits

Public social services are in high demand and greatly valued in Finland. The aim in municipal social welfare is to fulfil the needs of all sections of the population by providing a sufficient range of services of a high quality. Services are organized both for specific target groups and as universal services.

Finland has two national languages, Finnish and Swedish. In bilingual municipalities, clients are entitled to services in either Finnish or Swedish, as they prefer. In monolingual municipalities, services are, as a rule, provided in the dominant language. The Sámi are entitled to social welfare services in their native languages in the Sámi homeland areas in Northern Finland. Furthermore, the native language and cultural background of a client must always be taken into account in addition to the client's personal needs.

Social welfare functions are presented below by target group, starting with the preventive aspect and with social work. The social work function is responsible for the overall running of municipal social welfare and is a service available to all sections of the population.

Preventive social welfare

Increasingly, emphasis is being placed on preventive action in social welfare in order to safeguard the welfare of individuals. The basic principle is that social aspects and social responsibility need to be taken into account in all policy sectors. A major factor in preventive social welfare is the cooperation between the social and health care sector on the one hand and other authorities on the other, such as those responsible for schools, land use, construction, housing, employment, culture, leisure activities, transportation and other services. It is also important for the service providers to be able to identify and intervene in problems at a sufficiently early stage.

Social work

Social work promotes and maintains the social wellbeing and safety of citizens and communities. The aim of the work is to support independent actions by individuals, families and communities. Basically, social work is intended to prevent social problems and to enhance the resources of individuals who need support.

Social work forms part of social and health care services. The work focuses particularly on children and adolescents and their families, people with substance abuse or mental health problems, and older people and people with disabilities. Social work services are available as non-residential care and residential care within the framework of social welfare services, and also in connection with outpatient care and institutional care provided as part of primary health care and specialized medical care. A social worker can usually be reached at the municipal social office or, depending on the size of the municipality, a regional social welfare office or special office for social welfare, or at schools.

In social case work, social workers give clients advice and guidance, discuss clients' problems with them, and within the official networks, organize other support measures to promote and maintain the safety and coping of the individual and the family.

In addition to case work with individuals, social work is increasingly being conducted at the community level. The purpose of community work is to prevent the emergence of social problems in communities, to improve the participation potential of individuals and to get them involved in the development of their communities. In community work, social workers and other social welfare professionals help individuals and groups contribute to the welfare of their communities and to set up networks with other community members, officials in various administrative sectors, NGOs and other bodies.

Social work increasingly involves getting acquainted with the social impact and cost of various social policy measures. Municipal social work carries the responsibility for overall social welfare of the municipality on the one hand and for helping the individuals and families in the most difficult situations on the other. On the basis of experience and expertise gained through client contacts, constructive social work promotes the inclusion of factors influencing the social welfare of inhabitants in municipal planning and decision-making.

Emergency social services

The purpose of emergency social services is to ensure that social services are immediately available in situations where rapid action is required. Such situations may involve a child left without care, a troubled adolescent, an elderly person whose health deteriorates suddenly, or a substance abuser requiring emergency treatment. Municipal authorities have agreed on arrangements to secure the immediate availability of social services both during office hours and outside office hours — at night, in the evenings and at weekends.

Dangerous and threatening situations of various kinds and accidents also require rapid deployment of social services. Municipal social authorities have contingency plans for dealing with disruptions and emergencies

occurring under normal circumstances. These plans incorporate the provision of first response care and psychosocial support services. Schools, daycare centres, other establishments and units open around the clock also have safety plans, and in many cases separate crisis plans too.

Social assistance

Social assistance is last-resort financial assistance under social welfare, employed in situations where the income and assets of an individual or family are insufficient to cover the essential expenses of everyday life. Social assistance is provided for in the Act on Social Assistance. A person is entitled to social assistance when earned income or other forms of income security do not constitute sufficient income. Municipal authorities grant social assistance on the basis of application, and usually for one month at a time. The amount of social assistance is determined based on the amount by which the client's eligible expenses exceed income and assets. Social assistance consists of **basic benefit** and **supplementary benefit**. **Preventive social assistance** may also be granted.

The basic benefit includes a **basic component**, which according to the Act is intended to cover food, clothing and minor health care costs, expenses incurred in personal hygiene and keeping the home clean, use of local transport, subscribing to a newspaper, acquiring a TV licence and use of a telephone. In 2006, the basic component for a person living alone is EUR 382.70 or EUR 366.24, depending on the cost-of-living classification of the municipality. Other **expenses to be covered by the basic benefit** are housing expenses as referred to in the Housing Allowance Act (e.g. rent or maintenance charge, water charge, electricity for heating), health care costs that cannot be considered minor, the household electricity bill, and home insurance premiums.

The supplementary benefit component of social assistance is intended to cover **special expenses**, which include children's daycare fees, housing expenses not considered basic expenses (e.g. removal costs), and other expenses arising from the person's or family's special needs or circumstances. In addition municipal authorities can also grant **preventive social assistance**. The grounds for granting this are wholly at the discre-

tion of the municipal authorities. Its purpose is to further a person's or family's security and coping independently, and also to prevent social exclusion and long-term dependency on social assistance.

In 2004, social assistance was paid to some 250,000 households, a total of about 400,000 people (7.7% of the population).

The average period for which social assistance was paid to these households was 4.1 months. The gross expenditure on social assistance was EUR 459 million.

Social lending

The purpose of social lending, i.e. the granting of loans by the social welfare authority is to prevent financial exclusion and over-indebtedness and to help individuals and families cope independently. By law, a loan under social lending can be granted, where justified, to a person who cannot obtain a loan elsewhere because of low income and insufficient assets and who is capable of paying back the loan.

A loan under social lending can be granted for a variety of purposes to prevent financial exclusion and over-indebtedness and to help families and individuals cope independently. Such purposes include managing the family finances, breaking a vicious circle of debt, procuring essential things for the home, undergoing rehabilitation, promoting employment, securing housing or managing a social crisis.

Municipal authorities can organize social lending at their discretion as part of municipal social welfare.

Services and benefits for children and families with children

At the end of 2005, the population of Finland was 5.3 million. There were about 1.4 million families, of which 593,000 were families with children. Of these, 20% were single-parent families. There were 57,701 children born in 2004. The total fertility rate was 1.8 in 2005.

The aim of Finland's family policy is to provide children with a safe environment in which to grow up and to ensure that parents are materially and mentally prepared and equipped for having and raising children. Society contributes to the expenses incurred by families in bringing up children in a number of ways, including financial support and child care arrangements. The family leave system guarantees both parents an equal opportunity for participating in child care.

In 2004, family benefits for families with children totalled about EUR 4.2 billion, or about 3% of the GDP. The largest percentage of benefits was accounted for by child allowances and daycare.

Distribution of family benefits in 2004

Child allowance	28.6%
Daycare	26.8%
Parental allowances	12.3%
Child home care allowance	6.5%
Private child care allowance	1.0%
Housing allowance	4.7%
Maintenance allowance	1.6%
Domestic help	0.6%
Preschool education	5.1%
Residential care for children and adolescents	5.6%
Other	7.2%

Finland's first Ombudsman for Children took office in 2005. The task of the Ombudsman is to strengthen the position and rights of children in Finnish society. The foundation for this is provided in the UN Convention on the Rights of the Child.

Support for organizing child care

In Finland all children under school age are entitled to day care organized by the municipal authorities. In most families both parents are in employment. After the parental leave period, families have different publicly subsidized options for providing care:

Municipal daycare

Municipal authorities provide daycare at daycare centres and in family daycare, either at the carer's home or as group family daycare. Many municipal authorities also provide supervised playground activities and 'open daycare centres' which are open to everyone. In most cases, children spend the entire day in daycare, but part-time daycare is also provided. Municipal authorities further provide round-the-clock child care for children whose parents are in shift work. Municipalities charge a fee for daycare on a percentage basis, according to the size and income of the family. This fee is a maximum of EUR 200 per month for the first child, a maximum of EUR 180 per month for the second child and a maximum of EUR 40 per month for each subsequent child (2006). The lowest-income families are wholly exempt from these fees.

Private care and private child care allowance

A municipal authority can pay a private child care allowance for the purpose of providing care for a child under school age resident in Finland, either to a private carer chosen by the parents or to a private daycare centre. The private child care allowance consists of a care allowance, EUR 137.33 per child per month, and a care supplement, eligibility for which depends on the size and income of the family (2006). The private child care allowance is paid directly to the carer and is taxable income for the carer.





Care leave and child home care allowance

Parents of small children are entitled to leave without pay from their employers to care for a child until the child is three years old. This unpaid leave can be taken by either parent. The family can receive a municipal child home care allowance for this period. Additionally, some municipalities pay a municipal allowance to families who care for their children themselves. The child home care allowance includes a care allowance paid separately for each child eligible for the benefit. The care allowance is EUR 294.28 per month for one child under the age of three, EUR 84.09 per month for each additional child under the age of three, and EUR 50.46 for each child over the age of three but under school age (2006). In addition to the care allowance, a family can, depending on its size and income, be paid a care supplement. The child home care allowance is taxable income.

Child guidance and family counselling

Municipalities are required to provide child guidance and family counselling for their inhabitants. Child guidance and family counselling include expert assistance in child guidance and family matters and also social, psychological and medical examinations and treatment to promote the positive development of children. The aim of this service is to create a foundation for safe and secure conditions for children to grow up in and to contribute to the functional capacity and psychosocial wellbeing of families and family members. Families seeking child guidance and family counselling services usually do so because their child is having problems. Other reasons include problems in family relationships, family conciliation and specific requests for opinion.

Family conciliation

The aim of family conciliation is to help families in cases where the parents' relationship is in crisis. In a divorce process, the aim is to agree on matters concerning care for the child, visiting rights and maintenance with a view to safeguarding the best interests of the child. It is the responsibility of the municipal authorities to organise conciliation. In most

cases the staff of social welfare offices and child guidance and family counselling clinics act as conciliators. Municipal authorities can also purchase this service from the Evangelical Lutheran Church Centre for Family Affairs or other office or person familiar with family conciliation.

Maintenance allowance

Maintenance allowance is intended to safeguard the maintenance of a child in a situation where a child under the age of 18 resident in Finland cannot receive sufficient maintenance from both parents. The full amount of maintenance allowance is EUR 118.15 per child and maintenance-liable parent per month (2006). A child is entitled to maintenance allowance if a parent resident elsewhere has defaulted on payment of maintenance which that parent has undertaken to pay by agreement or has been ordered to do so by a court. Once maintenance allowance has been granted on the basis of defaulted maintenance payments, the municipal authority will manage the collection of the maintenance due from the liable parent. The municipal authority is entitled to collect compensation from the liable parent up to the amount of maintenance allowance paid.

If the amount of maintenance has been confirmed as less than the maintenance allowance because of the liable parent's inability to pay, the child is entitled to receive the difference between the confirmed maintenance and the full amount of maintenance allowance. A child born out of wedlock whose paternity has not been confirmed and a child adopted by a single parent are also entitled to maintenance allowance. At the end of 2004, there were some 104,500 children receiving maintenance allowance. About 60% of this benefit was paid out on the basis of defaulted maintenance payments.

Child welfare

Preventive measures

Society offers services and financial support to families with children to help them bring up their children. Prenatal clinics, child health clinics,

daycare, psychosocial pupil services in schools, school health care and youth programmes support children and adolescents in growing up and the welfare of the family, thus preventing the possible need for intervention by child welfare authorities. Usually, the personnel employed in the above functions are the first to notice any problem situations arising in families.

Non-residential services and support

The municipal social authorities provide non-residential support for families and for children and adolescents if it is apparent that a child's or adolescent's home environment is detrimental to health and development. Such support is tailored to the needs and situation of the child and the family. If there are financial difficulties or housing problems, the municipality must provide the family with sufficient financial support and rectify any shortcomings in housing. Other child welfare measures are not undertaken unless the situation does not improve with these measures. A family can be provided with a support person or a support family if they so wish. A child can be placed in a foster family or an institution for a short period of time without formally being taken into care if it is believed that a short-term separation can improve the situation. An entire family can be admitted for example to rehabilitation for substance abusers. Other assistance includes child guidance and family counselling, home services, daycare, therapy services and help for children at school, in their hobbies and 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 more.

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 or threaten to endanger the child's health or development and if non-residential services cannot be employed or are insufficient. It must also be established that foster care is the best solution in the interests of the child. Taking into care can be undertaken as an urgent protective measure or the child can be placed in care outside the home for a longer period of time. Taking into care can be voluntary or involuntary.

Taking into care expires at the latest when the child turns 18. However, taking into care must be discontinued immediately whenever the direct reason for it is removed, unless this would not be in the child's interest. The municipal social welfare board is required to support a child or adolescent with after-care measures after taking into care has ended until the young person turns 21.

Family care

Family care is round-the-clock care given to a person in a private home which is not his or her own. Family care can be organized for older persons too, although it is mostly used in child welfare and in the care of persons with intellectual disabilities. The principal aim of family care is to ensure that care is given in a homelike environment. The legislation on family care includes provisions on the general quality criteria for a family care establishment (family home), such as personnel qualifications, the maximum number of persons to be cared for, and the compensation and fees to be paid to carers.

Services for the older people

In 2005, 7.4% of Finland's population was over the age of 75. Forecasts show that in 2020 nearly one in ten Finns will be aged 75 or more. The population of older people is growing the most rapidly in the over-80s age group, where many need social services in order to cope with everyday functions. Life expectancy has continued to increase, being now 82.3 years for women and 75.3 years for men.

The aim of Finland's policy for older people is to promote their functional capacity and independence, with the intention that as many older people as possible could continue to live in their own homes and their familiar environments. Functional capacity can be maintained and improved with a range of sufficiently early and sufficiently wide-ranging preventive and rehabilitative functions. Living at home can be aided through social and health care services provided by professionals. Opportunities



for continuing to live at home can also be improved with a barrier-free environment and the use of assistive devices and new technology. Social welfare housing services and institutional care are available for those who can no longer cope with living at home.

The policy for older people is implemented both nationally and locally. The aim is for every municipality to have a strategy for its policy on older people, in which it lays down guidelines for the development of services. Legislation provides the framework for municipal services.

The resources, functional capacity and social networks of older persons are important components for a fulfilling life. Municipal authorities can cooperate with third-sector bodies to promote the welfare and participation of older people.

Municipal authorities arrange social services for older people on the basis of individual service needs assessments. Such an assessment is based on the client's own views and one or more expert evaluations. Everyone over the age of 80 and everyone with serious disabilities has the right to have a social services needs assessment conducted within a specified period of time. In non-urgent cases, the needs assessment must be conducted within seven days of the municipal authority being contacted; in urgent cases, the needs assessment must be conducted immediately. A personal care and service plan detailing the services and support measures required is drawn up for the older person in question by the municipal authorities together with the client and, if necessary, the client's next of kin or legal representative.

Home care

In some municipalities, home nursing and home services have been administratively combined into home care. Home care is a function that helps clients who need assistance at home in order to manage everyday tasks because of sickness or reduced functional capacity. Home nursing is the provision of health care services in the client's home. Home service and home nursing employees are qualified social and health care professionals.

Home service support services help older persons cope with everyday functions. They include meals-on-wheels, transportation services,

various technical systems supporting security and coping, clothing services and cleaning services. Another aim is to increase the potential for social participation.

Day services

The aim of day services is to provide stimulation, exercise and social interaction for older people. Day services improve the potential for participation and help prevent loneliness. In addition to day services provided by municipal authorities, various NGOs and parishes also organize hobby and leisure activities for older people and offer peer support.

Housing services

In general housing policy, older people are taken into account as a special group. The aim in social welfare is that an older person's housing circumstances should be improved where appropriate in order to avoid the need for providing other services. Support measures include home conversion, which most commonly involves rebuilding of toilets and washrooms, removing thresholds, widening doorways and installing support rails. Financial assistance for home conversion can be applied for on the basis of the Services and Assistance for the Disabled Act or from the housing authorities.

Service housing is intended for those older people who can no longer live in their own homes. Service housing is provided in service blocks, service flat clusters or individual service flats. Some service housing has a round-the-clock staff presence. For persons suffering from dementia there are specially designed group homes. Services are provided by municipal authorities, NGOs and private companies.

Institutional care

Institutional care comprises care (including necessary medical care) and rehabilitation. Institutional care can be short-term or long-term care or part-time care. Short-term institutional care and respite care can help support coping at home and provide relief for informal carers. It also

helps prevent the need for permanent institutional care.

Long-term institutional care is for persons who can no longer be provided with the round-the-clock care required at home or in service housing. Long-term institutional care includes not only medical care but full board, including food, medication, hygiene and clothing services and services that promote social wellbeing. Institutional care services for older people are provided by old people's homes, health centre wards and specialized medical care. Institutional care is also provided by various nursing homes, veterans' homes and sanatoria. Private service providers also provide some institutional care services.

Support for informal care

Support for informal care consists of the social and health care services provided for the person being cared for and of the care fee paid to and support and leave provided for the carer. An informal carer can be the next-of-kin or someone else close to the person being cared for. The care fee paid to the informal carer is a minimum of EUR 300 per month. If the carer is prevented from paid employment during a transition period involving exceptionally intensive care, the care fee is at least EUR 600 per month. The care fee is taxable income. An informal carer who has entered into an agreement with the municipal authority accrues pension during the care. The municipal authority also takes out accident insurance for the carer.

Services for people with disabilities

About 5% of the Finnish population has a significant impairment in the form of a disability or illness. The aims of Finland's disability policy are equitable treatment and support for life management, working capacity, functional capacity and independence. Measures include services, rehabilitation and removal of barriers. The aim is for all general services to be appropriate and sufficient for all citizens; special services such as housing, assistive devices, transportation and interpreter services are never a first resort.

Society helps persons with disabilities to live a balanced life. Municipal authorities have the major responsibility in providing services and support measures. Private service providers and NGOs complement the range of public services, and municipal authorities procure some of the services required from these providers. In addition to providing services, municipal authorities are required to prevent and remove barriers to participation by persons with disabilities to in society on an equal basis.

In 2004, there were about 100,000 people using disability services; 80% of these persons used transportation services and 3.5% interpreter services. Home conversions were carried out for 5% of these persons, while 2.6% were accommodated in service housing. In 2004, about 26,500 people used services for people with intellectual disabilities. Of these, about 45% lived with their families and 12% independently, while 29% were accommodated in housing services, 10% in institutional care and 4% in family care.

A disabled person is provided with a personal service plan to establish the services and support measures he or she requires. The plan is drawn up by the municipal authorities together with the disabled person and a guardian or next-of-kin. The plan is revised periodically, and a responsible person is named to coordinate the services required and to call the relevant authorities together for meetings.

Persons with severe disabilities have a subjective right to transportation and interpreter services, service housing and home conversion. Municipal authorities also provide various services and support measures such as rehabilitation counselling, adjustment training and assistive devices, as well as grant support for informal care or a contribution towards the expenses of hiring a personal assistant.

Persons with a severe hearing impairment, deaf-blind persons, and persons with a severe speech impairment are entitled to interpreter services free of charge. These services are provided in sign language or with means of communication that make use of new technology.

Municipal authorities provide transportation services for persons with severe disabilities for purposes of work, study, conducting everyday

transactions, social participation and recreation. Transportation services are provided when a severely disabled person has particular difficulty in moving about and cannot use public transport due to the nature of the disability.

Living at home can be helped with home conversion. Municipal authorities compensate persons with severe disabilities for expenses incurred in home conversion and the procurement of equipment and devices needed for the home. The most common home conversions involve changes to the bathroom and kitchen, the widening of doors, the removal of thresholds, the building of wheelchair ramps and the installation of lifts.

Service housing is provided for persons with severe disabilities who because of their disability or illness, need help in their everyday lives on a regular basis. Service housing can be provided in the person's own home by means of a personal assistant and provision of home services and home nursing, or in purpose-designed service housing or group homes.

The personal assistant system was created to make everyday life as easy as possible for persons with severe disabilities. A municipal authority can compensate a person for the expenses of hiring a personal assistant. The duties of a personal assistant include helping the severely disabled person in everyday situations both at home and outside the home, including leisure pursuits. If a severely disabled person is cared for by next-of-kin, the municipal authority can enter into an agreement on support for informal care with the carer (for more on support for informal care, see p. 21).

Special services for people with intellectual disabilities include e.g. housing services, work experience, day services, family care and institutional care. Housing services for people with intellectual disabilities are further divided into service housing, supported accommodation, assisted housing and supervised housing. With the trend being towards other forms of housing, institutional care accounts for a decreasing proportion of the total. Family care is round-the-clock care provided in a private home which is not the person's own (for more on family care, see p. 18). The purpose of work experience and day services is to maintain and improve functional capacity, to support coping independently and to promote social interaction.

Substance abusers and social work with substance abusers

For the most part, substance abuse in Finland involves the use of alcohol. In 2005, Finns consumed more alcohol than ever before, the average being the equivalent of 10.3 litres of pure alcohol per person per year. Drug use, the use of medications for the purpose of intoxication, and the combined use of several substances was also quite common. Of those who made use of services for substance abusers in 2003, about one half used alcohol only.

The aim of Finland's alcohol and drug policy is to prevent and reduce substance abuse and its negative social and health impacts, and to improve the functional capacity and safety of substance abusers and their families or others close to them.

The increase in substance abuse can be seen in the increased demand for services. Social work with substance abusers involves treatment for both the substance abusers themselves and their families or others close to them. Services available are general social and health care services, special services for substance abusers and specialized medical care. Clients can enter non-institutional services at their own initiative, while a referral is usually needed for institutional care. Services are primarily provided as non-institutional services, and income and housing issues are also covered. The actual services may involve social support, detoxification treatment, group therapy, family therapy and rehabilitation. Care and rehabilitation require voluntary participation and are provided in confidence. A substance abuser can be committed to involuntary treatment on the grounds of health risk or violent behaviour, but in practice such committals are rare.

The 'A clinics' and youth units are outpatient service units for social work with substance abusers. Nearly all cities and towns have A clinics or branch units. Some of the large cities have youth units specializing in the substance abuse of young persons, and also units specializing in drug abuse treatment.

Institutional care is provided at detoxification clinics, rehabilitation institutions and certain health care units. Short-term round-the-clock in-

stitutional care usually lasts no longer than one to two weeks. The purpose of detoxification is to break the cycle of substance abuse and to alleviate and treat withdrawal symptoms and other problems. Long-term institutional rehabilitation may be necessary for those for whom outpatient services are inadequate or inappropriate. Institutional rehabilitation usually lasts about four weeks.

Services for underaged substance abusers are primarily provided under the Child Welfare Act. Some child welfare institutions include substance abuse treatment in their operations. The services involved in the treatment and rehabilitation of substance abusers include support and housing measures: halfway houses, service housing, individual flats in supported housing, and day centres.

NGOs make a substantial contribution to the treatment of substance abusers. A large percentage of services is provided at service points of these organizations, with municipal authorities procuring services from them and from other bodies. There is also a considerable range of peer support services available for substance abusers: there are some 700 AA groups in about 200 locations, and NA groups for drug abusers are active in the Helsinki area in particular. There are 'A guilds', or associations of A clinic clients, in some 50 locations.

Social welfare personnel

Social services are produced by some 115,000 municipal employees and about 50,000 employees in NGOs and private businesses. Finnish social welfare personnel are very highly trained by international standards. Social workers are required to have a higher university degree, while kindergarten teachers and personnel in various counselling and guidance positions in the social services are required to have a lower university degree or a polytechnic qualification. Most of the personnel have at least a basic vocational qualification.

The main occupational groups in the social welfare sector are social workers, social advisors, practical nurses for social care, kindergarten teachers and children's nurses. The qualification requirements for these jobs are specified in the Act on the Qualification Requirements for Social

Welfare Professionals. In 2006 the Ministry of Social Affairs and Health will be issuing recommendations on the job structures and scaling of social welfare personnel on the basis of this Act, with the aim of ensuring adequate personnel and competence in social welfare so as to improve the availability, quality and effectiveness of social services.

Personnel skills and competence are maintained and improved through continuing education. Municipal authorities are required by law to provide continuing education for social welfare personnel. Training of social welfare personnel is the responsibility of the Ministry of Education, while the Ministry of Social Affairs and Health manages the national guidance of the social welfare service system and personnel.

Social welfare expenditure and funding

Social welfare in Finland is mainly funded through taxes. In 2005, the expenditure on social welfare was EUR 42.3 billion, of which one third came from the central government budget. Social welfare expenditure accounted for 27.2% of GDP, which is close to the EU average. Social welfare expenditure in Finland per capita as adjusted for purchasing power is also close to the EU average.

Social welfare accounted for about 14% of all social expenditure in 2004. Municipal social welfare expenditure totalled about EUR 5.8 billion, of which 86% was on social services and 24% on income security.

Nearly half of the social welfare expenditure was for children and families with children in the form of daycare, child home care allowances and child welfare. The older people accounted for 17% of the expenditure, and people with disabilities for a further 17%. The central government pays municipal authorities a social and health care contribution whose size is determined by the population, age structure and unemployment rate of the municipality and a number of other factors. In 2006, these central government contributions to operating costs will cover about 33% of the statutory expenditure of municipalities, with 64% left for the municipalities to fund.

Fees charged to service users cover some 10% of social services expenditure. In child daycare, fees cover some 15% of costs. Social work

and child guidance and family counselling are social services which are provided free of charge. Fees can be waived for other social services if the client has a maintenance liability, insufficient income or dependents.

Municipal social welfare costs by service in 2004, and percentage contributed by client fees.

	Client fees %	Costs EUR million
Child daycare	14.8	1566
Child home care support and private care support	0	315
Other services for families with children	1	716
Institutional care for the elderly	18.6	774
Institutional care for people with disabilities	0	160
Home services	14.7	560
Other services for the elderly and people with disabilities	9.8	1157
Substance abuser services	5.6	125
Income security	0	459

Client rights

Finland has an Act on the Status and Rights of Social Welfare Clients. It defines the major legal principles for the participation, treatment and legal protection of social welfare clients. The purpose of the Act is to promote a client-oriented approach, confidentiality in client relationships and the right of clients to receive high-quality social welfare services and to be treated well. The Act specifies that the interests of the client must

be given primary consideration whenever a decision involving the client is to be taken. The Act applies to both municipal and privately provided social welfare.

Clients must also be given the right to participate in and influence the planning and implementation of services intended for them. When a client has applied for a municipal social service, the client is entitled to a written decision with justification, which he or she may appeal to an administrative court. If dissatisfied with their treatment, clients may lodge an objection with the official in charge. In many cases, clients have also the right to appeal against a decision to an administrative court.

The Act also provides for the clients' right of access to information, self-determination and privacy protection. Clients are entitled to access information in documents concerning themselves. On the other hand, clients are also obligated to provide the information needed by the authorities for providing social welfare services and benefits.

Municipal social services ombudsman

Every municipality must have a social services ombudsman. The ombudsman promotes the rights of social welfare clients for example by publishing information on clients' rights, by advising clients on matters related to application of the above Act, and by assisting clients in filing complaints to the responsible officials of the social welfare unit or to the municipal official in charge. The municipal social services ombudsman monitors development of the status and rights of clients in the municipality and submits a report on this to the municipal executive board annually.

Municipal authorities are responsible for ensuring access to the services of the municipal social services ombudsman and for ensuring that these services are impartial. One person can act as the municipal social services ombudsman for several municipalities. The ombudsman monitors both public and private social welfare services.

Delivery of brochures:

E-mail lahettamo@yliopistopaino.fi

Fax +358 9 7010 2370

University Press, Deliveries, P.O. Box 26, FI-00014 University of Helsinki, Finland

Minimum order 10 brochures

Internet www.stm.fi/english

Ministry of Social Affairs and Health

Meritullinkatu 8, Helsinki

P.O. Box 33, FI-00023 Government, Finland

Phone +358 9 16001

Fax +358 9 160 74126

■ MINISTRY OF SOCIAL AFFAIRS AND HEALTH

ISSN 1236-2123

ISBN 952-00-2098-5 (paperback)

ISBN 952-00-2099-3 (PDF)



9 789520 020989