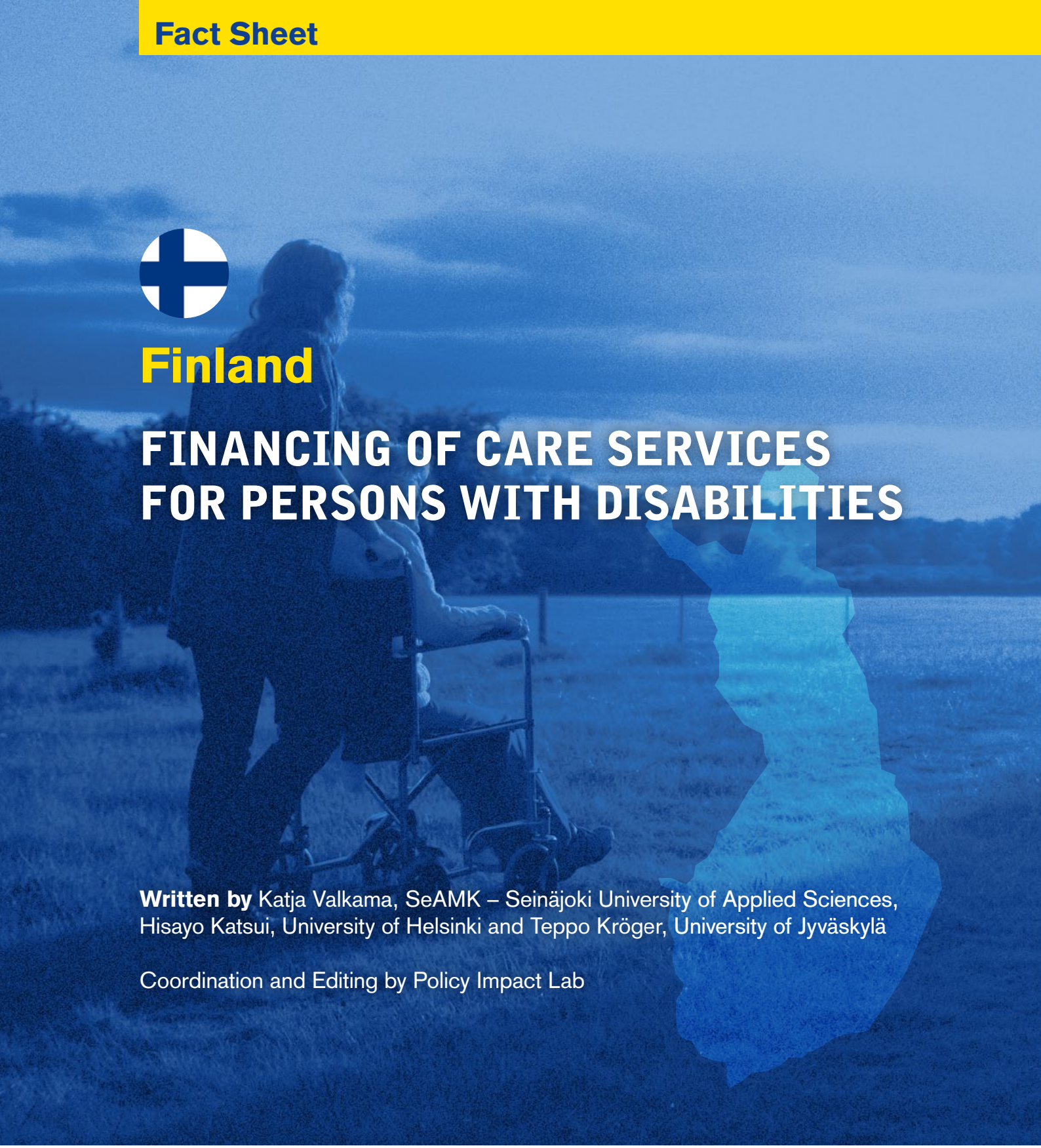
Fact Sheet



Finland

FINANCING OF CARE SERVICES FOR PERSONS WITH DISABILITIES

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Executive Summary

The services for people with disabilities are publicly funded in Finland. Municipalities (N=311) are obligated to provide these services according to different pieces of legislation. Municipalities budget and finance their activities with collected municipal taxes and with state grants that are allocated to municipalities from the national budget. The amount of state grants depends on different aspects of the municipality's population. The municipalities have the obligations to fulfil various needs of the population. The majority of services for the people with disabilities are free of charge for the users.

Municipalities can choose the way the services are provided; they can provide the services themselves, purchase them from a joint municipal authority or other municipalities, or purchase them through public procurement from private service providers including the third sector. Some municipalities have introduced service vouchers enabling the service user to choose a service provider from a municipally accepted list. Some municipalities are experimenting personal budget modality at the time of drafting this factsheet in late 2020. It is yet difficult to predict how the experiments will advance. However, also these experiments follow the same funding model: the municipalities cover the costs of services provided with service vouchers or (the still very rare) personal budget experiments, being supported by state grants. Thus they do not bring anything radical new to the funding model of disability services in Finland.

This means that all disability services in Finland are funded in an almost identical way and no comparison can be made between different funding models and their outcomes for disabled people, their families or the staff of disability services. Some services are provided directly by the municipalities themselves, some are outsourced to non-profit or for-profit providers, some are purchased by users with service vouchers provided by the municipalities and in very rare cases with personal budget experiments. However all services are actually funded the same way: by the municipalities that are supported by state grants.

There is no firm evidence available concerning the differences in quality of services from non-profit, for-profit or public providers nor in working conditions of care workers between these sectors. Service vouchers and personal budgets have been launched in order to provide more choice to service users but whether this has had any outcome on access or quality of services or on working conditions is not known.Wage level in the private sector is usually slightly lower than in the public sector, though, as there are separate collective agreements for the public and the private care sector. No research has been conducted concerning the connections between how the services are provided (as in-house services, outsourced services, through service vouchers or personal budgets) and the quality of disability services or access to services or working conditions of care workers in Finland. Neither could the interviewees point out such connections or differences.

Main findings:

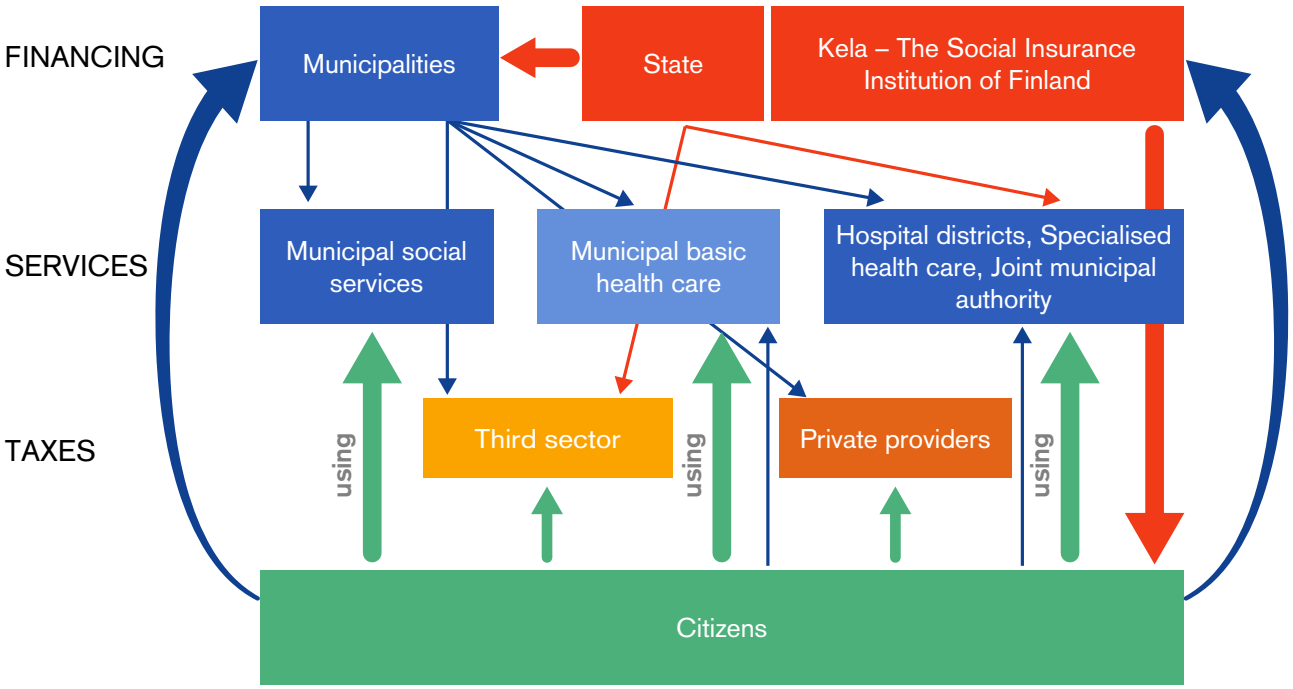
- ★ disability services are organised through local municipalities in Finland;
- ★ these services are funded by municipal taxation, central grants and some limited user fees;
- ★ since the 1990s for-profit providers have emerged, complementing municipal in-house provision and non-profit providers that have traditionally had an important role in the Finnish social care system;
- ★ a large part of municipal disability services are currently outsourced through public procurement to for-profit providers but these are still funded by the same model as in-house provision: by municipal taxation supported by central grants and sometimes limited user fees;
- ★ service vouchers and some limited experiments with personal budgets have been developed recently in Finnish disability services in order to increase choice for users and, sometimes, to cut down the costs of services, but even these services follow the same funding model: they are funded by municipal taxation, supported by central grants and some limited user fees;
- ★ in Finland, there is no research available on the connections between, on the one hand, the different provision models of disability services (municipal in-house provision, outsourcing of municipal services to for-profit or non-profit providers, service vouchers or personal budgets) and, on the other hand, access to disability services, quality of disability services or working conditions of staff of disability services;
- ★ nor is such knowledge available from other sources or interviews.

Introduction

Disability services are part of social services in Finland, provided by municipalities and partly funded by grants from central government. The municipalities and the state both have the right to collect taxes and these funds are then divided between the municipalities and the state according to legislation regulating state subsidies (see Figure 1). The Act on Planning and Central Government Transfers of Social and Health Care 733/1992 regulates how central resources are allocated for municipal social and health care. The aim with this renewal of legislation was to give more autonomy to municipalities and discretion to decide how they use their funds and provide their services.

The state subsidiary system is nowadays regulated by the Act on Changing the State Subsidiary for Basic Services 676/2014. Social and health care are defined to be a part of basic services that every municipality is obligated to provide. The amount of state grant is calculated according to the circumstances and population in the municipality. The criteria affecting the amount include demography, morbidity, population density, unemployment rate, language structure, insularity and educational background. Supplementary state subsidies can be received related to conditions including remoteness, self-sufficiency on workplaces and Sami population. In this renewed (2014) system the emphasis is on the age structure and morbidity.[1]

FIGURE 1 | Financing of social and health care in Finland.



Source: authors

1 Kuntaliitto (2020c) Valtionosuusjärjestelmä.

Service provision for people with disabilities in Finland

The principles of Finnish policy concerning people with disabilities are equal rights, participation and provision of necessary services and support. When general social and health care services prove insufficient, special ones are arranged for persons with disabilities - such as services concerning housing, institutional care, assistive devices, transport, personal assistants and interpretation. The aim is to support the functional capacity of people with disabilities and their individual autonomy.[2]

The Ministry of Social Affairs and Health is responsible for promoting the welfare and health of people with disabilities, developing social and health services and income security. Disability services are stipulated in the following Acts:

- ★ the Constitution of Finland 731/1999
- ★ the Social Welfare Act 1301/2014
- ★ the Disability Services Act 380/1987
- ★ the Act on Intellectual Disabilities 519/1977
- ★ the Sign Language Act 359/2015
- ★ the Social Welfare Act 1301/2014
- ★ the Local Government Act 410/2015
- ★ the Act on the Status and Rights of Social Welfare Clients 812/2000
- ★ the Act on Client Charges in Healthcare and Social Welfare 734/1992
- ★ the Act on Support for Informal Care 937/2005
- ★ the Act Regulating Private Services in Social Care 922/2011
- ★ the Non-Discrimination Act 1325/2014
- ★ the Act on Changing the State Subsidiary for Basic Services 676/2014
- ★ the Act on Public Procurement 1397/2016
- ★ Act on Qualification Requirements for Social Welfare Professionals 272/2005
- ★ Act on Health Care Professionals 559/1994
- ★ the Convention on the Rights of Persons with Disabilities

The Government decides the national budget, and the Ministry of Finance is responsible for administrating the national budget allocation including the statutory central grants to the municipalities (in 2020 25,46 % of expenditures of municipal services).[3] The Finnish Institute for Health and Welfare (THL)[4] plays the role of expert on disability services and maintains a website about available disability services.[5] Municipalities have the obligation to provide social[6] and health care for their residents. The municipalities use their own tax income, the central grants and user fees to cover the costs of their social and health care services. The municipalities can arrange the services themselves, purchase them from a joint municipal authority (seen as municipal service provision) or outsource services to the third sector or for-profit providers. The share of private providers is growing (including both non-profit and for-profit provision). Figure 2 presents, as an example, the shares of the municipal services and services purchased from other public providers and private providers within housing services, assisted housing and institutional care for people with disabilities in 2017.[7]

2 STM (2020c). Vammaispalvelut ja tukitoimet.

3 Act on Central Government Transfers to Local Government for Basic Public Services (2009/1704) and Government Decree on Central Government Transfers to Local Government for Basic Public Services

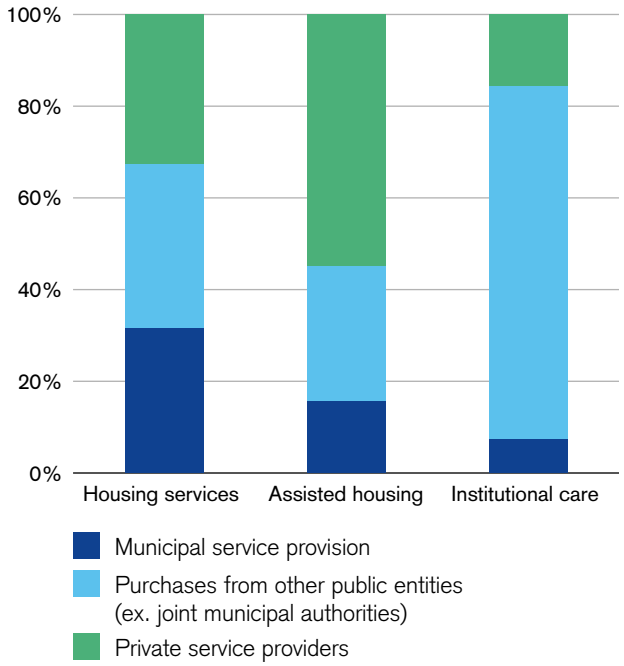
4 https://thl.fi/fi/web/vammaispalvelujen-kasikirja

5 Interview with Anne-Mari Raassina, Ministerial Adviser at the Ministry for Social Affairs and Health.

6 Social services include: social work; emergency social services; home services; informal care support; housing services; institutional care; family care; rehabilitation; services for children and families; services for the elderlyand for the disabled; and substance abuse services.

7 Lith, P. (2018). Palveluasumisessa miljardien markkinat.

FIGURE 2 | The shares of public and private providers in housing services, assisted housing and institutional care of PWD in Finland in 2017



Source: Lith 2018

The National Supervision Authority for Welfare and Health (Valvira) supervises Finnish social welfare and it cooperates with six regional administrative agencies that supervise the social care in their own regions. All six Regional State Administrative Agency (AVI) directs and supervises all disability services in their jurisdiction both municipal and private social welfare services. The agency can provide guidance in cases of serious shortcomings or deficiencies in the availability or quality of the services, or if a service user is treated inappropriately.

Arranging and financing services on municipal level

The legislation obliges municipalities to provide adequate social and health care services to their residents. If mainstream services are not adequate to meet the needs of a disabled person, the municipalities have the obligation to provide services according to specialised legislation; the Disability Services Act 380/1987 and lastly according to the Act on Intellectual Disabilities 519/1977.

The Disability Services Act 380/1987 stipulates that the services for persons with disabilities are planned according to the needs of the population. The municipal authority must assess the need of the services and budget accordingly. When the municipality draws up the budget for services for people with disabilities, following information is collected

- ★ the number of people with disabilities that require services according to the special legislation, and the needed services. This information is documented in exsisting user and service plans as well as administrative decisions made during previous years conserning services
- ★ estimation of possible changes for the coming year

The municipality must set up appropriations for compulsory tasks (as defined by law). It is unlawful to have the appropriations clearly undersized or not meeting a known need.[8] In its decision-making, the municipality cannot argue that there are not enough means reserved for these subjective rights. If the budget runs out in the middle of the budget year, the budget must be amended. Such special services and support measures subject to the specific obligation to organize for severely disabled people include transport services, service housing, daytime activities, personal assistance, apartment modifications and equipment and equipment belonging to the dwelling. A person with intellectual disabilities has a subjective right for a special maintenance program.[9] In addition to municipalities, Kela, insurance companies and the user can pay for the services.

8 THL (2020a). Palvelujen järjestämisvastuu.

9 THL (2020a). Palvelujen järjestämisvastuu.

TABLE 1 | Financing of services related to the ability to function

2018	State	Municipalities	Employers	Citizens	Sum
Disability services	224 M€	526 M€			751 M€
Institutional and 24/7 housing	224 M€	661 M€			886 M€
Home care	21 M€	62 M€			83 M€
Support for informal care	19 M€	55 M€			74 M€
Support for employment	28 M€	83 M€			111 M€
Rehabilitation	429 M€		29 M€	106 M€	547 M€
Other	115 M€	185 M€			300 M€
TOTAL:	1 061 M€	1 572 M€	29 M€	106 M€	2 751 M€

Source: THL 2020c N.B. User fees for home care and institutional care and 24/7 housing are here included in the shares of the municipalities.

All services according to the Act on Intellectual Disabilities 519/1977 are free of charge to the person (including day activities). The Intellectual Disability Act 519/1977 starts from the fact that municipalities are responsible for organising services. Finland is divided into 15 special care districts for the organisation of special care for people with intellectual disabilities. In addition, Kårkulla is the joint municipal authority for providing these services for the Swedish-speaking minority.

Finland has dismantled most of its institutional social care. Therefore, persons with disabilities typically live in the community, except for persons with severe intellectual disabilities. Persons with severe intellectual disabilities and multiple disabilities, as well as older persons with disabilities, are among the groups most likely to live in institutions.[10] Long-term institutional care is care in an institution lasting longer than three months. Institutional care is free of charge for people with intellectual disabilities. For other persons' the fee is calculated according to the person's ability to pay. The charge cannot exceed 85 % of the person's monthly income. Also, a minimum of 90 € per month must be left for personal use. If the person has lived with a partner prior to long-term institutional care, the charge cannot exceed 42,5 % of their aggregated income. (Act on Client Charges in Healthcare Services and Social Welfare 734/1992.)

Short-term institutional care is mainly provided in hospitals and health care centres. The fee for short term institutional care cannot exceed 48,90 €/day. The upper limit for charges per calendar year is 683 €. After this limit has been reached, the charge for short term institutional care is maximum 22,5 € per day. If short-term institutional care is provided for a carer's holiday, then the fee cannot exceed 9,90 € per day.[11]

Public procurement

A municipality or joint municipal authority have since 1993 been free to outsource disability services under its responsibility. Services for persons with disabilities have been procured in Finland since 2007 when the Act on Public Contracts was first approved. The Act stipulated that the municipality had to procure all social and health care services that it did not provide itself or in a joint municipal authority. In practice, it meant that municipalities were supposed to start procuring the services for disabled people regarding housing, care and transport, in the case that the municipality did not provide them itself. In many cases procument has led the outsourcing to focus primarily on price and less on quality but exact information on the outcomes of this change is not available. This piece of legislation has now been repealed by the Act on Public Procurement and Concession Contracts 1397/2016.

10 Tuokkola, K. & Katsui, H. (2018). From institutions to community living: drivers and barriers of deinstitutionalization. Case study report: Finland 2018. FRANET contractor: Institute for Human Rights, Åbo Akademi University.

11 Kuntaliitto (2020a). Asiakasmaksut.

In 2017, a public initiative for removing the services for persons with disabilities from the procurement act was published. In the spring of 2018, this citizens' initiative on stopping the competitive tendering of the necessary help and support of persons with disabilities was submitted to the Parliament. At the end of the discussions on the initiative, the Parliament required the Government to appoint an expert group to examine the need for revisions in social and health care as well as in procurement legislation and guidance in order to develop the competitive tendering in the social and health care sector (EK 46/2018 vp).

Before the Act on Public Procurement the municipality could choose a service provider of their choice. In the beginning the procurement focused on the cheapest price, not so much on the quality. With the renewed legislation and stronger guidance from the state, there is more emphasis on quality and service-users. Just focusing on the cheapest price may favour large multinational companies. For smaller businesses lowering the price is not an option due to staffing cost and unwillingness of lowering the quality. There is a risk that some service providers might start cutting staffing costs to be able to cut costs and get more profit.[12]

Services must be tendered according to the Procurement Act if their expected value is at least 400,000 €. The procurement notice is prepared and published in Hilma Public procurement platform. Every service provider meeting the demands of the legislation regulating the service in question and the requirements of the municipality can put an offer.[13] The public procurement has according to interviews with the service providers lead to situations where the price has a significant role in municipalities decision making. This has led to difficulties to find how to lower the price in labour intense business without losing the quality. This may lead to innovations and new solutions, but it may also lead to less competition when large multinational companies are able to cut costs and buy out smaller businesses.[14]

A wide selection of services is meant to ensure that the correct service to meet the needs of every user is available. Services that are free of charge to the user remain so despite who provides the services. The municipality pays for the service. There have been some pilots of alternative solutions which might enhance more freedom of choice especially in relation to the on-going SOTE reform, that is, the reform on administrative structure for health and social services. The SOTE reform is scheduled to be implemented into practice in 2023, moving the responsibility for social and health care from the municipalities to the regional level.[15] These alternative solutions include service vouchers and personal budgets.

Service voucher

Service voucher is a relatively new alternative for publicly funded care services in Finland. Service vouchers were experimented 1995–1997 in children's day care and support for informal carer. The experiment resulted to no apparent possibilities to cut costs.[16] After this experiment the Government had to continue to enhance service voucher due to changes in the public procurement. All services outsourced by the municipality had to be procured. The legislation has enabled the use of service vouchers for certain municipal services since 2004. Local authorities can decide whether or not they use vouchers and in what services.

It is up to the municipality whether they wish to provide vouchers to some user groups or not. Municipalities also decide which services are covered by vouchers. The municipality accepts private service providers whose services can be paid for by the user with a service voucher issued by the municipality. The municipality can either accept all service providers that meet the approval criteria or limit the number of service providers. The services of the private service provider must be at least equivalent to the level of municipal services. Only for-profit and non-profit private producers can produce services for the voucher users. The municipality still always finances

12 Vice CEO of a private service provider. Interviewed on 14th October 2020.

13 Ibid.

14 Vice CEO of a private service provider. Interviewed on 14th October 2020.

15 Interview with Anne-Mari Raassina, Ministerial Adviser at the Ministry for Social Affairs and Health.

16 Yliaska, V. (2014). Tehokkuuden toiveuni. Uuuden julkisjohtamisen historia Suomessa 1970-luvulta 1990-luvulle. Helsinki: Into kustannus. pp. 486–7

the voucher partly or fully.[17] If the user does not wish to use the service voucher, the municipality must direct him/her to other services.[18] The voucher must cover the costs entirely for those services that are free of charge. Different from some other free choice models in Europe, for example of Germany and Sweden[19] [20]. There is no information available whether the use of vouchers has had some impact on access to services on on their quality.

The difference between service voucher and procurement

The purpose of the service voucher is to increase the user's choice and improve the availability of services. In the service voucher system, the parties who make a service agreement, are the service provider and the service user. In the service voucher system, therefore, the municipality does not make a contract with the service voucher provider. For example, in a situation where the service does not correspond to what was agreed or the user is otherwise dissatisfied, the user must make a complaint to the service provider. This does not remove the municipality's obligation to supervise the activities of service providers in the supplier register. The user enters a contract with the service provider of their choice after the municipality has decided on the service voucher for the user. The contract shall comply with the terms of the service voucher rule book. Adequate safeguarding of the user's position is therefore a key task of the rule booklets. The advantage of a tendered procurement is that the contract for the procurement is concluded between the municipality and the service provider. In this case, the municipality ensures, for example, that an appropriate complaint is made to the service provider regarding an error in the service.[21]

Personal budget

The first experiment in personal budgeting in the Finnish disability services was made in 2010-2013 by two non-governmental associations (the Finnish Association of Intellectual and Developmental Disabilities and the Service Foundation for People with Intellectual Disabilities). The experiment was conducted successfully in two municipal districts with 15-20 people with intellectual and/or physical disabilities, and 30–40 members of staff in the disability services. More experiments and pilots have been carried out since. A three-year pilot project (1.6.2016–31.5.2019) developed and piloted the PB model as a part of practical work with clients in 20 municipalities in Finland in co-operation with three Universities of Applied Sciences, different companies and communities.[22] This experiment was implemented in preparation of the Finnish act on freedom of choice (that is, customer choice), which was to be a part of the large reform of regional government, health and social care services that however was cancelled in spring 2019 when Prime Minister Juha Sipilä's government resigned. The plan was to carry out pilot projects on freedom of choice in compliance with related legislation before the actual implementation of the act. Some 15 million € had been earmarked for the implementation of the personal budget pilot projects.[23]

The next phase with the new government started in 8 January 2020 and it will end 31 December 2021. The Ministry of Health and Social Affairs gave 2.9 M € to subsidies for nine regional projects developing personal budgeting. The deadline for project proposals ended in 25.5.2020. The pilot projects were chosen in September 2020 and the work will continue with sessions organised by the state. The next working session will be 28-29 October 2020. The information about the projects will be updated to the THL's website about disability services.[24]

17 Kuntaliitto (2020b). Sosiaali- ja terveydenhuollon järjestäminen.

18 STM (2020a). Palveluseteli.

19 Eichler, M. & Pfau-Effinger, B. (2009) The "consumer principle" in the care of elderly people – Free choice and actual choice in the German welfare state, Social Policy and Administration 43, 6, pp. 617–633.

20 Erlandsson, S., Storm P., Stranz A., Szebehely M. & Trydegård G. (2013). Marketising trends in Swedish eldercare: competition, choice and calls for stricter regulation. In: Meagher, G. & Szebehely, M. (eds.). Marketization in Nordic Eldercare: A Research Report on Legislation, Oversight, Extent and Consequences (s. 23—84). Stockholm Studies in Social Work 30. Stockholm: Stockholm University.

21 Vuorenkoski, L. (2009) „Vouchers in social and health care - follow up 2". Health Policy Monitor.

22 Eriksson, S. (2014). Personal budgeting in municipal disability services. The first experiment in Finland. The Finnish association on intellectual and developmental disabilities. Center of research and development.

23 Kettunen A., Pehkonen-Elmi T., (2019). Feasibility of economic evaluation of personal budgets in Finland and preliminary evaluation plan. In: Diak Puheenvuoro, Diakonia-ammattikorkeakoulu.

24 THL (2020e). Vammaisten henkilöiden henkilökohtaisen budjetoinnin kokeiluhanke.

Personnel

There were about 385,500 employees in the social welfare and health care sector at the end of 2014. About a quarter of them were employed in private health and social services and non-governmental organizations. National Supervisory Authority for Welfare and Health (Valvira) grants the right to practice as a health care or social welfare professional as well as supervises them and medical facilities both in the private and public sectors. The salaries are regulated with collective agreements on terms of employment. There are separate agreements for public sector and private sector as well as for different positions. The components of pay are job-based pay i.e. basic pay, person-based pay, working time compensations and goal-sharing plan.

The job-based pay in municipal sector is determined by the collective agreement for each sector. It is based on an assessment of the demands of work. The person-based pay is determined by work experience, individual competence and work performance. Depending on the agreement sector, the job-based pay component is 66–83% and increments for length of service 6–13% of total pay. Working time compensations are 9–25% of total pay and goal-sharing plan 0.2% of pay. In the municipal sector the basic pay starts from 1,770 € per month for assistive tasks and from 2,017 € per month for practical nurses. Person-based pay component is added to this. The pay start on the private sector for assistive tasks from 1,738 € per month and starts from 1,989 € per month for practical nurse.[25]

The service provider representatives argue in the interviews that the working conditions of the staff in all services are according to the legislation, the working hours and resting periods are followed, and the salaries are according to the agreements in some cases even higher. Risks are assessed and required tools and safety processed are offered and followed. Wellbeing at work is maintained with occupational health care services and free time activities are supported financially.[26] [27] A study was made among the members of The Finnish Union of Practical Nurses, SuPer. Some 721 practical nurses working in disability services answered the inquiry. Half of the respondents worked in public sector and the other half in private. The majority (86 %) of the respondents worked in housing alternatives for people with disabilities. Over 80 % of the respondents felt that the work has become more stressing in the recent years. The respondents felt that there have been many things that decrease the working conditions: the ageing of the users and their increasing needs, cutting back the assistive personnel, hiring untrained personnel and increasing risk of violence from the customers and their families.[28] However, there in no evidence on whether these problems in working conditions are connected to different models to organise and fund the services.

Day Care

In Finland the term day care is not used when referring to disabled people. The word used is day activities which include day and work activities. Day and work activities and employment support activities form a package of services designed to promote the inclusion and employment opportunities of people with disabilities through social welfare. Even instead of day activities, the term used regularly in Finland, is activities that promote inclusion, which better reflects the purpose of these activities. Day activities are offered according to three pieces of legislation: The Disability Service Act, the Social Welfare Act and the Intellectual Disability Act.

A study was conducted in 2017 to analyse in more detail how resources are allocated in disability services in the six largest cities in Finland: Helsinki, Espoo, Vantaa, Turku, Tampere and Oulu. The data collected to this study concerned mainly the services provided according to the Act on Intellectual Disabilities 519/1977 and the Disability Services Act 380/1987. Table 2 below illustrates the cost of municipal provision and the share of day activities for people with intellectual disabilities. The costs of transportation from and to the person's home are also included in this statistic.

25 Local government employers (2020). Labour costs and the pay system.

26 Vice CEO of a service provider. Interviewed on 14th October 2020.

27 Anna Eskola and Hanna Ekman, Service managers, Rinnekoti. Interviewed on 12th October 2020.

28 SuPer (2020). Elämänläheistä ja antoisaa työtä väkivallan varjossa.

TABLE 2 | The expenses of day activities of people with intellectual disabilities for municipal provision in six largest cities 2017.

	Net expenses €	Cost for municipal provision €	Share (%) of municipal provision	Cost for transport €
Helsinki	20.2 MN	8.1 MN	40	1 487 715
Espoo	10.3 MN	4.0 MN	39,2	898 509
Vantaa	6.4 MN	3.3 MN	51,1	526 660
Turku	3.9 MN	2.0 MN	52,5	338 177
Tampere	6.9 MN	2.8 MN	40,7	429 980
Oulu	3.8 MN	3.3 MN	86,8	555 920

Source: Adapted from Lyly-Falk 2018.

As the service is free of charge for the service user, the service costs are paid by the municipality directly to the service provider. Vouchers can be used for day activities in some municipalities. The interviewed service providers had a handful service users who paid themselves for the day activities. They all are over retirement age and therefore the municipalities have no obligation to provide this service.

The introduction of service voucher aimed to increase more service providers, but when the free markets fail the municipalities must provide services themselves. Smaller places do not attract private for profit businesses to increase variation. According to Valvira's expert's expert (National Supervisory Authority for Welfare and Health), the quality of day activities is high, but more choice could be introduced. Sometimes one must take what is offered which is not needs-based as services should be. One interviewee with intellectual disabilities is satisfied with the provided day activities and praises its good quality. Before he received the service, he felt that the day was too long and lonely. The private providers do not have the information of people waiting to gain access to the services as this is not possible. Also, as the service is an obligation for the municipalities to provide to everyone of need, there should not be waiting lists inform Rinnekoti service provider. The expert from FAIDD (Finnish Association on Intellectual and Developmental Disabilities) also argues that there shouldn't be waiting lists in municipalities, but their sophisticated guess is that there are, but there is no data to prove.

The following changes are forthcoming in conjunction with the aforementioned SOTE reform to be implemented in 2023: an overall reform of the administrative structures of the whole social and health care service sector (moving the responsibility from the local to the regional level, which will also thoroughly transform the central grant system), changes in the disability legislation, including introduction of personal budgeting, and introduction of wider use of the service voucher.

Supported / Independent Living

The Finnish government has been making efforts towards deinstitutionalisation that is due to be finished by the end of year 2020. As the number of people in institutions decreases, the number of disabled people in community is increasing accordingly as seen in Table 4. When deinstitutionalized, in Finland persons with intellectual disabilities have three possible ways of living in communities. Assisted living in the community means that persons with intellectual disabilities receive support 24 hours a day. Guided living means that they get support 12 hours a day without night-time monitoring. Supported living means that they get support according to agreed number of hours, for instance a few times a week.

TABLE 3 | People with intellectual disabilities in different housing alternatives at the end of the year.

Year	2000	2005	2010	2013	2014	2015	2016	2017
Assisted	2 780	4 552	5 876	6 628	6 616	7 728	8 265	8 484
Guided	1 555	2 061	2 168	2 083	1 987	2 006	1 954	1 986
Supported	553	796	972	1 317	1 274	1 548	1 684	1 880
All	4 488	7 409	9 016	10 028	9 877	11 282	11 903	1 2350

Source: Katsui, Valkama and Kröger, 2019:3

The decrease of spending for institutions and a corresponding increase of expenditures for community living are observable clear trends (Table 5). In 2016 the resources spent in assisted living were over five times those spent in institutional care.

TABLE 4 | Expenditures for institutional care and assisted living for disabled people[29 30 31 32]

	2012	2013	2014	2015	2016
Institutional care	€ 168 M	€ 164 M	€ 157 M	€ 153 M	€ 135 M
24/7 assisted living	-	-	-	€ 666 M	€ 698 M
Total	-	-	-	€ 819 M	€ 833 M

Source: Katsui, Valkama and Kröger, 2019:5

When it comes to cost of services and financial support provided pursuant to the Act on Disability Services, that are central to independent living of persons with disabilities in communities, there is similarly observable clear trend of increase (Table 6).

TABLE 5 | Total costs of services and financial support for services and assistance for persons with disabilities[33]

	2013	2014	2015	2016	2017
Total costs	513 M €	563 M €	619 M €	644 M €	659 M €

Source: https://www.disability-europe.net/country/finland Country report on Living independently and being included in the community - Finland

Esa Peltonen, a person with an intellectual disability, says he is satisfied with his independent living in community in general. The person pays a normal rent, but the municipality covers for all the services need to support independent living. There are national quality recommendations that are followed. Also, in public procurement the municipalities may even list additional quality related requirements. These might include the training of the staff, the equipment of the housing alternative. There are also strict requirements from the fire and safety departments as well as the health inspection. So, the quality of services is quite high in general. There is still a lot of variation between municipalities and the type of choices they can offer. Sometimes the choices are very limited, and the services cannot be called needs based.[34]

29 THL/SVT Tilastoraportti/FOS Statistikrapport/OSD Statistical Report 4/2014.

30 Tilastoraportti/FOS Statistikrapport/OSD Statistical Report 2/2016.

31 THL/SVT Tilastoraportti/FOS Statistikrapport/OSD Statistical Report 5/2015.

32 TilastoraporttiSVT: 13/2018. THL/SVT.

33 SOTKAnet.

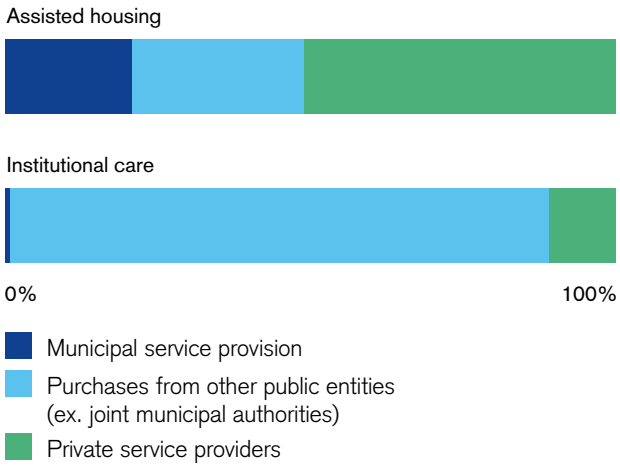
34 Sari Vuorilampi, Senior Officer, Valvira, National Supervisory Authority for Welfare and Health. Interviewed on 21st August 2020

There are requirements of the training of the staff, the salaries are regulated with labour legislation and minimum wages are followed, although the salaries are not very high. The working environments are regulated, and safety issues are controlled. However, in care services there is a heightened risk for violence.[35]

Long-term Institutional Care

Deinstitutionalisation of care for people with intellectual disabilities has progressed in Finland during the 21st century. There were 3,699 persons with intellectual disabilities in institutions in 1995. The number of persons in assisted housing has increased on average 7 % every year at the same time as the number of persons in institutional care has decreased by 8 %. 631 persons with intellectual disabilities lived in institutions in 2018. Of these 631 persons 521 lived there long term (over 90 days per year). The majority of the institutional care is provided by public authorities, but private providers provide over half of assisted housing (Figure 3). Institutional care for people with intellectual disabilities is free of charge and the municipalities cover the cost.[36]

FIGURE 3 | The share of people living in assisted housing and institutions according to service producers in Finland in 2018



Source: THL 2019

Remaining long-term institutional care is provided mainly for people with severe intellectual disabilities and/or multiple disabilities. The services are publicly funded from the social care budgets of the municipalities. Every municipality is required to follow the wellbeing of their population and the service needs of each person. The needs of the people are collected from and with the people and in in the negotiations between the municipality and the joint municipal authority all needs of the different individuals are discusses. The municipalities also assess further or changing needs and in case the needs of service provision changes there might be extra charges that the municipalities are obligated to cover.

Private service providers have the possibility to provide institutional care, but they need to register and apply for permission to provide such services. All services are free of charge for a person with intellectual disability. Somatic institutional care is provided by hospital districts that are a joint municipal authority. A payment per each day is charged 20-50 € per day from the resident. Social welfare will cover the cost if the resident does not have money to do so. The services have been free of charge since the Act on Intellectual Disabilities 519/1977 came into effect. The ongoing reform of the social and health care sector and the renewal of the disability legislation aim to abolish institutional care and change the funding system of all social and health care services. The aim is to abolish institutions altogether, so the access is decreasing.

Respite Care

Respite care is called short-term care in Finland. Short term care refers to a service arranged to facilitate, cope and support the care responsibilities of the family of a disabled person. Short-term care can be arranged as special care based on the Intellectual Disabilities Act 519/1977 or as another service necessary to achieve the purpose of the Act on Disability Services 380/1987. It is also possible to arrange short-term care based on the Social Welfare Act 1301/2014. No law mentions short-term care as a service of its own, but it is a form of service that meets individual needs and fulfils the purpose of the act and meets its objectives. The way in which short-term care is carried out should be chosen in such a way that it responds in the best possible way to the individual needs of the person and their family.[37] Short-term care is a flexible service that often complements other services. Short-term care can be arranged, for example, during the weekend or on school mornings and after school in the afternoon. There is also often a need for temporary care

35 Ibid.

36 THL 2019.

37 THL (2020). Lyhytaikainen huolenpito.

during school holidays.[38] The municipality can carry out short-term care, for example, as family care, during short periods in separate premises of a group home or, for example, so that the carer comes to the family home. The Act on the Status and Rights of Social Welfare Clients 812/2000 and the Social Welfare Act 1301/2014 require that the customer's own needs and wishes and their interests be considered. The interviewed service providers provided some short-term care for children.

Short-term care arranged as a special care can be charged for maintenance costs, but not for the care or care itself. If short-term care is arranged for the free-time care of informal care allowance, a fee may be paid. The Act on Support for Informal Care 937/2005 and related free days have its own provisions on support for informal care. A daily fee may be charged for the freeway related to support for informal care in accordance with the Act on Client Charges in Healthcare and Social Welfare 734/1992. It should not be confused with short-term care as a disability service. Short-term care provided under the Disability Services Act 380/1987 is otherwise free of charge, but it is possible to charge a fee for meals.

Interviews

- ★ Sari Vuorilampi, Senior Officer, National Supervisory Authority for Welfare and Health (social welfare services for people with intellectual disabilities, supervision of social care, disability services), Interview on 21st August 2020.
- ★ Esa Peltonen, a person with an intellectual disability and a service user. Interview on 1st October 2020.
- ★ Anne-Mari Raassina, Ministerial advisor, Ministry for Social Affairs and Health. Interview on 5th October 2020.
- ★ Anna Eskola and Hanna Ekman, Service managers. Interview on 12th October 2020.
- ★ Anonymous person with an intellectual disability and a service user. Interview on 6th October 2020.
- ★ Anonymous member of staff in a municipal supported living. Interview on 6th October 2020.
- ★ Anonymous Vice CEO of a private service provider. Interview on 14th October 2020.

38 Ibid.

References

AVI http://www.avi.fi/en/web/avi-en/sosiaalipalvelujen-ohajus-ja-valvonta

Eichler, M. & Pfau-Effinger, B. (2009) The “consumer principle” in the care of elderly people – Free choice and actual choice in the German welfare state, Social Policy and Administration 43, 6, pp. 617–633.

Eriksson, S. (2014). Personal budgeting in municipal disability services. The first experiment in Finland. The Finnish association on intellectual and developmental disabilities. Center of research and development. Available in 11.9.2020: https://www.kehitysvammaliitto.fi/wp-content/uploads/personal-budgeting-in-municipal-disability-services.pdf

Erlandsson, S., Storm P., Stranz A., Szebehely M. & Trydegård G. (2013). Marketising trends in Swedish eldercare: competition, choice and calls for stricter regulation. In: Meagher, G. & Szebehely, M. (eds.). Marketization in Nordic Eldercare: A Research Report on Legislation, Oversight, Extent and Consequences (s. 23–84). Stockholm Studies in Social Work 30. Stockholm: Stockholm University.

FM (2019). Finland’s initial report on the implementation of the convention on the rights of persons with disabilities. Available 04.10.2020 in: https://um.fi/documents/35732/0/CRPD+initial+report+Finland.pdf/959fa430-9e7e-9fe0-76d1-c435f47181ea?t=1565948791606

Government Proposal 116/2006. Available 04.10.2020 in: https://www.edilex.fi/he/20060166

Karsio, O. & Anttonen, A. (2013). Marketization of eldercare in Finland: legal frames, outsourcing practices and the rapid growth of for-profit services. In: Meagher, Gabrielle & Zebehely, Marta (eds.). Marketization in Nordic eldercare: a research report on legislation, oversight, extent and consequences. Stockholm Studies in Social Work 30, Stockholm University.

Katsui, H., Valkama, K., and Kröger, T. (2019) Country report on living independently and being included in the community: Finland. ANED. Brussels. Available at https://www.disability-europe.net/downloads/1018-year-4-2018-19-policy-theme-il

Kehitysvammaliitto (2012). Työ- ja päivätoiminta syrjäyttää vammaisia nuoria. Available 04.10.2020 in:

https://www.kehitysvammaliitto.fi/tyo-ja-paivatoiminta-syrjayttaa-vammaisia-nuoria/

Kettunen A., Pehkonen-Elmi T., (2019). Feasibility of economic evaluation of personal budgets in Finland and preliminary evaluation plan. In: Diak Puheenvuoro, Diakonia-ammattikorkeakoulu. Available 11.9.2020 in: http://urn.fi/URN:ISBN:978-952-493-336-0

Kuntaliitto (2020a). Asiakasmaksut. Available 17.9.2020 in: https://www.kuntaliitto.fi/sosiaali-ja-terveysasiat/sosiaali-ja-terveydenhuollon-asiakasmaksut

Kuntaliitto (2020b). Sosiaali- ja terveydenhuollon järjestäminen. Available 17.9.2020 in:

https://www.kuntaliitto.fi/sosiaali-ja-terveydenhuollon-jarjestaminen-2020

Kuntaliitto (2020c) Valtionosuusjärjestelmä. Available 17.9.2020 in:

https://www.kuntaliitto.fi/talous/valtionosuudet/valtionosuusjarjestelma

Lehti, S. (2018). Procurement of disability services that take the client into account – Perspectives on theapplication of procurement legislation. National Institute for Health and Welfare (THL). Directions 8/2018. 30 pages. Helsinki, Finland 2018. Available 04.10.2029 in: https://www.julkari.fi/bitstream/handle/10024/136628/THL_Ohjaus_8-2018_saavutettava_net_.pdf?sequence=1&isAllowed=y

Lith, P. (2018). Palveluasumisessa miljardien markkinat. Available 30.9.2020 in

https://www.stat.fi/tietotrendit/artikkelit/2018/palveluasumisessa-miljardien-markkinat/

Local government employers (2020). Labour costs and the pay system. Available 30.9.2020 in: https://www.kt.fi/en/municipal-sector-and-personnel/labour-costs-and-the-pay-system

Lyly-Falk, A. (2018). Kuuden suurimman kaupungin vammaisten palvelujen ja kustannusten vertailu vuonna 2017. Kuusikko-työryhmän julkiasusarja 1/2018. Available 04.10.2020 in:

https://www.hel.fi/hel2/tietokeskus/julkaisut/pdf/18_05_17_Vammaisten_palvelujen_raportti_2017.pdf

Pelto-Huikko, A., Kaakinen, J. & Ohtonen, J. (2008). Kehitysvammaisten laitoshoidon hajauttamisen seurantaraportti. ” Saattaen muutettava”. Sosiaali- ja terveysministeriön selvityksiä 2008: 29. Available 22.08.2020 in:

https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/74136/Selv200829.pdf?sequence=1

Sotkanet. Vammaisten työ- ja päivätoiminnan piirissä asiakkaita 31.12., kunnan kustantamat palvelut. https://sotkanet.fi/sotkanet/fi/taulukko/?indicator=sw4sBAA=&region=s07MBAA=&year=sy6rsjbS0zUEAA==&gender=t&abs=f&color=f&buildVersion=3.0-SNAPSHOT&buildTimestamp=201911131146

STM (2005). Palveluseteli. Käyttöopas kotipalveluun. Available 22.9.2020 in

https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/73948/STM%20julk%200501%20verkko.pdf?sequence=1

STM (2020a). Palveluseteli. Available 11.9.2020 in: https://stm.fi/palveluseteli

STM (2020b). Sosiaali- ja terveyspalvelut. Available 11.9.2020 in: https://stm.fi/sotepalvelut

STM (2020c). Vammaispalvelut ja tukitoimet. Available 11.9.2020 in: https://stm.fi/vammaispalvelut-tukitoimet

THL (2020a). Palvelujen järjestämisvastuu. Available 04.10.2020 in: https://thl.fi/fi/web/vammaispalvelujen-kasikirja/johtaminen-valvonta-ja-tilastot/palvelujen-jarjestamisvastuu

THL (2020b). Palvelutarpeenarviointi. Available 4.10.2020 in:

https://thl.fi/fi/web/vammaispalvelujen-kasikirja/asiakasprosessi/palvelutarpeen-arviointi

THL (2020c). Sosiaaliturvan menot ja rahoitus 2018. Tilastoraportti 10/2020. Available 11.9.2020 in:

http://www.julkari.fi/bitstream/handle/10024/139744/Tr10_20.pdf?sequence=6&isAllowed=y

THL (2020d). Vammaispalvelujen järjestäminen ja hankinta. Available in 04.10.2020 in: https://thl.fi/fi/web/vammaispalvelujen-kasikirja/johtaminen-valvonta-ja-tilastot/vammaispalvelujen-hankinta

THL (2020e). Vammaisten henkilöiden henkilökohtaisen budjetoinnin kokeiluhanke. Available in 11.9.2020 in: https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/vammaisten-henkiloiden-henkilokohtaisen-budjetoinnin-kokeiluhanke

THL (2019). Kotihoito ja sosiaalihuollon laitos ja asumispalvelut. Tilastoraportti 41/2019.

https://www.julkari.fi/bitstream/handle/10024/138808/Tr41_19.pdf?sequence=5&isAllowed=y

Tuokkola, K. & Katsui, H. (2018). From institutions to community living: drivers and barriers of deinstitutionalization. Case study report: Finland 2018. FRANET contractor: Institute for Human Rights, Åbo Akademi University. Available 15.9.2020 in:

https://helda.helsinki.fi/bitstream/handle/10138/279383/finland_independent_living_case_study_report_en.pdf?sequence=1

Vuorenkoski, L. (2009) “Vouchers in social and health care - follow up 2”. Health Policy Monitor. Available at http://www.hpm.org/survey/fi/a13/1

Yliaska, V. (2014). Tehokkuuden toiveuni. Uuden julkisjohtamisen historia Suomessa 1970-luvulta 1990-luvulle. Helsinki: Into kustannus.

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