**The Special Rapporteur on the Rights of Persons with Disabilities**

**Questionnaire on the Provision of Support to Persons with Disabilities**

**Replies by the Government of Finland**

**21 October 2016**

**1. Please provide information on the following services that are available for persons with disabilities in your country, including data on their coverage, geographic distribution and delivery arrangements, funding and sustainability, challenges and shortcoming in their implementation:**

**a) Personal assistance;**

**b) In-home, residential and community support;**

**c) Support in decision-making, including peer support; and**

**d) Communication support, including support for augmentative and alternative communication.**

*Finnish social security in general*

Entitlement to the services and benefits of the social security system in Finland is universal for all people resident in the country. The system, which is funded primarily from taxation and employment-related contributions, provides comprehensive health care and social welfare for everyone at all stages of life.

However, Finland is facing challenges such as an ageing population, urbanization of the working population, increased demand for services, inequalities in health, welfare and access among different areas and groups as well as pressure on the sustainability of public finances. To tackle these challenges, Finland is in the process of reforming its whole social welfare and health care service structure. The reform tackles the regulation, organisation, production and funding of services. The objective of the reform is to guarantee equal access to integrated quality services everywhere in the country, narrow health disparities in health and welfare and also to manage costs.

*Special services for persons with disabilities*

In Finland the main principle is that services are provided to all citizens or residents on an equal basis. In addition, special services tailored to the needs of persons with disabilities are provided in accordance with the Act on Services and Support for the Disabled (380/1987) and the Special Care Act for Persons with Intellectual Disabilities (519/1977). According to these Acts, severely disabled persons have a subjective right to the following services: transportation services, service housing, daily activities, personal assistance and alterations and assistive devices in housing. In this connection a subjective right means that the municipality is obliged to provide the service as soon as the criteria set out in the legislation are fulfilled irrespectively of the financial situation of the municipality. The special legislation and services for disabled people aims to guarantee services for disabled people when services for all are not adequate.

The aim is to support the working and functional capacity of people with disabilities and their individual autonomy. Municipally organised services and support enable people with disabilities to cope with everyday life. A person’s municipality of residence is obliged to provide services to support independent living in the community and the functional capacity of the person and to evaluate the need for services and make a service plan for an individual person with disability.

Persons with severe disabilities who are in need of necessary and repeated assistance in their everyday life activities at home or outside the home are entitled to personal assistance. Personal assistance is a subjective right for persons with severe disability who due to long-term or progressing disability or illness, necessarily and repeatedly need assistance by another person in everyday activities (such as mobility, dressing up, caring for hygiene, clothing, food, cleaning, managing your personal affairs), work, education, hobbies, social participation and social interaction. The provision of personal assistance requires the capacity of the person him/herself to determine the need for help and the way to execute the assistance. Personal assistance must be granted to the extent required by the person’s needs. The extent must be evaluated in such a way that the assistance enables a person to live with human dignity. Personal assistance for hobbies, social participation and social interaction is provided for at least 30 hours per month (if less is not sufficient to secure the need of assistance in these functions).

There are three ways of providing personal assistance:

The Employer model, in which the severely disabled person is the employer of the assistant. Cost incurred through this employment relationship are compensated to the disabled employer by the municipality of residence; the Voucher model, in which the severely disabled person receives a voucher for acquiring necessary assistance services. The voucher is provided by the municipality of residence and it must be of a reasonable value; and the Assistance service, in which the municipality acquires assistance services for the severely disabled person. Service is acquired from private producers or organised by the municipality itself on its own or together with one or more municipalities.

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|  | **2009** | **2010** | **2011** | **2012** | **2013** | **2014** |
| Customers of personal assistance aged 0-17,  services funded by the municipality | 814 | 889 | 929 | 1041 | 1123 | 1203 |
| Customers of personal assistance aged 18-64, services funded by the municipality | 4713 | 6291 | 7742 | 9025 | 9884 | 11035 |
| Customers of personal assistance aged 65 and up, services funded by the municipality | 1071 | 1805 | 2633 | 3391 | 4210 | 5118 |
| Total | 6598 | 8985 | 11304 | 13457 | 15217 | 17356 |

Interpretation services are provided according to the Act on Interpretation Services for Persons with Disabilities (133/2010) for deafblind persons (min. 360 h/calendar year) and for deaf and persons with speech impediment (min. 180 h/calendar year). Interpretation is provided for work, studying, and general life, taking part in society, hobbies and entertainment.

*Social services*

As mentioned above, persons with disabilities mainly use the general health and social services. Access to social services is based on individual need. The Social Welfare Act aims to promote effective and equal access to services for all.

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

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

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

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

*Fees*

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

*Appeals*

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

*Housing*

According to a government resolution adopted on 8 November 2012, persons with intellectual disabilities have a right to housing similar to that of other municipal residents. Society must offer them the opportunity to live in individual housing, rather than in institutions or their childhood homes. This requires also that municipalities have individual services to replace institutional care. The housing programme for persons with intellectual disabilities (KEHAS) included the measures taken in 2010–2015 in order to achieve this goal. During the programme in the years 2010 - 2015 houses designed for about 3,400 persons with intellectual disabilities were built. The objective of the programme is that no person with intellectual disabilities will be living in institutions by 2020. There are approximately 40,000 persons with intellectual disabilities in Finland. At the end of 2014, about 1 120 people with intellectual disabilities lived in institutions for people with intellectual disabilities.

*Reform of legislation on services for persons with disabilities*

The Ministry of Social Affairs and Health is in the process of reforming its legislation on services for people with disabilities. The Disability Services Act and the Act on Special Care for People with Intellectual Disabilities will be integrated into a single act. The key principle of the reform is promoting the inclusion and equality of persons with disabilities and reinforcing decision-making genuinely based on the needs of a person with a disability. The aim of the reform is to maintain the current strong subjective rights that safeguard the implementation of fundamental rights and, secondly, to develop, among other things, personal assistance, training and support and short-term care.

Finland ratified the UN Convention on the Rights of Persons with Disabilities and the accompanying Optional Protocol on 11 May 2016. The Convention and the Protocol entered into force in Finland on 10 June 2016.

The ratification of the Convention required changes to legislation, most recently to the Special Care Act for Persons with Intellectual Disabilities (23.6.1977/519). Provisions relating to the strengthening of the right to self-determination, support for independent activity and a reduction in the use of restrictive measures were added to the Act. So were provisions relating to the conditions necessary for the use of restrictive measures and the procedure which is to be followed once the restrictive measures have ceased. Further additions concern the recording of and follow-up procedures for restrictive measures, obligations for reporting and notification of restrictive measures, official legal responsibility and liability for damages, and strengthened supervision by authorities. In addition, the Act’s provisions relating to involuntary special care were changed so as to conform to the requirements of the UN Convention on the Rights of Persons with Disabilities.

Since autumn 2016, preparations on a broader scale have continued in the Ministry of Social Affairs and Health for legislation on the strengthening of the right to self-determination for social welfare and health care clients and the conditions necessary for the limitation of this right. Different client and patient groups will be taken into consideration, including persons with mental disabilities. The aim is to present the bill to Parliament as soon as possible within the current government term (2015–2019). Preparations of the aforementioned legislation will include exploring the possibility of legislation on supported decision making in social welfare and health care. Supported decision making will also be taken into account in the reform of disability legislation.

*Statistics on services*

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| --- | --- | --- | --- | --- |
| Services for people with disabilities, clients 2011-2014 | **2011** | **2012** | **2013** | **2014** |
| Transportation services for people with severe disabilities | 97557 | 101221 | 102010 | 101911 |
| Personal assistance, services funded by the municipality | 11304 | 13457 | 15217 | 17356 |
| People entitled to interpreter services | 4873 | 5159 | 5313 | 5539 |
| Housing alterations, devices and facilities, clients in services funded by the municipality | 9655 | 9753 | 10322 | 10361 |
| Sheltered housing for people with severe disabilities | 4630 | 4844 | 5273 | 5390 |
| Sheltered and supported housing for people with disabilities, clients in services funded by the municipality, on 31 Dec | 2201 | 2293 | 2399 | 2564 |
| Group housing services for people with disabilities, no staff available at night, on 31 Dec. | 1982 | 1789 | 1532 | 1297 |
| Housing services for people with disabilities, with staff available also at night, clients in services funded by the municipality, on 31 Dec | 7062 | 7617 | 7709 | 8122 |
| Support for informal care, clients under 65 years, services funded by the municipality | 13397 | 13575 | 14047 | 14314 |
| Housing with 24-hour assistance for people with intellectual disabilities, clients om services on 31 Dec | 5881 | 6180 | 6628 | 6616 |
| Housing with 24-hour assistance for people with intellectual disabilities, long-term clients on 31 Dec | 6256 | 6595 | 7037 | 7145 |
| Family care for people with disabilities, on 31 Dec. | 1346 | 1244 | 1266 | 1295 |
| Measures to support employment for people with disabilities | 2109 | 1812 | 1809 | 1723 |
| Day and sheltered work centres for people with disabilities, services funded by the municipality | 15833 | 16607 | 17148 | 17550 |

**2. Please explain how persons with disabilities can access information about the existing services referred to in question one, including referral procedures, eligibility criteria and application requirements.**

Authorities are obliged to give guidance and information about services according to the Administrative Procedure Act (434/2003), the Social Welfare Act and the Act on the Status and Rights of the Social Welfare Clients (812/2000). According to the Act on the Status and Rights of the Social Welfare Clients, information about the services and different options in term of the arrangement of services should be given in such a way that a person is able to understand the content and the meaning of the information. When giving the information, the authorities are obliged to organise interpretation if necessary so that a client can understand the information.

The eHandbook on Disability Services is intended for people working in the field, for use in support of client work and decision-making. The purpose is to improve nationwide equality in services, to improve service quality and to promote a new approach to disability policy, ensuring persons with disabilities exercise their rights to self-determination and have more opportunities for participation. The eHandbook is also open for persons with disabilities themselves and their families and for disability and client organisations and is largely used by them. There are approximately 250 000 visits to the eHandbook a year.

Disability organisations (NGOs) have an important role in providing information and guidance on disability services and benefits. NGOs publish a guidebook about disability services and benefits every year.

**3. Please elaborate on how these services respond to the specific needs of persons with disabilities throughout their life cycle (infancy, childhood, adolescence, adulthood and older age) and how is service delivery ensured in the transition periods between life cycle stages.**

Services are provided according to the individual needs of the person with disabilities. A person’s municipality of residence is obliged to evaluate the need for services and make a service plan for each individual person with disability. There is no age limit for services but some services are specially targeted for children and young persons with disabilities. The Social Welfare Act contains a special provision which must be taken into consideration when providing services for children with special needs.

Services are planned together with the client and with the help of sufficient service planning it is possible to create a series of services which respond to the individual needs of a person with disabilities. Also the transition periods between different stages of the life cycle are to be taken into account when assessing the need for services and actually providing the services.

One example of how the Finnish legislation and benefit system takes account of the different stages of life is the disability allowance organised by the Social Insurance Institution of Finland (KELA). Children under 16 can be paid disability allowance if they have an illness or injury that creates a need for care and rehabilitation that lasts at least 6 months and imposes particular strain and requires a greater commitment than the care of non-disabled children of the same age. Disabled or chronically ill persons aged 16 years or over can be paid disability allowance if their ability to function remains diminished for at least a year and their illness or injury causes impairment and need of assistance. Disabled or chronically ill persons pensioners can be paid Care Allowance for Pensioners if their ability to function remains diminished for at least a year and their illness or injury causes impairment or need of assistance.

**4. Please provide information on the number of certified sign language interpreters and deafblind interpreters available in your country.**

The Social Insurance Institution of Finland (KELA) provides interpretation services for persons with disabilities nationwide. These services are meant for persons with hearing impairment, hearing and visual impairment or speaking impairment and who, because of this impairment, need interpretation to work, study after basic education, do errands, participate in society or for hobbies or recreation. Interpretation is free of charge for persons who fulfil the criteria set by the Act on the Interpretation Services for Persons with Disabilities.

According to the statistics by KELA there are 650 interpreters for hearing-impaired persons and 350 interpreters for deafblind persons that fulfil the standards set by KELA. Some of these interpreters work for both client groups.

Interpreters are educated by Humak University of Applied Sciences and Diaconia University of Applied Sciences. 30–40 interpreters graduate annually from Humak. 462 interpreters have graduated from Humak between 2000 and 2015. 272 sign language interpreters and 141 interpreters for deafblind and deaf persons have graduated from Diaconia University of Applied Sciences between 2001 and 2015.

Statistics Finland’s (Tilastokeskus) Register of Completed Education and Degrees has information about the total number of completed degrees as follows:

Sign Language Instruction, Vocational Qualification = 312

Diploma of Sign Language Interpreter = 121

Bachelor of Humanities (Polytechnic), Sign Language Interpreter= 532

If necessary, these total numbers can be disaggregated for example by age.

There is no authorisation or certification system for interpreters in Finland, but the interpreters provided by KELA have all passed the interpretation exam and must meet the standards set by KELA.

**5. Please provide information on the existence of any partnership between State institutions and private service providers (e.g., non-governmental organizations, for-profit service providers) for the provision of support to persons with disabilities.**

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

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

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

**6. Please describe to what extent and how are persons with disabilities and their representative organizations involved in the design, planning, implementation and evaluation of support services.**

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

People with disabilities in Finland mainly participate in policy- and decision-making in two ways: firstly, through the National Council on Disability (VANE), which function under the administration of the Ministry of Social Affairs and Health as the co-operative organ for authorities and disability organisations. Secondly, the Finnish Disability Forum (Vammaisfoorumi) is a cooperation body for nation-wide disability organisations with 32 member organisations and approximately 320.000 members. The Disability Forum issues statements on legislative proposals and participates in parliamentary hearings. The Forum has in addition been represented in governmental working groups preparing legislation on matters that are of central relevance to the disabled.

**7. Please provide any other relevant information and statistics (including surveys, censuses, administrative data, reports, and studies) related to the provision of support to persons with disabilities in your country.**

For statistics about social security benefits administered by the Social Insurance Institute and about the recipients of the benefits, please see The Pocket Statistics at <http://www.kela.fi/documents/10180/1677517/Pocket_Statistics_2015.pdf/868a8ee4-f76a-4639-88c0-6f0b5ef3b6cc?version=1.0>

The number of employed persons could be broken down according to Statistics Finland’s Classification of Occupations for example by mental handicap nurses, personal care workers, family carers, translators, interpreters and other linguists. More information of the classification and available occupations: <http://tilastokeskus.fi/meta/luokitukset/ammatti/001-2010/index_en.html>

Information about part-time special education, remedial teaching, and special needs assistance and interpretation services received by comprehensive school pupils having received intensified or special support, 2015: <http://tilastokeskus.fi/til/erop/2015/erop_2015_2016-06-13_tau_002_en.html>