TWELFTH PERIODIC REPORT

ON THE IMPLEMENTATION OF

THE REVISED EUROPEAN SOCIAL CHARTER

SUBMITTED BY THE GOVERNMENT OF FINLAND

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TWELFTH PERIODIC REPORT ON THE IMPLEMENTATION OF THE REVISED EUROPEAN SOCIAL CHARTER

for the period 1 January 2012 to 31 December 2015, made by the Government of Finland in accordance with Article C of the Revised European Social Charter and Article 21 of the European Social Charter, on the measures taken to give effect to Articles 3, 11, 12, 13, 14, 23 and 30 of the Revised European Social Charter (Finnish Treaty Series 78-80/2002), the instrument of acceptance which was deposited on 21 June 2002.

In accordance with Article C of the Revised European Social Charter and Article 23 of the European Social Charter, copies of this official report in the English language have been communicated to the Central Organisation of Finnish Trade Unions (SAK); the Finnish Confederation of Salaried Employees (STTK); the Confederation of Unions for Academic Professionals in Finland (AKAVA); the Confederation of Finnish Industries (EK); and the Federation of Finnish Enterprises (FFE).

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ARTICLE 3: THE RIGHT TO SAFE AND HEALTHY WORKING CONDITIONS

Article 3 para. 1: Health and safety and the working environment

Question 1

The following legislative changes concerning occupational safety took effect during the reporting period.

The new Chemicals Act (599/2013) took effect on 1 September 2013[1]. The Act lays down provisions on monitoring the EU Chemical Decrees. In addition, the European Commission Decision 2012/32/EU requiring Member States to prohibit the placing on the market of flail-type cutting attachments for portable hand-held brush cutters has been enforced on a national level by means of the Government Decree on the Prohibition of Placing Certain Types of Cutting Devices on the Market (683/2013).

The Directive 2013/35/EU of the European Parliament and of the Council on the Minimum Health and Safety Requirements Regarding the Exposure of Workers to the Risks Arising from Physical Agents (electromagnetic fields) has been enforced on a national level by means of the Government Decree on Dangers Caused by Electromagnetic Fields (388/2016).

Other international obligations related to occupational safety have also been transposed to national legislation. The sections on occupational safety of the Maritime Labour Convention of the International Labour Organization (2006) have been transposed to national legislation by means of the Act on the Working and Living Environment and Catering for Seafarers on Board Ships (395/2012) and by means of the Government Decrees specifying the Act (825/2012 and 820/2012). In 2015, a tripartite working group was established to prepare an updated Government Decree on the Working Environment on Board of Ships.

[1]Unofficial translation of the Act. <http://finlex.fi/en/laki/kaannokset/2013/en20130599.pdf>.

During the reporting period, legislation on asbestos and shot-firers has also been modernised. Among other things, the Act on Certain Requirements Concerning Asbestos Removal Work (684/2015) lays down provisions on the qualifications required of an employee carrying out removal work and on asbestos removal permits[2]. Based on this Act, the Government Decree on the Safety of Asbestos Work (798/2015) was issued on the detailed occupational safety requirements for asbestos work. The legislation on shot-firers was modernised by means of the Act on Shot-Firers (423/2016) and by means of the Government Decree on Shot-Firers' Qualification Documents (458/2016). Among other things, the Act on Shot-Firers lays down provisions on the prerequisites for issuing qualification documents for shot-firers or individuals carrying out blasting work, on shot-firers' training, the renewal of qualification documents and the cancellation of qualification documents.

Question 2

Occupational Safety and Health Strategy

The policies for the working environment and well-being at work until 2020 set out the long-term goals for occupational safety and health and the measures required for achieving the goals. The policies support the strategic goal of the Ministry of Social Affairs and Health to extend working careers in Finland by three years and they also define the role of occupational safety and health in this process. For future work, a comprehensive review of working life, *the Working Life 2025 Review; Effects of the Changes in Working Life and the Working Environment on Occupational Safety and Health and Well-being at Work, 2015*, has been produced in the Department for Occupational Safety and Health of the Ministry of Social Affairs and Health[3]. In addition to the changes in work and working life, the review presents actions to be taken by the occupational safety and health administration today in order to be able to meet the future challenges in time.

[2] Unofficial translation of the Act. <http://finlex.fi/en/laki/kaannokset/2015/en20150684.pdf>.

[3] The Working Life 2025 review. Effects of the changes in working life and the working environment on occupational safety and health and well-being at work. The Ministry of Social Affairs and Health 2015. <https://www.julkari.fi/handle/10024/126974> .

OSKU – the Operational Programme to Reintroduce People with Partial Work Ability into the Labour Force

OSKU, the Operational Programme to Reintroduce People with Partial Work Ability into the Labour Force, was concluded in 2015 for the years 2013–2015. The Programme has produced a concept for allowing people with partial work ability to continue working or to find employment.

The concept is aimed at ensuring that there is a seamless chain of services for people with partial work ability that helps them to continue working or to find employment. Responsibility for adopting the range of tools included in the concept rests with the employer or the local Employment and Economic Development Office (TE office).

There are several means, services and benefits to allow people with partial work ability to continue working or to find employment that are currently not used efficiently. The OSKU-concept involves assigning work ability coordinators in work places to support people with partial work ability in making the best use out of the available means. The work ability coordinators, together with their clients who have partial work ability, use the service systems' workplace, health care and social services, rehabilitation, training, labour services and social security resources. The concept also requires a public electronic service and information portal containing up-to-date information about all services and benefits available.

The operational concept was first tested in pilot projects to evaluate its effectiveness and adaptability to different circumstances and to identify any weaknesses. A study of the feasibility and benefits of the OSKU-concept was produced as part of the programme. The study investigated the implementation and the benefits of the OSKU-concept. The new concept was successfully implemented as part of the operations of the TE office, the workplaces' HR management, occupational health care, and an educational institute. During the programme management, competence, cooperation, the service process, and tools were developed in the organizations.

The service process was carried out using the same phases but different contents in different contexts. The clients felt that they were included in the process of creating their opportunities, and described the collaboration with the work ability coordinator as democratic, confidential, solution-oriented and mainly correctly timed.

According to our results, the concept, based on the work ability coordinator's activities, is suitable for supporting work participation of those with partial work ability as part of the normal operations of TE offices, workplaces' HR management, occupational health services and educational institutes. In the future, it is important to strengthen professional competence, to increase cooperation over organizational boundaries, and to evaluate feasibility of the concept also in other contexts.

The pilots of the OSKU -programme succeeded in producing good results and new ways of action. Those with partial work ability will have more opportunities to work. Based on the results and recommendations of OSKU -programme, the new Key Project *Career Opportunities for People with Partial Work Ability* was included in Prime Minister Juha Sipilä's Government Programme. More and more actors in working life and professionals working in the service systems will become aware of matters relating to work ability. The aim is that by year 2020 the concept of a person with partial work ability will be obsolete.

The supervision activities of psychosocial risks

The Guidelines for both the Supervision of Physical Violence and Its Threat (2015) and for Psychosocial Strain (2013) were implemented for the use of five Occupational Safety and Health Divisions during the reference period. Psychosocial stress may be caused by factors related to work content, work organization or the social functioning of the work community. According to the observations made during the inspections, the most serious inadequacies in the management of risks arising from psychosocial stress occur at workplaces with a high proportion of salaried employees and in the social welfare and health care sector.

Question 3

Performance negotiations

The Ministry of Social Affairs and Health directs the implementation of its Occupational Safety and Health Strategy through performance negotiations carried out annually with the Occupational Safety and Health Divisions. The activities are based on a four-year frame agreement on the performance objectives and a supplementary annual performance agreement. The new four-year frame agreement for years 2016–2019 was negotiated in 2015. The amount of inspections performed and written advices and improvement notices given in 2012–2015 is shown in the following table.

	2012	2013	2014	2015
Number of inspections	22 517	25 594	26 644	28 655
Written advice	42 450	49 667	55 232	56 207
Improvement notices	6 420	8 223	7 949	8 342

Article 3 para. 4: Occupational health services

Question 1

A Government Decree on Good Occupational Health Practice Principles, Content of Occupational Health Care, and Education of Occupational Professionals and Experts (708/2013) took effect on 1 January 2014. It underlines active cooperation between occupational health care professionals and the workplace in maintaining work ability of the workforce. It also obligated occupational health units to develop and to follow the quality and the effectiveness of their services.

Amendments to the Health Insurance Act (19/2012) and the Occupational Health Care Act (20/2012) that took effect in June 2012 oblige employers to inform the occupational health care services if an employee's cumulative absence due to illness has continued for more than one month.

The aforementioned employer's obligation as provided by Section 10a of the Occupational Health Care Act has only been checked during an inspection, if there has been a specific need for it. The need can have arisen from a contact from the workplace to the occupational safety and health authority or from an observation made by the inspector before or during the inspection. In 2015 the matter was checked in 51 inspection targets, *i.e.,* workplaces. Of these 35 got a written advice on the matter.

Question 2

In respect of this question, the Government refers to the information provided in connection with Answers to the Committee's Conclusions below.

Question 3

The following table illustrates the amount of inspections carried out on obligations on the occupational health care agreement, on the action plan on occupational care, and on the work place survey. The information has been retrieved from a new inspection database operative since 2015.

	Occupational health care agreement		Action plan		Workplace survey	
	Nothing to rectify	**Something to rectify**	**Nothing to rectify**	**Something to rectify**	**Nothing to rectify**	**Something to rectify**
Number of inspections	11 746	1 222	994	1 380	9 466	3 845

Answers to the Committee's conclusions

Outcome of previously reported amendments in practice

Initial Occupational Health in Finland 2015 results, which are to be published later in 2016, show that the occupational health care professionals have moved their activities more toward early prevention whereas the portion of treatment has remained stable. According to the Finnish Pension Security Centre statistics 2015, the number of disability retirements has decreased by about 2000 persons between 2012–2014, thanks to early work ability activities in collaboration with occupational health care and workplaces as well as other co-partners. These activities have saved costs of an average 50 million euros per year. Also, the number of over nine sick leave days has decreased by about 730 000 days from 2010–2013.

Access to occupational health services

Temporary workers whose status is governed by contract are included in occupational health care. There is no information on how the access to occupational health services takes place in practice for temporary workers. Self-employed workers can arrange occupational health services for themselves. There were 239 970 self-employed people at the end of the year 2014, and according to the preliminary results of Occupational Health in Finland 2015 survey, only 37 088 had arranged services for themselves. Those whose status is not governed by an employment contract are not included in occupational health services, because a contract or service is a prerequisite for occupational health services and the employer is obligated to arrange and finance them. Those whose status is not governed by an employment contract, like trainees and those in work-try-out are included in occupational safety that concerns the workplace, but not in individual medical care.

The number of occupational physicians in relation to the total workforce; the number of workers monitored by occupational health services; and the percentage of employers covered by occupational health services

In 2015, the number of occupational physicians in Finland was 2 832. The total workforce was 2 387 000 (average of the period 1/2014–4/2015), and the number of wage earners was 2 034 106. The percentage of employers covered by occupational health services was 96 %. There were 1 968 029 workers monitored by occupational health services.

The participation of employee organisations in the consultations

The Finnish work life is based on the principle of tripartite collaboration between the Government, the employers and the employees. All the key policies related to work life, occupational safety and health, social security and the labour market are negotiated collectively between the three partners, the Government, employers and trade unions, and agreements are signed on a consensual basis.

The Advisory Committee on Occupational Safety and Health, appointed by the Government, is located within the jurisdiction of the Ministry of Social Affairs and Health. The members of the Committee are appointed to represent the most significant organizations of the social partners as well as other important stakeholders in the development of occupational safety and health. Another Advisory Committee relevant to occupational safety and health in the Government Administration is the Advisory Committee on Occupational Health Services, which is located within the Health Administration of the Ministry of Social Affairs and Health.

ARTICLE 11: THE RIGHT TO PROTECTION OF HEALTH

Article 11 para. 1: Removal of the causes of ill-health

Question 1

The Government has no new information to report under the current reporting period.

Question 2

Under Finland's National Screening Programme, municipal health centres must arrange screening for the early detection of breast cancer, cervical cancer, foetal chromosome and growth defects during pregnancy. Municipalities may also arrange other screening examinations for diagnostic purposes and early disease detection than those set out in the national screening programme. The organization of screenings is laid down in the Government Decree on Screenings (1339/2006).

A screening working group led by the Ministry of Social Affairs and Health has been tasked with reviewing the Screening Decree critically between 1 January 2016 and 31 December 2016. Topics include breast cancer, cervical cancer, intestinal cancer and cancer screening of genetic groups at risk. Expert opinions of the best experts in Finland are heard about the cancers in the current national screening programs (breast cancer and cervical cancer) and possible changes in the Decree will be discussed thereafter.

Question 3

The Government has no new information to report under the current reporting period.

Answers to the Committee's General Questions and conclusions

Legal gender recognition for transgender persons

Section 1 of the Act on Legal Recognition of the Gender of Transsexuals (563/2002) provides that a person can be legally recognised to belong to the gender opposite to that according to which he or she is recorded in the population information system if he or she, *inter alia*, presents a medical statement stating that he or she permanently feels to belong to the gender opposite to that assigned to him or her and lives in that gender role, and that he or she has been sterilised or is for some other reason infertile. Two specialized units in the Helsinki University and Tampere University Hospitals examine the aforementioned requirements for legal gender recognition. A medical statement is required from the psychiatric specialists of each hospital, based on a personal appointment. Hormonal and surgical treatment will only be provided after sufficient examinations. Hormonal treatment will, if provided to a sufficient extent, impede the functioning of reproductive organs and this is deemed to fulfill the infertility requirement. If hormonal treatment is provided, sterilization need not be carried out as a separate procedure.

Article 11 para. 2: Advisory and educational facilities

Question 1

The Government has no new information to report under the current reporting period.

Question 2

In respect of this question, the Government refers to the information provided in connection with Answers to the Committee's Conclusions below.

Question 3

The Government has no new information to report under the current reporting period.

Answers to the Committee's conclusions

Counselling and screening

According to several national monitoring reports (2011–2014), legislation has improved the implementation of health checks of children. Almost all health centres conducted extensive health checks in child health clinics and in school health care in 2014. Also, the contents of the health checks expanded to include the health and well-being of parents. The number of public health nurses and medical doctors has improved yet some deficiencies still exit. The health checks in maternity clinics have been implemented well in accordance with legislation and new national guidelines (2013). However, there is a need to improve the whole service system of children, young people and families to better meet their needs; for example to integrate the services cross-sectorally, to facilitate timely access to services and early support and care, and to increase participation of children and families in their own matters.

Supervisory authorities have supervised the implementation of preventive services of children and young people based on their supervisory programme (2012–2014) and monitoring reports. They have used their supervisory measures (for example information letters, notifications, accounts) when necessary.

A new extensive Government Programme LAPE (2015–2018) to address reform in child and family services has been initiated to reform the services and the operating culture of schools and services.

Article 11 para. 3: Prevention of diseases and accidents

Question 1

The new Act on Organizing Alcohol, Tobacco, Drugs and Gambling Prevention (523/2015) took effect on 1 December 2015. The Act replaced the old Temperance Act. The Act defines that the state and the municipalities are responsible for prevention of alcohol, tobacco, drugs and other intoxicants and gambling related harm in cooperation with the civil society. According to the Act, the prevention of harms related to alcohol, smoking, drugs and gambling is based on cooperation, monitoring substance abuse and its harmful effects, scientific evidence available and good practices. Measures to control availability are highlighted alongside demand reduction and are to be implemented in cooperation with for example local businesses.

The EU Tobacco Products Directive (2014/40/EU) entered into force in 2014. Alongside the implementation of the Directive, the national Tobacco Act was reformed. The purpose was to implement the Directive and also to include the amendments based on Finland's own consideration and legislative needs. The Government Bill was finalized in 2015 and submitted to Parliament in February 2016. The new Tobacco Act (549/2016) took effect on 15 August 2016. The aim of the Act is to end the use of tobacco and other nicotine-containing products. The Act bans all characterizing flavors in cigarettes, roll-your-own tobacco and liquids for electronic cigarettes. In addition to warning texts, visual warnings will also be used on the labelling of tobacco packaging. It will become easier for housing companies to intervene in smoking on balconies. Electronic cigarettes containing nicotine will be subject to the same provisions as other cigarettes in the Finnish market. Also smoking in cars with children under the age of 15 is prohibited.

Question 2

Healthy environment

The Government has adopted a National Water Safety Plan (WSP) and Sanitation Safety Plan (SSP) that was prepared during the years 2011–2015. The Programme is based on a risk-based approach for the whole water supply chain from source through tap and back. The Risk Management Programme consists of three tools: an identification of hazards tool, a health effects tool and a risk management tool. The WSP/SSP web-based Programme consists of hundreds of predefined hazardous events and hazard combinations, descriptions of health effects caused by microbiological and chemical contaminants and examples of control measures and management. The web-based WSP/SSP Risk Management Programme was published for use in autumn 2015, with training courses running beforehand in spring 2015. Participants on the training courses were mainly regional state officials (about 150 persons). During early 2016 small scale water suppliers (about 80 persons) tested the web-based Programme in Western Finland. Nowadays about 150 water suppliers including 330 people use the WSP/SSP Programme for risk assessment of drinking water in Finland.

Tobacco, alcohol and drugs

An Action Plan on Alcohol, Tobacco, Drugs and Gambling Prevention was published on 1 December 2015. The new Action Plan replaces the Alcohol Programme and supports the Act on Organizing Alcohol, Tobacco, Drugs and Gambling Prevention. The Action Plan aims to promote equality in health and well-being, ensure the preconditions for preventive work across the country, and support in particular municipalities and regions in intensifying their work. The action plan is a tool for people who work in the prevention of harms related to alcohol, smoking, drugs and gambling in municipalities and regions, their managers and other actors at national level. The aim is to enhance effectiveness through objectives and tasks for further development that have been set for six priority areas. Among other things, the Action Plan contributes to the prevention of non-communicable diseases and of inequities in health.

Accidents

In Finland, the prevention of home and leisure time accidents and injuries is being coordinated and steered by a multi stakeholder coordination body, the Coordination Group for the Prevention of Home and Leisure Accident Injuries, which was established in 2012. Its mandate was renewed in 2015 for years 2016–2020. The Coordination Group drafted a National Action Plan for years 2014–2020 for the Prevention of Home and Leisure Time Accidents and Injuries[4]. The action plan encompasses 92 actions, for each of which the responsible bodies have been nominated. The implementation of the action plan is followed closely by a coordination body. The vision of the action plan is that no one needs to die or be injured as a result of an accident. The objectives of the action plan include reaching a good safety level in all environments, a 25 % reduction in the number of serious accidents and injuries by 2025 and an allocation of more substantial and permanent resources for accident injury prevention.

[4] Target Programme for the Prevention of Home and Leisure Accident Injuries 2014–2020. The Ministry of Social Affairs and Health 2014.
<https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/74508/STM_2014_1_tapaturma_eng_web.pdf?sequence=1>.

Question 3

Tobacco, alcohol and drugs

The decreasing trend in smoking among both adults and youth continued during the reference period. The prevalence of daily smoking among adults was 17 % in 2012 and 15 % in 2014. Daily smoking among men was 17 % and among women 15 % in 2014. The percentage of youth aged from 14 to18 using tobacco products daily decreased from 13 % in 2013 to 12 % in 2015. The daily rate of using tobacco products was 13 % among boys and 10 % among girls in 2015. Experimenting with snus was common among 18-year-old boys (47 %) and girls (26 %) and it increased 2013–2015.

The decreasing trend in the total consumption of alcoholic beverages has continued in Finland during the reference period. The reasons for this are the same as mentioned in the previous report. The present Government took office in May 2015. The Government's intention has been to prepare a total reform of the Finnish Alcohol Act and hence the coalition parties have been negotiating on the main principles of the reform. The parties agreed on these principles in May 2016. The aim is to liberalize the Finnish alcohol market to some degree. The drafting of the new act has not yet commenced.

Accidents

The number of deaths caused by home and leisure time accidents has decreased from 2 441 in 2011 to 2 221 in 2014.

HIV and AIDS situation

The tables below provide updates on the HIV and AIDS situation in Finland and the mortality of HIV infected patients.

HIV in Finland during the reporting period: domestic cases reported by 14 August 2016, by date of diagnosis													
All		**Cause of contagion**			**Sex**		**Contagion form sex**			**Injected drugs**		**Rare contagion causes**	
Year	**Total**	**Sex**	**IV drugs**	**No report**	**M**	**F**	**Gay sex**	**Hetero M**	**Hetero F**	**M**	**F**	**Blood**	**Mother-child**
All	3 635	2 613	391	581	2 659	976	1 144	809	657	297	94	21	29
2016	114	68	4	39	85	29	25	30	13	3	1	2	1
2015	173	127	7	35	130	43	50	48	29	7	-	1	3
2014	180	124	7	44	137	43	54	45	24	7	-	3	2
2013	152	116	3	33	99	53	43	35	38	2	1	-	-
2012	156	120	7	26	111	45	46	43	31	6	1	1	2

AIDS cases and AIDS deaths reported in Finland by the end of 2015		
AIDS cases		**AIDS deaths**
Year	**Total**	**Total**
All	688	459
2016	22	16
2015	18	24
2014	20	20
2013	20	21
2012	19	30

Answers to the Committee's conclusions

Immunisation and epidemiological monitoring

In Finland, the National Vaccination Programme (NVP) is funded by the Government. Since 2000, a broad-based National Immunization Technical Advisory Committee (NITAG) operating under the National Institute for Health and Welfare (THL, formerly National Institute for Health) has given advice on whether or not to include a vaccine into NVP. The criteria for inclusion are: 1. sufficient burden of disease to be prevented; 2. vaccine is safe on individual level; 3. vaccine is safe on population level; and 4. the cost-effectiveness analysis concludes that the investment is reasonable (no formal threshold has been implied). The NITAG and THL advice is considered by the Ministry of Social Affairs and Health, and if agreed on by the Parliament, which finally accepts the annual budget, a new vaccine can be included into the Programme.

In 2016, the NVP includes protection to all children against 11 diseases, and against 4 diseases for risk group children. For adults, booster doses against tetanus and diphtheria (Td) are given every 10 years, as well as vaccination against measles, mumps and rubella, if there is no previous vaccination or protection by natural disease. BCG, hepatitis B, influenza and tickborn encephalitis vaccines are given to risk groups. In the army, military conscripts are given Td-pertussis boosters, influenza and meningococcal vaccinations.

Vaccine	Disease from which protection is provided	Age when given	Comment
BCG	tuberculosis	at birth or any time before 7 years of age	To high risk groups only
Rota	Rotavirus diarrhoea	2, 3 and 5 months	In NVP since fall 2009
DTaP-IPV-Hib	diphtheria, tetanus, pertussis, polio, *Haemophilus influenzae* type b	3, 5 and 12 months	
PCV10	pneumococcal diseases	3, 5 and 12 months	In NVP since fall 2010
MMR	measles, mumps and rubella	12–18 months and 6 years	
Influenza	Influenza	6–35 months	Also to medical risk groups from 36 months on
HPV	cervical cancer and other HPV induced cancers	11–12 years	Only to girls; in NVP since November 2013
dtaP	diphtheria, tetanus, pertussis	14–15 years	

Vaccine coverage was measured by a random sample until 2009. Thereafter the national vaccination register has made it possible to measure coverage of vaccinations given in the public sector in the entire population. As the private practices are also gradually transferring patient data to the national vaccination register, it will be possible to measure coverage of vaccines given within occupational health and outside the national programme. The register also allows for stratified analyses according to area and age.

At the end of 2015, the national vaccine coverage was high for the childhood vaccines DTaP-IPV-Hib (98 %), rota (92 %), pneumococcus (93 %), and MMR (95 %). During the season 2015-2016, influenza vaccination coverage was 24 % for young children and 42 % for those 65 years of age and above. Information on vaccine coverage is available in Finnish on the Internet pages of the National Institute for Health and Welfare.[5]

[5]National Institute for Health and Welfare. <https://www.thl.fi/en/web/thlfi-en>.

ARTICLE 12: THE RIGHT TO SOCIAL SECURITY

Article 12 para. 1: Existence of a social security system

Question 1

Unemployment security

Both employees and self-employed persons are entitled to a basic daily allowance. Employees are entitled to an earnings-related allowance, if they have fulfilled the employment requirement while being insured as a member of an unemployment fund. Self-employed persons may, in the same manner as employees, insure themselves through the unemployment fund of self-employed persons. The members of the fund are paid an earnings-related daily allowance. The amount of their earned income is determined when they take out the insurance under the Self-Employed Persons' Pension Act (1272/2006). For eligibility for unemployment security the earned income must amount to at least 12 420 euros per year in 2016. In 2012–2014 the aforementioned amount was at least 8 520 euros per year, and in 2015 12 326 euros.

In 2014 the employment requirement for employees was shortened from 34 weeks to 26 weeks and the employment requirement for self-employed persons was shortened from 18 to 15 months, as prescribed in the amended Unemployment Security Act (1049/2013). Thus, for eligibility for an earnings-related unemployment allowance, an employee must be insured in an unemployment fund for at least 26 weeks and be employed at the same time and a self-employed person must be insured in an entrepreneurs' unemployment fund for at least 15 months and be self-employed at the same time. A self-employed person who is not a member of the fund may receive a basic daily allowance from the Social Insurance Institution of Finland. In 2016 the basic daily allowance is 32.68 euros a day, *i.e.*, approximately 703 euros per month.

In addition, all persons residing permanently in Finland without earlier work experience are entitled to a labour market subsidy. In accordance with the Unemployment Security Act (1188/2009), the amount of the labour market subsidy is equal to the amount of the basic unemployment allowance.

The income test against the income of the beneficiary's spouse concerning labour market support was abolished in 2013 which has reduced unemployment periods without benefits.

The following changes in the unemployment security were implemented in 2014 and 2015: the right to activation measures before the expiration of the maximum duration of earnings-related unemployment security, a daily allowance period for unemployed job seekers over 60 years of age, earnings-related unemployment security graded according to working years, an earnings-related daily unemployment allowance granted after six months of employment and refusing offered activation measures shortens the maximum duration of unemployment security by 100 days.

The Government notes in this connection that Conclusions 2013 contained some factual errors. The section on *Risks covered, financing of benefits and personal coverage* states that non-members of unemployment funds who do not meet the time-at-work condition are entitled to basic allowance. However, in these situations, the applicable benefits are the labour market subsidies. The *Adequacy of benefits* -section states that basic allowance is paid 25 days per month. However, all unemployment benefits are paid five days per week. The coefficient used to determine the monthly benefits is 21.5. The same section also contains erroneous information on prescribed times without benefits. The prescribed times without benefits as laid down in the Unemployment Security Act (1290/2002) Chapter 2a are inherently fixed-term. Their duration depends on the reprehensible nature of one's actions and varies between 15 and 90 days. Only repeated actions that are reprehensible in terms of the labour policy may result in the indefinite loss of unemployment benefits. In this case, the entitlement will be restored once the 12-week duty to work has been fulfilled.

Pension schemes

Finnish pension schemes are meant to ensure income in case of old age, incapability to work or death of family supporter. The statutory pension system is formed by several parallel systems. The employment pension scheme is meant to ensure a reasonable level of livelihood in retirement in contrast to employment. The national pension scheme and guarantee pension ensure an adequate minimum income for pensioners.

The Finnish employment pension scheme is comprehensive. Employment pension insurance is obligatory and statutory and covers almost all work. Employment pension insurance fees and pension levels are earnings-based. In general, pension isn’t affected by change of employer or shifting between the private and public sectors.

In 2014, the expected retirement age (into employment pension) was 61.2 years. This is about two years more than prior to the previous pension reform in 2005. This positive change is due to increased age-limits to certain pension benefits, increased pension accrual for those aged 63 or older and gradual abolition of advanced old-age pension and unemployment pension schemes. Currently the main factors contributing to the retirement age are state of the economy, employment situation, quality of working life and personal preferences and choices.

The pension reform will take effect in 2017. The reform aims to further lengthen working careers due to high dependency ratio, public economic equilibrium demands and pressure to increase employment pension insurance fees. The objective is to increase the expected retirement age of those aged 25 or older to at least 62.4 years by 2025. The reform also aims to secure adequate pension levels for all age groups and ensure intergenerational equity and solidarity. More years in working life would mean longer accrual of pension and consequently an increased pension level.

In the pension reform the old-age pension age-limit will be gradually raised from the current 63 years to 65. For those born in 1965 or later, the age-limit would be linked with increasing life expectancy. This means that part of the increased expected life years would be used in working life. The reform also includes incentives to continue in working life longer that the old-age pension age-limit.

Family and birth

As of the beginning of 2014, according to the amended Health Insurance Act (1197/2013), the precondition for getting parenthood allowance (maternity, paternity or parental allowance) is that the person has been covered by the Finnish social security system for at least 180 days immediately before the due date of child's birth. Previously the Act required that the person has lived in Finland for the same time. This resulted in the fact that the persons who came from so-called “third countries” may have been covered by the Finnish social security system on the basis of working in Finland but have not been entitled to the parenthood allowance because they have not fulfilled the living precondition.

At the beginning of 2013, by an amendment of the said Health Insurance Act a father's right to paternity allowance was extended to 54 working days. Fathers can choose to stay at home and be entitled to paternity allowance for 1 to 18 days at the same time as the child's mother is paid maternity or parental allowance. The rest of the paternity allowance can be paid after the parental allowance has ended. Fathers can also, if they wish so, use all of the paternity allowance entitlement after the parental allowance period.

However all the paternity allowance must be taken before the child reaches the age of two. The purpose of the amendment is to encourage fathers to use their right to paternity leave.

Sickness

An amendment to the Health Insurance Act (19/2012) concerning employees came into force on 1 June 2012. According to the amendment, a precondition for granting sickness allowance after receiving sickness allowance for 90 days is that a medical certificate from occupational healthcare is delivered to the Social Insurance Institution (Kela). The purpose of the amendment is to intervene with the incapacity to work as early as possible.

Question 2

The Government has no new information to report under the current reporting period.

Question 3

For statistics about social security benefits administered by the Social Insurance Institute and about the recipients of the benefits, the Government refers to The Pocket Statistics of Kela, the Social Insurance Institution of Finland.[6] The reference year of the statistics is 2014. Some data from 2013 is included for comparison purposes. In addition, the statistics contain a chart of persons who have received refunds for medicine expenses by region.

Answers to the Committee's conclusions

Risks covered, financing of benefits and personal coverage

Unemployment

The number of total active population is 2 822 000 persons. The number of unemployed persons in June 2016 was 264 000 which is 9.3 % of the total active population.

[6]The Pocket Statistics published by Kela. <http://www.kela.fi/documents/10180/1677517/Pocket_Statistics_2015.pdf/868a8ee4-f76a-4639-88c0-6f0b5ef3b6cc?version=1.0>.

Sickness and old-age benefits

The Finnish social security legislation is based on the principle that everyone is covered by the scope of application of the relevant laws and has identical rights and responsibilities in accordance with the relevant laws. The entitlement to benefits, social and health services and adequate income is therefore universal and accessible to all who meet the requirements laid down in the legislation.

The Finnish statutory pension programme comprises a residence-based national pension scheme, which includes a guarantee pension, as well as an employment-based, earnings-related pension scheme. In addition, pension benefits are also paid pursuant to the Acts on Workers' Compensation, Motor Liability and Military Accidents.

Adequacy of the benefits

The following supplements may be added to an unemployment benefit (unemployment allowance or labour market support) in 2016:

- daily child supplement: 1 child: 5.27 euros, 2 children: 7.74 euros, 3 or more children: 9.98 euros
- compensation for expenses paid during periods of training or other activities to promote employability: 9 euros or 18 euros per day if the employment promoting services are organized outside the person's commuting area, or under certain conditions, if the person participates in training outside his or her home municipality, or if the services are organised within the person's commuting area but outside his or her home municipality, and he or she has to pay for accommodation.
- unemployment benefits are increased by 4.78 euros per day for the first 200 days during participation in a service promoting employment. The increased basic unemployment allowance and labour market support amounts to 37.46 euros per day. The increased earnings-related unemployment allowance is defined so, that the earnings-related component is increased to 55 % of salary and 25 % of the excess of 3 104 euros.

The recipient of unemployment allowance can also apply for housing allowance and for social assistance.

General Housing Allowance is intended for all low-income households. It is available for both rental and owner-occupied homes. A household includes everyone sharing living quarters, and the housing allowance is granted to the household collectively.

The housing allowance is determined by reference to the number of adults and children in the household, the municipality in which their home is located and their monthly income before taxes. The general housing allowance is 80 % of the difference between the acceptable housing costs and the basic deductible. If the maximum acceptable amount of housing costs exceeds the maximum allowable housing costs, the amount of the allowance will be calculated based on the maximum allowable housing costs.

The basic deductible is determined on the basis of household income and the number of adults and children in the household. Persons with very low incomes need to pay no basic deductible. The amount of housing allowance is affected by the gross income of the persons making up a household. From every household member's salary, income from self-employment and income from agriculture, an earnings deduction of 300 euros is made. This means that the income that is taken into account when determining the housing allowance is smaller than the person's actual income.

At least 20 % of the housing costs are paid by the household.

In 2015, 246 400 households received general housing allowance of which 151 600 were unemployed. The average amount of a housing allowance paid to a housing unit was 330 euros per month. The housing allowance covered on average of 55 % of housing costs.

Finland has no specific minimum guaranteed income established by national law. Social assistance is last-resort financial assistance under social welfare, the purpose of which is to ensure a person's or family's living and help them to cope independently. Social assistance is used to ensure the person or family at least the minimal living needed for a life of human dignity. Assistance is granted to a person who is in need of assistance and without sufficient means to meet the necessary cost of living. The statutory basis for social assistance is the Act on Social Assistance (1412/1997).

The minimum level of sickness benefit and the minimum level of old-age benefit

The minimum level of sickness allowance is paid at a rate of at least 23.93 euros per day and 598.25 euros per month.

The Finnish pension system chiefly consists of two statutory pension schemes: the earnings-related pension scheme and the national pension scheme, which are supplemented by the guarantee pension. In addition, there are certain special laws, for example the Acts on Motor Liability Insurance, Accident Insurance and Military Injuries, which together guarantee pension provision for people resident in Finland for old age, disability for work and the death of the family provider.

The residents of Finland are guaranteed a minimum pension of 766.85 euros per month if their total pension income before taxes is not more than 760.11 euros per month. The amount of the guarantee pension is affected by any other pension income the person may have from Finland or abroad. A full guarantee pension is payable only to those with no other pension income.

The purpose of the national pension and the guarantee pension is to guarantee an adequate minimum income during retirement. The earnings-related pension scheme is intended to maintain the level of consumption attained by employees and self-employed persons prior to their retirement. These two pension schemes are integrated so that when a statutory earnings-related pension exceeds a given limit, no national pension or guarantee pension is paid.

In addition to universal social security, the benefits for persons with chronic illness or disabilities comprise of disability allowance, care allowance for pensioners, and disability allowance for persons under 16 years of age. These facilitate the coping of persons with chronic illness or disabilities in everyday life, their participation in work and their studies. The care allowance for pensioners is intended to help pensioners with a long-term illness or disability in their daily activities, to assist with the maintenance of their functional status, and to support their care and rehabilitation. It also provides compensation for some of the costs arising from a decline in functional capacity.

Pensioners living permanently in Finland might be eligible for the housing allowance for pensioners if they have a low income and they receive a pension which entitles to the housing allowance for pensioners. The housing allowance for pensioners covers 85 % of reasonable housing costs exceeding an out-of-pocket share consisting of a basic deductible and an additional deductible linked to income. In 2015, 197 900 pensioners received housing allowance for pensioners. The average amount of housing allowance paid to a housing unit was 223 euros per month. The housing allowance covered on average of 46 % of housing costs.

Also the recipient of sickness allowance can apply for housing allowance. General Housing Allowance is intended for low-income households. It is available for both rental and owner-occupied homes.

The social security of a person consists of a combination of benefits, services, as well as payment thresholds for both medicine expenses and client fees. Cash benefits are supplemented with targeted benefits and services according to the individual situation of each applicant, which is why looking at the amount of primary cash benefit is not indicative of the final level of social security granted to an individual applicant.

Article 12 para. 2: Maintenance of a social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security

Question 1

The Government has no new information to report under the current reporting period.

Question 2

The Government has no new information to report under the current reporting period.

Question 3

The Government has no new information to report under the current reporting period.

Article 12 para. 3: Development of the social security system

Question 1

Since 2013, several legislative amendments have been introduced in order to promote the employment of persons with partial working capacity. The purpose of the amendments is to help a person with partial working capacity due to a disability or an illness cope with work demands and remain at work or overcome impairment and enter working life or return to work after a lengthy absence.

Two amendments were introduced to the Health Insurance Act (1224/2004). In 2014, partial sickness-allowance was extended from 72 days to 120 days (972/2013). Since 2015, students have the right to pursue limited studies on sick leave, *i.e.*, when the student is paid sickness allowance instead of study grant (678/2014).

Access to vocational rehabilitation organised by the Social Insurance Institution (Kela) was facilitated in 2014 so that in addition to an illness or disability, other factors affecting the person's situation are taken more widely into account when assessing the right to rehabilitation. The change has improved especially inactive young persons' access to vocational rehabilitation.

The validity of the fixed-term Act on Promoting the Return of Those on a Disability Pension to Work (738/2009) was extended from 2014 until the end of 2016. The validity of the Act will be extended again from the beginning of 2017 onwards.

Starting from the beginning of 2015, earnings-related pension providers have been obliged to identify, on their own initiative, the right of a person applying for a disability pension to vocational rehabilitation. If the conditions of eligibility for rehabilitation are met, a preliminary decision on rehabilitation is given to the person in addition to the disability pension decision. Also, the emphasis is placed on Kela's obligation to identify the possibilities of rehabilitation before giving a decision on a disability pension.

The amendment to the Disability Benefits Act (570/2007) took effect on 1 June 2015. The amendment concerns the benefits for disabled persons under 16 years of age, benefits for disabled persons over 16 years of age, and care allowance for pensioners. The Act provides for a more precise definition of the specific costs resulting from the illness, impairments or injuries, which are taken into account when granting disability benefits. After the amendment, the severity of illness or injury is clearer and a stronger factor impacting the level of the benefit being granted, which promotes equality for example among people in the same illness or disability group. Due to the amendment, there would be approximately 10 000 newly eligible minimum basic benefit recipients over 16 years of age by the end of 2020. The amendment will extend benefits, *inter alia*, to those who are under the threat of disability, such as people suffering from long-term mental and behavioural disorders, those with multiple sclerosis or rheumatoid arthritis, or persons with cerebral palsy.

The amendment concerning rehabilitation took effect at the beginning of October 2015, whereupon the person being rehabilitated can receive a partial rehabilitation allowance for those rehabilitation days when he/she is working part-time alongside the rehabilitation.

The right to medical rehabilitation organized by Kela, from the beginning of 2016, no longer requires the applicant to also receive the increased or highest disability benefit. According to research, rehabilitation prevents disability or incapacity for work more effectively when it is started early enough. The medical rehabilitation services are specified by laying down, *inter alia*, the cooperation necessary to achieve the rehabilitation objectives and the implementation of rehabilitation, if necessary, at home, school or at the workplace of the person undergoing rehabilitation. Since 2016, also the reimbursement rates for rehabilitative psychotherapy have been raised.

Question 2

The Government has no new information to report under the current reporting period.

Question 3

The Government has no new information to report under the current reporting period.

Article 12 para. 4: Social security of persons moving between states

Question 1

Some updates to bilateral and multilateral treaties on social security took effect during the reference period.

The Agreement on Social Security between Finland and India entered into force on 1 August 2014. The Agreement on Social Security between Finland and China was signed in September 2014 and will enter into force in 2016. The Agreement on Social Security between Finland and the Republic of Korea was signed in September 2015 and will enter into force after the exchange between the two countries of each other's written notices on their completion of necessary domestic procedures for its effectuation. In 2016, Finland also continues negotiations on a social security agreement with Japan.

Question 2

The Government has no new information to report under the current reporting period.

Question 3

The Government has no new information to report under the current reporting period.

Answers to the Committee's conclusions

Equality of treatment and retention of accrued benefits (Article 12§4)

In this connection, the Government refers to information given in response to the Committee's conclusions on Article 12, paragraph 4 in connection with Finland's 10th periodic report in 2014.

ARTICLE 13: THE RIGHT TO SOCIAL AND MEDICAL ASSISTANCE

Article 13 para. 1: Adequate assistance for every person in need

Question 1

During the reporting period, the legislation on social assistance was amended as follows.

An amendment to Chapter 2, Sections 9 and 9a (1184/2011) of the Act on Social Assistance (1412/1997) which took effect on 1 January 2012, increased the basic amount of social of assistance by 6 % and the basic amount of assistance for single parents by 10 %.

The statutory monitoring of the compliance with the fixed processing deadlines for social assistance applications in Section 14b (597/2013) of the Act on Social Assistance took effect on 1 January 2014. Twice a year, the National Institute for Health and Welfare must request that municipalities or joint municipal authorities to provide the information necessary for the monitoring and surveillance of the compliance with the deadlines fixed in Section 14a. Statistics on the compliance with the deadlines are compiled twice a year by means of a municipal survey. Its results are submitted to the supervisory authority. The April 2016 statistics estimate that approximately 11 % of the applications in April 2016 were urgent. This is the same amount as in October 2015. Approximately 11 % of applicants are requested to provide additional information, and this information was submitted within the statutory time limit in 96 % of cases. Upon request, applicants were personally received by a social worker or a Bachelor of Social Services within the time limit in approximately 80 % of the municipalities. The situation has been almost unchanged throughout the year.

The basic part of the assistance was increased by 0.8 % by an amendment of the Act on Social Assistance (868/2014) to compensate for the suspension of the national pension index.

The privileged earned income included in the Act on Social Assistance became permanent and earner-specific by means of an amendment to the Act (940/2014).

The Act on Social Assistance was amended (1312/2014) to comply with the period for filing an appeal on a decision on social assistance as prescribed in the Social Welfare Act (1301/2014) which took effect on 1 April 2015.

The Social Insurance Institution of Finland will be in charge of decisions on basic social assistance and the corresponding payments from 1 January 2017 onwards, as prescribed by an amendment to the Act on Social Assistance (815/2015). Among other things, the objective is to improve equality within the population with regard to receiving assistance, to render the operations more effective, and to decrease the number of municipal tasks in a difficult economic situation. The level of social assistance will remain unchanged after the amendment. In addition, the objective is to harmonise the consideration related to assistance in order to reduce the differences between municipalities and to improve equality within the population. Social assistance will be paid based on an application. It will not become a benefit automatically received based on one's income. Municipal social welfare services will continue to be in charge of supplementary social assistance and preventive social assistance, which require extensive consideration. The benefit process carried out by the Social Insurance Institution of Finland will ensure that when necessary, clients are referred to a social worker. The Finnish Parliament reinforced the statutory obligation of cooperation between municipalities and the Social Insurance Institution of Finland.

The Act on Social Assistance was amended (1312/2014) to comply with the period for filing an appeal on a decision on social assistance, as provided in the Social Welfare Act which took effect on 1 April 2015. The appeal period was increased to 30 days.

Question 2

Handbook for the Application of the Act on Social Assistance

The Ministry of Social Affairs and Health updated its Handbook on the Application of the Act on Social Assistance.[7] The previous edition was published in 2007.

The updated Handbook on Social Assistance is intended for municipal authorities dealing within social assistance. The publication is available also on the website of the Ministry of Social Affairs and Health. The purpose of the Handbook is to support the municipal officials applying the Act on Social Assistance and other persons in their work, to clarify the content and aim of the Act and to contribute to improving the legal protection of clients.

[7] Social Assistance. Handbook for the Application of the Act on Social Assistance. (Handbooks of the Ministry of Social Affairs and Health 2013:4). A summary in English on pages 7–8. <https://www.julkari.fi/bitstream/handle/10024/104369/URN_ISBN_978-952-00-3385-9.pdf?sequence=1>.

The updated Handbook contains updated information in regard to the Act on Social Assistance and other legislation with importance to social assistance on the implementation of the legislation as well as updated, more precise information on the interpretation of the Act entailed by decisions of the Supreme Administrative Court. The focus in the Handbook is in particular on granting preventive social assistance. Granting preventive social assistance is linked in particular to the preventive measures undertaken within the child welfare system and the statutory primary services provided by local authorities. As regards supporting children and adolescents, the Handbook underlines for instance the possibility of granting supplementary and preventive social assistance for covering expenses of hobbies. Furthermore, in regard to adolescents aged 18–24, the Handbook stresses the importance of the client service plan to be drawn up in connection with reducing the basic amount of social assistance in view of preventing adolescents' social exclusion and promoting their inclusion in the society.

Furthermore, the Handbook underlines the clients' and employees' statutory rights and obligations in processing social assistance applications. The book places more focus on the provisions of, *i.e.*, the Administrative Procedures Act and the Act on the Status and Rights of Social Welfare Clients. The purpose is to emphasise the provisions on the legal protection of clients and also of employees in social work. In drawing up the client service plan it is stressed that the plan shall, as a rule, always be drawn up in both a "normal" situation of applying for social assistance and in particular in connection with reducing the basic amount. The responsibility of the municipal officials granting social assistance to give advice and guidance is stressed, and so is the responsibility under Section 14a (4) of the Act on Social Assistance to provide the client an opportunity to discuss personally with the social worker or instructor. The role of social work linked with social assistance for the client's independent coping is stressed as well as the significance of multidisciplinary cooperation with other branches of administration for example in child welfare matters and in drawing up the client service plan.

Working Group Examining the Modernisation of Social Assistance

The term of the working group examining the modernisation of social assistance, established by the Ministry of Social Affairs and Health on 14 August 2013, ended its term on 30 June 2015.

The working group was in charge of outlining the role, structure and contents of the social assistance dealt with by municipalities (supplementary social assistance and preventive social assistance), the development of supplementary and preventive social assistance as a social work tool, a more effective support for the independent living of social assistance clients and a prevention of their social exclusion as well as the needs to develop the cooperation between the Social Insurance Institution of Finland and the municipalities once the Social Insurance Institution of Finland is in charge of the basic social assistance from early 2017 onwards. In its report, the working group emphasises that the Social Assistance Act should be totally updated. The follow-up measures suggested in the working group report, such as the total update of the Social Assistance Act, will be launched in 2017.

Question 3

In 2014, 253 500 households (8.4 % of Finnish households) or 393 300 individuals (7.2 % of the population) received social assistance. 102 300 households received supplementary social assistance and 25 600 households received preventive social assistance. The need for social assistance is aligned with the development of the general economic situation and particularly the development of unemployment. In 2009, the number of beneficiaries increased by 11 % compared to the previous year. After this, the development of the number of beneficiaries and expenditure has been moderate.

According to the National Institute for Health and Welfare statistical publications, the social assistance gross expenditure was 745.5 million euros in 2015.

Year	Expenditure, million euros (running prices)	Households	Average support duration, mm (person) %	New clients
2012	703 324	238 730	5.9	27.4
2013	736 241	245 770	6.0	28.2
2014	744 688	253 450	6.0	27.7
2015*	745 498	261 500	N/A	N/A

* Preliminary data

Approximately 90 % of the social assistance expenditure consists of basic social assistance. Approximately 3 % of the expenditure is spent on preventive social assistance and approximately 7 % on supplementary social assistance. The assistance allocated for housing costs and its allocation has not been examined.

After 2012, the nominal amount of the basic part of social assistance has changed as follows.

Developments in benefit levels 2012–2016 (single person living alone, current prices).

Year	Basic Amount
2012	461.05
2013	477.26
2014	480.20
2015	485.50
2016	485.50

Answers to the Committee's conclusions

The Government observes that your Committee indicates in its conclusions of 2013, that the competence for implementing the Social Assistance Act has been transferred from the municipalities to the regions from 2010. In this connection, the Government notes that such transfer has not taken place. According to the Act on Social Assistance, the decision to grant social assistance is in the municipality's discretion. In respect of information on the transfer from municipalities to the Social Insurance Institution the Government refers to the information given in connection with Question 1 above.

Level of benefits

The components of social assistance in national statistics are basic social assistance (basic amount of social assistance and amount of assistance for other basic expenses, including housing), supplementary social assistance and preventive social assistance. National statistics do not give the amount of assistance for housing expenses. The amount of assistance varies between clients and families according to their needs, expenses, and municipality of residence. It is therefore not possible to give precise national estimations on the housing expenditure in social assistance.

Personal scope of social and medical assistance

In the said conclusions the Committee concluded that the situation in Finland is not in conformity with Article 13, paragraph 1 of the Charter on the ground that granting of social assistance benefits to foreign nationals from certain States Parties to the Charter, legally residing in Finland, is subject to an excessive length of residence condition.

Section 19, paragraph 1 of the Constitution of Finland guarantees all those within the Finnish jurisdiction who cannot obtain the means necessary for a life of dignity a right to receive indispensable subsistence and care. This constitutional provision is implemented in the Social Assistance Act. Social assistance is paid to those in need of support who cannot receive subsistence by means of paid employment, entrepreneurship or from other sources. These include other primary benefits, other income or other means, or the care provided by a person with a duty to maintain them. The Social Assistance Act does not differentiate between Finnish and foreign nationals, and the Act does not contain requirements for the permanent nature or type of stay in Finland. When applying the Act in practice, emphasis has been placed on the permanent nature of the stay. However, if the other requirements are met, those in need of social assistance when staying temporarily in the country are entitled to an urgently paid critical support.

The Government observes that in its decision of 18 December 2015, the Parliamentary Ombudsman addresses the position of citizens of states that are party to the European Social Charter. In that decision, the Parliamentary Ombudsman states that an application by citizens of states party to the European Social Charter cannot be rejected exclusively on the grounds that they have no permanent residence permit. However, the actual nature of the stay and the applicant's need for support are critical, and they must be examined for all applicants.

As regards to medical assistance, Article 13, paragraph 1 requires that in case of sickness, the care necessitated by the person’s condition is provided. In Finland, urgent treatment is provided for everyone irrespective of nationality, length of stay or place of residence of the person in need. In this connection, the Government notes that the four year time limit mentioned in the Committee’s conclusion concerns permanent residence permit, not access to healthcare.

Relationship between Article 12, paragraph 1 and Article 13, paragraph 1

In respect of the adequacy of benefits, the Government refers to information given in connection with Article 12, paragraph 1 above.

Article 13 para. 2: Non-discrimination in the exercise of social and political rights

Question 1

The new Non-Discrimination Act (1325/2014) took effect on 1 January 2015[8]. As a result of the reform, the Ombudsman for Minorities was replaced by a Non-Discrimination Ombudsman, which is empowered to consider a broader range of discrimination issues. The new Act expanded the scope of protection against discrimination. The Act is applied to all public and private activities, excluding private life, family life and practice of religion. The obligation to promote equality is expanded to concern not only public authorities, but also education providers, educational institutes and employers. These are required to draw up a plan to promote equality. The obligation to draw up an equality plan concerns employers who have personnel of at least 30 employees regularly.

The National Discrimination Tribunal and the Equality Board were merged to create a new body, the National Non-Discrimination and Equality Tribunal of Finland[9]. The mandate of the new Tribunal covers all discrimination grounds as prescribed by the Act on the National Non-Discrimination and Equality Tribunal (1327/2014). The Tribunal may issue prohibition or obligation decisions and, by virtue of the Non-Discrimination Act, confirm a conciliation settlement between parties. To reinforce its prohibition or obligation decision, the Tribunal may also impose a conditional fine. The Tribunal does not supervise compliance with the Non-Discrimination Act in issues relating to working life. As a result of the reform, the Ombudsman for Equality, the Ombudsman for Children and the Non-Discrimination Ombudsman as well as their offices have been brought under the administrative branch of the Ministry of Justice. Also the new Non-Discrimination Tribunal operates under the administrative branch of the Ministry of Justice. The Ombudsmen and the new Tribunal are independent and impartial bodies.

Question 2

The Government has no new information to report under the current reporting period.

Question 3

The Government has no new information to report under the current reporting period.

[8] Unofficial translation of the Act. <http://finlex.fi/en/laki/kaannokset/2014/en20141325.pdf>.

[9] The National Non-Discrimination and Equality Tribunal of Finland. <http://yvtltk.fi/en/index.html>.

Article 13 para. 3: Prevention, abolition or alleviation of need

Question 1

In respect of this question, the Government refers to the information concerning Social Welfare Act provided in connection with Article 14 below.

Question 2

The Government has no new information to report under the current reporting period.

Question 3

The Government has no new information to report under the current reporting period.

Article 13 para. 4: Specific emergency assistance for non-residents

Question 1

The Government has no new information to report under the current reporting period.

Question 2

The Government has no new information to report under the current reporting period.

Question 3

The Government has no new information to report under the current reporting period.

Answers to the Committee's conclusions

Emergency social assistance to foreign nationals and undocumented aliens

In respect of this conclusion, the Government refers to the information given under the personal scope of social and medical assistance in connection with Answer's to the Committee's Conclusions under Article 13, paragraph 1 above.

ARTICLE 14: THE RIGHT TO BENEFIT FROM SOCIAL WELFARE SERVICES

Article 14 para. 1: Promotion or provision of social services

Question 1

The Social Welfare Act was reformed in 2014 and the new Act (1301/2014) took effect in 2015. The new Act shifts the focus of social welfare activities from corrective measures to promoting wellbeing and early support. For more information on the reformed Act, the Government refers to the information provided in connection with Answers to the Committee's Conclusions below.

A Government Bill concerning a new Act on Social Welfare Professionals (817/2015) was passed by the Parliament in 2015 and the Act entered into force in 2016. The Act applies to public and private agencies, as well as persons working as self-employed professionals. The National Supervisory Authority for Welfare and Health (Valvira) acts as the licensing authority. To become a licenced social worker, a person has to have completed a master's degree, with major studies or studies equivalent to major studies in social work. To become a licensed worker in instructive social services *(sosionomi)* or elderly care services *(geronomi)*, a person must have a polytechnic degree in the field of social services (Bachelor of Social Services or Bachelor of Social Services and Health Care).

During the reporting period, the ratification of the United Nation's Convention on the Rights of Persons with Disabilities advanced significantly. The Convention and its Optional Protocol were ratified on 11 May 2016 and took effect on 10 June 2016.

Question 2

Kaste Programme

In February 2012, the Government adopted the Kaste Programme for 2012–2015. The Kaste Programme targets stated that inequalities in welfare and health will be reduced and social welfare and healthcare structures and services will be organised in a client-oriented way. The purpose was to shift the focus from the treatment of problems to promoting physical, mental and social wellbeing and preventing problems across the entire population.

An external evaluation of the Kaste Programme was published in April 2016. In the evaluation it was noted that municipal social welfare and health care services had become more client-oriented during the programme period. The positive changes were reflected in the new operating models resulting in more effective service pathways and in more client-oriented attitudes. At least some of the results can be attributed to the Kaste Programme. According to the Programme's findings, inequalities in wellbeing and health were not reduced during the programme period. However, there were few instruments in the Kaste Programme that could have helped to achieve this objective. At the same time, the conclusion was that the widening of inequalities in wellbeing and health had probably slowed down as a result of the Kaste Programme. The most important and unequivocal result of the Kaste Programme is that the programme organisation has helped to increase interaction between social welfare and health care actors within and between regions. This has prompted municipalities to engage in multisectoral development cooperation that also covers areas outside the Kaste Programme.

KEHAS-programme

According to the Government Resolution in 2012 on Securing Individual Housing and Services for Persons with Intellectual Disabilities, persons with intellectual disabilities have a right to housing similar to that of other municipal residents[10]. Society must offer them the opportunity to live in individual housing, rather than in institutions or their childhood homes. This requires also that municipalities have individual services to replace institutional care. The housing programme for persons with intellectual disabilities (KEHAS) included measures taken in 2010–2015 in order to achieve this goal. During the programme in years 2010–2015 houses designed for about 3 400 persons with intellectual disabilities were built. The objective of the programme is that no persons with intellectual disabilities will be living in institutions by 2020.

VAMPO-programme

In 2010, the Government adopted a new Disability Policy Programme (VAMPO) for the years 2010–2015. Most of the measures described in the previous report have been realised in line with the programme by the ending of the programme period. For more information on the VAMPO -programme, the Government refers to information provided under Article 30.

[10] The Government Resolution on Securing Individual Housing and Services for Persons with Intellectual Disabilities. 2012. A Summary in English on page 5.
<https://www.julkari.fi/bitstream/handle/10024/112513/URN%3aNBN%3afi-fe201504226062.pdf?sequence=1>.

Question 3

Services for people with disabilities, clients 2011–2014	2011	2012	2013	2014
Transportation services for people with severe disabilities	97 557	101 221	102 010	101 911
Personal assistance, services funded by the municipality	11 304	13 457	15 217	17 356
People entitled to interpreter services	4 873	5 159	5 313	5 539
Housing alterations, devices and facilities, clients in services funded by the municipality	9 655	9 753	10 322	10 361
Sheltered housing for people with severe disabilities	4 630	4 844	5 273	5 390
Sheltered and supported housing for people with disabilities, clients in services funded by the municipality, on 31 Dec	2 201	2 293	2 399	2 564
Group housing services for people with disabilities, no staff available at night, on 31 Dec.	1 982	1 789	1 532	1 297
Housing services for people with disabilities, with staff available also at night, clients in services funded by the municipality, on 31 Dec	7 062	7 617	7 709	8 122
Support for informal care, clients under 65 years, services funded by the municipality	13 397	13 575	1 4047	14 314
Housing with 24-hour assistance for people with intellectual disabilities, clients om services on 31 Dec	5 881	6 180	6 628	6 616
Housing with 24-hour assistance for people with intellectual disabilities, long-term clients on 31 Dec	6 256	6 595	7 037	7 145
Family care for people with disabilities, on 31 Dec.	1 346	1 244	1 266	1 295
Measures to support employment for people with disabilities	2 109	1 812	1 809	1 723
Day and sheltered work centres for people with disabilities, services funded by the municipality	15 833	16 607	17 148	17 550

Answers to the Committee's conclusions

Organisation of the social services

The new Social Welfare Act

The aim of the reformed Social Welfare Act (1301/2014) is to strengthen the status of the Act as a central general act, to promote equal availability and accessibility of social welfare services, to emphasise a client-centred and comprehensive approach and to support people in their everyday environments. The Act also defines the duties of social welfare authorities, promotes multi-sectoral cooperation, and safeguards the operating conditions of social welfare personnel in duties for which they are responsible and have the expertise.

The purpose of the Social Welfare Act is to promote and maintain the population's welfare and social security, reduce inequalities and reinforce social inclusion, to secure the availability of high-quality social services, promote client-centred services and clients' rights, as well as to improve the cooperation between social welfare services and various municipal sectors and other stakeholders. The Act applies mainly to municipal social welfare. If a person has the right to receive social services under another Act, such provisions shall apply which best meet the interests of that clients. The Social Welfare Act pays special attention to persons in need of special support, both adults and children. In all actions undertaken by social welfare institutions, the best interests of the child must be a primary consideration.

The Social Welfare Act promotes wellbeing through guidance and advice, structural social work, monitoring and promoting the wellbeing of children and taking into account the needs and wishes of clients when developing activities and services. The Act includes provisions for securing the quality of services. Social welfare units shall draw up a publicly accessible and regularly updated plan for in-house control in order to secure the quality, safety and appropriateness of their social welfare work. The personnel are obliged to notify of any deficiencies that prevent the implementation of social welfare services.

Social services are organised on the basis of need for support. These needs include assistance for everyday life, need for economic support, need for support because of interpersonal or domestic violence or maltreatment, safeguarding the balanced development and wellbeing of a child, support for housing, sudden crisis situation, prevention of social exclusion and reinforcement of social inclusion, need for support due to alcohol or drug abuse, mental problems or other trauma or illness, or due to ageing, other problems with functional capacity and the need to support family members and close persons to the client. The need for social services is assessed in the beginning of the client relationship. A client plan is then composed on the basis of the assessment. The client plan shall include, for example, the necessary services to support the health and wellbeing of the client, estimated duration of the client relationship and division of information and responsibilities between the various cooperation partners from different sectors. The social services responding to the needs of clients are social work, social guidance, social rehabilitation, family work, home services, home care, housing services, institutional services, services supporting physical activity, substance abuse services, mental health work, child guidance and family counselling, supervised contact sessions between parents and children and other necessary services.

The new Social Welfare Act has changed the focus of family services. The new primary focus is on family services outside child welfare client relationships. The Act emphasises early interventions and preventive measures. Family services can be received on the basis of an assessment of need for service also when the family is not a child welfare client.

Effective and equal access

Users have a subjective right to certain social services, such as services for the disabled. Apart from place of residence, access to social services is based on individual need. The Social Welfare Act described in the previous section aims to promote effective and equal access to services for all.

Several of the current Government Key Projects promote effective and equal access to social services. *The Programme to Address Reform in Child and Family Services*[11] focuses on creating knowledge-based tools for monitoring children's wellbeing, assessing how decision-making impacts children and devising child-focused budgeting. The Programme aims to promote the provision of low-threshold services which work seamlessly together and will improve training courses for professionals. For a detailed description of the Key Project *Improved Home Care for Older Persons and Enhanced Support for All Aged Informal Carers*, the Government refers to the information provided in connection with Answers to the Committee's Conclusions under Article 23.

The maximum fees charged for municipal social and health services and services free of charge are stipulated in the Act and Decree on Social and Health Care Client Fees (734/1992 and 912/1992). The fees charged for long-term care are earnings-related. Municipalities may opt to use lower rates or to provide the relevant service free of charge. Municipalities are not permitted to collect fees for services above the amount of the production cost of the services. The fees for certain public services have an upper limit per calendar year, beyond which clients to do not have to continue paying fees. Municipalities must reduce or not charge fees for social care, and determine health care fees according to the clients' ability to pay, if charging them will undermine the income or statutory maintenance obligations of clients or their families. Client fees are reviewed every two years, based on indexes.

[11]Fact sheet on Key Project 3: Programme to address reform in child and family services. The Ministry of Social Affairs and Health. <http://stm.fi/documents/1271139/1953486/Keyproject-OH330-S33100-01-Lapsi-ja+perhepalvelujen-muutosohjelma-fact-sheet.pdf/af58f2fe-ed15-4e08-9320-09bfbde722eb?version=1.1> .

The decision to grant services is generally taken by local authority officials. In the event of disagreement, users may lodge complaints to the unit or the local authority concerned within 30 days of notification of the decision. They can further appeal against the latter's decision to the Administrative Court within 30 days of notification of this decision. Severely disabled persons are further entitled to take appeals concerning their subjective rights to the Supreme Administrative Court without leave to appeal, which is required in other cases. Where users disagree with social services agencies about the quality of the service provided, various other internal remedies are available to them, and they can also take the matter to the Regional State Administrative Agency or the Ombudsman.

Article 14 para. 2: Public participation in the establishment and maintenance of social services

Question 1

The Government has no new information to report under the current reporting period.

Question 2

The Government has no new information to report under the current reporting period.

Question 3

The Government has no new information to report under the current reporting period.

Answers to the Committee's conclusions

Non-public providers of social services

In Finland, municipal social welfare and health care services, implemented with government support, form the basis of the social welfare and health care system. Private companies also provide services alongside the public sector. In addition, Finland has a wide range of social welfare and health care organisations, providing services both free of charge and for a fee. Municipalities are responsible for organising social welfare and health care. They can provide basic social welfare and health care services alone, or form joint municipal authorities with other municipalities. Municipalities may also purchase social welfare and health care services from other municipalities, organisations or private service providers (including the voluntary sector). Social and health organisations play a significant role in the provision and development of services for special groups. In addition to service provision they provide extensive help for those in need, including peer support and opportunities for social inclusion.

The Finnish Patent and Registration Office keeps register of the associations. Voluntary organisations must register themselves as associations in order to act as legal persons. In 2015, there were over 142 000 associations in the register. An estimated 10 000 of these associations is working in the field of social and health services.

Regional State Administrative Agencies guide and monitor municipal and private social welfare and health care services and evaluate the availability and quality of basic services provided by municipalities. They grant licenses to private service providers in the region. If the private service provider acts in the area of more than one Regional State Administrative Agency, the National Supervisory Authority for Welfare and Health (Valvira) acts as the licensing and supervisory authority. Private social service providers providing round-the-clock services must apply for a license from the correct licensing authority, provide annual reports and draw up a publicly accessible and regularly updated plan for in-house control in order to secure the quality, safety and appropriateness of their social welfare work.

Any private round-the-clock social service provider (for- and non-profit) must meet certain conditions in order to receive a license. The service unit must have adequate and appropriate premises, equipment and staffing. The amount of staff must meet the service need and number of clients. In addition, the service provider must be able to take care of its financial obligations.

Private social service providers providing other than round-the-clock services are required to notify in written form the municipality they act in about their service provision. The municipalities then inform the Regional State Administrative Agencies which register the service providers.

Finland's Slot Machine Association (RAY) is a statutory corporation that supports non-governmental social and health organisations with over 300 million euros annually. RAY grants funding for the basic operations, investments, and projects of health and social welfare organisations. Funding is granted annually based on applications and the final decision is made by the Ministry of Social Affairs and Health. In 2016, over 800 organisations received funding from RAY.

Some organisations might be considered to "work for the public good" and be eligible for income tax relief. In the social field such an organisation could, for example, be organising day-time activities and food distribution. If the association's service provision is considered commercial activity, they pay 20 % business income tax, which is the same as for-profit organisations pay.

Public services can be organised through contracting out the service provision to, for example, private companies or third sector organisations. The decision to grant public services is generally taken by local authority officials. This ensures equal access to all of those in need of services. The Non-Discrimination Act prohibits discrimination on the basis of age, ethnic or national origin, nationality, language, religion, belief, opinion, health, disability, sexual orientation or other personal characteristics. The Constitution guarantees individual civil rights. The Non-Discrimination Ombudsman is an independent and autonomous authority, whose task is to advance equality and to prevent and tackle discrimination on all bases. All individuals can contact the Non-Discrimination Ombudsman if they feel like they have been discriminated against or have witnessed discrimination.

The dialogue between the Government and individuals and organisations is a key element in the legislative drafting process. Stakeholders and interest groups are consulted in the regulatory drafting. After the regulatory drafting phase, the draft Government bill is circulated to stakeholders for comments and published to allow all interested parties to comment as well. The Government has also adopted several digital platforms that promote civil society and public participation in welfare politics. The digital services allow citizens to participate in the decision-making processes and provide decision makers the possibility to listen to the citizens' and other stakeholders' opinions on suggested reforms.

ARTICLE 23: THE RIGHT OF ELDERLY PERSONS TO SOCIAL PROTECTION

Question 1

The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons (980/2012) took effect on July 2013, with the aim to ensure that elderly persons will obtain individual care services and caring according to their needs on an equal basis by means of quality social and health care services. For more information on the Act, the Government refers to the information provided in connection with Answers to the Committee's Conclusions below.

The pension reform introduces a new benefit, partial advanced old-age pension, which will replace the current part-time pension. Partial advanced old-age pension will be either 25 or 50 % of earned pension level. A fixed-term law, the Act on Supporting Those on Disability Pension to Re-Enter the Labour Market (738/2009, effective until 2020) will support those on disability pension to re-enter the labour market. For more information on the pension reform, the Government refers to the information provided under Article 12.

The Government continues to support the housing of special groups, such as the older people, with interest subsidies for loans taken out to finance the construction, renovation and acquisition of rental dwellings, and with state grants up to 50 % of the investment, depending on the needed support, as regulated by the Act on Interest Subsidy for Rental Housing Loans and Right of Occupancy Housing Loans (604/2001), and the Act on Subsidies for Improving the Housing Conditions of Special Groups (1281/2004). State renovation grants are awarded for the installation of lifts in older multi-storey residential buildings and, on social grounds, for repairs and renovations of the homes of older people and people with disabilities (1184/2005).

Question 2

The present Government was appointed on 29 May 2015. The Government's objective is to raise the employment rate to 72 % through a number of measures that are outlined in the Government's strategic Programme of reform. One of the Programme's 26 key projects focuses on developing home care for elderly persons and enhancing informal care in all age groups. For more information on this Key Project, the Government refers to the information provided in connection with Answers to the Committee's Conclusions below. The Government will also reform the pension system, implement a social welfare and healthcare reform, reduce the number of obligations and functions in local government and reform central and regional administration. Lengthening working careers and improving the employment rate are national objectives. Due to demographic development, the share of the working population is decreasing.

Housing Development Programme

The Government set up the Development Programme for Housing for the Older People for the years 2013–2017 to improve the older people's housing conditions so that they can live in their own homes for as long as possible, while taking into account their state of health. The Programme also aims to influence municipalities and the housing and construction sector to better take into account the housing needs of older people. The Programme is cross-sectoral involving various state offices as well as local authorities, non-governmental agencies, the private sector and older people's representation.

Multiple actions have been taken to develop the accessibility of housing, to steer the new housing production and renovation of the existing housing stock, and to improve the cooperation between public, private and non-governmental actors in the field. For instance, during the period of 2012–2015 a total of 851 retrofitted lifts were added to current housing stock and up to 50 % of the total costs were financed by state grants. State grants are also provided for the renovation of homes for old and disabled people. The grants are means-tested and can reach up to 70 % of the renovation costs of a dwelling.

According to the 2015 midterm evaluation of the said Programme, it had succeeded for instance in raising awareness of the needs and benefits of accessible housing in later life, bringing different actors together and developing new forms of operating and new means to enhance independent living in old age.

The change in the population's age structure will be very rapid in Finland and have a direct impact on housing. The goal is that by year 2017 a total of 91–92 % of people over 75 years of age would live at home. For more information on the Housing development programme, the Government refers to the information provided in connection with Question 3 and Answers to the Committee's Conclusions below.

Question 3

Housing of over 75-year-olds at the end of each year in 2010–2014 (% of the age group).

Housing type	2012	2013	2014	The national target
At home	90.0	90.3	90.5	91–92
In the sheltered housing/service housing with 24 hour care	6.1	6.5	6.7	5–6
In the institutional care in older people's homes or hospitals	3.8	3.1	2.6	3

There has been an on-going change in the long term care service structure: The institutional care has been replaced by 24-hour care given in service house settings with 24-hour assistance.

Service form/75+ population (%)	2010	2011	2012	2013	2014	2017 target
Living at their own home	89.5	89.5	90.0	90.3	90.5	91–92
Regular home care	11.8	12.2	11.9	11.9	11.8	13
Support for informal care	4.2	4.4	4.5	4.6	4.5	5.5
Service housing with 24-hour assistance	5.6	5.9	6.1	6.5	6.7	7
Institutional care	4.7	4.4	3.8	3.1	2.6	2

There were 1.1 million persons aged 65 or over in Finland at the end of 2015. From all old persons' households (persons over 65 years) 44 % lived in detached and semi-detached houses. 42 % lived in apartment buildings and the rest in terraced houses.83 % of the older population lived in the urban areas and 17 % in the countryside. About 70 % lived at the most one kilometre away from a supermarket.

Answers to the Committee's conclusions

Legislative framework

Prohibition of discrimination on grounds of age

The Government refers to the information provided in connection with the 10th periodic report in 2014 and provides the following additional information.

Ageing persons have the right to stand as candidates in all general elections, *inter alia,* municipal, parliamentary, EU parliamentary and presidential elections. Local authorities must establish a council for elderly persons to ensure the elderly population's opportunities to participate and exert influence as well as see to it that the council has the necessary prerequisites for its operation. The council must be included in creating the plan for supporting the elderly population as well as in the annual evaluation process. In 2014 all Finnish municipalities had established a council for elderly persons.

According to the Act on the Status and Rights of Patients (785/1992), every person who is permanently resident in Finland is without discrimination entitled to health and medical care required by his state of health. The patient has a right to good quality health care and medical care. The care of the patient has to be arranged so that his or her human dignity is not violated and that his or her conviction and privacy are respected. The individual needs of a patient, including those of elderly persons, have to be taken into account as far as possible in his or her care and other treatment.

The Act on the Status and Rights of a Social Welfare Clients (812/2000) similarly provides that a social welfare client has the right to receive good quality social welfare services and good treatment without discrimination. The client's individual needs must be taken into account in his or her care.

The objective of the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons (980/2012) is, *inter alia*, to improve the access of older persons to social and health care services of a high quality, as well as to guidance in using other services that are available to them in accordance with their individual needs and in good time when their impaired functional capacity so requires.

The Non-Discrimination Act prohibits discrimination on the basis of age, ethnic or national origin, nationality, language, religion, belief, opinion, health, disability, sexual orientation or other personal characteristics. The purpose of the Act is to promote equality and prevent discrimination as well as to enhance the protection provided by law to those who have been discriminated against. The Act applies to both public and private activities, and provides an obligation for authorities to promote equality. Authorities shall evaluate the realisation of equality in their activities and take necessary measures to promote the realisation of equality. The duty applies to central and local government authorities, independent bodies governed by public law as well as other instances discharging a public administrative function. Compliance with the Act is supervised by the Non-Discrimination Ombudsman and the National Non-Discrimination and Equality Tribunal.

The Non-Discrimination Ombudsman is an independent and autonomous authority, whose task is to advance equality and to prevent and tackle discrimination on all bases, including age. The Ombudsman may, *inter alia*, provide assistance to the victims of discrimination in pursuing their complaints concerning discrimination, give general recommendations to prevent discrimination and to promote equality and take action to reconcile a matter pertaining to compliance with the Act.

Several research projects and initiatives focus on eradicating age discrimination. Minority groups within the elderly population are in a fragile position and require special attention. In 2014 the Ministry of the Interior published a report on the experiences of discrimination by elderly minority members. According to the report, elderly persons rarely experience immediate discrimination and mistreatment within the public service system. Most of the time discrimination takes place in an indirect or structural way. Acknowledging ethnic and sexual minorities and people with physical and intellectual disabilities as equal clients of public services requires further attention.

For more information, the Government refers to information given in reply to the Committee's Conclusions in connection with Article 14, paragraph 2.

The right to self-determination of social welfare and health care clients

The Government refers to the information provided in connection with the 10th periodic report in 2014 and provides the following additional information.

According to the Act on the Status and Rights of the Social Welfare Clients (812/2000), when providing social welfare services, the client’s wishes and opinion must be a primary concern and the client’s right to self-determination must be respected. If a client who is of age is, due to an illness, mental disability or another similar reason, unable to participate in or influence the planning and implementation of his or her services or other measures relating to his or her social welfare or to understand alternative solutions put forward or the effects of decisions, the client’s will shall be clarified in cooperation with his legal representative, next of kin or other close person.

According to the Act on the Status and Rights of Patients (785/1992) the patient has to be cared in mutual understanding with him or her. If a patient who has reached the age of majority cannot decide on the treatment given to him or her because of mental disturbance or mental retardation or for another reason, the legal representative or a family member or another close person of the patient has to be heard before making an important decision concerning treatment to assess what kind of treatment would be in accordance with the patient's will.

The Working Group on the Right of Social Welfare and Health Care Clients to Self-Determination, established by the Ministry of Social Affairs and Health, carried out its work between 1 August 2010 and 28 February 2014. The Working Group submitted its proposal for legislation on the strengthening of the right to self-determination for social welfare and health care clients and the conditions necessary for the limitation of this right.

On 28 August 2014, the Parliament was presented with the Government Bill, based on the Working Group's proposal, on the strengthening of the right of self-determination for patients and receivers of social care and the conditions for the use of restrictive measures and other related laws (HE 108/2014 vp). The Government Bill (HE 108/2014 vp) expired due to the change of Parliament in spring 2015.

On 3 March 2015 the Parliament approved the UN Convention on the Rights of Persons with Disabilities and the accompanying Optional Protocol with the requirement that, before the final ratification of the Convention, it first be confirmed that national legislation meets the conditions for the ratification of Article 14 of the Convention.

In order to complete ratification of the Convention, a Government Bill on changes to the Act on Special Care for People with Intellectual Disabilities (HE 96/2015 vp) was quickly prepared and presented to the Parliament on 22 October 2015. It was proposed that changes be made to the Act on Special Care for People with Intellectual Disabilities as required by the ratification of the UN Convention on the Rights of Persons with Disabilities. The changes to the Act (381/2016) took effect on 10 June 2016 at the same time as the UN Convention on the Rights of Persons with Disabilities.

Provisions were added to the Act which relate to the strengthening of the right to self-determination, support for independent activity and a reduction in the use of restrictive measures. Provisions were also added relating to the conditions necessary for the use of restrictive measures and the procedure which is to be followed once the restrictive measures have ceased. Furthermore, provisions were added to the Act regarding the recording of and follow-up procedures for restrictive measures, obligations for reporting and notification of restrictive measures, official legal responsibility and liability for damages, and strengthened supervision by authorities. In addition, the provisions of the Act which relate to involuntary special care were amended so as to conform to the requirements of the UN Convention on the Rights of Persons with Disabilities.

From autumn 2016, preparations have continued on a broader level in the Ministry of Social Affairs and Health for legislation on the strengthening of the right to self-determination for social welfare and health care clients and the conditions necessary for the limitation of this right. Earlier legislative work is being utilised in these preparations, and different client and patient groups are being taken into consideration (for example people with mental disabilities, those affected by memory disorders, emergency social welfare and health care cases, people with mental health or substance abuse problems). The aim is to present the Bill to the Parliament as soon as possible within the current Government term (2015–2019).

Preparations of the aforementioned legislation will include exploring the possibility of legislation on supported decision-making in social welfare and health care. Supported decision-making will also be taken into account in the reform of disability legislation, which will involve combining the current Disability Services Act (380/1987) and the Act on Special Care for People with Intellectual Disabilities (519/1977) into a single act.

Adequate resources

The full amount of the guarantee pension is 766.85 euros per month in 2016. Guarantee pensions are adjusted at the beginning of January in line with changes in the national pensions' index, corresponding to the increase in the cost-of-living index.

Pensioners living permanently in Finland might be eligible for the housing allowance for pensioners if they have low income and they receive pension which entitles to the housing allowance for pensioners. The housing allowance for pensioners covers 85 % of reasonable housing costs exceeding an out-of-pocket share consisting of basic deductible and an additional deductible linked to income. In 2015 197 900 pensioners received housing allowance for pensioners. The average amount of a housing allowance paid to a housing unit was 223 euros per month. The housing allowance covered on average 46 % of housing costs.

For more information, the Government refers to information given in reply to your Committee's Conclusions in connection with Article 12, paragraph 1.

Income of persons aged 65 and over

In this connection, the Government refers to information provided above and the information provided in 2014 in connection with the 10th periodic report.

Prevention of elder abuse

The Government refers to the information provided in connection with the 10th periodic report in 2014 and provides the following additional information.

In Finland, on estimate 9 % of retired women and 3 % of retired men have been subjected to violence according to a study published by the Ministry of Justice in 2011. According to the same study, of the customers who use the shelter service, about 3–6 % are of pension age. The problem is identified and addressed in legislation. The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons (980/2012) contains a section on informing of an older person's service needs. According to the Act, if a health care professional referred to in the Health Care Professionals Act (559/1994) or a person employed by the social service system of the municipality, rescue services in the area, the Emergency Response Centre or the police has been informed of an older person in need of social or health services who is obviously unable to take care of himself of herself or his or her safety in the future, the professional must notify thereof the authority responsible for municipal social welfare as the need for social services may be the result of abuse.

The Social Welfare Act (1301/2014) contains sections about personnel's obligation to notify. Members of the social welfare personnel or people working in similar duties in a commission relationship or on independent self- employed basis shall notify the person responsible for the activities without delay if, in the course of their work, they notice or gain knowledge of a deficiency or an evident risk of a deficiency in the delivery of the client's social welfare services. The deficiency may be the result of some kind of abuse.

A person receiving a notification referred to above must take action to remove the deficiency or evident threat of a deficiency. The person shall notify the matter to a Regional State Administrative Agency if the deficiency is not rectified immediately. The Regional State Administrative Agency or the National Supervisory Authority for Welfare and Health may issue an order to remove the deficiency and may determine further measures.

Services and facilities

Individual needs assessment for persons over 80 years of age

The Government refers to the information provided in connection with the 10th periodic report in 2014 and provides the following additional information.

According to the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons (980/2012) an older person means a person whose functional capacity is impaired as a result of reasons due to high age. The definition is not directly linked to age, but to service needs. Typically functional capacity starts to become impaired and service needs increase around the age of 80–85, but illnesses such as progressive memory disorder may result in a need for multiple services at a considerably earlier age.

According to the Act, an older person's need for social and health care services supporting his or her wellbeing, health, functional capacity and independent living should be investigated comprehensively. This investigation should be carried out together with the older person and, if necessary, with his or her family member or friend.

An investigation of service needs may become topical in a number of different ways. An investigation must be carried out if an older person has asked for an evaluation of his or her needs for social services. The Social Welfare Act (1301/2014) requires that in urgent cases the need for social services shall be assessed without delay. In non-urgent cases, the municipality is responsible for providing persons aged 75 years or over access to an assessment of the need for social services within seven days from the date when the client or his or her legal representative or relative or some other person or authority contacted the authority of the municipality responsible for social services in order to obtain services.

The service needs should also be investigated if an older person is already receiving regular services and essential changes take place in his or her circumstances. According to a survey concerning the implementation of the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons, about 87 % of home care clients and 92 % of clients of sheltered housing services with 24-hour assistance and long-term institutional care have been made a service needs assessment.

Complaints Nos. 70/2011 and 71/2011 "the Central Association of Carers in Finland v. Finland": The implementation of legal and other relevant measures undertaken to remedy the shortcomings indicated.

The Government refers to the information provided in 2014 in connection with the 10th periodic report and provides the following additional information.

Following the Committee's decisions of 4 December 2012 on the merits of complaint *the Central Association of Carers in Finland v. Finland* No. 71/2011, and as Finland has informed the Committee previously, the Ministry of Social Affairs and Health set up a working group to prepare proposals for the legislation concerning user charges in service housing and in home services. The term of the working group ended in the end of October 2014. The report of the working group was circulated for comments to all interest parties. Municipalities opposed to the suggestions of the working group, as it would have reduced the income they receive for fees. Prime Minister Sipilä's new Government decided that the client fee system should be reviewed in its entirety starting in 2017.

The reassessment and reform of legislation concerning client fees for social and health services will begin in the spring 2017. As part of the reform process, possible needs for legislative amendments will be evaluated, including current fees for services housing.

Development Programme for Housing for Elderly Persons 2013–2017

A Development Programme for Housing for Elderly Persons 2013–2017 was prepared as a cross-administrative collaboration. The measures in this Programme include, *inter alia*, repairing the existing building stock, developing new kinds of housing solutions and sheltered housing, developing housing environments from the perspective of the older people and matters related to services that support housing. The Programme affects the activities of both the older people themselves and the housing and construction sector.

Objectives of the Programme are to improve the elderly persons' housing conditions so that the older people can live in their own homes for as long as possible, while taking into account their health state, to support elderly persons in their own preparations regarding housing and related services, to influence municipalities so that they can take the issues concerning the older people's housing into account when planning their operations and finances, to steer the operations of the housing and construction sector to better take into account the housing needs of the older people and to improve the cooperation between the operators and create operational models that support housing for elderly persons.

Measures of the strategies are forethought and preparation, improving the accessibility and renovations of dwellings, quality of housing and enabling various housing solutions as well as housing, services and the living environment as a functional entity.

Between 2016 and 2017, the Programme concentrates on extensively promoting the housing development needs of the ageing population in housing policy measures, municipal plans and the operations of the housing and construction sector. The Programme implements housing trials, such as solutions that combine housing and care. In addition to this, the communal nature of housing and living environments suitable to the older people will be promoted.

The Programme will produce information on the housing situation of the older population and create tools for municipalities for preparing for and developing the housing of the older people. The measures in the Development Programme also include the promotion of technology and modification renovations that improve safety and accessibility of apartments.

The housing situation of the elderly

The majority of older people live and wish to continue living in their own homes for as long as possible. In 2011, 89.6 % of over 75-year-olds lived at home, 80 % of whom lived in an owner-occupied dwelling. Among these, 39.1 % lived in separate detached houses (one-family houses), 44.5 % lived in apartment buildings and the rest in terraced and semi-detached houses. More information is provided above in relation to Questions 2 and 3.

In old apartment buildings, the lack or small size of lifts poses the greatest challenge. In 2011, the number of apartment buildings with three or more floors without a lift amounted to 18 441 and the total number of staircases without a lift to 42 000. These buildings without a lift (46.4 % of the total) housed approximately 402 000 apartments, home to 99 000 people over the age of 65. For many older people, the installation of a lift makes it possible to live at home for longer.

Health care

The Act on Supporting the Functional Capacity of Ageing Population and on Social and Health Services for Older Persons (*980 /2012*) entered into force on 1 July 2013. The Act lays down provisions on local authorities' responsibility for supporting the wellbeing, heath, functional capacity and independent living of the older population and for securing the social and health care services needed by older persons on the municipality, on investigation of older persons' service needs and responding to them and on ensuring the quality of services provided for older persons. Focus has been placed on home services for older people.

A quality recommendation to guarantee a good quality of life and improved services for older persons has been updated to boost the implementation of the Act. The purpose of the recommendation is to support municipalities in their development efforts to improve the client orientation and quality of services and to promote the systematic evaluation of quality, to support a change of attitudes by making them more age-friendly and to strengthen the ethical foundation of activities and to encourage the ageing residents of a municipality to participate, exert their influence and develop services.

Monitoring and evaluation of the implementation of the new legislation is made by surveys at population, municipality and service provider level. Surveys have been carried out before (spring 2013) and after (autumn 2014) the Act entered into force. The Act was evaluated based on its influence on wellbeing, health, functional capacity, availability of social and health care services, facilities, staffing qualifications and levels, clients' nutrition and other quality factors.

As part of the Government Programme the Government has launched a reform package to achieve the strategic objectives of the Government term. One of the strategic objectives is health and wellbeing which includes the Key Project *Improved Home Care for Older Persons and Enhanced Support for All Aged Informal Carers*[12]. The Key Project aims to increase equality among older persons and among all aged informal carers, to more efficiently coordinate services for them, to cut the increase of health and social care costs in coming years. Home services and services accessible from home are preferred in the new system. The key project will continue supporting the implementation and the assessment of the implementation of the Act. Studies will be carried out in 2016 and 2018.

[12] Fact sheet on Key Project 4: Improved home care for older persons and enhanced support for all aged informal carers. The Ministry of Social Affairs and Health. <http://stm.fi/documents/1271139/1957330/Keyproject-OH330-S34200-01-Omais-ja-perhehoito-fact-sheet_english.pdf/c9f73b47-1abd-4b2c-aa74-4659fcb09a7c> .

Institutional care

Complaints Nos. 70/2011 and 71/2011 the Central Association of Carers in Finland v. Finland: institutional facilities and alternative services and the cost and quality of such services

The Government refers to the information provided above, as well as the information provided in connection with the 10th periodic report in 2014 and provides the following additional information.

The central instruments in ensuring the quality and availability of services for older persons are the implementation of the Act on Supporting the Functional Capacity of the Ageing Population and on Social and Health Care Services for Older Persons, which came into force in July 2013, and the quality recommendation to guarantee a good quality of life and improved services for older persons, which was updated in 2013. Regional State Administrative Agencies guide and monitor municipal and private social welfare and health care services and evaluate the availability and quality of services provided by municipalities.

The target is to improve availability of regular home care, support for informal care, family care for older persons and service housing and decrease the share of those people aged 75 or more that live in long - term institutional care. The central instruments are the above-mentioned Development Programme for Housing for Older People 2013–2017, the Government Key Project *Improved Home Care for Older Persons and Enhanced Support for All Aged Informal Carers,* reforms for legislation concerning services for people cared by support for informal care and their carers' and family carers, and permanently increased state subsidy for support for informal care support and family care for municipalities. From July 2016 the state subsidy for informal care support and family care was increased by 44 million euros and from January 2017 it will be increased by 90 million euros.

Reforming the service structure of services for older people is an important strategic choice in Finland. The structure of the services provided for older people must correspond with older people's needs for services. The goal is less institutional care and providing more services in housing services and at home. This goal is also contained in the Act on Supporting the Functional Capacity of the Ageing Population and on Social and Health Care Services for Older People. The principle is that the long-term care is primarily provided in a person’s private home or other home-like place of residence. Long-term care includes informal care, family care, home nursing and sheltered housing.

For this reason, Section 14a (1351/2014) concerning the prerequisites for long-term institutional care was added to the Act on Supporting the Functional Capability of Ageing Population and on Social and Health Services for Older Persons. Since January 2015, the municipalities may meet the need of services of older people in the form of institutional care only if there are medical grounds for doing so or grounds relating to client security.

The achievement of the targets set in the Act on Supporting the Functional Capacity of Ageing Population and on Social and Health Services for Older Persons is evaluated on the basis of follow-up data in national statistics and registers and follow-up studies of National Institute for Health and Welfare in 2013, 2014 and 2016.

Support for informal care

The National Development Programme for Informal Care for 2014–2020 is gradually being implemented. The current Government Programme includes significant investments into informal care.

The current Government Programme pays significant attention to adding resources into supporting informal care. The main goal is supporting the wellbeing of informal carers. This goal is realised through supporting the welfare and health of informal carers, improving the possibilities for leave and improving services that support informal carers in their care work.

A comprehensive health, social services and regional government reform is being carried out. In addition, new legislative reforms on support for informal care entered into force 1 June 2016 and the Government Key Project *Improved Home Care for Older Persons and Enhanced Support for All Aged Informal Carers* provide preconditions for improving the equality of informal carers and the ones they're taking care of during this Government's term of office.

In the regional Government reform, 18 autonomous regions, counties, will be responsible for healthcare and social welfare in 2019. The state will be responsible for the public funding of services. Currently municipalities are responsible for informal care support. After the reform, the new counties will be responsible for organising informal care support and benefits. This will harmonise practices between informal carers living in different municipalities, as practices will be managed at the county-level.

The Government Programme has allocated about 50 million euros in 2016 and about 70 million euros from the beginning of 2017 for supporting informal care. To enhance informal carers in all age groups, informal and foster care centres will be established and evidence-based models of informal care adopted for children with disabilities, mental health rehabilitees, and older persons with memory disorders. All funded experiments will be evaluated and good and effective practices will be disseminated throughout the country.

Support for informal care 2012–2014, amount per year	2012	2013	2014
Persons cared for, aged 0–64	13 575	14 047	14 314
Persons cared for, aged 65–74	6 816	7 027	7 345
Persons cared for, aged 75–84	12 572	12 831	12 972
Persons cared for, aged 85 and over	7633	8 334	8 505
Carers who have made an official care agreement	40 492	42 519	43 235
Carers aged 65 and over who have made an official care agreement	21 249	23 349	23 724
Informal care allowances total, million euro	173,0	180,9	191,4

ARTICLE 30: THE RIGHT TO PROTECTION AGAINST POVERTY AND SOCIAL EXCLUSION

Question 1

The Act on Multisectoral Joint Services Promoting Employment (1369/2014) took effect on 1 January 2015. The objective of the Act is particularly to promote the employment of long-term unemployed people by providing public employment services meeting their service needs, social, health and rehabilitation services as well as related support. The objective of laying down corresponding provisions is also to ensure the availability of services needed by long-term unemployed people in the entire country and to thus improve the equality of the unemployed regardless of their place of residence.

The Non-Discrimination Act (1325/2014) provides increasingly effective protection against discrimination. It prohibits all discrimination on the basis of age, origin, nationality, language, religion, belief, opinion, political activity, trade union activity, family relationships, state of health, disability, sexual orientation, or other personal characteristics. Discrimination based on gender is prohibited by the Equality Act. For more information on the Act, the Government refers to information provided under Article 23 above.

The new Social Welfare Act (1301/2014) pays a new kind of attention to those in need of special support who find it difficult to apply for and to receive the social and health services they require. In addition, social rehabilitation, particularly for young people in danger of social exclusion, was included in the Act as a new service. For more information on the Social Welfare Act reform, the Government refers to information provided under Article 13.

During the reporting period, the Government introduced a monthly 300 euro protected share to the unemployment benefit, as prescribed by the amended Unemployment Security Act (1049/2013), and general housing allowance, as prescribed by the amended Act on General Housing Allowance (938/2014), which encourages part-time work rather than unemployment.

Question 2

Poverty and unemployment

Despite an economic recession, poverty and income inequalities did not increase during the reporting period. According to the Evaluation Report on Basic Security in Finland 2011–2015[13], the level of basic social security improved due to several changes made during these years. The 2012 increase of the unemployment benefit, the basic part of income support and the housing allowance had the greatest impact. During this Government term, the guarantee pension also came into force, the housing allowance was reformed, and the protected share was introduced to the unemployment benefit. Both in real terms and compared to median-wage households, the disposable income of households living on basic social benefits increased between 2011 and 2015. Despite the recession, the need for social assistance did not significantly increase due to increases in other basic social security.

The reduction of poverty, inequality and social exclusion was one of the three strategic priority areas set out in the Government Programme for 2011–2015. The Government launched an administrative cross-sectoral programme to implement it. The programme included seven themes and 35 priority projects determined by the Government for nine ministerial sectors: Ministry for Foreign Affairs, Ministry of Justice, Ministry of the Interior, Ministry of Finance, Ministry of Education and Culture, Ministry of Employment and the Economy, Ministry of Social Affairs and Health, Ministry of the Environment and the Prime Minister's Office. The management group is the ministerial group on social and health policy.

The Finnish structural fund programme, *Sustainable Growth and Jobs 2014–2020*, has five courses of action. One of them is Social Inclusion and Prevention of Poverty. Its projects are used to improve the work ability and the functional capacity of those involved in the measures and to thus promote their progress on the path of employment. In addition, social, health and rehabilitation services, cross-sectoral cooperation and the client-orientation of services will be developed, and the third sector's role in the prevention of social exclusion as well as the communality will be reinforced. The activities will concern population groups whose social inclusion is most endangered and who are, on average, relatively more at risk of poverty and social exclusion. The activities emphasise preventive services and operating methods.

[13]Evaluation Report on Basic Security in Finland 2011–2015. National Institute for Health and Welfare 2015. A summary in English on page 5. <http://www.julkari.fi/handle/10024/125703>.

During the reporting period, the Government piloted inclusive social security by providing inclusive activities to long-term unemployed people and to the unemployed living on social assistance. Based on the results, sufficient income security in combination with actively offered services promoting employment is the best way to promote the inclusion of the unemployed, their orientation to working life and to prevent social exclusion. Pilot projects resulted in inclusion experiences where people were able to participate voluntarily and plan and carry out suitable activities with the help of an instructor.

The Government's aforementioned OSKU -programme piloted features such as the concept of a work capacity coordinator. It is used to ensure a seamless service chain that will help people with partial work capacity to continue their work or to find employment. Promoting the employment of people with partial work capacity will continue in the current Government's new Key Project, *Career Opportunities for People with Partial Work Ability* (2015–2018). For more information on the project, the Government refers to information provided under Article 3 above.

The Government carried out a municipal employment experiment between 1 September 2012 and 31 December 2015. The experiment included 26 projects and 65 municipalities. The objective of the experiment was to reduce structural unemployment by finding new labour market integration models based on local partnerships. When planning services promoting employment, these models will increasingly consider the needs of both the unemployed jobseekers and the local labour markets. In a versatile way, the municipal experiment developed rehabilitating, activating municipal services and municipal services promoting employment in order to promote the employment of those in a poor position on the labour market.

The Youth Guarantee

The Youth Guarantee came into force at the beginning of 2013. It will ensure that all young people under 25 and all recently graduated people under 30 are provided with a job or work trial, study placement, workshop or rehabilitation placement no later than three months into the period of unemployment. The objective is to provide opportunities for young people with no employment or training by promoting youth employment, by improving their professional skills, by improving young people's possibilities to lead an independent life. During the current Government term, the Youth Guarantee will be developed by means of the *Youth Guarantee Towards Community Guarantee* -Key Project. The Key Project serves to deepen the cooperation between the public sector, the private sector and the third sector in providing support to young people. The objective is to gather the best municipal practices and expand the functional models to a national level. One-Stop-Guidance Centre Ohjaamo plays an important role in developing youth services. There will soon be almost forty Ohjaamo centres in various parts of the country. One-Stop-Guidance Centre Ohjaamo gathers the multisectoral services targeted at young people into a single service point. In particular, it provides individualised support to young people between 15 and 29 years of age who have no job or study place, as well as easily accessible services for training, employment and rehabilitation.

Persons with disabilities

Between 2010 and 2015, the Government implemented Finland's Disability Policy Programme, VAMPO[14]. Its aim was to safeguard a just position in society for persons with disability and to draw up the development paths with which to reach for sustainable and responsible disability policy. Underlying the goals recorded for the programme were the UN's Convention on the Rights of Persons with Disabilities and the Government report on Finland's Disability Policy 2006. The Programme included 122 measures in 14 different content areas: independent living, social inclusion and involvement, built environment, transport services, education and study, work, health and rehabilitation, social security, legal protection, safety and integrity, culture and leisure time, discrimination encountered by persons with disabilities, knowledge base, substitution of tax aid with direct appropriation support, and international activities. According to the Programme Assessment Report by the National Institute for Health and Welfare, most measures had been implemented in accordance with the Programme by the end of the programme term.

[14] Final Report for the VAMPO Programme. The Ministry of Social Affairs and Health 2016. A summary in English on page 4. <https://www.julkari.fi/bitstream/handle/10024/130234/Rap%20ja%20mui_2016-14_verkkoversio%20100316.pdf?sequence=1>.

The Roma population

Finland has made efforts for the long-term development of the inclusion and equality of the Roma population. In 2010, the Government Resolution on Guidelines for a Policy on Roma came into force[15]. Between 2013 and 2015, more than 8 million euros were allocated for the implementation of the National Policy on Roma, for example for national development activities such as the promotion of teaching, inclusion and welfare (prevention of poverty and social exclusion, promotion of health) in the sector of housing, the prevention of social exclusion and empowerment. Finland has paid particular attention to more vulnerable Roma, such as Roma women, the elderly Roma and Roma adolescents in order to develop culturally sensitive services.

In 2012, the Ministry of the Environment carried out a study on the housing problems of the Roma and different ways to solve these problems. In Finland, the Roma are living in the same residential neighbourhoods as the main population and the quality of their housing is equal. The results and good practices were discussed in the YES 5 Roma -programme by means of regional forums which were organized for housing authorities and the Roma community.

Finland has drafted a separate European Handbook for Roma Policy which includes the objectives of the European policy on Roma. In its international activities, Finland has paid particular attention to the inclusion of Roma women and adolescents and the implementation of their rights.

The inclusion of the Roma in activities designed for them is the cornerstone of the Finnish policy on Roma. For 60 years, there has been a National Advisory Board on Romani Affairs, and for almost 20 years, there have been regional Advisory Boards on Romani Affairs. In recent years, Finland has been involved in improving inclusion on a local level in municipalities, and local Roma work groups have been established in approximately 20 municipalities.

[15] Government Resolution on Guidelines for a Policy on Roma. 2010. A summary in English on pages 5–6. <http://www.julkari.fi/bitstream/handle/10024/112514/Jul_1016_romanipolitiikan_verkko.pdf?sequence=1> .

Promotion of Health and Welfare of Vulnerable Groups

One of the current Government's Key Projects is *Promotion of Health and Welfare and Reduction of Inequality*. The Project aims at improving the welfare and health of vulnerable groups to narrow differences in the area of health and well-being. The change will be the result of influencing crucial factors determining differences in the area of health and well-being. The changes will be made in people's daily environments as part of services and through cross-administrative cooperation. Organisations, municipalities and expert institutions will cooperate to disseminate good practices widely.

Housing

During the reporting period, long-term homelessness continued to decrease in Finland. It was supported by the National Programme to Reduce Long-Term Homelessness or PAAVO (2008–2015) coordinated by the Ministry of the Environment. The programme provided approximately 69 million euros of support for housing construction, renovation and acquisition for the long-term homeless people and approximately 31 million euros to produce and develop services. According to an international researcher assessment carried out in 2014[16], the PAAVO -programme indicated the effectiveness of a comprehensive cooperation strategy. In the future, researchers recommended that more emphasis is put on prevention, which is the starting point of the current Government Resolution and the action plan based on the resolution. For statistics related to the project, the Government refers to information provided under Question 3 of this Article.

The new Government Resolution on Preventing Homelessness (2016–2019) was approved in the Government in 2016. In the challenging economic situation, the prevention and reduction of homelessness require special coordinating measures. This means not only integrated service networks strengthened through programme work and the early identification of problems leading to homelessness, but also the sufficient production of reasonably priced housing in all of the largest urban areas. The main target is to eradicate divisions between housing, social, health care and employment services, which does not at the moment support the early identification and prevention of homelessness sufficiently.

[16] The Finnish Homelessness Strategy. An International Review. Reports of the Ministry of the Environment 2015. <https://helda.helsinki.fi/handle/10138/153258> .

The Government supports the housing of special groups, such as the older people, the homeless, students and the disabled persons, with interest subsidies for loans taken out to finance the construction, renovation and acquisition of rental dwellings, and with grants up to 50 % of the investment, depending on the needed support, as regulated by the Act on Interest Subsidy for Rental Housing Loans and Right of Occupancy Housing Loans (604/2001), and the Act on Subsidies for Improving the Housing Conditions of Special Groups (1281/2004).

The Government implemented the Programme to Provide for Housing and Services for the Intellectually Disabled Persons in 2010–2015. This Programme contributed in reduction of places in institutions by 900 persons. The state allocated grants for housing of the intellectually disabled persons for 1 687 units in 2012–2015. Mostly housing has consisted of group homes with 15 persons living in each. In recent years the Government has stressed the need to diversify the housing supply and accessibility of ordinary rental dwellings. The Government has also financed several research and development -projects concerning housing development and housing provision for the needs of intellectually disabled people.

The Government also implemented the Development Project of Housing for Mental Health Rehabilitees in years 2012–2015. The target of the Project was to improve the housing situation of persons with mental health problems with the cooperation of different parties: for example municipalities, associations, rehabilitees and volunteers; the aim was to move the focus of housing from housing units to ordinary housing with necessary support services.

Question 3

Number of state-subsidized dwellings built or acquired in a year for groups with special needs				
Groups with special needs	**2012**	**2013**	**2014**	**2015**
Older people	1 205	1 574	1 433	1 543
Intellectually disabled persons	415	455	542	275
Other disabled persons	40	35	16	35
Homeless	145	80	144	170
Mental health rehabilitees	67	-	86	-

During the National Programme to Reduce Long-Term Homelessness or PAAVO (2008–2015), the Housing First principle has been implemented in the work on homelessness and shelters have been replaced by housing units based on supported rental housing. During the programme period, long-term homelessness decreased by 1 345 persons (35 %).

A person is defined as subject to long-term homelessness when homeless for a prolonged period, or threatened with prolonged homelessness which, for social or health reasons, lasts over one year, or if the person has experienced recurring homelessness within the last three years. Approximately 40 % of homeless people can be classified as long-term homeless. In 2015, overall homelessness decreased for the first time to fewer than 7 000 people. There were 6 785 homeless people living alone and 424 homeless families in Finland in 2015. Out of the homeless people living alone, 27 % were immigrants.

Answers to the Committee's conclusions

Measuring poverty and social exclusion

In Finland, the population's living conditions are monitored using both the follow-up indicators for the Government's strategic objectives, which are applicable by government term, and an extensive and permanent production of indicators and statistics which are accessible to decision-makers and preparatory officials through statistical authorities' websites and statistical databases[17].

Sources of information on the population's living conditions include for example Statistic Finland's income distribution statistics which include the European Union Statistics on Income and Living Conditions collected for Finland[18]. Other statistics and registers of Statistics Finland, the Social Insurance Institution of Finland and the National Institute for Health and Welfare are also available and add versatile information on the population groups in danger of social exclusion, for example adolescents, homeless people and other people in danger of social exclusion, as well as on features such as the use of services and benefits. Finland is also involved in the development of the European indicator follow-up and takes advantage of international information.

The National Institute for Health and Welfare conducts a mandatory evaluation of the adequacy of basic social security in Finland every fourth year in accordance with the amendment in 2010 of the Act on the National Pension Index (1064/2010). The aim of the regular evaluation is to provide research-based information for decision makers. The first evaluation report was published in 2011. The second report was published in 2015[19].

[17]For example <www.sotkanet.fi>, <www.hyvinvointikompassi.fi>, <www.kela.fi/kelasto>, <www.stat.fi>. These statistics are provided by the National the Institute for Health and Welfare, the Social Insurance Institution of Finland (Kela) and Statistics Finland.
[18]Income distribution statistics. Statistics Finland. <http://www.stat.fi/til/tjt/index_en.html>.
[19]The second expert group for evaluation of the adequacy of basic social security. Adequacy of basic social security in Finland 2011–2015. Kela Research Department 2015.
<http://www.julkari.fi/bitstream/handle/10024/126908/WorkingPapers80%20%281%29.pdf?sequence=1>.