

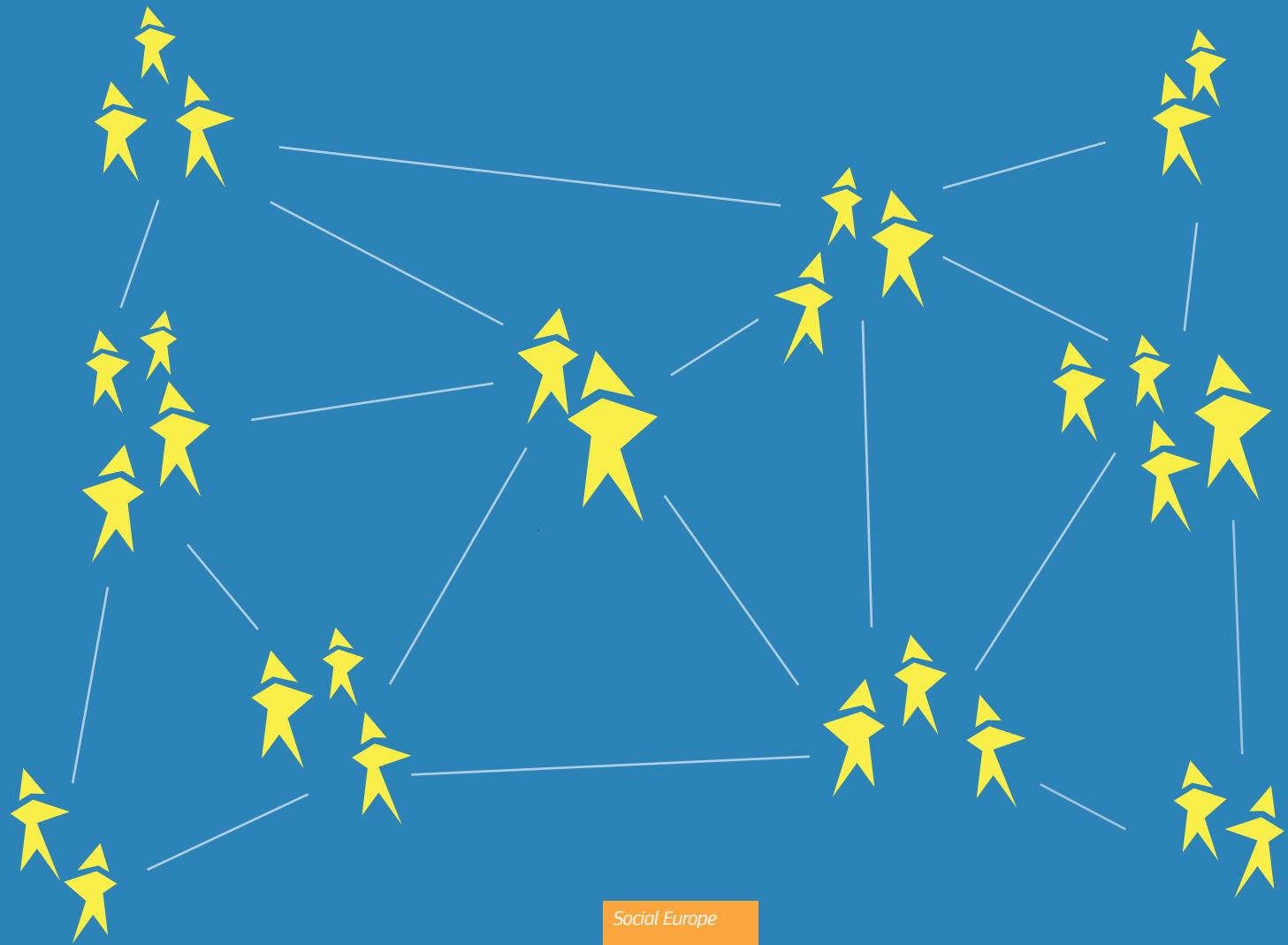


EUROPEAN SOCIAL POLICY NETWORK (ESPN)

Social protection for people with disabilities

Finland

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ESPN Thematic Report on Social protection for people with disabilities

Finland

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Summary

This report analyses a few important in-cash and in-kind social protection provisions available to adults (i.e. people aged 18 or above) with disabilities. There are other important provisions available to them in areas not covered in this report. In line with Article 1 of the UN Convention on the Rights of Persons with Disabilities (CRPD), “people with disabilities” are *“those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”*.

Finnish legislation declares that people with disabilities must not be discriminated against. A person with disability has the right to live a normal life: that is, study, work, and start a family. Finland is committed to the UN CRPD, and its constitution guarantees equal treatment for people with disabilities and their full participation in society. In order to achieve this grand target of full participation, the Finnish social security system offers several benefits, both in cash and in kind. As a rule, all non-contributory benefits are universally open to all legal residents of the country. The Social Insurance Institution of Finland is responsible for non-contributory disability pensions and other benefits such as disability allowances, rehabilitation allowances, housing allowances, rehabilitation services, reimbursement of the costs of medicines and travel, basic social assistance, and special equipment for people with disabilities. Employment-related pension institutions have their own contributory disability pension schemes and rehabilitation support programmes to evaluate and support the employment of people with disabilities.

Comparatively speaking, the Finnish income-transfer system works well in protecting people with disabilities against poverty and social exclusion; the at-risk-of-poverty or social exclusion rate is amongst the lowest in the EU. However, in Finland there is still a substantial difference between people with and without disabilities when poverty and social inclusion are concerned. Even though the social rights of people with disabilities are relatively strong in Finland, the complexity of the system may prevent them accessing their rights.

Municipal services are based on a personal service plan and cover assistive devices, personal assistants, transportation services, service accommodation, and institutional care. Most of these are defined as subjective rights. Although access to services and support is good, vague practical definitions of frequently used concepts such as “severe disability” or “reasonable costs” leave the definitions open to discretion, which results in unequal access to services. One way to fight unequal treatment is knowledge: the online handbook on disability services maintained by the Finnish Institute for Health and Welfare supports local social workers in their work and decision-making by collecting topical information and thus enhancing equal treatment of people with disabilities.

Additionally, assessments by medical doctors examining people with disabilities may differ from assessments by the medical doctors who specialise in social legislation (“insurance doctors”) and who give recommendations to social insurance institutions. There is an ongoing political debate over whether to abolish the insurance doctor system. The participation and self-determination of people with disabilities have increased. The plans to consolidate the different pieces of legislation on disability, as well as those for the new state-company Työkanava Ltd. (which will promote the employment of people with partial working capacity), will probably also improve the autonomy of people with disabilities.

The Finnish system of income transfer and services for people with disabilities is comprehensive. However, it is not always transparent. The income-support system consists of many separate transfer schemes that are paid on top of one another. The clients are not always aware which benefits they are entitled to. In addition, there are many authorities and service-providers, and it is not always clear who has the final responsibility for delivering benefits to the person in question. The division of responsibilities must be clearer and the chain of benefit delivery must be more seamless.

Finnish data-collection processes are well in line with UN CRPD Article 31, providing comprehensive, reliable and disaggregated data on disability and people with disabilities.

1 Access to disability-specific income support

1.1 Disability-specific benefits/pensions available to working-age people

In Finland, many kinds of disability benefits are available for the working-age population. These benefits are either non-contributory – that is, for those without a work history (e.g. people with a disability from their childhood), or contributory – that is, for those with a work history. As a rule, the non-contributory, flat-rate benefits are administered by the Social Insurance Institution of Finland (Kela), whereas employment/earnings-related disability pensions are administered by pension insurance institutions.

1.1.1 16 vuotta täyttäneen vammaistuki (Disability allowance for people aged 16 or over)

Vammaistuki is a non-contributory, disability-assistance benefit administered and disbursed by Kela. The allowance is designed to support people aged 16 or over who have a disability or chronic illness hindering their daily lives, work, or studies. The need for and amount of disability allowance are assessed on an individual basis (Act on Disability Allowance, 570/2007).

a) Eligibility conditions (Kela, 2022a)

Disability-related qualifying criteria: The claimant can obtain a disability allowance if the following criteria are met: they have an illness or a disability diagnosed by a medical doctor; their functional capacity has been impaired for at least one year; the disability has caused impairment or a need for assistance or guidance; and they face difficulties in everyday activities such as washing, dressing, and communication.

Age: The claimant must be 16 or over (younger claimants have their own scheme).

Nationality and/or residency: The scheme covers all people, regardless of their nationality, who have lived in Finland for at least three years or who work in Finland¹.

Waiting period: There is no waiting period (i.e. it is granted from the moment the disability is certified). The average application processing time is 29 days.

Contributory history: The benefits are non-contributory (i.e. no minimum contributory history is required).

Level of financial resources: None (i.e. there is neither income-testing nor assets-testing).

Other: None.

Gaps and/or obstacles: In principle, the eligibility criteria are clear; but they may be interpreted differently by different decision-makers at Kela. The Finnish social security system for people with disabilities is rather comprehensive; but since there are many schemes and many actors, the system may be difficult to understand. There may therefore be some non-take-up problems.

b) Disability assessment framework

Type of assessment: The assessment is a combination of: a medical assessment; an assessment of functional capacity; and a care and support needs assessment. Loss of income is not assessed.

¹ These conditions apply to EU and non-EU nationals, and equally to people with refugee status, as soon as they are covered by the Finnish social security system. People are covered by the social security system on the basis of either permanent residence or employment. See more at: <https://www.kela.fi/web/en/international-situations>.

Responsible authority: Kela.

Method: Assessment is based on documentary evidence submitted online, via mail, or personally at a local Kela office.

Supporting evidence: The application must be accompanied by a medical doctor's statement about the effect of an illness on a patient's long-term ability to function. The statement also assesses the kind of help, guidance, and assistance the patient needs. The severity of the disability is linked to the three levels of the allowance.

Assessor: Kela uses medical doctors ("insurance doctors") as advisors, who are specialists in medical insurance and assess the applicant's health status, functional capacity and ability to work, and need for rehabilitation or treatment. This assessment is made on the basis of the application. Medical advisors provide an expert opinion from a medical insurance perspective about whether eligibility criteria stipulated in the legislation are met. Their role is advisory and consultative; they do not make any decision. Decisions are made by a Kela official.

Decision-maker: Kela.

Critical analysis: In principle, the assessment process is straightforward. The application, and the accompanying documents, can be submitted online, via post, or in person. There is no stigma attached to making this application. The claimant's condition may sometimes be interpreted differently by the claimant, the medical doctor, and Kela. In such cases, a dissatisfied claimant can appeal to Kela, to the appeal board, and, finally, to the insurance court. Kela's insurance doctors are often criticised because their recommendations differ from those of the patient's doctor. This is because their recommendations are based on the legislation, whereas the patient's doctor evaluates the individual patient in question (see StVM 33/2018).

c) Benefit entitlements

Level of benefit: The allowance is payable at three different rates – basic, middle, and highest. The basic allowance (for 2022, this is €95.36 per month) is available to a person who needs more time than normal for daily activities, or needs assistive devices to do so. The middle rate allowance (€222.58 per month in 2022) is paid to people whose disabilities or illnesses have caused significant disability or necessitate regular guidance, supervision, and assistance in their daily activities, and also cause special expenses (for example, costs for home help, support services and home healthcare, institutional and hospital care, rehabilitation and travel). The highest rate allowance (€431.60 per month) is intended for people with severe disabilities, who need significant daily assistance, guidance, and supervision in routine activities such as getting dressed, personal hygiene, mobility, and social interactions. Blind people, deaf people, and people with severe mobility disabilities are automatically considered to be entitled to the highest rate allowance. Those entitled to the middle or highest rate do not need to present documents on costs caused by the disability.

Duration of benefits: The disability allowance can be granted for a specific period of time or until further notice. If the allowance is granted for a specific period, the claimant can apply for the continuation of payments. The benefit can be paid retrospectively up to six months. Unfortunately, information on a typical or average duration is not available.

Interaction with other benefits: If the claimants receive care allowance or supplementary disability benefits under the Work Accident or Traffic Insurance Acts for the same disability, the benefit will be deducted from the disability allowance. A person receiving *Eläkettä saavan hoitotuki* (care allowance for pensioners) is not entitled to a disability allowance. Other income does not affect the disability allowance. Recipients are entitled to housing allowance and *Toimeentulotuki* (social assistance), if the criteria are met.

Challenges: The level of the allowance is low, and in order to achieve a decent income level, the claimant must receive additional social benefits (e.g. housing allowance and social assistance). The receipt of different forms of income security benefits in Finland is more parallel than sequential: that is, benefits are often paid on top of one another and they complement one another.

1.1.2 *Kansaneläkkeen työkyvyttömyyseläke* (Disability pension under the national pension scheme)

a) Eligibility conditions (Kela, 2022b)

Disability-related qualifying criteria: People with reduced working capacity. The criteria include the characteristics of the job, age, education, place of residence and possibilities of finding employment that corresponds to the claimant's vocational qualifications.

Age: *Kansaneläkkeen työkyvyttömyyseläke* (disability pension under the national pension scheme) is available for those aged 16–64. When the claimant reaches 65, the disability pension changes to an old-age pension.

Nationality and/or residency: Nationality is not a criterion; the applicant must have lived in Finland for at least three years after the age of 16². The residence criterion is not applied if the claimant has received disability allowance for people under 16 or if the work incapacity started while the claimant lived in Finland and was under 19.

Waiting period: There is no formal waiting period (i.e. it is granted from the moment the disability is certified). In most cases, disability pension is paid after the termination of sickness allowance³ or *Kuntoutustuki* (rehabilitation subsidy) (see Section 1.1.5). The average application processing time is 67 days. The benefit can be paid retroactively for up to six months.

Contribution history: The benefit is a non-contributory, disability-assistance scheme; there is no minimum contributory record required.

Level of financial resources: The national disability pension is payable at its full amount if the claimant has no employment-related pensions.

Other: None.

Gaps and/or obstacles: The Finnish social security system for people with disabilities is rather comprehensive; but since there are many schemes and many actors, the system may be difficult to understand. Due to ignorance/unawareness, there may be problems in applying for the benefits. There may therefore be some non-take-up problems.

b) Disability assessment framework

Type of assessment: Kela assesses the impairment caused by disability. The assessment involves a combination of medical evaluation and assessment of functional capacity.

Responsible authority: Kela.

Method: Assessment is based on documentary evidence and the information provided by the claimant. The application can be submitted online, via mail, or at a local Kela office.

Supporting evidence: The application must include a recent (not older than six months) medical certificate evaluating the effects of an illness on the patient's long-term work ability. The certificate should also clarify the kind of help, guidance, and assistance the patient needs in daily activities. The medical evaluation may also include a rehabilitation

² See footnote 1.

³ The sickness allowance is payable for up to one year.

plan. The applicant can also provide a self-assessment or any other document to support the application.

Assessor: Kela uses medical doctors (insurance doctors) as advisors, who are specialists in medical insurance and assess the applicant's health status, functional capacity and ability to work, and need for rehabilitation or treatment. This assessment is made on the basis of the application. Medical advisors provide an expert opinion from a medical insurance perspective about whether eligibility criteria stipulated in the legislation are met. Their role is advisory and consultative; they do not make any decision. Decisions are made by a Kela official.

Decision-maker: Kela.

Critical analysis: In principle, the assessment process is straightforward.

c) Benefit entitlement

Level of benefit: The amount of the benefit equals that of the *Kansaneläke* (NP – national pension) – €679.50 per month for a single person and €606.65 per month for a co-habiting person.

Duration of benefits: The disability pension is paid until the recipient turns 65 and starts receiving a national old-age pension.

Interaction with other benefits: Other pensions and compensation payments may reduce the pension. The recipient of disability pension is entitled to all other social benefits (e.g. housing allowance, care allowance, reimbursement of medical expenses, and social assistance), provided the qualifying conditions are met. Disability pension can be combined with employment; the recipient can earn €855.48 per month, without affecting the pension. For people under 20, the *nuorten kuntoutusraha* (rehabilitation allowance for young people) takes precedence over a pension.

Challenges: As regards the adequacy of the benefit, see Section 1.1.1.c.

1.1.3 *Eläkettä saavan hoitotuki* (Care allowance for pensioners)

The care allowance for pensioners is designed to support pensioners who have a disability or chronic illness that hinders their daily life, functional ability, rehabilitation, and care (Kela, 2022c). The scheme is non-contributory.

a) Eligibility conditions

Disability-related qualifying criteria: Pensioners who have reduced functional capacity to take care of daily activities and who need assistance, guidance, and supervision because of disability. The severity of disability has an impact on the level of benefit.

Age: Pension recipients over 16.

Nationality and/or residency: Residency in Finland⁴ (i.e. there is no nationality requirement).

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: None. The allowance is non-contributory.

Level of financial resources: None (i.e. there is no income- or asset-testing).

Other: None.

Gaps and/or obstacles: The Finnish social security system for people with disabilities is rather comprehensive; but since there are many schemes and many actors, the system may be difficult to understand. There may therefore be some non-take-up problems.

⁴ See footnote 1.

b) Disability assessment framework

Type of assessment: Medical, functional, and support needs assessments.

Responsible authority: Kela.

Method: Documentary evidence submitted online, via mail, or at Kela's local office.

Supporting evidence: Evaluation by a medical doctor and self-assessment (a social worker may also be involved). The application can also include a statement from the municipal social service.

Assessor: Medical doctor and Kela official.

Decision-maker: Kela.

Critical analysis: Not documented.

c) Benefit entitlements

Level of benefit: The benefit is payable at three different rates, depending on needs. The monthly payments in 2022 are €73, €159, and €336.

Duration of benefit: Indefinite (no data on average duration).

Interactions with other income or income-related benefits: Other income and/or income-related benefits do not play any role. The claimant is entitled to all other income transfers and services. However, the claimant cannot simultaneously receive the care allowance for pensioners and the disability allowance.

Challenges: There is no stigma attached to making this application. The claimant's condition may sometimes be interpreted differently by the claimant, the medical doctor, and Kela (see Section 1.1.1c).

1.1.4 Työeläkkeen työkyvyttömyyseläke (Disability pension under the employment-related pension scheme)

A *Työeläkkeen työkyvyttömyyseläke* (disability pension under the employment-related pension scheme) can be granted if the claimant's ability to work has been reduced for at least one year. For shorter disability spells, a sickness allowance is paid by Kela. The employment/earnings-related disability pension consists of the pension the claimant has accrued before the disability pension and a projected pension component. The projected pension component is calculated based on the average earnings during the previous five years in employment. Thus, the component represents the hypothetical potential pension, provided the claimant had worked up to the point of receiving an old-age pension (ETK, 2021a). The benefit is contributory-based.

a) Eligibility conditions (ETK, 2021a)

Disability-related qualifying criteria: Ability to work reduced for at least one year. If working capacity is reduced by at least three fifths, the claimant receives the full disability pension, whereas a partial disability pension is paid if work ability is reduced by at least two fifths but less than three fifths.

Age: Earnings-related disability pension is available to an insured person aged over 17, but who has not yet reached the retirement age (depending on the year of birth). After the retirement age, the disability pension is changed into an old-age pension.

Nationality and/or residency: Nationality and residency are not criteria. The only criteria are employment and income from employment⁵.

⁵ The earnings-related pension accrues under the same rules for all people who work in Finland. Pensions are paid to all countries.

Waiting period: There is no formal waiting period. In most cases, the disability pension is paid after the termination of the sickness allowance or rehabilitation benefits.

Contribution history: The benefit is contributory but there are no minimum contributory history. The pension level depends on income and the accrued pension.

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: None.

Gaps and/or obstacles: Since proving the disability is done by a doctor's statement, the quality of the statement is essential. Doctors act as gatekeepers, and therefore their knowledge of the criteria is important. It is also possible that the effect of some illnesses on the ability to work is not always recognised consistently (Perhoniemi et al., 2015.)

b) Disability assessment framework

Type of assessment: In addition to medical factors, the insured person's ability to earn an income is assessed. Furthermore, education, previous work history, age, and place of residence are considered when making the assessment. The assessment involves several aspects.

Responsible authority: The pension insurance institution where the person is insured is the responsible authority.

Methods: The assessment is based on medical and other documents. The application can be submitted online, via mail, or at the pension insurance office.

Supporting evidence: The assessment is based on medical statements and evaluations of the ability to perform occupation-related tasks. The claimant can provide additional documents.

Assessor: The assessment is based on collaboration between a medical doctor specialised in insurance legislation, lawyers, experts on rehabilitation, and pension decision-makers at the pension insurance institution.

Decision-maker: The pension insurance company where the person is insured.

Critical analysis: In most cases, the process is performed digitally, without any stigma. For criticism of the utilisation of medical insurance doctors, see Section 1.1.1 (and StVM 33/2018).

c) Benefit entitlement

Level of benefit. The pension amount depends on the claimant's work history and income. The minimum level equals the level of the *Takuueläke* (GP – guaranteed pension) (€855.48 per month in 2022). There are no pension ceilings. A partial disability pension is paid if working capacity is reduced at least by at least two fifths. The partial disability pension is half the insured person's full disability pension.

Duration of the benefit: Depending on the severity of the disability and the probability of recovering, the pension is permanent.

Interaction with other income and other income-related benefits: People on full disability pension may earn a maximum of 40% of their average earnings before retirement. A person on partial pension can earn 60% of their pre-retirement earnings. However, people on either full or partial disability pensions can have work income up to €855.48 per month. Recipients are entitled to other social benefits if the qualifying criteria are met.

Challenges: The level of disability pension has improved more slowly than the levels of other pensions. Recently the relative number of young people on disability pension has grown. They have no, or a very short, work history. Therefore, their disability pensions remain low. About one third of recipients of disability pensions need supplementary benefits such as the GP (see Section 2.1.2) in order to cope (Ilmakunnas & Ilmakunnas 2019).

1.1.5 *Kuntoutustuki (Rehabilitation subsidy)*

Rehabilitation subsidy is a fixed-term disability-assistance pension. During the spell of the subsidy, Kela and/or the employment pension institution⁶ where the claimant is insured will assess the remaining work ability and the need for vocational and medical rehabilitation. The assessment includes a rehabilitation plan that is drawn up to support the client's ability to study, work and function. The plan is prepared in collaboration with the client and the medical doctor and, if necessary, by a multi-professional team (medical doctor, social worker, psychologist, physiotherapist). A rehabilitation plan can be developed for anyone in need of rehabilitation at any stage of the treatment of the illness or injury.

The purpose of the rehabilitation subsidy is to provide economic security during rehabilitation. The claimants will either receive their wages/salaries or a rehabilitation subsidy during their participation in rehabilitation. If the claimants receive wages/salaries, Kela will pay the rehabilitation subsidy to the employer. If the subsidy exceeds the work income, Kela pays the difference to the claimant. If the claimant has no prior employment, Kela pays the rehabilitation subsidy to the claimant (Kela, 2022b).

Kela's rehabilitation subsidy is paid after the termination of the sickness allowance. If the claimant's working capacity has not recovered, they are entitled to a flat-rate minimum disability pension paid by Kela (see Section 1.1.2) or income-related disability pensions paid by employment-related pension institutions (see Section 1.1.3).

Employment-related pension institutions have their own contributory-based rehabilitation subsidy schemes (see ETK, 2021b; Varma, 2022).

a) Eligibility conditions

Disability-related qualifying criteria: The remaining working capacity, the probability of getting back to working life and the assessed need for rehabilitation. The severity of disability affects the form of rehabilitation chosen.

Age: Benefits are available for those aged 16-67. People under 20 are entitled to rehabilitation allowance for young people (see Section 1.1.7) during intensive rehabilitation. Benefits cannot be cumulated.

Nationality and/or residency: Nationality is not a criterion; the applicant must have lived in Finland for at least three years after the age of 16⁷. The residence criterion is not applied if the claimant has received disability allowance for people under 16 or if the work incapacity started while the claimant lived in Finland and was under 19.

Waiting period: None. When the claimants have received sickness benefits for 150 working days, Kela will contact them and inform them about rehabilitation opportunities and how to apply for a pension. Kela or the employment pension institution will examine possibilities for rehabilitation. Data on the average duration of the benefit are not available.

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: The level of benefit depends on the claimant's previous income. There is no maximum value of employment-related benefit.

Other: Treatment and rehabilitation plan.

Gaps and/or obstacles: The Finnish social security system for people with disabilities is rather comprehensive; but since there are many schemes and many actors, the system may be difficult to understand. There may therefore be some non-take-up problems.

⁶ In Finland, minimum disability pensions are provided by Kela, whereas employment/earnings-related pensions are administered by semi-public pension insurance institutions.

⁷ See footnote 1.

b) Disability assessment framework

Type of assessment: The assessment includes medically based assessments of functional capacity and rehabilitation needs. When claimants apply for rehabilitation benefits, they, their pension-provider, their employer, and the occupational healthcare provider will draw up a treatment and rehabilitation plan.

Responsible authorities: Kela and employment-related pension institutions (TYEL⁸ institutions), occupational healthcare providers, and other public or private healthcare-providers.

Method: Documentary evidence and personal consultations by the employer, the pension-provider and the occupational healthcare provider

Supporting evidence: The evidence is a combination of medical examination, requirements in the previous work, possibilities for work alteration, and consultations between the claimant, medical doctors, employers, and Kela or pension insurance institutions.

Assessor: The evaluation of the need for rehabilitation is a multi-professional collaboration (occupational healthcare providers, employers, and pension insurance institutions)

Decision-maker: Kela or private pension insurance institutions.

Critical analysis: Not documented.

c) Benefits entitlements

Level of benefit: The minimum Kela-based rehabilitation subsidy is €742 per month. The amount of the subsidy depends on income. There are no upper limits. In the case of the vocational (contribution-based) rehabilitation benefits provided by TYEL pension institutions, the benefit is 1.33 times the claimant's disability pension.

Duration of benefits: The rehabilitation subsidy is a fixed-term benefit. Rehabilitation subsidy from pension insurance institutions is payable for a maximum of three months.

Interactions with other income and income-related benefits: The old-age pension, traffic and work accident compensation payments, and the rehabilitation subsidy are mutually exclusive.

Challenges: The problem with Finnish non-contributory basic security benefits is that the level of a single benefit is rather low, and the income bundle often consists of multiple income-tested benefits paid on top of one another. The income transfer system is therefore difficult to understand (Kangas and Simanainen, 2021). The benefit levels in contributory schemes are higher. Another issue with the Finnish in-kind support system for people with disabilities is that there are multiple providers (Kela and the pension insurance institutions, and municipalities) and the system is not transparent. This "multi-channel system" has been criticised and demands have been raised for a clearer division of labour between different benefit and service providers (MSAH, 2017).

⁸ "TYEL" stands for *Työeläke* (employment-related pension). See below, Section 2.1.

1.1.6 *Kuntoutusraha* (Rehabilitation allowance)

The purpose of the *Kuntoutusraha* (rehabilitation allowance) is to provide economic security during rehabilitation. People can receive rehabilitation allowance payments for the days they participate in a rehabilitation measure. If they are able to work partially, they may receive partial rehabilitation allowance. If someone is paid during their rehabilitation (for example, a job try-out), the rehabilitation allowance is paid to the employer.

a) Eligibility conditions

Disability-related qualifying criteria: Builds on the previous assessments of disability when people apply for rehabilitation services (assessment of disability, see Section 1.1.5).

Age: 16-67.

Nationality and/or residency: Residency in Finland⁹.

Waiting period: The lengths of the waiting period depend on the type of rehabilitation measure, from 0 to 30 days. The waiting period is 0 days if, for example, someone receives sickness allowance or unemployment allowance immediately before the rehabilitation begins. It is 30 days when someone was receiving full pension before the rehabilitation begins.

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None (i.e. the benefit is not means-tested).

Other: Participation in rehabilitation. People can also receive rehabilitation allowance while attending adaptation training, a rehabilitation course or family rehabilitation. The allowance can be paid while waiting for long-term rehabilitation to begin or if rehabilitation is interrupted for a short period of time by illness or for another reason.

Gaps and/or obstacles: The Finnish social security system for people with disabilities is rather comprehensive; but since there are many schemes and many actors, the system may be difficult to understand. There may therefore be some non-take-up problems.

b) Disability assessment framework

Type of assessment: Builds on the previous assessments of disability (doctor's statements) when people apply for rehabilitation services arranged by Kela, an occupational health provider or municipalities (assessment of disability, see Section 1.1.5).

Responsible authority: Kela, an occupational health provider or municipality.

Method: Assessment is based on documentary evidence submitted online, via mail, or at local office. The rehabilitation allowance is often applied for at the same time as people apply for rehabilitation programmes.

Supporting evidence: Builds on the previous assessments of disability when people apply for rehabilitation services.

Assessor: Medical doctor and Kela expert. The evaluation of need is based on the previous assessments of disability when people apply for rehabilitation services.

Decision-maker: Kela or pension insurance institutions.

Critical analysis: Not documented.

⁹ See footnote 1.

c) Benefit entitlements

Level of benefit: The amount is determined on the basis of an annual income. The minimum rate of the rehabilitation allowance is €29.67 per working day. The allowance is taxable income.

Duration of benefit: Duration is tied to the duration of the rehabilitation. No data available on typical/average spells.

Interactions with other income or income-related benefits: The claimant is entitled to all other income transfers and services, but other benefits may affect the amount of the rehabilitation allowance. The claimant cannot simultaneously receive old-age pension or full compensation for loss of income paid under insurance schemes.

Challenges: The Finnish social security system for people with disabilities is rather comprehensive; but since there are many schemes and many actors, the system may be difficult to understand. There may therefore be some non-take-up problems.

1.1.7 *Nuorten kuntoutusraha (Rehabilitation allowance for young people)*

The rehabilitation allowance for young people is available during studies or other rehabilitation intervention to help the young person move into work.

a) Eligibility conditions

Disability-related qualifying criteria: Capacity for work or study or ability to choose an occupation or line of work has been reduced because of illness or disability, or the young person needs particular assistance to study or to participate in some other form of rehabilitation aimed at supporting their integration into work (for example job training or job try-out).

Age: 16-19.

Nationality and/or residency: Residency in Finland¹⁰.

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None (i.e. the benefit is not means-tested). The young person may also work part time during rehabilitation and the salary does not affect the amount of the allowance.

Other: None.

Gaps and/or obstacles. The Finnish social security system for people with disabilities is rather comprehensive; but since there are many schemes and many actors, the system may be difficult to understand. There may therefore be some non-take-up problems.

b) Disability assessment framework

Type of assessment: A personal education and rehabilitation plan drawn up in the person's home municipality. The plan can be prepared by a social worker or an education professional. It is drawn up together with the legal custodian and, if needed, with other professionals. The progress of the plan is monitored during the period someone is paid the allowance.

Responsible authority: Municipality (social welfare and healthcare services, education services) and Kela.

Method: Assessment at Kela is based on documentary evidence submitted online, via mail, or at a local Kela office.

¹⁰ See footnote 1.

Supporting evidence: The educational and rehabilitation plan. Doctor's statement describing how the claimant's health affects their work capacity and occupational choices.

Assessor: Kela officials.

Decision-maker: Kela.

Critical analysis: Not documented.

c) Benefit entitlements

Level of benefit: The amount is determined on the basis of the claimant's annual income. The minimum rate of the rehabilitation allowance is €34.23 per working day. The allowance is taxable income.

Duration of benefit: Until age 20.

Interactions with other income or income-related benefits: The claimant is entitled to all other income transfers and services, but other benefits may affect the amount of the rehabilitation allowance. The claimant cannot simultaneously obtain full compensation for loss of income paid under insurance schemes.

Challenges: The benefit is low and is supplemented by other forms of income transfers (housing allowance and possibly social assistance).

1.1.8 Kuntoutusavustus (Rehabilitation assistance)

The *Kuntoutusavustus* (rehabilitation assistance) supports the claimant's employment after rehabilitation or caters for the gaps in payments during rehabilitation. Both Kela and private pension institutions can pay rehabilitation assistance.

The purpose of the rehabilitation assistance is to help those in rehabilitation to find work afterwards. The rehabilitation assistance is available if income from the job that the claimant has taken is significantly lower than the income from the job before disability. Rehabilitation assistance is an in-work benefit.

In addition to supporting employment, private pension institutions can grant rehabilitation assistance for three months if the claimant has received a positive rehabilitation decision and is not entitled to any other income: it can be granted for the rehabilitation programme's qualifying period and the periods between rehabilitation courses (ETK, 2021b; Varma, 2022).

a) Eligibility conditions

Disability-related qualifying criteria: Builds on the previous assessments of disability.

Age: 16-67.

Nationality and/or residency: Residency in Finland¹¹.

Waiting period: None (i.e. it is granted from the moment the disability is certified).

Contributory history: None (i.e. no minimum contributory record is required).

Level of financial resources: None, if assistance is granted before the rehabilitation starts or for periods between rehabilitation courses. If assistance is granted to cover a low salary, the claimant must be earning significantly less than when they were employed.

Other: Granting and completion of rehabilitation.

¹¹ See footnote 1.

Gaps and/or obstacles: The Finnish social security system for people with disabilities is rather comprehensive; but since there are many schemes and many actors, the system may be difficult to understand. There may therefore be some non-take-up problems.

b) Disability assessment framework

Type of assessment: Disability has already been assessed for the rehabilitation allowance. Individual assessment builds on the previous assessments of disability.

Responsible authority: Kela or pension institutions.

Method: Assessment is based on documentary evidence submitted online, via mail or at institution's local office.

Supporting evidence: Builds on the previous assessments of disability.

Assessor: Medical doctors and experts at Kela or employment-related pension insurance company. It builds on the previous assessments of disability at Kela or at the pension company.

Decision-maker: Kela or employment-related pension insurance company.

Critical analysis: Not documented.

c) Benefit entitlements

Level of benefit: The amount of the rehabilitation assistance is assessed individually. However, the amount is at least equal to the rehabilitation allowance.

Duration of benefit: three months, or for the period the claimant is working.

Interactions with other income or income-related benefits: people cannot receive rehabilitation assistance if they have a right to unemployment benefits. The claimant is entitled to other income transfers and services if the criteria are fulfilled.

Challenges: No evidence (reports, papers...) was identified on adequacy challenges related to this benefit.

1.2 Disability-specific old-age pension schemes

In Finland, there are no disability-specific old-age schemes. When people with disabilities reach the pensionable age defined in the old-age pension schemes, they begin receiving an old-age pension instead of a disability pension (Section 2.1). Their disability pension automatically (i.e. without a separate application) converts into an ordinary old-age pension. The same rules apply to the non-contributory NP, GP, and contributory employment-related pensions.

1.3 Income support aimed at covering disability-related healthcare and housing expenses

The Finnish healthcare system is universal, and all residents are included under the sickness insurance scheme providing various sickness benefits (e.g. reimbursement of medical expenses and costs of travel to healthcare). The same applies to the housing allowance system.

1.3.1 Healthcare

The Finnish constitution stipulates that all individuals have the right to necessary care, and that public authorities must ensure adequate social and health services for all. People with disabilities are therefore covered under the general healthcare system. Kela reimburses costs for healthcare, healthcare-related travel, and medicine – reimbursement for medicines varies from 40% to 100%. After the annual cost of medicine reaches €592, medicines are practically free of charge. The scheme is universal and non-contributory. In the case of an inability to pay, social assistance can cover the extra costs caused by the

need for healthcare and medicine. Additionally, the municipality must reimburse the costs incurred by people with disabilities for transport services.

The problem is that people with disabilities often have special needs that are not fully covered by social services, or the costs are not fully compensated for by income-transfer schemes (ASPA, 2021).

1.3.2 Housing

The Finnish housing allowance system is comprehensive and covers up to 80% of the housing costs of low-income people (Kela, 2022c). There is a special *eläkkeensaajan asumistuki* (housing allowance for pensioners), which is somewhat more generous than the *yleinen asumistuki* (general housing allowance) (Kela, 2022e). Additionally, social assistance may compensate for the remaining housing costs and special costs that other schemes do not cover. All these housing and social assistance benefits are also available for people with disabilities.

As regards the alteration of apartments, the Act on Disability Services and Assistance (380/1987) stipulates that the municipality shall reimburse a reasonable amount of costs for altering the dwelling and acquiring dwelling equipment if the person with disability needs these measures to perform normal life activities. This is a subjective right (see also Section 3).

2 Access to some key general social protection cash benefits

2.1 Old-age benefits

The Finnish pension system guarantees non-contributory and universal basic pensions (consisting of the NP and GP) for all permanent residents of the country and contributory employment/income-related pensions.

2.1.1 Kansaneläke (National pension)

The NP is a universal non-contributory pension scheme covering the entire population (Kela, 2022f).

a) Eligibility conditions

Age: 65. The NP is paid as a disability pension for people with disabilities aged 16-64.

Nationality and/or residency: No nationality criterion. Residency in Finland for at least three years after the age of 16. No differences between people with disabilities and people without disabilities.

b) Additional amounts

There are no additional NP amounts related to disability. The amount of the NP is rather low. In order to improve the adequacy of the benefit in general, and to meet the extra costs related to disability in particular, there are additional schemes (for example disability allowance, care allowance for pensioners, housing allowance and social assistance). The amount of NP is taken into consideration when calculating eligibility to housing allowance and social assistance.

c) Main gaps/obstacles in accessing the benefits

There are no major problems in accessing the benefit.

2.1.2 Takuueläke (Guaranteed pension)

The GP is a non-contributory pension that is aimed at providing residents of Finland with a minimum pension.

a) Eligibility conditions

Age: 65. The GP is also available for those aged 16-64 receiving the NP disability pension. Otherwise, no differences as between people with and without disabilities.

Nationality and/or residency: No nationality criterion. Residency in Finland for at least three years after the age of 16. No differences as between people with disabilities and people without disabilities.

Level of financial resources: The full amount of the GP is €855 per month. The amount is the same for single and co-habiting people and there are no differences between people with and without disabilities. The GP amount is reduced by any other pension income. However, the following can be paid on top of the GP: care allowance for pensioners; front-veteran's supplement; child increase to the pension; informal care allowance paid by the municipality; income from capital or assets; and earnings (the maximum monthly earnings limit is €855.48) – although earnings will reduce the GP for people who receive a disability pension (Kela, 2022f).

b) Additional amounts

There are no additional GP amounts related to disability. Because the amount of the GP is rather low, the adequacy of the benefit is improved by additional schemes (such as disability allowance, care allowance for pensioners, housing allowance and social assistance).

c) Main gaps/obstacles in accessing the benefits

There are no major problems in accessing the benefit.

2.1.3 Työeläke (Employment-related pension)

Työeläke (TYEL – employment-related pension) is a contributory scheme. The amount of TYEL totally depends on the claimant's work history and income.

a) Eligibility conditions

The conditions are the same for people with and without disabilities.

b) Additional amounts

There are no additional amounts related to disability (however, see Section 1).

c) Main gaps/obstacles in accessing the benefits

In principle, there are no major problems in accessing the benefit. The Finnish TYEL system has no minimum contribution requirement (i.e. every employment and all income from employment contributes to the TYEL pension). However, those who have had a disability since childhood face difficulties meeting the full contributory requirements for TYEL. Therefore, they receive only the NP or the GP, and hence their income remains below the national poverty line. The situation is better among people who acquire a disability during their working life (see Section 1.1.4).

2.2 Unemployment benefits

The Finnish unemployment protection system is divided into "basic" and income-related benefits. There are two forms of basic unemployment income transfer: *peruspäiväräha* (basic unemployment allowance) and *työmarkkinatuki* (LMS – labour market subsidy) (2022g). In addition, there is *ansiopäiväräha* (an earnings-related unemployment allowance) paid by unemployment funds. Membership of the funds is voluntary.

2.2.1 Työmarkkinatuki (labour market subsidy)

The LMS is a non-contributory and means-tested scheme.

a) Eligibility conditions

The conditions are the same for people with and without disabilities.

b) Additional amounts

There are no additional amounts related to disability (however, see Section 1).

c) Main gaps/obstacles in accessing the benefits

The LMS is a means-tested and conditional benefit. Access to the benefit may be declined because of refusal to work, to participate in activation or interrupted studies (Raittila *et al.* 2018). If they are refused the LMS, the claimant is entitled to social assistance.

2.2.2 Peruspäiväraha (Basic unemployment allowance)

The basic unemployment allowance is a contributory flat-rate benefit.

a) Eligibility conditions

The conditions are the same for people with and without disabilities.

b) Additional amounts

There are no additional amounts related to disability (however, see Section 1).

c) Main gaps/obstacles in accessing the benefits

Many people with disabilities do not meet the contributory history requirements. However, because of the higher monetary level of disability pension, people with disabilities may prefer to receive pensions instead of unemployment benefits. Furthermore, the claw-back effect in pensions is more lenient than in unemployment benefits: a pensioner can earn up to €855 per month from alternative sources, whereas the corresponding income threshold is €500 for unemployment benefits.

2.2.3 Ansiopäiväraha (Earnings-related unemployment allowance)

The earnings-related unemployment allowance is paid by an unemployment fund. Fund membership is voluntary.

a) Eligibility conditions

The conditions are the same for people with and without disabilities.

b) Additional amounts

There are no additional amounts related to disability (however, see Section 1).

c) Main gaps/obstacles in accessing the benefits

See Section 2.2.1 c above.

2.3 Guaranteed minimum income schemes and other social assistance benefits**2.3.1 Toimeentulotuki (Social assistance)**

The Finnish guaranteed minimum income scheme consists of social assistance, housing allowance, a minimum pension, and a minimum unemployment benefit (Kangas and Simanainen, 2021).

a) Eligibility conditions

In principle, the conditions are the same for people with and without disabilities. However, due the discretionary nature of social assistance, there may be substantial differences depending on individual circumstances (Kela, 2022h).

b) Additional amount/compensation

Social assistance compensates for costs that are not covered by other schemes. Municipal-based supplementary and preventive forms of social assistance are important. They are related to the expenses caused by the specific needs and circumstances of people with disabilities, and promote autonomy and independence (Kela, 2022h).

c) Main gaps and obstacles in accessing the benefit

The levels of single benefits are low. Therefore, the minimum income bundle consists of a number of income-tested benefits paid on top of one another, which results in high effective marginal tax rates and in a non-transparent and bureaucratic system (see Kangas and Simanainen, 2021).

3 Provision of assistive technology and personal assistance

Assistive technology is provided to help people with disabilities cope with their daily activities and create a barrier-free environment (e.g. in their home or workplace). There are various bodies responsible for the assistive measures: municipalities (from 1 January 2023 in well-being services counties¹²); Kela; public employment and business services (TE-services); the state treasury; employment-related pension insurance institutions; and private insurance companies. The state treasury and private insurance companies usually play a role when a disability is caused by an accident (e.g. accidents at work or in traffic, or those caused by malpractice). Assistive technology can be provided via direct provision, reimbursement of purchases, or cash allowances. Kela is responsible for providing interpreter services need by people because of their disabilities (Kela, 2022). The aim is to promote the ability of people with visual, hearing and/or speech impairments to be active members of society on equal terms with others.

Assistive technology is always means-tested, based on medical statements. Some forms of assistive technology are provided only to those with severe disabilities, which may create difficulties in the interpretation of the concept.

The main responsibility is borne by the municipalities according to the Act on Disability Services and Assistance (380/1987); see also Healthcare Act (1326/2010)¹³. Public healthcare centres provide the necessary assistive devices free of charge. Assistive device services include instructions for use, renewal, and maintenance.

People with severe disabilities are reimbursed for reasonable expenditure on home renovations and the installation of necessary devices, as well as for the costs of acquiring devices and equipment by municipal social welfare services. Such devices and equipment can include cars, household appliances, or assistive devices to help with social life and recreation. Devices other than those necessary for medical rehabilitation are reimbursed to the extent of half of their reasonable cost (Act on Disability Services and Assistance, 380/1987). Municipalities can loan a device, purchase it, or reimburse its cost. Assistive devices for work or studies, which are expensive, may be procured via Kela (2022i). These include, for example, video magnifiers, braille and large-format displays, and computers.

Personal assistance is provided for people with severe disabilities who need personal assistance at home or outside to perform daily activities, recreational activities, or social interactions because of a long-term disability or illness. The Act on Disability Services and

¹² The organisation of public healthcare, social welfare and rescue services has been reformed in Finland. The responsibility for organising these services will be transferred from hundreds of municipalities to 21 self-governing well-being services counties. See more about the reform at reforms [website](#).

¹³ There are many laws concerning assistive technology – see the legislation for assistive technology services ([Apuvälinepalveluiden lainsäädäntö](#)) list at Terveyskylä, HealthVillage.fi, an open website that provides reliable information to all citizens and patients. It contains 32 virtual houses built on different themes. To date, only one house has information in English.

Assistance guarantees that personal assistance must be provided to the extent required when it is needed for work, study, and daily activities. For the other needs, for example recreational activities or social interaction, the legislation provides for 30 hours of personal assistance per month "if not less hours are enough to cater for the necessary help". In practice the 30 hours per month is usually considered enough. Municipalities can employ personal assistants, use vouchers, or reimburse hiring costs. In that case, the person with disabilities performs the duties of an employer (Act on Disability Services and Assistance 380/1987). Municipalities favour the last option. Personal assistance is a subjective right for people with severe disabilities and it is not means-tested.

Work-related assistive technology can be arranged by a person's employer. The Act of Non-discrimination (*yhdenvertaisuuslaki* 1325/2014) mandates employers – as well as public authorities and education-providers, or providers of goods and services – to make appropriate adjustments (*kohtuulliset mukautukset*) for people with disabilities so that they can work on an equal basis with others, manage their work tasks, and advance their career. This can mean renovations at the workplace (e.g. a wheelchair ramp for an employee with physical disabilities) or other assistive technologies (e.g. special computer screens or computer programmes for an employee with visual impairments).

Employers may apply for the reimbursement of such expenditure. A subsidy (*työolosuhteiden järjestelytuki*) is provided to employers if the disability or illness of the person they are hiring, or have hired, requires new equipment or furniture, renovations at the workplace, or another employee's assistance (a job coach) during work tasks. The maximum financial support for equipment or renovations at the workplace is €4,000 (TE-services 2022, Act on Public Employment and Business Service 916/2012)¹⁴.

4 National debates, reforms and recommendations

4.1 National debates

People who are partially capable of working face difficulties in securing employment or a decent salary; efforts have therefore been made to improve this situation. A key government project entitled "Career opportunities for people with partial work ability" mapped the problems and suggested solutions (a nationwide work ability programme; see e.g. Oivo & Kerätär, 2018). One of the proposed ideas has gained traction: employment of people with disabilities in a special state-owned company named Työkanava Ltd. However, it is debatable whether a state-owned company is necessary, or whether private companies can serve the purpose (Summanen, 2021).

Although access to services and support for people with disabilities are relatively good, the relevant legislation – the Act on Disability Services and Assistance (380/1987), the associated Decree on Disability Services and Assistance (759/1987), and the Act on Special Care for People with Intellectual Disabilities (519/1977)¹⁵ – include concepts that are considered problematic in practice. For example, the concepts of "severe disability" or "reasonable costs" are susceptible to subjective interpretations, and may therefore result in unequal access to services. Although individual assessment of need is necessary, it is worth discussing whether certain concepts should be discarded. Alternatively, discarding those concepts may increase costs and hinder the provision of resources to the neediest. One of the discussions is about excluding older people from a few disability services, such as personal assistance – disability caused by ageing does not entitle people to personal assistance (Disability Services Act, Section 8c). Should entitlement to services be assessed purely based on need, or can it be said that certain functional capacity deficits are part of

¹⁴ There is an unofficial interpretation provided at Finlex:
<https://www.finlex.fi/en/laki/kaannokset/2012/20120916>.

¹⁵ The Acts and decree can be found in Finnish and Swedish at the Finlex databank. However, a translation of the [Act on Disability Services and Assistance](#) in English is available.

normal ageing and, therefore, not a public responsibility? (Nikumaa, 2016; Era, 2021). Additionally, the perspectives of budget-bound (*määrärahasidonnainen etuus*) and subjective rights are discussed. Subjective rights imply extremely strong rights, and they must be provided regardless of the provider's budget. Budget-bound services and devices must be provided only when funding is available, which might mean a long wait for those entitled to the services or devices. Subjective rights provide for predictability and safety from the viewpoint of people with disabilities, but would result in less flexibility for public administration.

The restrictive measures for people with intellectual disabilities have undergone a major renewal, as the Act on Special Care for People with Intellectual Disabilities (519/1977) was changed in 2016 because of the ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD). Emphasis on the self-determination and participation of people with disabilities has changed the practices and mindset in a few facilities providing care for people with intellectual disabilities. The Parliamentary Ombudsman and the national and regional supervisory authorities for welfare and health have made announced and unannounced inspections to various institutions. Certain interpretations of the new sections of the legislation have also been scrutinised by the Supreme Administrative Court (e.g. EOA, 20.1.2022; KHO, 2017:132.) To sum up, the participation and self-determination of people with disabilities have increased. However, much remains to learn and do.

Enhancing the self-determination and participation of people with disabilities is an overall target in disability services as well as in social welfare and healthcare. In order to enable greater individual support and enhance self-determination, the possibility of employing personal budgets to provide services has been examined in a pilot project. The results of the pilot on personal budgeting 2020-2021 reveal that, in a well arranged manner, a personal budget can increase the possibilities for individual choices. However, the adequate support for the choices must be available (THL, 2021a).

As it might be considered that people with disabilities are more exposed to violence – including domestic violence – the Finnish Association of People with Physical Disabilities and the Threshold Association with the Finnish Institute for Health and Welfare are conducting a quantitative and qualitative study on the frequency of domestic violence episodes experienced by people with disabilities, and the availability of services. The project is due in 2022.

Although the present legislation supports the rights of people with disabilities to a great extent, there are challenges in its implementation. Access to services or benefits may not always be easy. The Human Rights Centre for Finland, and its human rights delegation appointed by the Parliamentary Ombudsman¹⁶, will be conducting a survey on access to services in spring 2022. The ongoing social welfare and healthcare reform will very probably harmonise the interpretations of the rights, and therefore increase equality. This is a target mentioned in the online handbook on disability services provided by the Finnish Institute for Health and Welfare, as well as in the long planned new act on disability services. The present government set a target of improving the equality of people with disabilities by continuing the planned legislative reform and initiating a pilot to test personal budgeting (Government Platform, 144–145).

4.2 Recent reforms and reforms currently in the pipeline

There have been no great reforms since 2017. Even though the COVID-19 pandemic caused some tension between self-determination and the need to protect people from infection in some residential homes for people with disabilities – especially concerning the legality of the restrictive measures – no actual reforms were initiated.

¹⁶ The ombudsman has a special statutory task to promote and monitor the implementation of the UN CRPD.

Services for people with disabilities are currently regulated by two separate pieces of legislation: the Act on Disability Services and Assistance (380/1987) together with its supplementary Decree on Disability Services and Assistance (759/1987), and the Act on Special Care for People with Intellectual Disabilities (519/1977).¹⁷ There have long been plans to consolidate the legislation, and work in this direction started under the previous government. It is planned that the new legislation will be presented to Parliament during spring 2022 and come into force on 1 January 2023. It will be designed to improve the participation and self-determination of people with disabilities, as well as greater individual assessment of needs (MSAH, 2021a).

It has been considered that, after the changes made to the Act on Special Care for People with Intellectual Disabilities, Finnish legislation would comply with the requirements of the UN CRPD. However, the decision on Finland's first individual complaint heard by the Committee on the Rights of Persons with Disabilities (on 7 April 2022) stated that Finland has breached the convention. The committee considered that the complainant, a person with intellectual disability, had not been treated equally when considering their right to personal assistance. The complainant had been denied personal assistance on the grounds of resource criteria – the complainant's ability to determine the content and modalities of personal assistance. However, as Rautiainen and Nieminen interpret, the case was more about independent living than personal assistance: equal access to independent living could have been arranged in some other way (Rautiainen & Nieminen, 2022). The committee recommended – quite timely – that Finland amend the Disability Services Act to ensure equal treatment.

A state-owned special assignment company (Työkanava Ltd) will probably start operations in 2022 to promote the employment of people with partial working capacity. The idea emanated from Sweden, where the Samhäll company has employed thousands of people with partial working capacity. The government proposal for legislation in this regard was presented in October 2021 to the Parliament (HE, 198/2021). The company would support the skills of those in the most difficult labour market position by providing the possibility of work in the company. The idea is to empower employees to seek employment in the open labour market.

Employment with Työkanava Ltd. would be the option of last resort, when all other opportunities for finding employment have been exhausted. At present, the TE Offices have registered more than 30,000 unemployed job-seekers who have been diagnosed as having a reduced capacity to work (MEAE, 2021). The most disadvantaged of them are people with an illness or disability, aged over 55, and with a low level of education. Employees would be hired directly by Työkanava under an employment contract. Their remuneration and other terms of employment would be determined according to employment legislation and the applicable collective agreement (MEAE, 2021).

Työkanava would be financed with an initial capital of €20 million allocated to it in the budget from the Sustainable Growth Programme for Finland (EU Recovery and Resilience Facility). Additionally, the company would be provided with an annual appropriation of €10 million with the aim of employing 1,000 people in the long term. The company would also generate income by selling its services (MEAE, 2021).

The social security reform committee is in charge of reforming the Finnish social security system as a whole. It addresses questions related to basic social security, earnings-related benefits, social assistance, and other forms of social security. The committee examines how to better integrate services with benefits and how to simplify the overly complex social security system. The term of the committee is 2020 to 2027 (MSAH, 2021b).

¹⁷ The Acts and decree can be found in Finnish and Swedish in the Finlex Data Bank. However, a translation of the [Act on Disability Services and Assistance](#) in English is available.

4.3 Good practice and recommendations on how to tackle gaps and obstacles

The online handbook on disability services supports local social workers in their work and decision-making. As individual assessment is an important part of decision-making, there is room for discretion, especially legal discretion. Therefore, the provision of recent case law in the handbook is an asset, as it relieves the social workers from keeping abreast of the current interpretation of the law. Thus, the handbook enhances equal treatment of people in various municipalities. In addition to legal information, the handbook also provides facts, important publications, and statistics related to the field of disability services, as well as links for other disability-related information relevant to Finland. Full versions of the handbook are available in Finnish and Swedish, and there are summaries in three Saami languages, as well as in English. The handbook is maintained by the Finnish Institute for Health and Welfare (THL, 2021b).

Compared with the other European countries, the Finnish welfare state works well in protecting people with disabilities against poverty and social exclusion. In 2019, almost 30% of the EU population with a disability (aged 16 or over) was at risk of poverty or social exclusion, compared with 20% in Finland. The Finnish share is amongst the lowest in the EU. However, in Finland there is a substantial difference between people with and without disabilities. In the latter group, the at-risk-of-poverty or social exclusion rate is approximately 10% (Eurostat, 2021). A problem in the income-protection system is that the levels of single benefits are rather low, and the minimum income bundle often consists of a number of benefits paid on top of one another, which creates a system that is not transparent and may be difficult to understand. Even though the social rights of people with disabilities are relatively strong in Finland, the complexity of the system may prevent people accessing their rights. Hopefully the planned social security reform will simplify the income-transfer system, make service provisions more seamless and make the whole support system clearer and simpler (see MSAH, 2021b; StVM 33/2018).

Finnish national registers include a satisfactory amount of data on recipients of disability benefits and beneficiaries. Data-collection mechanisms ensure comprehensive, reliable and disaggregated data on disability, people with disabilities and their benefits. Thus, in principle, Finnish data-collection processes are broadly in line with Article 31 of the UN CRPD (United Nations, 2022). In most cases, data are available on the internet. There are portals to create tailored custom reports from data compiled by various public authorities responsible for registers (e.g. Kelasto, 2022; and Sotkanet, 2022). However, these tailored reports are often too general to give answers to more specific research questions (e.g. on the duration of benefits, and breakdowns by socio-economic status and nationality). In order to get answers to detailed questions requiring more disaggregated data, the researcher must ask for data from various register-keepers (e.g. Kela, THL, ETK, Statistics Finland) and combine these datasets for research purposes. The processes for getting the data and compile them is often long and laborious. Thus, the problem with Finnish data is the slowness of permission processes, rather than the amount and comprehensiveness of the data on people with disabilities.

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