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hoc Request**

# **Personal and household services**

**Finland**

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## **1 Presentation of the sector**

### **History**

The term “personal and household services” (PHS) fits to the Finnish context, although its legal basis as well as governance are more fragmented nowadays than before. The legal basis consists mainly of social and health care legislation and tax deduction legislation for household services (see Annex 1). The tax deduction scheme is rather thoroughly documented in the beginning of 2000s and evaluated and the employment effects have been critically reviewed. However, the organization and practices of social and health care sector including development initiatives are more scattered and in a process of restructuring. The role of household services needs to be set in a wider societal context.

The personal and household services have traditionally been part of the strictly regulated *public social and health care system under the auspices of municipalities*. Care oriented household services were once a significant part of the municipality services and society in general, and in 1950 the work was legally defined as a home care and enlightenment work done by appointed municipal home helpers especially among the poor and child rich population.<sup>1</sup> At the same time the (female) occupation of municipal home helpers flourished, and it is afterwards being warmly remembered as a societal function with crucial impact on the lives of parties concerned<sup>2</sup>. In that time also private home servants were widely used by richer people. Since 1966 the home care law was extended to cover also elderly, handicapped and other than poor families.<sup>3</sup> At the same time municipalities were allowed to apply for state aid in order to arrange household services for the poor families<sup>4</sup>. These were the years of a great societal restructuring and urbanisation in Finland. Agriculture lost its significance as an industry, people moved massively towards big towns and women were employed outside home and especially in the growing service industries. At the same time, there was an increasing need of a comprehensive child day care system especially in Southern Finland.<sup>5</sup>

Hence, years from 1950s to 1970s were also a time of a general development of a welfare state including labour legislation, gender equality and establishment of the child day care service system (Act 36/1973). These and e.g. the right to have a short child care leave caused significant changes in the home care profession and steady decrease in the amount of especially families with children within the scope of household services. In 1985 there were still 65,000 families with children as clients of municipal household services; 30,000 in 1995 and only 9,000 in 2010s.<sup>6</sup> This has meant decreasing from about 8.2 % of families in the early 90s to 1.5 % in 2012 and also a decrease in the scope of services provided. It has even been argued, that nowadays, while the families are in temporary need of help, it is easier to take children into custody than provide help at home.<sup>7</sup>

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<sup>1</sup> Stenroos, Marja-Leena (2012). Do families with children receive household services in municipalities? (Saavatko lapsiperheet kodinhoitopalveluja kunnissa?) Seminar presentation 16.10.2012.

<sup>2</sup> Personal communication.

<sup>3</sup> Ibid. 7.

<sup>4</sup> Haverinen, Riikkalea & Laakko-Leinonen, Mari & Laitinen, Eeva & Tolonen, Jaana & Väisänen, Ulla (2011). Household work services – helping in everyday life. (Kotityöpalvelut – laatua ja apua arkeen vauvasta vaariin). [blogit.jamk.fi/kajaani/2011/08/26/kotityöpalvelut-laatua-ja-apua-arkeen-vauvasta-vaariin-2/](http://blogit.jamk.fi/kajaani/2011/08/26/kotityöpalvelut-laatua-ja-apua-arkeen-vauvasta-vaariin-2/). Retrieved 19.5.2015

<sup>5</sup> Ministry of Education and Culture (2012). The history, present state and development trends in early education. MEC studies 2014:12.

<sup>6</sup> Ibid 7.

<sup>7</sup> Jaakkola, Helena (2012). A blog writing. Retrieved 18.5.2015.

## **Present organization**

The local government is a main service provider as well as a purchaser of household services in Finland, and in principle, the municipalities are responsible for allocating adequate resources. They can either organize the services by themselves or provide them by forming larger catchment areas with other municipalities, via joint authorities of social and health care, by outsourcing or by providing service vouchers for clients. When using other than municipality's own service provider, the legal purchaser is required to ensure that the quality of service meets the legal standards. The practices vary depending on the local context like size of the municipality and local ways.

The recent development of social and health care system can be characterised as strengthening of neo-liberal thinking besides welfare state thinking. Along the state subsidy reform (Act 733/1992) in the midst of economic recession, municipalities gained significantly more autonomy in relation to allocating resources. According to the Act on Health care (338/2011), in order to arrange additional support for local residents, cooperation is required between different municipal sectors like day care, household services, child protection, student welfare, specialized medical care and other instances. The household services are coordinated by a home care manager ("kotihoidon ohjaaja", category "other" according to Municipal General collective agreement, 22803) and household service manager ("kotipalveluohjaaja", category *ibid*, 22820).<sup>8</sup>

Ministry of Social Affairs and Health coordinates home care which is divided into three categories. **Household services** are targeted at those who have difficulties to cope with everyday tasks – mainly elderly, handicapped and sick people. Families with children are allowed for home care when necessary from the children welfare viewpoint. The service includes domestic work and personal care like hygiene. The **supporting services** include care and maintenance, child care as well as support services like meal service, clothing care, bathing, cleaning, transport, and escort service. The service is practical in nature. Since 1990s the emphasis has been more on personal and health related care. Municipalities' social work department is responsible for social home service and health centers for home nursing care. Based on the severity of illness or handicap, there are also other services available in the municipalities like housing services, personal aid, home modifications, equipment etc. A social instructor working at the social work department does counselling relating to these e.g. after obtaining serious injury. The distinction between care and non-care services is not a simple one. Household services are provided mainly in the day time, but also other working times are becoming more frequent. Household service workers are mainly home aids, domestic assistants and practical nurses. **Home nursing** is a third form of household services taking care of e.g. medication of the client. The **service needs assessment** in regular cases is required in 7 days by municipal authority.<sup>9</sup>

According to the Association of local and regional authorities, household services have not been defined in detail, and there are no significant national recommendations or guidelines concerning them.

## **Sources of funding**

The funding system of personal and household services is rather complicated in Finland. Most of the everyday tasks and small renovations in the households are taken care of by the households themselves, friends and relatives. Public, municipal household

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<sup>8</sup> *Ibid.* 5.

<sup>9</sup> Ministry of Social Affairs and Health (2015).

[www.stm.fi/sosiaali\\_ja\\_terveyspalvelut/sosiaalipalvelut/kotipalvelut](http://www.stm.fi/sosiaali_ja_terveyspalvelut/sosiaalipalvelut/kotipalvelut). Retrieved 18.5.2015.

services support mostly elderly and other disadvantaged people. There are 330 municipalities in Finland, and they receive government grants as well as collect a local income tax beside the state. In principle, private sector supplements this provision and offers also some (non-care) services that the public sector does not. There are also NGO's operating in the private markets. In addition, third sector volunteer household help forms one major part of the services for households in need. Funding of the third sector is typically based on a minor state subsidy and on volunteer membership fees and donations. Municipal service may be either municipality's own production or provided by a private company. Municipalities also subsidize the households via service vouchers, and the state on its behalf via tax deductions. In addition, there are some other widely used allowances available for households managed by the Social Insurance Institution of Finland.<sup>10</sup> All the different forms of PHS are listed in Annex 2.

### **Markets and volumes**

Since the downgrading of public household services a strong outsourcing effort has taken place in municipalities. As a whole, municipal household services consist of elderly household care and supporting services. The municipal household services are targeted for (i) families with children, (ii) elderly households, (iii) handicapped households and (iv) other households. In total 133,007 households were served in 2012, and of these 10,099 (7.6 %) used a service voucher. The share of elderly households under services has been rapidly growing in 2005–2012 while the amount of families with children was 83 % less in 2012 than in 1990. 90 % of the household calls were targeted at elderly homes with inhabitants mainly over age 75. Supporting services were provided for 126,333 households in 2012 which is a little higher amount than in 1990 (119,788). Municipal household services cost EUR 794 million in 2011, which was 3.7 % of the total social and health care costs. Taken together, 78 % of the household services were produced by municipalities themselves and 22 % were purchased. The share of federations of municipalities as producers was 3.5 %, other municipalities 5.3 % and private market 12.9 %.<sup>11</sup>

Besides the public services a moderate amount of private **household work service enterprises** ("kotityöpalveluyrityksiä") have appeared. In the field of social services there were 3,353 private companies with a total personnel of 27,200 in 2011; two years later 3,305 companies employing 29,606 persons<sup>12</sup>. Most of these are providing household services only vaguely relating to the municipalities' social care. Private provision consists mainly of cleaning, gardening, meal services and other household services. Companies are often multidisciplinary. One of the newest service product is elderly homecare. It may be that the private accommodation services are expanding due to aging of population and improvement in the ability to pay for elderly services. There are also **third sector service producers** in the field, which employ even a little more than private service producers, 27,700 persons in 2011. Their turnover was almost

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<sup>10</sup> Larjovuori, Riitta-Liisa (2007). Household services as everyday help. Service use and needs of the population in Tampere region. (Kodin palvelut apuna arjessa. Tampereen seudun väestön palveluiden käyttö ja tarpeet.) University of Tampere.

[www.tampere.fi/tiedostot/5veDrBLMd/Kodin\\_palvelut\\_apuna\\_arjessa\\_-\\_Tampereen\\_seudun\\_vaeston\\_palvelujen\\_kaytto\\_ja\\_tarpeet.pdf](http://www.tampere.fi/tiedostot/5veDrBLMd/Kodin_palvelut_apuna_arjessa_-_Tampereen_seudun_vaeston_palvelujen_kaytto_ja_tarpeet.pdf)

<sup>11</sup> Puustinen-Korhonen, Aila (2013). Situation of Finnish household and supporting services. Association of local and regional authorities.

[www.kunnat.net/fi/tietopankit/uutisia/2013/21102013kotipalvelu/kotipalvelun-tilanne-suomessa-lokakuu-2013.pdf](http://www.kunnat.net/fi/tietopankit/uutisia/2013/21102013kotipalvelu/kotipalvelun-tilanne-suomessa-lokakuu-2013.pdf). Retrieved 19.5.2015.

<sup>12</sup> The Association of Social Service Employers (ASSE) (2015). Private production of welfare 2015. Statistics and trends concerning private social service sector development. (Hyvinvointia yksityisesti 2015. Tilastotietoa ja trendejä yksityisen sosiaalialan kehityksestä.) [www.sosiaaliala.fi/wp-content/uploads/2014/06/hyvinvointia\\_yksityisesti\\_2015.pdf](http://www.sosiaaliala.fi/wp-content/uploads/2014/06/hyvinvointia_yksityisesti_2015.pdf)

the same as that of the private service companies, EUR 1.5 million. However, the share of the household services of the total third sector social services is rather small, 1–2 % in terms of both personnel and turnover.<sup>13</sup>

Valvira, the social work supervising agency prepares national statistics concerning private service produces which are subject to authorization, but in addition to this there are many private companies producing household supportive services which are not included in these statistics. It is very possible to assume that no authority has a comprehensive picture of the total household sector and its personnel.

## 2 Main element on jobs in the sector

### Development of declared jobs

The statistics relating to personal and household services are rather confusing, although the rough scale and development of employment is ascertainable. In 1995 and 2000 the structure of the labour in household services (of the municipalities) looked like the following (Table 1).

Table 1. Employment in the field of household services according to professional group in 1995 and 2000.<sup>14</sup>

Professional group	1995		2000	
	Frequency	%	Frequency	%
Doctors and experts	91	0.7	134	0.7
Nurses, health nurses	148	1.1	417	2.4
Social care experts	505	3.7	673	3.8
Other experts	22	0.2	23	0.1
Experts in total	766	5.7	1,247	7.0
Practical nurses	234	1.7	1,376	7.8
Nurse and care assistants	56	0.5	140	0.8
Health care in total	290	2.2	1,516	8.6
Household workers	6,594	49.2	8,723	49.2
Home helpers, personal assistants	4,640	34.6	5,171	29.2
Other social care workers	263	2.0	225	1.3
Social care in total	11,497	85.8	14,119	79.7
Others	841	6.3	830	4.7
Household services in total	13,394	100.0	17,712	100.0

<sup>13</sup> Lith, Pekka (2013). Private social and health services. Report on private provision and companies' growth and public procurement and development of social and health services. (Yksityiset sosiaali- ja terveyspalvelut. Raportti yksityisestä palvelutarjonnasta ja yritysten kasvusta sekä julkisista hankinnoista ja toiminnan kehittämisestä sosiaali- ja terveyspalveluissa.) Ministry of Employment and Economy Reports 34/2013.

<sup>14</sup> Lith, Pekka (2003). Families with children forgotten in the municipal household services. Statistics Finland 9.9.2003. [www.stat.fi/tup/tietoaika/tilaajat/ta\\_09\\_03\\_lapsiperheet.html](http://www.stat.fi/tup/tietoaika/tilaajat/ta_09_03_lapsiperheet.html)



It seems that the amount of personnel in this field has continued to increase since 2000, but the change has not been dramatic. It should be clarified, that there are several possible ways to categorize the household service sector, and the breakdown above is not the only possible. In municipalities, the household work is formally included in the category of social work services without accommodation, which employed about 125,000 workers in 2014 according to Eurostat<sup>15</sup>. However, the breakdown of this category is as following (total figures are not totally identical with Eurostat due to unknown reason) with household work categories totaling only 23,424. Children's daycare forms about half of the social work services and also other work that does not take place actually in households are not included to this report.

Table 2: Employees in social work services without accommodation in 2012 (on the basis of Ailasmaa 2015).

	<b>Employees</b>
<b>88</b> Social work services without accommodation	114,901
<b>881</b> <i>Social work services without accommodation for elderly and handicapped</i>	29,876
<i>88101 Household services for elderly and handicapped</i>	22,374 <-
<i>88102 Daytime and working activities for elderly</i>	1,129
<i>88103 Daytime and working activities for handicapped</i>	4,008
<i>88109 Other social work services without accommodation for elderly and handicapped</i>	2,365
<b>889</b> Other social work services without accommodation	85,025
8891 Children's day care services	63,542
<i>88911 Children's day care centres</i>	60,227
<i>88919 Other children's day care</i>	3,315
8899 <i>Other uncategorized social work services without accommodation</i>	21,483
<i>88991 Household services other than for elderly and handicapped</i>	1,050 <-
<i>88992 Daytime and working activiteis other than for elderly and handicapped</i>	3,504
<i>88993 Drug rehabilitation without accommodation</i>	1,049
<i>88999 Other elsewhere uncategorized social work services without accommodation</i>	15,880

To make the statistical difficulties more visible, in 2012 the amount of personnel in the household services for elderly and handicapped was reported to be 22,374 (23,041 in

<sup>15</sup> Eurostat (2015). Employment by sex, age and detailed economic activity (from 2008 onwards, NACE Rev. 2 two digit level)

total household services according to Statistics Finland and Ministry of Employment and Economy), of which 18,145 were public sector employees, 3,287 private sector and 942 NGO employees. In addition, there were 1,050 workers in the household services for other target groups. Of these the majority (738 persons) were employed in the private sector.<sup>16</sup> On behalf of total elderly care it can be seen that the share of private employees increased from 6.5 % in 2000 to 19 % in 2012, although more accurate comparison is not available due to many changes meanwhile. In terms of 'community-based social services' and 'home-help services' the total amount of employees was 14,500 in 2000 and 15,500 in 2008.<sup>17</sup> It may be concluded that employment in the field has increased steadily in 2000s as well as the share of private service producers.

There are problems with statistics relating also to the fact that the professional titles of household service workers vary, and it is possible to take into account e.g. doctors and other health care workers and experts as well as miscellaneous social work sector titles<sup>18</sup>. E.g. persons in a category "household workers" are employed in either municipal or private sector **under the scope of municipal arrangements**, and they are further divided into health services: (i) hospital services, (ii) other doctoral services and (iii) other health care services, and into social services: (iv) elderly care, (v) children day care, (vi) other social care. The share of non-children care was, according to this statistics, only about 2,000 persons in 2012.

The Association of Social Service Employers (ASSE), a member of the Confederation of Finnish Industries (EK) represents about 1,300 non-municipal employers in the field, of which 60 % are private and 40 % third sector agents. They employ 45,000 workers in total. The amount of members has doubled in 2000s and, as a whole, the sector has been one of the rare, steadily growing fields of industry during the economically difficult years.<sup>19</sup>

Most of the employees in the field are in the scope of either General collective agreement in the municipal sector (KVTES), Private social services sector collective agreement or Real estate services sector collective agreement, which are all generally binding.

### **Employment models**

From the employment perspective, the household services take many different forms in Finland. First of all there are varyingly qualified **household service related workers** mainly employed in municipalities' social work departments. This is the largest group of employment in the field, about 80 % of the total. Municipal household related tasks vary from medical operations and rehabilitation to everyday aid. The share of **private entrepreneurs** is 5 % and **private sector household service employees** about 15 %.<sup>20</sup> They are often doing non-care activities, although the distinction is not clear. Their employment may be arranged by municipality in a way or another – via outsourcing agreements, via rental work or part-time work, via part-time entrepreneurship or via employment relationship in a private company or non-profit organization (NGO). Service vouchers may be used to compensate for the costs of the private service for the client household. They may also work directly for the households, and their work may be

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<sup>16</sup> Ailasmaa, Reijo (2015). Health care and social welfare personnel 2012. Statistical report 8/2015. National Institute for Health and Welfare. (Appendix 1C)  
[www.julkari.fi/bitstream/handle/10024/125860/Tr08\\_15.pdf](http://www.julkari.fi/bitstream/handle/10024/125860/Tr08_15.pdf)

<sup>17</sup> Ailasmaa, Reijo (2009). Health care and social welfare personnel 2008. Statistical report 23/2009. National Institute for Health and Welfare.  
[www.julkari.fi/bitstream/handle/10024/80035/Tr23\\_09.pdf](http://www.julkari.fi/bitstream/handle/10024/80035/Tr23_09.pdf)

<sup>18</sup> Ibid 14.

<sup>19</sup> Ibid. 12.

<sup>20</sup> Ibid. 12.

subsidized by the tax deduction system for households, and they may be either directly employed by the household or via company. All these forms of work are being supervised by National Supervisory Authority for Welfare and Health (Valvira) and Regional State Administrative Agencies (AVIs) in terms of work quality and sufficient manning of working places.

### **Working conditions**

According to the Statistics Finland and Association of Local and Regional Authorities, there were 4,903 persons working under different titles relating to the household services in 2012. This is a narrower definition of the sector than the one above. Of these, 3,941 persons (80 %) were full-time workers and 954 persons (19 %) part-time workers<sup>21</sup>. 1,768 persons (36 %) had a (before 1995 completed old) secondary level degree on social work (=household care worker, "kodinhoitaja"), which was later possible to transform into a higher level qualification. According to the calculations of the Association of local and regional authorities, 391–1,265 workers would be needed in order to achieve the level of 1990's household services for families with children, and it would cost EUR 17.7–57.3 million. More depending on the estimated frequency of the calls. The average pay level is EUR 2,534<sup>22</sup> per month with 200 working days per year, 2.5 household calls per day and 7.25 working hours per day, employer expenses about 30 % and overheads 10 %. Planned cuttings taken into consideration, increase of the household services is very unlikely. The problem is how to maintain especially the families with children in the scope of household services (as a new law requires, see below).<sup>23</sup> Part-time entrepreneurship is also common in household services. This may be due to the pursuit of additional earnings besides main employment, but it may also be an entrance to working life in different stages of life and e.g. for recently retired people. The turnover rate in terms of starting and quitting companies is relatively high in household services. Between 2010 and 2012 there were 32 % of new enterprises and 33 % those that quitted. This is more than in social services altogether, but less than in some other categories. Household services is one of the least growing business in terms of company growth in comparison with other social and health care services.<sup>24</sup>

Working conditions in the municipal elderly care have decreased since 2005 according to some studies. This may be due to increasing working load in especially household care<sup>25</sup>. According to the follow-up study on the implementation of Elderly Services Act, the planned personnel structure of the municipal household services included 16,861 employees in total. 13,488 vacancies were filled.<sup>26</sup>

According to the policies, the goal is to have elderly at home as long as possible<sup>27</sup>, which means that the caring has also become more intense. According to the survey by The

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<sup>21</sup> The statistics include also some home nurses due to different types of categorizations in municipalities. Ibid. 11.

<sup>22</sup> Always adapt to the rather heavy taxation of incomes as well as to the high level overall living expenses in Finland and especially housing expenses.

<sup>23</sup> Ibid. 11.

<sup>24</sup> Ibid. 13.

<sup>25</sup> Laine, Marjukka et al. (2011). Working conditions in the Social and Health Sector 2010. Two decades' trend. (Sosiaali- ja terveystalouden työlöt 2010. Kahden vuosikymmenen kehityskulku.) Finnish Institute of Occupational Health. [www.ttl.fi/fi/tiedotteet/Sivut/tiedote12\\_2011.aspx](http://www.ttl.fi/fi/tiedotteet/Sivut/tiedote12_2011.aspx). Retrieved 19.5.2015

<sup>26</sup> NIHW (2014). Household service models and personnel in 2014 – Follow-up study on implementation of the Elderly Services Act. (Kotihoidon toimintamallit ja henkilöstö vuonna 2014 – Vanhuspalvelulain toimeenpanon seurantatutkimus). National Institute for Health and Welfare – Research Concisely 2/2015.

<sup>27</sup> Based on interview with Aino Närkki, Association of Social Service Employers, 20.5.2015.

Finnish Union of Practical Nurses (SuPer), the well-being at work was the lowest in social care and more specifically in the elderly care. 70 % of the respondents were working in the public sector and 30 % in the private sector.<sup>28</sup> According to a personnel research conducted by the author of this report the level of quality of working life in municipal household services was below average (3.43 on a scale from 1–5) in 2011 but it had increased by 0.6 points since 2009.<sup>29</sup> One explanation for the problems in the well-being at work in caring activities may relate to the lack of the prestige compared to health care sector.<sup>30</sup>

### **3 PHS approaches and their impact on job creation and employment levels**

Mostly due to significant aging of population and long lasting economic downturn, the totality of social and health service sector is currently under considerable restructuring in Finland. At the same time the sector has been estimated to be in a serious need of labor in the future but is also in the face of great cuttings of Government grants. In the current Government negotiations, the total savings targeted at municipalities have been estimated to be EUR 2 billion during the next four years. These challenges have already been addressed e.g. by the project to restructure local government and services (2007–2012) with contradictory evidence on the short term cost effects<sup>31</sup>. Also social and health related outsourcing and entrepreneurship have been promoted. Some studies have dealt with these issues, but the overall picture is difficult to reach on behalf of different measures' economic and employment effects of household services.

The main holistic intervention in the field of the welfare services was launched in 2009 in a form of multi-agent development programme HYVÄ ('Good') coordinated by the Ministry of Employment and Economy. The starting point of the project was the demographic change and the increasing need of labour in the social and health care sector (125,000 employees by 2025). The main rationale of the project was to reduce cost effects of public sector by opening up the social and health care sector markets, diversifying the services and production models, strengthening the customer choice system and finally promoting new business opportunities, growth and service exports in the sector. The measures included strengthening of public entrepreneurship consultation services (like web based service Yritys-Suomi) and training, promoting networking and co-projects in internationalizing, targeting and maintaining the level of LMP training in the sector, developing working conditions<sup>32</sup>, conducting surveys, renewing recruiting criteria and principles, and doing strategic work in the municipalities in concordance with KASTE-programme (National Development Programme for Social Welfare and

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<sup>28</sup> ASSE (2015). HOIVA 2020. The Future of the Private Care Sector. (HOIVA 2020. Yksityisen hoiva-alan tulevaisuus). The Association of Social Service Employers.

<sup>29</sup> Jokinen, Esa. & Heiskanen, Tuula (2013). Local government personnel in the face of reforms II (Henkilöstö uudistusten pyörteissä II). Paras-ARTTU research no. 27. Helsinki: Association of Local and Regional Authorities. (Acta 247). [shop.kunnat.net/product\\_details.php?p=2857](http://shop.kunnat.net/product_details.php?p=2857)

<sup>30</sup> Ibid. 27.

<sup>31</sup> Kallio, Olavi et al. (2012). Finnish municipal and service structure reform from an economy perspective. Evaluation Research Programme ARTTU studies No. 24. Acta Publications No. 243. University of Tampere and Association of Finnish Local and Regional Authorities. Helsinki.

<sup>32</sup> See e.g. Huovila, Leena (2015). Making household care work visible. (Kotihoidon työ näkyväksi) In Tiedon silta 2015. Publications of The Finnish Work Environment Fund.

Health Care).<sup>33</sup> The programme ended in 2015 and was assessed to be successful<sup>34</sup>, but no thorough evaluation study has been conducted on it yet, so its results won't be dealt here in more detail.

The second important development has been the new Social Welfare Act which came to force 1.1.2015 concerning household services. According to the new Act the families with children are entitled to necessary household service in case of illness, birth giving, disability, burn-out or difficult life situation like death or divorce in the family. The main change is that this does not require that the family becomes a client of critical child welfare services anymore and hence lowers the barriers of use of these services. This will lessen the work load in the child welfare services and strengthen proactive operating model.

The third significant development relates to the strengthening of the customer choice in the social and health care services. This development consists of three main lines: **health insurance care reimbursement system, service vouchers, tax deduction scheme** on household services. Traditional Health insurance system is not dealt here in more detail while it concerns mostly visits to health care outside home. Service vouchers, instead, have been analysed recently. The scheme has concentrated on a few (big) municipalities, and it was first implemented in household services. Use of vouchers increased since 2009 legislation change, but the problem is, that the detailed data on their use is unavailable. The share of household services was 11 % of 2013 voucher expenses, about EUR 13.3 million, while the total voucher expenses were EUR 117 million in 2013 after rapid increase since 2009 (EUR 20 million). It has been claimed that voucher system has somewhat benefitted the private family day care. In the private sector, the use of voucher system may have hindered the use of outsourcing services. In addition, the use of vouchers is restricted to home municipality.<sup>35</sup> The share of household services expenses of the total social and health care is about 3.5 % and the share of outsourcing is about 23 % (in 2012).<sup>36</sup>

The tax deduction scheme on household services includes both care and non-care services, typically renovation. According to the tax-credit system all Finnish residents with taxable income can deduct a certain amount of wage (15 per cent after being lowered from 30 per cent in 2012) and work compensation (45 per cent after being lowered from 60 % in 2012) when purchasing home services including, for instance, household repairs, gardening, and cleaning services. The maximum amount of deduction is €2400 in 2015 after being lowered to \$2000 in 2012 from \$3000 and the retention is €100 per person. While the deduction is granted on an individual basis it favours households with two adults and people with not low income. The system has existed since 1997 and has expanded rapidly, particularly since 2001, when the corresponding law came into force. Yet even today the system is very little used to purchase care services for aged persons, although adult children have a right to deduct expenses of care and cleaning services purchased for their parents. The share of typical household and caring activities is only about 20 per cent of the total scheme. The amount of deduction was €2300 on behalf of the non-renovation activities already in

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<sup>33</sup> MEE (2011). HYVÄ programme 2011–2015. Goals and Means. (Hyvinvointialan työ- ja elinkeinopoliittinen kehittäminen – HVYÄ 2011–2015.) Ministry of Employment and Economy. [www.tem.fi/files/31430/Hyvinvointialan\\_työ-\\_ja\\_elinkeinopoliittinen\\_kehittäminen\\_HYVA\\_2011\\_-\\_2015.pdf](http://www.tem.fi/files/31430/Hyvinvointialan_työ-_ja_elinkeinopoliittinen_kehittäminen_HYVA_2011_-_2015.pdf)

<sup>34</sup> MEE (2015). Evaluation of the MEE Strategic Programmes. (TEM:n strategisten ohjelmien arviointi). Ministry of Employment and Economy Publications 11/2015. [https://www.tem.fi/files/42214/TEMrap\\_11\\_2015\\_web\\_11022015.pdf](https://www.tem.fi/files/42214/TEMrap_11_2015_web_11022015.pdf)

<sup>35</sup> Lith, Pekka (2015). Service Vouchers and Voucher Types of Systems in Public Sector. (Palvelusetelit ja palvelusetelityypit järjestelmät julkisella alalla.) Helsinki Chamber of Commerce. [www.digipapaer.fi/kauppakamari/127487/](http://www.digipapaer.fi/kauppakamari/127487/)

<sup>36</sup> Ibid. 12.

2003. The deduction is possible not only for the work of VAT registered companies but also for the work of non-profit organizations. However, tax deduction is not possible in the case of already receiving service voucher, support for informal care or private day care allowance.

This scheme covers about 10,000 working hours per year. The actual employment effects have been estimated to depend on the state of economy, but no further impact on employment or undeclared work (from 60 % to 25 %) is not to be expected by increasing the level of deduction.<sup>37</sup> No later analysis on the employment effects has been made, but it has been concluded, that the use of tax deduction scheme is highly dependent on one's income level. E.g. low-income pensioners are often not benefitting from the scheme<sup>38</sup>. The share of household and related services is only about 20 % of the total scheme. In the private household services (NACE 88101 and 88991) the household tax deduction covers about 40 % of their turnover<sup>39</sup>.

The existing evidence was gathered in 2007 by the Ministry of Finance<sup>40</sup> concluding that the tax deduction scheme does not necessarily add to the employment of low-wage sectors as much as intended. It was also noticed that there are some serious problems relating to the controlling for the deadweight effect or the separate effect in the studies of the scheme.<sup>41</sup> Hence, according to the Ministry of Employment and Economy, no further studies have been made except for the general description of the yearly provision and use of the scheme.<sup>42</sup>

The total repertoire of personal and household services, measures and incentives in Finland is presented in a form of a table (in Annex 2). It elaborates the complexity and cross-functional character of the field and also highlights the difficulties of attributing employment impacts or cost effects to any single measure not to mention the deadweight effect.

#### **4 Workers in PHS – current and future employability in the sector**

Overall, it has been forecasted that the need of labour increases by 9 % in the health care and social services between 2013 and 2025, which means as much as 75,000 persons<sup>43</sup>. The demographic change and aging of population put pressure on both the demand of the services and availability of the employees. The qualification requirements are quite strict in the field as well as regulations concerning the quality and manning of work places, which may hinder the development of the field. In the current Government negotiations it has even been suggested, that the Vocational education generally should

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<sup>37</sup> MF (2010). Memo on Tax Deduction Scheme on Household Services. 13.9.2010. Ministry of Finance.

<sup>38</sup> Grönberg, Sami & Rauhanen, Timo (2015). Tax Deduction Scheme on Household Services from the Point of View of Low-Income Pensioner. (Kotitalousvähennys pienituloisen eläkeläisen näkökulmasta). VATT Institute for Economic Research Memos 42.  
[www.sitra.fi/julkaisut/Muut/Kotitalousvahennys\\_pienituloisen\\_elakelaisen\\_nakokulmasta.pdf](http://www.sitra.fi/julkaisut/Muut/Kotitalousvahennys_pienituloisen_elakelaisen_nakokulmasta.pdf)

<sup>39</sup> Ibid. 34.

<sup>40</sup> Tuovinen, M. (2007). Private household services and household tax deduction scheme (Yksityiset kotityöpalvelut ja kotitalousvähennys). Ministry of Finance. 4.6.2007.  
[www.2014.vm.fi/vm/fi/04\\_julkaisut\\_ja\\_asiakirjat/01\\_julkaisut/075\\_verotus/20070605Yksity/kotitalousvahennys2007.pdf](http://www.2014.vm.fi/vm/fi/04_julkaisut_ja_asiakirjat/01_julkaisut/075_verotus/20070605Yksity/kotitalousvahennys2007.pdf)

<sup>41</sup> See Uusikylä, R. (2005). Did household tax deduction really increase employment? (Kasvattiko kotitalousvähennys todellakin työllisyyttä). Labour Review 2/2005.

<sup>42</sup> Interview with Johanna Alatalo, Ministry of Employment and Economy, 17.6.2015.

<sup>43</sup> Government Institute for Economic Research (2014). Preliminary baseline VATTAGE forecasts by sector.

be shortened from three to two years, which may be unfavorable in terms of possibilities to apply for further studies.

While the PHS sector has a long history in Finland, several efforts and initiatives have taken place in order to develop skills and support professionalization in the sector. In 2000, a three-year competence-based basic vocational qualification in Household and Consumer Services was established as part of Tourism, Catering and Home Economics Sector (ISCED 3). This means that the qualification can be achieved through recognition of prior learning and with skills demonstrations.

In 2006, in a study conducted by Finnish National Board of Education it was concluded that household services was a fast growing sector and that the vocational education appeared to answer to the education needs relatively well. About 40 % of the students were employed in the sector and they had several job titles. About 80 % of the students assessed that the education answered to the competence needs of their work. It was concluded, that the qualification title was not yet known in the labour market, and that the education will take some time to establish itself and to become widely accepted. Also the emphasis of the training on the social and health care skills was suggested to be further increased.<sup>44</sup> In 2010 the Household and Consumer Service Qualification was integrated with Cleaning Service Qualification. There were about 200 qualified in 2010–2012 (see Annex 2). In addition, there is a further Qualification in Household Work Services, and there were some 240 qualified in 2012 (see Annex 2).

Currently there are some typical basic formal qualifications in the background of the employees like basic vocational qualification in social and health care or basic vocational qualification in cleaning services. In 2012, household work service was among ten occupations that had most increased their employment in all female age groups up from 30.<sup>45</sup>

Professionalization of PHS sector is very little studied field. According to Finnish Association of Local and Regional Authorities, Ministry of Employment and Economy as well as Finnish Federation for Social Affairs and Health there is not known study or statistics concerning the qualifications of the workers especially in the household service sector on the national level. Hence, no national level picture can be built based on the available information. Some local training projects do deal with these issues, but these cannot be used for wider conclusions.

However, the question of professionalization or the strength of PHS sector can be approached from the societal perspective, also. There really is a debate going on in Finland and pressures to lower the qualification criteria and wage-level in PHS sector. This is seen in the ongoing process of renewing the Social Welfare Act. The regional authorities responsible for the quality of PHS and other social welfare services are following this development with concern.<sup>46</sup> In addition, the training as such is not a problem but the wage-level that is required for purchasing qualified PHS personnel.

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<sup>44</sup> FNBE (2006). Study on Vocational Qualification in Household and Consumer Services and its correspondence to the working life needs. (Selvitys kotitalous- ja kuluttajapalvelujen perustutkinnon työelämävastaavuudesta ja osaamistarpeesta). Finnish National Board of Education. [www.oph.fi/download/47170\\_ko\\_ku\\_selvitys.pdf](http://www.oph.fi/download/47170_ko_ku_selvitys.pdf)

<sup>45</sup> Statistics Finland (2014). Most common occupational groups in terms of new employment according to sex and age in 2012. [www.stat.fi/til/tyokay\\_2012\\_04\\_2014\\_11-06\\_tau\\_001\\_fi.html](http://www.stat.fi/til/tyokay_2012_04_2014_11-06_tau_001_fi.html)

<sup>46</sup> Interview with Social welfare leading senior adviser Marja-Leena Stenroos, Regional State Administrative Agency of Southern Finland. 17.6.2015.

## **5 Feasibility for EU action in PHS**

There are some EU instruments in use among the private social sector work places, although no wider dissemination mechanisms exist. Several ESF funded projects have promoted employability in the household service sector under the auspices of Ministry of Employment and Economy. No comprehensive data exists on this, but according to the MEE statistics there were 4,781 LMP trainees in the field of household services and Basic Vocational Qualifications of Social and Health Care in 2014. Of these, only less than 100 participated in ESF funded trainings. In other ALMP measures there were 1,956 persons in the field, of which some 40 with the support from ESF.<sup>47</sup> The sector has been growing and organizing in a steady pace, but the sector specific development measures are still in a minor role. Most development efforts and incentives are based on the generally available working life incentives like TEKES (the Finnish Funding Agency for Innovation) grants and different kinds of entrepreneurship subsidies.<sup>48</sup>

ESF funded HYKE project is an example of the development efforts in the welfare sector in 2003–2007. The project took place in the Pirkanmaa region and it was conducted in cooperation between City of Tampere and its partners. The main conclusion of a research that was conducted as part of this project was that the clients and potential clients of household services are a very heterogeneous group, which calls for better consideration.<sup>49</sup>

From the employer perspective, there is a need for (more) continuing (than so far) development in collaboration between trade unions, municipalities and private producers. The professionalization of the PHS sector, in other hand, is developing with the accommodation services ahead, and requires more studies and comparisons between public and private production expenses.<sup>50</sup> Meanwhile, the Vocational Qualification of Household Services has increased its scope and somewhat strengthened the position of the workers.

## **6 Conclusion and recommendations**

The policy development needs in the PHS sector are rather complicated in Finland. The main obstacle for EU intervention lies in the national regulations concerning the manning and qualifications needed in the PHS sector. The room for manoeuvre of private care enterprises is relatively small because they need to register at the municipal administration and they are quite closely supervised. This relates to the structures of social and care sector as well as to the responsibilities of authorities as a whole in Finland. In addition, while the organizing principles of social and health care are under restructuring, it is difficult to point at any specific intervention that might be of use for the strengthening of PHS sector.

In Finland, the relationship between the public health care, social care and other (private) care is problematic not only conceptually but also practically. Help might be needed in order for the customer to get full benefit out of them. The rather new vocational qualification in household and consumer services is not a social and health care qualification, and this was seen as a restrictive element in an assessment study. On the other hand, caring activities have been under-utilized in the household tax deduction scheme. There are some problems relating to the demand of personal and household caring activities in Finland, which may be culturally defined.

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<sup>47</sup> MEE statistics. Personal communication by Mika Tuomaala, MEE, 13.5.2015.

<sup>48</sup> Ibid. 28.

<sup>49</sup> Ibid. 11.

<sup>50</sup> Ibid. 28.



Also it seems that the deadweight or separate effect problem is difficult to overcome when assessing the policy impact on PHS sector employment. This means that it may be that even if the private sector would increase its employment due to some policies, at the same time the municipal sector would decrease and the overall employment would remain almost the same in the sector.

Furthermore, even though the demand for PHS work is steadily increasing and becoming professionally more demanding due to aging population, there are still some restrictions: (i) the pressure on the decreasing of the public expenditure on welfare services, (ii) pressure on lowering the wage-level and qualification criteria in PHS sector and (iii) relative shortage of labour in the growing total social and health care sector and (iv) related problems with the prestige of the sector. The shortage of labour is maybe only temporarily compensated by the increasing unemployment in Finland at the moment.

So there are, indeed, problems relating to the future of PHS sector in Finland. On one hand, the PHS market has grown steadily and provided employment opportunities for immigrants and also for young or redundant people in times of economic slowdown. However, there are mentioned limits for the growth and for the profitable business in the area. The market volume is still relatively small, caring is not something that people are used (or able during high unemployment and economic recession) to pay for and the tax deduction scheme is unfavourable for the increasing elderly population. Due to all this, in terms of professionalization and growth the PHS sector may be facing hard times in the near future.

When thinking about the overall lesson from the Finnish perspective, the wider context of PHS should be taken into consideration. The different trends like downgrading and privatizing of household services have been part of the public sector and society restructuring. However, the Finnish development is gradual and privatization of public services is not the only guideline of action, which is seen e.g. in the new Social Welfare Act (2015), which may be seen as marking a return to the responsibility of public sector for family wellbeing. The promotion of customer choice is still in its early stages of development, while the use of voucher system may have hindered the use of outsourcing services.

On the other hand, the social and health sector is quite strictly supervised, which may hinder also the increase of the sector, which was seen in the market review above. Development seems to concentrate more on the supporting conditions like counselling systems for start-up enterprises, and these might not be enough to make a difference. While the private social sector is growing well, the emphasis is clearly on the accommodation services of elderly and disabled. The working conditions in the household services with or without accommodation seem not to be on a satisfying level even in near future. This is also still a very female dominated sector (excluding renovation services).

Privatizing and increasing of personal and household services have not proceeded without much debate, and suspicions over the quality and accessibility of services while also worries over the workers' position are continuing. In addition, the tax deduction scheme seems to benefit mostly the non-low income population, understandably. All in all, what should be borne in mind is that household services are intertwined with other processes, and they have never actually been developed from their own point of view. PHS has been an answer to different challenges in different times, and it acts partly as a buffer in times of societal changes. A specific problem arises concerning the continuum of client relationships as well as strong segmentation of services, which may not be in line with many other policies that aging society is committed to promote. So any

recommendations by EU to address PHS services are probably facing the challenge of this complexity, apparent in Finland, and no doubt, with differences, in other countries.

**Annex 1: Most relevant legislation concerning personal and household services**

- Social Welfare Act (1301/2014)
- Health Care Act (Terveydenhuoltolaki) (1326/2010)
- Act on Support for the Capacity of Elderly and Elderly in Health and Social Services (Laki ikääntyneen väestön toimintakyvyn tukemisesta ja iäkkäiden sosiaali- ja terveyspalveluista) (980/2012)
- Act on Health and Social Care Planning and State Subsidies (Laki sosiaali- ja terveydenhuollon suunnittelusta ja valtionavustuksesta) (733/1992)
- Eligibility and Professional Practice Laws in Social and Healthcare Sector
- Disability Services Act (Vammaispalvelulaki)
- Act on Support for Informal Care (Laki omaishoidontuesta)
- Act on Child Home Care Allowance and the Private Care Allowance (Laki kotihoidontuesta)
- Act on Domestic Work Temporary Tax Deduction (Laki kotitalousvähennyksestä)

**Annex 2: Forms of and measures in personal and household services sector, Finland.**

Measure title		Target group	Legal basis
In English	In Finnish		
<b>Non-institutional social and health care services on the responsibility of municipalities</b>	<b>Kuntien järjestämistä vastuulla olevat avohuollon sosiaali- ja terveystalvelut</b>		
Child welfare services	Lastensuojelupalvelut (perhetyö, lapsityö)	Children, families	Social Welfare Act Child Welfare Act
Acute household services for families with children (e.g. proactive child protection)	Lapsiperheiden kotihoito (mm. ennaltaehkäisevä lastensuojelu)	Families with children, in a risk of problems	Social Welfare Act
Home care household services	Kotihoito kotipalvelu	Mostly elderly	Social Welfare Act
home nursing supporting services	kotisairaanhoidon tukipalvelut		Law on Support for the Capacity of Elderly and Their Social and Health Services
other aid	muu apu		
Home rehabilitation	Kuntoutuspalvelut		Mostly elderly
Veteran household services	Veteraanien kotipalvelu	Front veterans in WWII	Law on Rehabilitation and Household Services for Front Veterans
Day and sheltered work activities for disabled and elderly	Vajaakuntoisten aktiivointi ja suojatyö, vanhusten viriketoiminta	Disabled Long-term unemployed Elderly living alone	Social Welfare Act laki kuntouttavasta työtoiminnasta
<b>Municipal Services with accommodation (excl. institutional care)</b>	<b>Kuntien järjestämistä vastuulla olevat asumisen sisältävät sosiaalipalvelut pl. laitoshoidon</b>		
Long term care or rehabilitation periods for elderly, disabled, mental health or drug abuse rehabilitants with accommodation	Vanhusten, vammaisten, mielenterveyskuntoutujien ja päihdekuntoutujien tuettu tai tehostettu palveluasuminen	Elderly Disabled Drug abusers Mental health rehabilitants	Social Welfare Act
Childrens' taking to custody and placement to substitute families or professional family care homes	Lasten sijoittaminen perhehoitoon tai ammatilliseen perhekotiin	Children with problems	Child Welfare Act Social Welfare Act

<b>Direct incentives for citizens</b>			
Mandatory personal health insurance (e.g. covers part of expenses relating to visits at Doctor, examinations, care, related medication and travel expenses)	Sairausvakuutuksen hoitokorvausjärjestelmä (Kela-korvaus esimerkiksi lääkärissä käyntiin, tutkimukseen ja hoitoon, terveydenhuollon matkoihin ja lääkkeisiin)	Every resident in Finland	Act on social insurance system
Municipal Service voucher	Palveluseteli käytössä mm.	Different target groups	Act on Social and Health Care Voucher
early childhood education, daycare	varhaiskasvatus, päivähoito		
long term care with accommodation	vanhusten asumispalvelu kotipalvelu, kotihoito		
household services, household care	hammashoito		
acute visits by the basic health care dental services	omaishoidon lomitukset erikoissairaanhoidon toimenpiteet		
special health care measures	perusterveydenhuollon akuuttikäynnit		
Private day care allowance granted by Social Insurance Institute and, municipality dependent add-on	KELA:n myöntämä yksityisen hoidon tuki lapsen päivähoiton järjestämiseksi kotona tai yksityisessä päiväkodissa	Families with children	Act on Child Home Care Allowance and the Private Care Allowance
Support for informal care for caring one's sick or old relative at home	Omaishoidon tuki	Caring relative on the basis of a care agreement with authorities	Act on Support for Informal Care
Pensioner's care allowance for extra costs due to special needs (three level system)	Eläkkeensaajien hoitotuki korvaus avun tarpeen aiheuttamista erityisistä kuluista (porrastettu kolmeen tasoon)	Mostly pensioners, those who need considerably external care	Act on Disability Benefits
Household tax deduction scheme on renovation, care and, cleaning services	Kotitalousvähennys remontointi hoiva ja hoito siivous	Anyone, the more the higher income category	Act on Domestic Work Temporary Tax Deduction
Start-up incentives and hiring incentives	Starttiraha ja palkkatuet yrittäjyyden edistäminen	General incentives for starting	Act on General Terms and Conditions for Business Support

supporting entrepreneurship employment of disabled	vajaakuntoisten työllistäminen	business and those hiring disabled	
<b>Education and qualifications</b>			
<b>supporting personal and household services</b>			
School education degree in Household care (until 1995)	Kodinhoitajatutkinto, vanha	Doesn't exist any more	
Basic Vocational Qualification in Household and Cleaning Services (ISCED 3)	Kotityö- ja puhdistuspalvelujen perustutkinto	Anyone	National Board of Education (187 qualified in 2012) <sup>51</sup>
Further Vocational Qualification in (supporting activities in) Household and Consumer Services (ISCED 3)	Kotityöpalvelujen ammattitutkinto (Avustaminen erilaisissa kotitöissä)	Anyone	National Board of Education order (247 qualified in 2012) <sup>52</sup>
Non-formal care assistant training (personal assistance in social and health care)	Hoiva-avustajan koulutus (Henkilökohtainen avustaminen) sosiaali- ja terveydenhuollossa	Anyone, especially redundant workers, field changer, immigrants	Adult education and LMP training in social and health care education institutes
<b>Stakeholder cooperation in promoting the sector</b>			
Welfare Service Development Programme (HYVÄ) of the Ministry of Employment and the Economy (MEE) (2009–2015)	Hyvinvointiohjelma HYVÄ	Association of Finnish Local and Regional Authorities Trade unions Employer's unions Inspection authority	One of the main strategic programmes relating to the implementation of government programme with the aim of diversification and strengthening of the economic structure and entrepreneurship in the sector
"Finland Care" for supporting internationalizing of social and health care sector	Sosiaali- ja terveydenhuollon kansainvälistymisen edistäminen	Internationalizing companies	Finpro (association promoting SME exports) Ministry of Social Affairs and Health

<sup>51</sup> Kumpulainen, T. (ed). (2014). Statistical Yearbook of Education 2014. Education follow-up reports 2014:10. (Koulutuksen tilastollinen vuosikirja 2014. Koulutuksen seurantaraportit 2014:10.) Finnish National Board of Education.  
[http://www.oph.fi/download/163331\\_koulutuksen\\_tilastollinen\\_vuosikirja\\_2014.pdf](http://www.oph.fi/download/163331_koulutuksen_tilastollinen_vuosikirja_2014.pdf)

<sup>52</sup> Ibid. 51.

"Hoiva-suomi.fi" web based service for elderly accommodation and household services (2015)	Hoiva-suomi.fi sähköinen verkkopalvelu vanhusten asumis- ja kotipalveluihin (2015)		Ministry of Employment and Economy Other stakeholders
Ministry of Social Affairs and Health guidelines on the share of long term institutionalized care and private care	Sosiaali- ja terveysministeriön tavoitteistus laitoshoidon ja yksityistä hoitoa koskien	Mostly elderly	Planning documents of Ministry of Social Affairs and Health
Continuing collaboration, assessment and learning between labour parties, municipalities and private service providers as well as current governmental restructuring of social and health care	Työmarkkinajärjestöjen, kuntien ja yksityisten palveluntarjoajien välinen jatkuva yhteistyö, arviointi ja oppiminen sekä sosiaali- ja terveyssektorin rakennemuutos	-	Current Government Negotiations and Government Programme

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