



04/11/2014

RAP/RCha/FIN/10(2015)

EUROPEAN SOCIAL CHARTER

10th National Report on the implementation
of the European Social Charter

submitted by

THE GOVERNMENT OF FINLAND

- Follow up to Collective Complaints 70/2011 and 71/2011
- Complementary information on Articles 12§4, 23 (Conclusions 2013)

Report registered by the Secretariat on
4 November 2014

CYCLE 2015

TENTH PERIODOC REPORT

**ON THE IMPLEMENTATION OF
THE REVISED EUROPEAN SOSIAL
CHARTER**

SUBMITTED BY THE GOVERNMENT OF FINLAND

OCTOBER 2014

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

In accordance with the Secretariat for the European Social Charter's request by a letter of 5 June 2014 to report, under the new reporting procedure adopted by the decision of the Committee of Ministers on 2 April 2014, on the follow-up of two cases No. 70/2011 and 71/2011 which concern Finland and were handled in accordance with the collective complaint procedure as well as on the implementation of Articles 12 § 4 and 23 concerning health, social security and social protection.

In accordance with the Article C of the Revised European Social Charter and article 23 of the European Social Charter, copies of this official report in English 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).

Contents:

Article 12 - Right to Social Security	4
Paragraph 4 - Social security of persons moving between States	
Equality of treatment and retention of accrued benefits (Article 12 § 4)	
Right to equal treatment	4
Right to retain accrued benefits	5
Right to maintenance of accruing rights (Article 12 § 4 b)	5
Conclusion	6
Article 23 - Right of the elderly to social protection	
Legislative framework	6
Adequate resources	9
Prevention of elder abuse	10
Services and facilities	11
Health care	13
Institutional care	13
Act on Services for Older Persons	13
A National Development Programme for the Support of Informal Care	14
Structural Policy Programme	16
Client fees	17
Appendice	18

The European Committee of Social Rights issued its report on 4 December 2012 on two collective complaints lodged against Finland. In both cases the complainant was the Central Association of Carers in Finland. According to its reports, the European Committee of Social Rights deems that Finland has violated Article 23 of the revised European Social Charter (the right of elderly persons to social protection) with regard to arranging informal care and determining service housing fees.

In its conclusions on account of Finland's 8th periodic report in respect of Articles 12 § 4 and 23 of the European Social Charter, the European Committee of Social Rights deemed that the situation in Finland is not in conformity with the provisions of the European Social Charter on the specific grounds stated in the conclusions.

Article 12 - Right to Social Security

Paragraph 4 - Social security of persons moving between States

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

Right to equal treatment

Finland has not negotiated any bilateral agreements with States Parties that are not EU or EEA members. The report indicates that third country nationals coming to Finland from other Nordic countries (or EU/EEA countries) benefit from equal treatment. However, the report is silent on the situation of third country nationals coming from outside these afore-mentioned countries. The Committee, therefore, concludes that the situation is not in conformity with Article 12 § 4 of the Charter on the ground that equal treatment in matters of social security entitlement is not guaranteed between Finnish nationals and nationals of all the other States Parties.

According to Article 12 § 4, any child resident in a country is entitled to those benefits on the same basis as the citizens of the country concerned. Whoever the beneficiary may be under the social security scheme – the worker or the child – the States Parties are obliged to guarantee, through unilateral measures, the effective payment of family benefits to all children resident on their territory. In other words, the requirement for the child concerned to reside on the territory of the State concerned is compatible with Article 12 § 4 and with its Appendix. However, as not all the countries apply such a system, the States, which impose a child residence requirement, are under an obligation, in order to secure equal treatment within the meaning of Article 12 § 4, to conclude within a reasonable period of time bilateral or multilateral agreements with those States which apply a different entitlement principle. **Given that no such agreements exist with non EU/EEA countries, the Committee concludes that equal treatment is not guaranteed with regard to access to family allowances in respect of nationals of all other States Parties.**

All persons residing in Finland irrespective of nationality are treated equally in regard to social security rights, including family benefits.

As regards residence-based benefits, the idea of universality prevails as the basic principle. It is characteristic of the residence-based system that the benefits are not dependent on

nationality, or on the socio-economic status of the person concerned or his/her status as a family member of an employed person, but rather the scheme is built on the premise that the system provides an even and fair social security coverage to all persons resident in the country.

All children resident in Finland are entitled to child allowance and child home care allowance on the same basis regardless of nationality.

As of 1 January 2014 equal treatment is guaranteed to third-country workers coming to Finland from outside the EU/EEA countries. This includes entitlement to family benefits when the child accompanies the worker in Finland. National social security legislation was amended to implement Directive 2011/98/EU on a single application procedure for a single permit for third-country nationals to reside and work in the territory of a Member State and on a common set of rights for third-country workers legally residing in a Member State (*Single Permit Directive*).

Consequently, nationals of non-EU States Parties to the 1961 Charter and the revised Charter enjoy equal treatment with respect to social security rights, including family benefits when they are resident or in employment in Finland.

Right to retain accrued benefits

The Committee recalls that in order to ensure the exportability of benefits, States may choose between bilateral agreements or any other means such as unilateral, legislative or administrative measures. The report states that work-related benefits are exportable outside the EU/EEA states, but fails to indicate the means ensuring this exportability. The Committee, therefore, concludes that the situation is not in conformity with Article 12 § 4 of the Charter on the ground that it has not been established that the retention of accrued benefits is guaranteed for nationals of all other States Parties.

Finnish legislation guarantees the retention of accrued benefits related to work. The legislation on earnings-related pensions does not limit payment on the basis of nationality or residence. Thus pensions are exported to all countries irrespective of the nationality of the recipient. Exportation is stipulated in Chapter 8, Section 112 of the Employees Pensions Act (395/2006). According to the said Section, pension may also be paid to the pension recipient's account abroad. In a similar way the accrued benefits from the employment accident insurance scheme are exported to all workers irrespective of nationality wherever the worker chooses to reside once entitlement is established. The legislation on employment accident insurance and occupational diseases insurance does not restrict the payment of benefits to beneficiaries residing abroad.

Consequently, nationals of non-EU States Parties to the 1961 Charter and the revised Charter maintain the retention of accrued benefits.

Right to maintenance of accruing rights (Article 12 § 4 b)

Given the silence of the report, the Committee concludes that the situation is not in conformity with Article 12 § 4 of the Charter on the ground that the right to maintenance of accruing rights is not guaranteed for nationals of all other states parties.

According to Article 12 § 4 b of the Charter, the Parties undertake to take steps, by the conclusion of appropriate bilateral and multilateral agreements or by other means, and subject to the conditions laid down in such agreements, in order to ensure the granting, maintenance and resumption of social security rights by such means as the accumulation of insurance or employment periods completed under the legislation of each of the Parties.

The employment pensions scheme and the employment accident insurance scheme do not require a minimum insurance period. Thus the accumulation of insurance periods in terms of pensions and accident insurance is not relevant, except for qualifying for a part-time employment pension.

Periods of insurance have significance only in some very specific cases as regards social security rights of the Finnish social security system. Such is for instance the case with the requirement of fulfilment of an insurance period of at least 180 days prior to the date of birth of the child in order to be entitled to maternity, paternity or paternal allowance.

The aggregation of periods is agreed in bilateral agreements. Finland intends to continue concluding bilateral agreements on social security. However, priority is given to countries where there is considerable mutual mobility of persons in order to secure their social security rights (Appendice 1).

Conclusion

Finland allows for the maintenance of accrued rights for pensions and accident insurance. Limits to exportability of other social security benefits, such as family allowances, affect Finnish and other States Party nationals alike when they move outside EU/EEA countries and are no longer resident in Finland. Finland continues to conclude bilateral agreements on social security, prioritizing negotiations with countries where there is notable mutual mobility of persons.

It is worth noting that concluding bilateral social security agreements has an element of ensuring social security rights to persons moving between the contracting parties, it does not aim to encourage free movement of persons as within the European Union. There is a difference in purpose between the revised Social Charter and the EU legislation.

Article 23 - Right of the elderly to social protection

Legislative framework

In its previous conclusion (Conclusions 2009) the Committee considered that the interplay of the main anti-discrimination provisions laid down in the Constitution, the Non-Discrimination Act and the Penal Code, prohibited age-discrimination on a sufficiently wide variety of grounds outside employment, namely education and the provision of services. It nevertheless recalled that the prohibition of discrimination based on age should be progressively expanded to include the areas of social security, health care and goods. The Committee notes that the report does not provide information on this. Therefore, the

Committee concludes that it has not been established that there is an adequate legal framework prohibiting discrimination on grounds of age.

Age-discrimination is expressly forbidden in Finland both by virtue of Section 6 of the Constitution of Finland (731/1999) (*No one shall, without an acceptable reason, be treated differently from other persons on the ground of sex, age, origin, language, religion, conviction, opinion, health, disability or other reason that concerns his or her person*) and by virtue of Section 6 of the Non-Discrimination Act (21/2004) (*Nobody may be discriminated against on the basis of age, ethnic or national origin, nationality, language, religion, belief, opinion, health, disability, sexual orientation or other personal characteristics*).

Any discrimination, direct or indirect, on the basis of age is widely prohibited in Finland. Section 6, paragraph 2, of the Constitution of Finland expressly prohibits discrimination on the basis of age. This prohibition applies to exercise of all public functions, including in the spheres of social security, health care and other provision of goods and services by the public authorities. This provision is also considered to be of interpretational value in relations between private parties (e.g. private companies and individuals). Furthermore the criminalization of discrimination in chapter 11, section 11 of the Penal code *applies inter alia* to the exercise of public functions, industrial and commercial activities and the exercise of professions. Thus the scope of application of this provision covers all public and private activities e.g. in the above mentioned areas of social security, health care and provision of goods and services. Chapter 47, section 3 of the Penal Code criminalizes discrimination on the grounds of e.g. age in employment, including by both public and private employers.

Prohibitions of discrimination have also been laid down in several acts that cover specific areas such as social security, health care and consumer protection. Thus Chapter 2, Sections 1 and 2 of the Consumer Protection Act (38/1978) prohibit discriminatory marketing to consumers. Section 3 of the Act on the Status and Rights of Patients (785/1992) provides that every person who is permanently resident in Finland is entitled to health and medical care without discrimination. Section 4 of the Act on the Status and Rights of Recipients of Social Welfare (812/2000) provides that the recipients of social welfare are to be treated without discrimination.

As regards the on-going reform of the equal treatment legislation the Government would like to provide the Committee the following information. The Government proposal for new equal treatment legislation was passed to the Parliament on 3 April 2014. The proposal includes a proposition for a completely renewed Equal Treatment Act (*yhdenvertaisuuslaki*). The proposed Act has a very broad scope of application: it would be applicable to all public and private activities, the only exceptions being activities that take place in the realm of private and family life as well as the practice of religion. The Act would expressly prohibit discrimination on a number of grounds, including age. A person whose right to equal treatment has been breached would have the right to compensation. A new authority, the Equal Treatment Ombudsman, would be established with a view to overseeing compliance with the new Act (including with regard to the prohibition of age discrimination). In the area of employment compliance with the Act would however be overseen by the industrial safety authorities.

The objective of the new act is to provide more comprehensive protection against discrimination. People would have equal protection against discrimination irrespective of

whether discrimination is based on ethnic origin, age, nationality, language, religion, belief, opinion, health, disability, sexual orientation or other personal characteristic.

The Act on the Status and Rights of Patients (785/1992) and the Act on the Status and Rights of Social Welfare Clients (812/2000) also stipulate that patients and social welfare clients have the right to high-quality social welfare and health care services without any discrimination. Furthermore, the Health Care Act includes a provision (Section 10) on universal access to services, according to which local authorities and joint municipal authorities for hospital districts shall ensure that services are available and universally accessible in their area to the residents that they are responsible for providing services.

The objective of the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons (980/2012, hereinafter the "Act on Services for Older Persons") is to ensure that local authorities are responsible for supporting the wellbeing, health, functional capacity and independent living of the older population and for securing the social and health care services needed by older persons in the municipality. The Act states that services must be provided so as to be available to the older population in the municipality on an equal basis.

*The Committee asked whether there exist safeguards to prevent the arbitrary deprivation of autonomous decision-making by elderly persons. It notes from the report that in 2010, the Ministry of Social Affairs and Health set up a working group to consider "the right to self-determination of social welfare and health care clients". The preliminary proposals of the working group deal, in particular, with the issue of the use of restrictive measures in the voluntary care of persons with memory disorders, brain damage or intellectual disabilities. **The Committee would like to receive more information about the follow-up of the working group's proposals, in particular whether any new legislation was adopted and how it prevents abuse of the autonomous decision-making by elderly persons. In this respect, the Committee refers to its statement of interpretation in the General Introduction.***

The objective of the Act on Services for Older Persons, which entered into force on 1 July 2013, is to strengthen the older persons' opportunities to influence the content and way of provision of the social and health care services provided for them, and to contribute to deciding on the choices regarding them.

The Act states that a service plan must be drafted for an older person after his or her service needs have been investigated. The drafting of a plan must include a discussion on options with the older person to ensure a comprehensive set of services, and the views of the older person on those options must be recorded in the plan.

The working group set up to consider the right to self-determination of social welfare and health care clients issued its report on 4 April 2014. The working group's report, which was drafted in the form of a government proposal, includes a proposal for an act on the strengthening of the right to self-determination of social welfare clients and patients and on the prerequisites for the use of restrictive measures (Act on the Right to Self-Determination) and for other related acts. A government proposal drafted on the basis of the working group's report was submitted to the Parliament on 27 August 2014. The acts are intended to enter into force on 1 November 2014.

The proposal suggests that a new act be enacted which would stipulate on the strengthening of the right to self-determination of social welfare clients and patients and on the prerequisites for the use of restrictive measures (Act on the Right to Self-Determination). The proposed act would also provide for the monitoring of the use of restrictive measures as well as for legal remedies.

The objective of the new act is to strengthen the right to self-determination of clients and patients and to reduce the use of restrictive measures in social welfare and health care. Even in situations where the use of restrictive measures would be necessary for implementing social welfare and health care and allowed as an ultimate measure by law, a proportionate measure which is the most lenient one with regard to the situation should always be selected.

Service providers should strengthen the implementation of the right to self-determination in respect of the services they provide. The new Act on the Right to Self-Determination would also include provisions on the assessment of the client's or patient's capacity for self-determination and on relevant individual planning. An individual plan should be drafted for a client or patient at the latest when his or her capacity for self-determination has been established as reduced as referred to in the Act. This plan should be attached to the plan drafted under the Act on the Status and Rights of Patients and the Act on the Status and Rights of Social Welfare Clients.

It is envisaged that the assessment of the capacity for self-determination and the drafting of the relevant plan would partly take place in accordance with the current measures that are provided for in social welfare and health care legislation or implemented in practice. Most of the clients within the scope of restrictive measures are clients for services arranged under special legislation. The planning and implementation of services for nearly all persons with memory disorders are performed under the Act on Services for Older Persons. Additional funding was allocated in connection with the Act on Services to Older Persons to a more in-depth investigation of service needs, covering also the assessment of functional capacity related to the capacity for self-determination, as well as to investigating the service needs arising from a reduced capacity for self-determination.

The Act on the Right to Self-Determination would also lay down general prerequisites for the use of restrictive measures, such as the requirements of necessity and proportionality and respect for human dignity. The Act would also stipulate on specific conditions for each measure and include provisions concerning a procedure to be applied when making a decision on restrictive measures or other solutions.

Adequate resources

*The poverty threshold in Finland, defined as 50% and 40% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value, was estimated to be at respectively €909 and €728 per month in 2011. The Committee considers that the guarantee pension when combined with all relevant supplements will possibly meet the threshold. **The Committee asks to be kept informed of all developments in the situation.***

The full amount of the guarantee pension is **€743.38 per month in 2014.**

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.

The Committee further notes from Eurostat that in 2011, 1% of persons aged 65 and over received income falling below 40% of median equivalised income (compared to 0.7% in 2010 and 0.8% in 2007). The Committee nevertheless asks the Government what measures are taken to address the situation of this group.

According to national statistics, the number of elderly persons in receipt of social assistance has been stable during the past years, indicating an adequate level of primary benefits and other means of livelihood.

Age	Year				
	2000	2005	2010	2011	2012
65-74 Persons	10422	9246	8113	8727	8745
% of age group	2.4	1.8	1.6	1.6	1.5 %
75- Persons	6595	5974	5701	5695	5383
% of age group	1.9	1.5	1.3	1.3	1.2 %
Sum 65+ Persons	17017	15220	13814	14422	14128
% of all recipients	1.97	4.03	3.68	3.88	3.81 %

Source: Income support 2012. Official statistics of Finland, Social Security. Statistical report 1/2014

Prevention of elder abuse

The Committee notes from the report that in 2008, the Ministry of Social Affairs and Health issued "Recommendations for the prevention of interpersonal and domestic violence. Recognise, protect and act. How to guide and lead local and regional activities in social and health care services", addressed to the local and regional organisations responsible for municipal social and health care services. The municipal inspection boards will assess the implementation of these recommendations.

The Committee asks for more information about Government's actions in this area, in particular whether and how the Government evaluates the extent of the problem, and if any legislative or other measures have been taken or are envisaged in this area.

In Finland the Government works for the prevention of all kinds of violence. The Ministry of Social Affairs and Health is engaged in preventive work against interpersonal and domestic violence. Following the guide "Recognise, protect and act" published in 2008, the Ministry has drafted other instructions and guides to advise the authorities and other actors in recognising and helping victims of violence. The guides also cover violence experienced by older persons.

The National Institute for Health and Welfare plays a significant role within the administrative field of the Ministry of Social Affairs and Health through coordinating and implementing government programmes. For example, the institute carried out a study on the frequency of violence among older persons in Finland in 2010 in connection with the Daphne project funded by the EU. The institute has also published a guide called “Let’s talk about violence”, which is intended for all actors, including those in the field of elder care (http://www.stm.fi/c/document_library/get_file?folderId=40879&name=DLFE-10512.pdf).

During the past few years significant effort has been taken to recognise abuse and violence experienced by older persons. For example, the Action Plan to Reduce Violence against Women (2010-2015) adopted by the Ministry of Social Affairs and Health addresses all women regardless of their age, without forgetting men who may also be in need for help. The action plan is coordinated by the National Institute for Health and Welfare.

The National Council for Crime Prevention, established in the Ministry of Justice, has published a guide on senior safety and security which advises older persons on how to protect themselves against crimes. It also tells them how to act if they nevertheless end up a victim of crime (http://www.rikoksentorjuntaneuvosto.fi/material/attachments/rtn/rtn/julkaisut/seniorien_turvaopas/6CezfnUMM/Turvaopas_senioreille_painettu_opas.pdf).

Both regional state administrative agencies and the National Supervisory Authority for Welfare and Health monitor the conditions at elder care institutions as well as the competence of personnel in addressing potential problems arising at the institutions.

Finland’s Slot Machine Association provides funding for different projects of various organisations. For example, Suvanto – For A Safe Old Age, an association focusing on the safety of senior citizens, is currently implementing a project called Root 2013–2017 with the Oulu Association of Mother and Child Homes and Shelters. The project aims at embedding the work against abuse of older persons and interpersonal violence in everyday practices. An objective of the project is to increase the awareness of employees and general public of violence against older persons, affect their attitudes and provide means for helping. The project includes organising an information campaign and conference for increasing awareness and facilitating the recognition and addressing of abuse and violence experienced by older persons.

Services and facilities

The Committee previously asked to be updated on any evaluation on the effectiveness of the system of individual service needs assessment for persons over 80 years of age. The report does not provide relevant information in this regards. **The Committee reiterates its question.**

In 2006 provisions were added to the Social Welfare Act (710/1982) on the right to have access to service needs assessment. According to Section 40 of the Act, the need for social services must be assessed without delay in urgent cases. In other cases the municipality is responsible for providing persons aged 75 years or over access to an assessment of the need for social services at the latest on the seventh weekday from the date when the authority of the municipality responsible for social services was contacted in order to obtain services. At

first the right mentioned in the provision was applied to persons aged 80 years or older but the age limit was reduced at the beginning of 2009.

In 2010 the service needs assessment laid down in the Social Welfare Act was performed on nearly every tenth person aged 75 years or older. Approximately two thirds of them received more or new services as a result of the assessment.

Section 15 of the Act on Services for Older Persons, which entered into force on 1 July 2013, stipulates that the service needs have to be investigated, and at the same time the older person's functional capacity must be examined comprehensively using reliable assessment tools.

The National Institute for Health and Welfare has been mandated by the Ministry of Social Affairs and Health to monitor the implementation of the Act on Services for Older Persons. As part of the monitoring task, the institute carried out a survey on the situation in municipalities in spring 2013 before the act entered into force. At that time 58% of the municipalities that responded to the survey stated that in urgent cases an older person had always been admitted to the service needs assessment on the same or at least on the following workday, while in 42% of the municipalities this had been possible in most cases. In non-urgent cases older persons had always been admitted to the service needs assessment at the latest within seven workdays in approximately half of the municipalities that responded to the survey, while in 40% of the municipalities this had been possible in most cases. The first survey after the Act on Services for Older Persons entered into force will be carried out in autumn 2014.

So far no comprehensive studies have been carried out on the effectiveness of service needs assessments and investigations. Instead, a few studies are available on home visits which are intended to promote the wellbeing of older persons. The purpose of visits is to assess the older person's wellbeing, health and functional capacity in a comprehensive manner. According to a survey carried out in municipalities in 2008 by the National Institute for Health and Welfare (Openings 6/2009), nearly all municipalities that responded to the survey stated that home visits included a service needs assessment. Furthermore, the municipalities that performed home visits considered that the effectiveness of service needs assessment was manifested in the benefits from home visits, i.e. the older persons received information about services, services could be provided in a timely manner and the municipalities received information about future service needs for planning.

*On 4 December 2012, the Committee decided on the merits of the **Complaints Nos. 70/2011 and 71/2011** "The Central Association of Carers in Finland v. Finland" and found violations of Article 23 on the grounds that:*

- *the legislation allows practices leading to a part of the elderly population being denied access to informal care allowances or other alternative support (Complaint 70/2011);*
- *insufficient regulation of fees for service housing and service housing with 24-hour assistance combined with the fact that the demand for these services exceeds supply, does not meet the requirements of Article 23 of the Charter insofar as these:*
 - *Create legal uncertainties to elderly persons in need of care due to diverse and complex fee policies. While municipalities may adjust the fees, there are no effective safeguards to assure that effective access to services is guaranteed to every elderly person in need of services necessitated by their condition.*

- *Constitute an obstacle to the right to the provision of information about services and facilities available for elderly persons and their opportunities to make use of them as guaranteed by Article 23 of the Charter (Complaint 71/2011).*

Given that these decisions were adopted outside the reference period, their follow-up cannot be carried out in this Conclusion. Consequently, the Committee asks the next report to provide full information on the implementation of legal and other relevant measures undertaken to remedy the shortcomings indicated.

The Committee would like to receive more detailed information and statistics in order to assess the housing situation of the elderly, in particular whether the housing provided is adequate to the particular needs the elderly, and whether the supply is sufficient.

Health care

The report states that the Draft Act on Supporting the Functional Capability of Ageing Population and on Social and Health Services for Older Persons was prepared by a steering group established by the Ministry of Social Affairs and Health. The Committee wishes to be informed about the legislative stage and the scope of this proposal.

The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons entered into force on 1 July 2013 and is currently being implemented.

Institutional care

In light of the Committee's decisions of 4 December 2012 on the merits of complaints "The Central Association of Carers in Finland v. Finland", Nos. 70/2011 and 71/2011 (see above), the Committee asks whether the supply of institutional facilities and alternative services for elderly persons is sufficient, whether the relevant cost of such facilities/services is affordable or assistance to the costs is available, and how the quality of such services is ensured.

Act on Services for Older Persons

The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons (the so-called Act on Services for Older Persons), which entered into force on 1 July 2013, imposes additional obligations on local authorities, for instance to ensure that older persons can make appropriate arrangements for their care. Under Section 6 of the Act on Services for Older Persons, the decision-making body responsible for social welfare in the municipality must annually evaluate the adequacy and quality of social welfare services needed by older persons in its area. Under Section 7 of this Act, local authorities must provide social services for their older population so that the

services in terms of content, quality and extent conform to what is required by the needs of the older population in the municipality.

Under Section 5 of the Act, local authorities must draw up a plan on measures to support the wellbeing, health, functional capacity and independent living of the older population as well as to organise and develop the services and informal care needed by older persons. The local authorities must take the plan into consideration, for example when preparing the budget. The local authorities must assign adequate resources for implementing the plan (Section 9).

Under the Act on Services for Older Persons, local authorities must provide advice services that support the wellbeing, health, functional capacity and independent living of the older population (Section 12). The purpose of this section is to ensure that an older person is adequately informed about the service options that are available.

An older person's need for services will be investigated comprehensively together with the older person and, as necessary, his or her family members or other persons close to him or her (Section 15). Social services are granted to a client based on an investigation of service needs (Section 18). The fees charged to the clients for the services are determined under the Act on client fees in social welfare and health care (734/1992). In case the fee would be unreasonable for the client, it may be reduced or waived.

Long-term care and attention for older persons must principally be provided in the older person's private home or other home-like place of residence (Section 14). The preliminary work on the Act on Services for Older Persons (Government Proposal 160/2012) notes that the primary method of providing long-term care and attention could for example be informal care support, if the older person has a family member or other person close to him or her who is willing and able to act as an informal carer.

In 2013, a total of 42,300 persons received informal care support. The number of those receiving support had increased by 4.2 year on year. In 2013, 67 per cent of persons receiving informal care support were aged 65 or over.

From 2013 on, an increase in central government transfers to local government has been included in the Budget to be allocated to developing support services for informal care in municipalities. This increase allows the municipalities to boost their informal care support services by some EUR 34 million in 2014.

A National Development Programme for the Support of Informal Care

A working group appointed by the Ministry of Social Affairs and Health completed a proposal for a National Development Programme for the Support of Informal Care in March 2014. One member and the secretary of the group represented the complainant, i.e. the Central Association of Carers in Finland.

The development programme outlines the strategic goals for the promotion of informal care and legislative and other development measures for 2014–2020. In total, the programme comprises 35 development measures, which various branches of administration, municipalities, NGOs and other actors would be responsible for implementing. The programme covers informal care based on an agreement (so-called contractual informal care) and other informal care.

For example, the working group proposed that the current Act on support for informal care (937/2005) should be replaced by a new act on contractual informal care in 2016. This Act would lay down provisions on criteria for informal care, including the binding and demanding need for care of the person cared for, national criteria for granting compensation to carers, the amounts of this compensation, and services that support contractual informal care. All informal carers meeting the criteria for granting the compensation would have a so-called subjective right to the compensation and to statutory leave. The working group outlined two alternative models for the administration and funding of the compensation paid to carers. According to the working group, informal care other than contractual care should be supported with discretionary services referred to in the Social Welfare Act.

The working group set the target at increasing the number of informal carers to some 60,000 by the year 2020.

The working group estimates that the additional (gross) expenditure incurred for implementing the development programme in its full extent would amount to some EUR 468 million a year in 2020. The working group stresses that by developing support for informal care, increases in expenditure on other forms of care may be curbed.

The implementation of the national informal care development programme is to be rolled out in phases during the current and the following government term. Programme implementation will be coordinated with other social and welfare sector reforms. Several major projects to reform social welfare and health care legislation are currently underway in Finland.

In March 2014, the Government made a decision on a reform of social welfare and health care, under which five regional parties will be responsible for the arrangement of social welfare and health care services. A key objective of this reform is guaranteeing equal services to all citizens regardless of their municipality of residence. The act on the arrangement of social welfare and health care services is to enter into force in 2015. In the context of the social welfare act overhaul, the plan is to also address the need for support experienced by social welfare clients' family members and friends. Government proposals on these reforms will be debated by the Parliament in late 2014. The act on the arrangement of social welfare and health care services and the new social welfare act are to enter into force in 2015. The social welfare and health care regions will start operating on 1 January 2017. Another project that is relevant to informal care support is a parliamentary report on the reform of the social welfare and health care funding system, which will continue until the end of this government term.

The opportune time for assessing the need for legislative reforms concerning informal care support and its administration and funding will be during the next government term (2015-), when these projects can be incorporated into the reform of the general legislation on the arrangement and funding of social welfare and health care.

On 23 May 2014, the Ministry of Social Affairs and Health organised a round table discussion for experts of informal care, at which the short and longer term implementation of the national informal care development programme was discussed. Participants at this discussion were the Minister of Health and Social Services Susanna Huovinen, a representative of the complainant, i.e. the Central Association of Carers in Finland, and representatives of other associations for informal cares, the disabled and older persons, the Ministry of Social Affairs and Health, supervisory authorities, the Social Insurance

Institution, the Association of Finnish Local and Regional Authorities, the National Institute for Health and Welfare, universities and political parties.

At the round table discussion, it was noted that the National Development Programme for the Support of Informal Care prepared by the working group contains many measures that the various informal care sector actors can launch during the current government term before any amendments to the Act on support for informal care enter into force. At the discussion, the participants agreed that key measures regarding informal care in the near future can be summed up in the following points:

1. Linking informal care to the on-going drafting of legislation
2. Safeguarding and organising the implementation of the national development programme for informal care. The Ministry of Social Affairs and Health and the National Institute for Health and Welfare will prepare an implementation plan for the programme. If necessary, the Ministry of Social Affairs and Health will appoint a steering group for programme implementation.
3. Improved monitoring of informal care, e.g. by developing indicators and influencing the development of electronic systems.
4. Drawing up an informal care guide and disseminating good practices.
5. Launching cross-administrative cooperation to develop informal care through measures carried out by various branches of administration, including the educational sector (e.g. focus on cooperation between informal carers and social welfare and health care professionals in the education and training of professionals).
6. Clarifying the role of NGOs in programme implementation under the coordination of the Central Association of Carers in Finland.

Structural Policy Programme

On 29 August 2013, the government agreed upon a structural policy programme to strengthen conditions for economic growth and bridge the sustainability gap in general government finances. The aim is to reform the structure of services so that an increasing share of older persons needing services will receive outpatient services, including home care and informal care support, while a smaller share than today will receive institutional care.

Statistics from 2012 indicate that of the population aged 75 or over, 90% live in their own homes, and of this group, 11.9% receive regular home care services. Of these, 4.5% are covered by informal care services, while some 6.1% are cared for in sheltered housing providing 24-hour assistance. Of the population aged 75 or over, 3.8% are in long-term institutional care either in old people's homes or health centre wards.

As part of structural policy programme implementation (Measure 24), the Ministry of Social Affairs and Health prepared in February 2014 an action plan for cutting back on institutional care for older persons and for extending services provided at home. These measures consist of legislative amendments, targeted guidance and supervision, monitoring, evaluation and communication. The measures of this programme include implementation of the National Development Programme for the Support of Informal Care and the reform of the Act on support for informal care in ways to be specified at a later date.

Client fees

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 has set up a working group to prepare proposals for the legislation concerning user charges for service housing and home services. The term of the working group has been extended to the end of October 2014 and its mandate has been extended to cover also fees for services given at home. A draft of the proposed act was circulated to municipalities for comments in July 2014. The relevant government bill will be debated in the Parliament later in the autumn.

APPENDICE 1:

	Number of citizens in Finland 2013	Moved to Finland 2013	Moved from Finland 2013
Albania	223	42	3
Andorra	No information available	0	0
Armenia	84	11	2
Azerbaijan	105	14	5
Bosnia and Herzegovina	1 632	67	6
Georgia	98	11	1
Moldova	112	20	0
Montenegro	15	0	0
Russia	30 757	2 901	335
Serbia	735	55	5
The former Yugoslav Republic of Macedonia	228	34	3
Turkey	4 398	603	87
Ukraine	2 715	363	32

Source: Statistics Finland