**Task 2017-18 Disability assessment – country report**

Country: Finland

Experts: Katja Valkama, Hisayo Katsui and Teppo Kröger

**Contents**

[Part 1 – Main forms of disability assessment 2](#_Toc536025479)

[Part 2 – Analysis and evaluation of specific assessments 6](#_Toc536025480)

[Case study 1: Entitlement for a variety of disability services 6](#_Toc536025481)

[Case study 2: Disability pension 13](#_Toc536025482)

[Case study 3: Entitlement for a variety of disability services: long-term care services 23](#_Toc536025483)

[Summary and conclusion 25](#_Toc536025484)

# Part 1 – Main forms of disability assessment

The following forms of disability assessment are currently in use in Finland for a variety of purposes.

Example 1: Assessment for disability benefit for a child/ Benefit from KELA - the Social Insurance Institution of Finland

Example 2: Support according to the Disability Service Act 380/1987: Entitlement for a variety of disability services

Example 3: Assessment for services according to the Act on Intellectual Disabilities 519/1977: Entitlement for special services for people with intellectual disabilities

Example 1: Assessment for disability benefit for a child/ Benefit from KELA - the Social Insurance Institution of Finland

Policy function: Other.

To support parents of a child under 16 years to care and cover the extra expenses.

Benefit: Benefits in cash (e.g. pension).

Specificity: The disability assessment is designed for this specific purpose.

Responsible: KELA - The social insurance institution of Finland.

How to apply: <http://www.kela.fi/vammaistuki-lapselle>.

Type of assessment: Assessment of need (e.g. for help / support).

Qualifying criteria: The child can receive disability benefit if s/he has a diagnosis of a disability or long-term illness and s/he needs regular caring, treatments or rehabilitation due to her/his illness or disability. This need for care and treatments should exceed the normal needs of the age group and last at least for 6 months.

Method: Documentary evidence.

Assessor: Medical doctor, self-assessment, civil servant.

Supporting evidence: Self-assessment (a statement or a structured questionnaire completed by the individual). A medical note or letter from a doctor who treats the applicant.

Decision maker: A civil servant of KELA.

Further details of the assessment: <http://www.kela.fi/vammaistuki-lapselle-nain-haet>.

Notification of outcome: A letter explaining the outcome.

Appeal possible: <http://www.kela.fi/paatoksesta-valittaminen>

<https://www.kela.fi/web/en/from-an-application-to-a-decision_how-to-appeal-a-decision?inheritRedirect=true>

The appeal can be made by using a form for appeals provided by KELA or digitally filling a form online. The appeal can also be freely formulated, but it has to include the following information: name, personal identity code, contact information, the decision the appeal is concerning, how and why the decision should be changed. The appeal has to be signed. The appeal has to be made in 37 days from the date of mailing of the decision. If KELA considers that it cannot amend the decision in the way appealed, it will forward the appeal to the relevant Appeal Board. There is a further right of appeal to the Insurance Court, which is the highest court of appeal. Both will issue a written decision on the appeal. Appeals to the Appeal Board or the Insurance Court are processed free of charge.

Example 2: Support according to the Disability Service Act 380/1987: Entitlement for a variety of disability services

Policy function: Assessment for multiple purposes (access to various disability benefits).

Benefit: Benefits in cash (e.g. extra costs for clothing). Benefits in kind (e.g. personal assistance).

Specificity: The disability assessment is designed for this specific purpose.

Responsible: The Social service authorities in every municipality or joint municipalities.

How to apply: <https://www.hel.fi/vammaiset/fi/tuki/sosiaalityo/>.

Type of assessment: Assessment of need (e.g. for help / support).

Qualifying criteria: According to the Disability Services Act 380/1987, a disabled person is a person who, due to a disability or illness, has long-term and severe difficulties to manage everyday life. Some forms of support are only directed to severely disabled persons. The definitions and criteria are indicated for each type of service or support, but the Act leaves a lot of discretion to the municipalities. As a result, there are local variations in the assessment between different municipalities. Only in cases that have been tried in court and have a court decision, there are clearer criteria. In Finland, however, court cases regarding disability services are still very limited. The support provided includes guidance, service planning, supported living, transport, personal assistance, daily activities, alterations in the apartment or assistive devices. Also, extra costs for clothing may be reimbursed.

Method: Combination of documentary evidence and personal interaction.

Assessor: Social worker, civil servant, self-assessment.

Supporting evidence: Self-assessment (a statement or a structured questionnaire completed by the individual). A medical note or letter from a doctor who treats the applicant.

Decision maker: Social service authority of the municipality.

Further details of the assessment: <https://www.hel.fi/static/sote/vamty/lomakkeet/303-210_vammaispalveluhakemus.pdf>.

Notification of outcome: A letter explaining the outcome.

An appeal is possible. Information about the appeals process and necessary addresses are included to the decisions at every stage. The appeal must be made within 30 days. The demand for rectification will be addressed to the social welfare board of the municipality. If not satisfied with the decision of the social welfare board, a further appeal can be made to the administrative court within 30 days from the social board’s decision. In addition, the decisions of the administrative court concerning most disability services (e.g. personal assistance, assisted living and transport services) may be appealed in the Supreme Administrative Court of Finland. For details of the appeal process, see <https://thl.fi/fi/web/vammaispalvelujen-kasikirja/asiakasprosessi/paatoksenteko/muutoksenhaku-muistutus-ja-kantelu>.

In addition, all users of social welfare services can make an administrative complaint about their experiences of flaws in their treatment, services or conduct to the Regional State Administrative Agency (<https://www.avi.fi/en/web/avi-en/>), to the Parliamentary Ombudsman (<https://www.oikeusasiamies.fi/en/web/guest>) or to the Chancellor of Justice (<https://www.okv.fi/en/chancellor/chancellor-justice/>).

Example 3: Assessment for services according to the Act on Intellectual Disabilities 519/1977: Entitlement for special services for people with intellectual disabilities

Policy function: Other.

Services to people with intellectual disabilities.

Benefit: Benefits in kind (e.g. assisted living, day activities). Beneficial treatment (e.g. eligibility to apply for quota jobs). Discounts or concessions (e.g. tax allowances).

Specificity: Other.

Primarily, social services for disabled people are provided according to the Social Welfare Act 1301/2014 and the Disability Services Act 380/1987. However, if needs are not met under these laws, people with intellectual disabilities are entitled to services according to this special law.

Responsible: The municipalities together with the special care districts (that are joint municipal authorities, specialised in services for people with intellectual disabilities).

How to apply (in Helsinki): [https://www.hel.fi/helsinki/fi/kaupunki-ja-hallinto/hallinto/palvelut/palvelukuvaus&current=true&id=2870](https://www.hel.fi/helsinki/fi/kaupunki-ja-hallinto/hallinto/palvelut/palvelukuvaus%26current%3Dtrue%26id%3D2870).

Type of assessment: Holistic assessment (combination of impairment, functional and environmental approaches).

Qualifying criteria: According to the Act on Intellectual Disabilities special care is provided for individuals whose development or mental functioning is prevented or disturbed by a congenital impairment or illness or by a disability acquired during years of development and who cannot get sufficient services and support under other laws. Some municipalities limit this special care to individuals whose illnesses, injuries and disabilities were acquired before the age of 18 years, even though the Act does not include such a limitation. Also otherwise, there are local variations in the assessment between different municipalities.

Method: Combination of documentary evidence and personal interaction.

Assessor: Medical doctor, Nurse, Therapist (physical, occupational, etc.). Other rehabilitation specialist, Psychologist, Social worker, Civil servant, Self-assessment.

Supporting evidence: Self-assessment (a statement or a structured questionnaire completed by the individual). Evidence from someone who knows the applicant’s situation (e.g. a relative, friend, neighbour or colleague). Evidence from a non-medical professional who knows the applicant. A medical note or letter from a doctor who treats the applicant. Medical records automatically retrieved from the health care system (e-health).

Decision maker: Social worker but if special services are required, the decision must be made in board for special care.

Further details of the assessment (in Helsinki): <https://www.hel.fi/static/sote/vamty/lomakkeet/303-210_vammaispalveluhakemus.pdf>.

Notification of outcome: A letter explaining the outcome.

Appeal possible. The procedure is the same as in example 2.

# Part 2 – Analysis and evaluation of specific assessments

This part of the report provides more in-depth analyses of three selected case studies of assessment procedure, their suitability and effectiveness.

*Please use the EU MISSOC tables (similar to DOTCOM) providing country specific information on specific types of benefits as a starting point,* [*http://www.missoc.org/INFORMATIONBASE/COMPARATIVETABLES/MISSOCDATABASE/comparativeTableSearch.jsp*](http://www.missoc.org/INFORMATIONBASE/COMPARATIVETABLES/MISSOCDATABASE/comparativeTableSearch.jsp)*.*

The cases are selected to enable systematic comparison between countries and to focus on areas of policy priority and development.

## Case study 1: Entitlement for a variety of disability services

*(admission to a general register or status of disabled person(s) or comprehensive assessment for multiple purposes).*

An outline of the key features of this assessment process is provided in Part 1 of this report (see **Example 2**).

Detailed description of the assessment process

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

The Disability Service Act (380/1987) regulates several different forms of support for people with disabilities. The social services are required to make a **personal service plan** on the services and support for disabled persons. Available services include the following: assistive devices, home renovations, personal assistants, special services for people with intellectual disabilities (regulated further by the Act on Intellectual Disabilities 519/1977), transportation services, rehabilitation, adaptation and rehabilitation guidance, day activities, service housing and institutional care.

These services are provided after an application and according to a needs assessment. The person in need of these services must contact the social services in their home municipality. A social worker will assess the needs of the person and make a plan for required services. The service plan will be made together with the disabled person and other people who know the person and her/his needs. A suitable form of communication must be used according to the needs of the person.

It is necessary to fill out an application form, which is different in different municipalities, and in some cases, you need to fill an individual form for each type of service. The assessment procedure and criteria are in accordance with the Disability Service Act. The assessment for every applied form of support is usually done at the same time. The criteria may vary between different services. For example, transport is provided for people with severe disabilities. The Act also leaves space for local variations concerning the assessment process and its criteria. In Helsinki (used here as an example), the same form can be used for most services. If needed, help is provided for filling in the form.

In the form the applicant must fill in personal information, the type of illness or impairment, the needs for support/help caused by the illness or impairment, and an explanation how the applied service would aid in everyday life. The applicant can give permission to the authorities to contact other authorities about her/his condition. The applicant can (and sometimes must) provide a doctor’s statement and other professional assessments about her/his condition. A doctor’s statement usually has to be provided in new applications and also if there are major changes to the conditions of the impairment.

The application form has detailed questions about the everyday life of the person. First, the person must describe why they are applying for the services, what is the reason for it. Then they must explain what kind of help and support they are getting every day and what kind of help and support is needed. Information must be provided about how the applied form of support will help getting by in everyday life.

The needs assessment is performed by the municipal social welfare authority, in many cases by a social worker. The assessment is an individual process that must, according to the Social Welfare Act 1301/2014, include at least the following elements:

* a summary of the user’s situation and her/his need for social services and special support;[[1]](#footnote-1)
* a social welfare professional’s conclusions concerning the user’s circumstances;
* the person’s own opinion and point of view concerning her/his service needs;
* the user’s and the professionals’ assessment whether there is a need to designate a personal social care worker for the user.

The needs assessment is done in co-operation with the service user, her/his family members and other relevant participants, taking the user’s life situation into account in a broad way. When making the assessment, the user needs to be told her/his legal rights and responsibilities and different options how the services can be organised and provided, as well as their consequences and other issues that have influence in her/his case. The report of the assessment needs to be given in a way that is understandable to the user.

Self-determination of the user needs to be respected when the assessment is made, and her/his wishes, opinions and individual needs are to be taken into account. Special attention needs to be directed to respecting self-determination of children, youth and people in need of particular support. The worker making the assessment needs to have a professional social care training that is relevant for the task.

The following people, for example, may be involved in the making of the assessment, depending on the situation:

* the user and another person representing her/him (family member, friends etc.);
* social workers;
* medical doctors, nurses, rehabilitation staff etc.

The assessment is done through multi-professional collaboration. The worker who is responsible for the assessment needs to make it sure that necessary multi-professional expertise is available so that the user’s individual needs can be assessed properly. The assessment is performed by combining information from different sources, including the doctor’s statement, possibly other professionals’ assessments or recommendations and the person’s own views. It is recommended that a visit to the person’s home is done, if possible. The municipalities however vary in their assessment procedures and they do not provide information on what tools they are using for the assessment.

The final decision is made by the municipal social welfare authority. It depends on the municipality, whether this is in practice delegated to a specific worker or not.

The user and the local social welfare authority should reach a consensus for the decision on necessary services. However, reaching a consensus is not necessarily easy in practice. In such cases when the user and the local social welfare authority disagree on the needs, the wishes and opinions the user on her/his needs are recorded in writing in the planning document. If the user cannot communicate and thus make an impact on the process, a legally appointed guardian, family members or other close persons take part in the process.

It is worth stressing that it is up to each individual municipality how the assessment is done in practice. There is no national method of assessment in use. Some municipalities might use a Barthel Index, but others might not. The ANED experts have no information on the assessment methods used by municipalities. The assessment is done by the municipality in accordance with the general principles coming from the Social Welfare Act as described above. All other details of the assessment process are left to individual municipalities to decide. As far as the ANED experts know, no studies are available concerning the assessment processes of Finnish municipalities.

The needs assessment is performed by the municipal social welfare authority, in many cases by a social worker. Only eligibility for the applied services is assessed. The needs assessment must start within seven days after the need for services is presented to the social services (that is, usually, after the application). The decision is an administrative decision which is provided in writing. An administrative decision means that the applicant has a right to appeal. According to the Administrative Procedure Act 434/2003 (chapter 7, paragraph 43), the decision must include the name of the decision-making authority, the applicant, justifications for the decision, the rights according to the decision and contact information where more information is available. In addition, information about how to make an appeal must be provided.

Sources of official guidance and assessment protocols

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

The procedure for carrying out the assessment follows the guidelines presented in the Disability Services Act 380/1987. The municipalities are responsible for the implementation of the legislation. There are currently 311 municipalities in Finland (please see <https://www.kuntaliitto.fi/tilastot-ja-julkaisut/kaupunkien-ja-kuntien-lukumaarat>).

The assessment is performed at the municipal level, which means that every municipality informs its inhabitants about the application process, application forms and needed information. In Part 1 Helsinki is presented as example 2.

Social services provide guidance to their customers and applicants on their web pages and by phone. Also, during the service plan procedure, information about the process is provided. The general guideline on receiving disability services is found also at the site of the National Institute for Health and Welfare (see <https://thl.fi/fi/web/vammaispalvelujen-kasikirja/palvelujen-jarjestamisprosessi/palvelusuunnitelma#asiakaslahtoisyys>).

Implementation and outcomes

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times, and the assessment outcomes.*

The needs assessment must start within seven days after the social services become aware of the need for the services. This can mean that a person contacts the social services indicating that s/he or someone in her/his care needs services but the social services may get this information also through other authorities. The needs assessment for the services must be conducted within a set timeframe. In this case, the time frame is three months. However, the decision should be made as promptly as possible.

In a 2016 study about disability services provided by the municipalities, 158 out of 311 municipalities responded. Nearly 70 % of the municipalities were able to make the service plan (including the needs assessment) within the set timeframe of seven days, which means that 30 % of the municipalities struggled to meet the timeframe. Over 80 % of municipalities were able to make the decision on the services within the set three months (please see

<https://www.julkari.fi/bitstream/handle/10024/135318/Tr34_17_tilastoraportti.pdf?sequence=3>).

When it comes to the outcomes, it is hard to correctly estimate them due to some Finland-specific conditions. In Finland, disability-related information is protected by privacy law. Therefore, it is extremely difficult, if not impossible, to know the exact numbers of persons assessed and the assessment outcomes, as such information is tightly controlled by the municipalities.[[2]](#footnote-2) Moreover, persons with disabilities also often use only mainstream services, in the same way as persons without a disability do. Furthermore, some persons with disabilities use only one service, while others use several of them.

Transport, supported housing, renovation of housing, assistive devices at home, and personal assistant for persons with severe disabilities are categorised as ‘subjective rights’, which means that disabled people have a specific legal and enforceable right to these services. Therefore, outcomes concerning these services should be that they are provided according to the needs.

Evaluation – fitness for purpose

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

The weakness but also the strength of the assessment procedure lies in the individual contact and knowledge of the person’s situation. If the decision is purely based on paperwork, some needs will not be apparent. Therefore, there has been an emphasis on promoting service planning and personal meeting between the user and the assessor who is often a municipal social worker. However, there are differences between and within municipalities in perception of how disabled one is. Although the official eligibility criteria are the same according to the national legislation, individuals in comparable situations can be assessed differently in different municipalities in practice.

A needs assessment is a difficult and complicated exercise. It should ideally be based on the assessment of functional abilities and corresponding needs. In Finland, there is a national expert network (TOIMIA) for measuring and assessing functional abilities that provides Finland-wide consistent definitions on functional abilities and recommendations on their measurement.[[3]](#footnote-3) Their database (<http://www.thl.fi/toimia/tietokanta/>) provides different methods that can be utilized in making disability assessments. The network aims to combine the different methods with ICF qualifications, to evaluate different measurement methods and to make recommendations on which methods are suitable for different purposes. The network consists of seven expert groups, one of which concentrates on functional abilities of persons with severe disabilities, and another on definitions of functional abilities and their limitations. The actual usage of the perspectives and recommendations of the TOIMIA network by municipalities remains unclear.

For assessing people with severe disabilities, there are following specific recommendations from TOIMIA: recommendations on assessing the mobility and participation of people with MS and transient ischemic attack; recommendations on assessing generic participation of adults; recommendations on assessing participation and general functional abilities of people with brain injury; recommendations on assessing the functional abilities of children and young people with cerebral palsy and recommendations on assessing fatigue and difficulties to move of people with multiple sclerosis.

In a 2016 report that aimed to find ways to rationalize disability services, including the assessment process, it was suggested that the administrative process could be made lighter for the disabled person by not anymore requiring new medical certificates in cases where the impairment is a permanent condition and highly unlikely to change. It was also pointed out that, at the moment, functional abilities of disabled people are evaluated by several different organisations that provide different forms of services and support. It would be better and more cost-effective to store the information collected in the assessment(s) to a national database where it would be available to decision making. (see <http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/75554/RAP_2016_58_ValasSaastotKalle.pdf>).

The Finnish Association of People with Physical Disabilities (Invalidiliitto ry) and Talentia Union of Professional Social Workersstudied the disability services in 2015 (see <https://www.invalidiliitto.fi/sites/default/files/2017-01/vammaispalveluselvitys_-_yhteeenveto_ja_johtopaatokset_-_talentia.pdf>). A survey was sent to municipal social workers working in disability services. Many respondents argued that they feel it is challenging to evaluate people’s functional abilities and their needs for services. They also estimated that the participation of users in the assessment process has increased. Availability of services, the quality of services and the ambiguity of the legislation were reported as the main difficulties with disability services. Many respondents also felt that the resources allocated to disability services were not sufficient.

Promising practice

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

The introduction of service guidance according to the recent Social Welfare Act 1301/2014 has increased needs-based assessments in the municipalities. For instance the Article 1 says that the Act aims at equal, needs-based, sufficient and good quality social services. There have been national aims (through the TOIMIA network) to introduce needs assessment methods that follow the principles of the ICF, but these have been recommendations only and every municipality in Finland has been free to decide and choose their own assessment methods and procedures. On the one hand, this has made it possible, at least in principle, to assess needs in an open and flexible way but, on the other hand, it has resulted in local variations between different municipalities and in lack of knowledge about the assessment methods used by municipalities.

## Case study 2: Disability pension

*(eligibility for disability pension,[[4]](#footnote-4) as defined by MISSOC).*

An outline of the key features of this assessment process is **NOT** provided in Part 1 due to the complexity of this assessment process.

Detailed description of the assessment process

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

The statutory pension system in Finland includes three elements: national pension, guarantee pension and earnings-related pension. The national pension scheme and the guarantee pension both cover the whole population and are administered by the Social Insurance Institution, KELA while earnings-related pensions cover the workforce (including the self-employed) and are administered by a number of authorised earnings-related pension providers. The national pension and the guarantee pension provide a basic income security for all pensioners while earnings-related pensions guarantee a reasonable consumption level for employees and self-employed persons after retirement. The guarantee pension (in 2018 775 euro) is granted only to pension recipients in the lowest income bracket whose other pensions do not reach its level. The earnings-related pension and the national pension supplement each other: the amount of the national pension gradually decreases as the amount of the earnings-related pension grows. (see <https://www.etk.fi/en/the-pension-system/pension-security/pension-as-social-security/> and <https://www.kela.fi/web/en/pension>).

The pensions (e.g. disability pensions) are paid by authorised pension providers and by KELA: the authorised pension providers pay out pensions that are based on employment or self-employment and KELA pays the national (and guarantee) pensions to those without a (long enough) work history. The national pension is considerably lower than earnings-related pensions paid by the authorised pension providers. The amount of earnings-related pension a person gets affects the amount of national pension they get. If an individual gets a small or no earnings-related pension, they will get a full national pension. The earnings-related pension has a 50% decreasing effect on the national pension and a 100% decreasing effect on the guarantee pension.

In addition to national and guarantee pensions, KELA also handles other schemes of basic social security: parts of the unemployment security (the basic unemployment allowance and the labour market support), family benefits, and the financial aid for students. The Social Insurance Institution also pays out health insurance benefits (earnings-related or minimum daily allowance). National pensions are financed by public funds. The Social Insurance Institution and the Finnish Centre for Pensions (which is a statutory developer, expert and joint service producer of earnings-related pensions) cooperate closely and make use of each other’s register data when processing pension applications. The pension providers and the Social Insurance Institution also make use of each other’s registers in the handling of pension applications. National pension and earnings-related pension are both applied with the same application form.

The Social Insurance Institution functions as the contact institution for pension applications coming to Finland from abroad, while the Finnish Centre for Pensions handles and transmits pension applications sent by residents in Finland to other EU/EEA and social security agreement countries.

In general, pension insurance companies handle the earnings-related pension provision of private-sector employees and the self-employed. Persons insured by pension insurance companies form the majority of all persons insured under the earnings-related pension acts. The acts applied to pension insurance companies are the Act on Pension Insurance Companies (354/1997) and the Insurance Companies Act (521/2008).

**Industry-wide pension funds** grant pensions to the members of the fund and to others who are insured with the fund. Industry-wide pension funds differ from pension insurance companies in that the former are either employer- or field-specific. In other words, members of an industry-wide pension fund are employees of one or several employers who have an economic or a functional connection. The employees of employers belonging to the same group may also be members of a joint industry-wide pension fund. In addition to statutory earnings-related pension provision, industry-wide pension funds may also offer their members supplementary pension provision through bonus funds or departments. In such cases, the employees can participate in the financing of the supplementary pension provision. **I**ndustry-wide pension funds handling statutory pension provisionare Pharmacists’ Pension (all websites in Finnish) [Apteekkien Eläkekassa](http://www.aekassa.fi/) (Pharmaceutical industry), [Eläkekassa Verso](http://www.elakeverso.fi/) (Forest industry), [OP Bank Group Pension Fund](https://www.op.fi/op?id=10000), [Valion Eläkekassa](http://www.valionelakekassa.fi/) (Valio-company) and [Yrittäjien Eläkekassa Oma](http://www.elakekassa.fi/) for entrepreneurs. (<https://www.etk.fi/en/the-pension-system/administration-and-supervision/parties-to-pension-scheme/industry-wide-pension-funds/>).

**A company pension fund** is a fund established by one or several employers with the aim of awarding pensions to the persons insured with the company pension fund. Company pension funds are divided into A, B and AB funds, depending on whether they arrange only statutory pension provision or also offer voluntary supplementary pension provision for their insured members. The voluntary supplementary pension provision of company pension funds is financed solely by the employer. B company pension funds handle only statutory pension provision under the Employees Pensions Act. In addition to pension provision under the Employees Pensions Act (B department), AB company pension funds offer also voluntary supplementary pensions (A department). An A company pension fund offers only voluntary supplementary pensions. In the 2000s, the number of company pension funds has declined from 37 to 14.

The pension provision of farmers, grant recipients and seafarers are handled by **special pension providers.**

**The public-sector pension providers** handle the pension provision of local government, municipal federation, State and Evangelical-Lutheran Church employees. The pension provision of the employees of the Social Insurance Institution of Finland, the Parliament, the Bank of Finland, the regional government of Åland and the Orthodox Church is also handled by public-sector pension providers. Keva is an independent corporation governed by public law. Its operations fall subject to the Local Government Pensions Act. Keva’s responsibilities as the executor of the state pension provision are regulated in the State Employees Pensions Act. Its responsibilities as the executor of the pension provision of the officials of the Social Insurance Institution of Finland are regulated in the Act on the Social Insurance Institution.

Keva handles municipal employees’ pension provision and its financing. In 2013, Keva insured nearly 521 000 persons in the municipal sector and handled the payment of pensions to approximately 367 000 pensioners. Keva handles the pension provision of the employees of its member entities. The member entities include all Finnish cities, municipalities and municipal federations, as well as the majority of municipal associations and limited companies. At the end of 2013, the member entities numbered 948. The implementation of the pension provision of State employees is fully handled by Keva. In the beginning of 2013, the state employment register, collection and checking of pension contributions, and actuarial and statistics services transferred to Keva. At the end of 2013, approximately 364 000 persons received a pension under the State Employees’ Pensions Act. Approximately 150 000 employees fall subject to the State Employee’s Pensions Act.

The pension office of the Department of Finances of the regional government of Åland handles the earnings-related pension issues of the employees of the regional government of Åland. The employees of the regional government are governed by their own pension regulation, the benefits of which are similar to those under the State Employees Pensions Act. The earnings-related pension provision of the employees of the Orthodox Church is regulated by the Orthodox Church Act and implemented by the Central Church Fund of the Orthodox Church. The Bank of Finland has its own pension regulation. According to the regulation, the pension provision of the employees of the Bank of Finland is determined in line with the State Employee’s Pensions Act. The implementation of pensions is handled by Innova Oy.

**Disability pension** (‘work incapacity pension’, according to a literal translation from Finnish) is for people who have an illness or disability affecting their ability to work.

**The assessment method** is based on a functional capacity assessment (assessment of an ability to work). In addition, a needs assessment may be relevant for receiving an additional supplement to the pension.

For young people with disabilities the possibility to get disability pension starts when they turn 16. The evidence considered in assessing eligibility for a disability pension includes doctors’ certificates, needs assessment and other documents. If the limitations for the person’s capacity to work arise later in life, for instance after an accident or illness, the procedure is more complicated than for those born with disabilities. Disability pension is considered after the maximum period of sickness allowance has been used. Distinction has to be made between the needs assessment and the assessment of work ability: social service decisions in Finland are made based on personal abilities, life situations, and service needs rather than on ability alone.[[5]](#footnote-5) Similarly for the decision on disability pension, assessment of extra costs incurred by disability such as medications and rehabilitation prescribed by a doctor or dentist is carried out to decide whether the applicant is entitled to the basic disability pension alone or also to additional disability pension.[[6]](#footnote-6) However, the assessment for eligibility for the basic disability pension is based only on an assessment of work ability.

Sickness allowance is usually payable for a maximum of 300 working days (about a year in practice). After that, sickness allowance is normally not paid for the same illness until the person has been fit for work for a year. Thus, in order to receive the sickness allowance for the same illness, the illness must be a separate recurrence. Rehabilitation is always the first option if work ability is reduced. Rehabilitation can help the person to continue working. The disability pension is an option only once the illness, disability or injury reduces the working ability in the long run, for more than one year. The condition is then seen as long-term and the disability benefit may be granted. After this the insurance institution always checks whether it is possible that rehabilitation would bring the person’s work ability back. If that is the conclusion then a person is not granted a pension unless s/he takes part in rehabilitation. Only if the ability to work is not restored or improved during treatment or rehabilitation, may the person be eligible to a disability pension.

In case of prolonged illness, a person may benefit from rehabilitation. KELA (the Social Insurance Institution) or an authorised pension provider can determine if rehabilitation is needed. According to the Employees Pension Act, every person working in Finland must have pension insurance. This means that the employee and the employer must pay money into an earnings-related pension scheme for the person’s retirement to the pension provider. In brief, a person who is assessed as unable to work will receive a disability pension, but a person for whom rehabilitation is assessed as being appropriate will receive a rehabilitation subsidy instead. Every applicant for a disability pension is assessed to see if rehabilitation would be appropriate as that should be tried first, if possible. A rehabilitation subsidy is always temporary, covering the period of rehabilitation. The amounts of these two benefits are calculated in a different way (rehabilitation benefit based on the income of the year before, while pensions are based on the whole career).

When in rehabilitation, a disabled person can receive rehabilitation subsidy, which is a fixed-term disability pension. During the period of rehabilitation subsidy, or already earlier, KELA and the authorised pension provider clarify the possibilities of returning to work with the help of rehabilitation or of changing profession with the help of vocational and medical rehabilitation. When needed, they also direct to other rehabilitation services. Payment of the rehabilitation subsidy from KELA normally begins after about a year after the acquisition of the condition of impairment or illness, if the incapacity for work is prolonged. If the capacity to work is not restored after rehabilitation and vocational training, the applicant receives the basic disability pension.

If the person is able to carry out part-time work or a lighter workload, s/he can apply for a partial disability pension from the authorised pension provider. This is only available to people who have some working capacity. For a partial disability pension, the work ability of the person needs to be reduced by 40 %. The partial disability pension is not included in the national pension benefits from KELA. For full disability pension, the work capacity has to be at least 60 % lower than full working capacity. The reduced ability to work is assessed by the pension insurance provider based on a doctor’s statement, the person’s own description of her/his illness, and her/his assessment of how s/he can cope at work. KELA continues to pay the disability pension if the income does not exceed EUR 737,45 per month (as of 2018). If the income exceeds that, the disability pension is suspended. This means that a person can receive a full disability pension and be in work, as long as their income does not exceed this threshold.

A medical expert assesses the remaining capacity for work and a claims processor at KELA handles the application based on the medical certificate and the information provided in the claimant’s application. No face to face interview or examination takes place. The documents should thus detail how the illness or disability reduces work ability in the current job. The assessors consider the age, profession, education and place of residence and potential for finding employment that fits the claimant’s vocational qualifications as well as the information about the claimant’s rehabilitation possibilities. Applicants are first directed to rehabilitation, if possible, and all information gathered during this rehabilitation will also be used in the decision-making.

Pension providers make their decisions on disability percentage based on the treating physician’s medical statements and other information about the applicant’s health status, provided by the applicant. ANED experts have no knowledge about the scales or other instruments that pension providers use in their assessment. More detailed information is not available. The following information is provided on this:

“The decision on granting disability pension is taken by the decision specialist together with an advisory physician. A rehabilitation specialist will weigh in as necessary.

The consideration of the application also involves a determination of your potential for vocational rehabilitation, which always takes primacy over disability pension.

The decision-making entails an assessment of your work ability based on the statement issued by your personal physician as well as possible other medical reports. Factors taken into account in the assessment include the demands of your job duties, your work performance and your chances of recovering work ability with treatment and rehabilitation.

Our assessment of your work ability may differ from the assessment of your attending physician”

<https://www.keva.fi/en/pensions/information-about-pensions/pension-options/disability-pensions/>.

If it is estimated that the person’s ability to work has lowered more than 60 % from the previous work ability, the insurance provider can grant a full pension. All the information provided in the application is included in the assessment of the level of work ability. This eligibility is based fully on the assessment of the ability to work. <https://www.tyoelake.fi/en/different-pensions/disability-pension-if-your-working-ability-has-been-reduced/>.

A person can be granted a rehabilitation subsidy or disability pension under the National Pensions Act, if all the following criteria are met:

* person has an illness, injury or impairment that prevents him/her from earning a reasonable living.
* The person must be between 16 and 64 years of age.
* Other pensions and compensations do not exceed the income limit.
* The person has lived in Finland for at least the period required by law, which is at least three years after having reached the age of 16 years. The residence criterion does not have to be met if the person has previously received disability allowance for persons under the age 16 or if the incapacity for work started while the person lived in Finland and before s/he reached the age of 19 years.

In order to receive the rehabilitation subsidy, there must be a treatment or rehabilitation plan, or the plan should be under preparation.

Exceptions to the criteria are as follows:

* If the person has reached the age of 60 years, the entitlement to a disability pension is determined on less stringent criteria. The ability to work is assessed based on the last work carried out, the length of the work history of the person and how s/he copes at work. Furthermore, the vocational nature of the incapacity for work is taken into account;
* Applicants who are blind or cannot move are entitled to a disability pension payable under the National Pensions Act, even when they are working. Medical doctors make the medical assessment and diagnosis on the impairments and these statements are the main documents used by KELA in these assessments.

The rehabilitation subsidy or disability pension is applied for with an application form for disability pension ([EtkKela7002e](http://www.kela.fi/documents/10192/3861304/EtkKela7002e.pdf)). The form must be sent to the authorized pension provider or to KELA. (NB people with an employment/self-employed history apply to the pension providers and others apply to KELA.)

The following documents must be enclosed to the application form:

* A recent medical certificate ‘B’ from the claimant’s treating doctor (issued within the last 12 months) and any other documents supporting the application. The treatment or rehabilitation plan can be provided as part of the statement from the treating doctor or as a separate document;
* Appendix TM ([Mela/Kela 001](http://www.kela.fi/documents/10192/3861304/MelaKela001.pdf), in Finnish), if the applicant is a farmer, forest owner, fisherman, reindeer breeder or their family member, recipient of scientific or artistic grants or scholarships, Farmers’ Pension Insurance is applicable;
* Appendix U ([Etk/Kela 7110e](http://www.kela.fi/documents/10192/3861304/EtkKela7110e.pdf%22%20%5Ct%20%22_blank)), if the applicant has lived or worked abroad.

If interacting with KELA or another pension provider is challenging for the person, s/he can authorise another person to do so on her/his behalf.

Applications for benefits can be submitted either online or in a paper form. To log into KELA's online customer service system, online banking ID or electronic ID card is needed. Online applications are automatically forwarded to the unit responsible for processing them. The online customer service is so far available only in Finnish and Swedish.

KELA and the authorized pension providers state that illness and incapacity for work are not exactly the same thing. Even if one has a diagnosed illness, s/he is not necessarily incapable of work. Sickness allowance, rehabilitation subsidy and disability pension are only awarded on the basis of incapacity for work (see <http://www.kela.fi/web/en/disability-pension-and-rehabilitation-subsidy>). The eligibility criteria for individual benefits are set out in law. KELA enlists the services of doctors as medical advisors – specialists in medical insurance who assess the applicant's health status, functional capacity and ability to work and needs for rehabilitation or treatment. The medical advisors provide an expert opinion from a medical insurance perspective about whether the eligibility criteria are met. They do not grant or deny a benefit. That decision is made by a qualified KELA staff member. The decision is based on reviews of all of the relevant criteria considering to what extent they are met in each case.

Every decision can be appealed. The appeal can be made by letter. There is also a form for appeals that can be used. Detailed information about the appeal process is provided at <http://www.kela.fi/web/en/from-an-application-to-a-decision_how-to-appeal-a-decision>. The appeal must be made within 37 days after the decision.

Sources of official guidance and assessment protocols

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

KELA’s website (<http://www.kela.fi/web/en/disability-pension-and-rehabilitation-subsidy>) provides information about the application process and the assessment. KEVA (the public sector pension institution) provides information about disability pension, as well (<https://www.keva.fi/en/pensions/information-about-pensions/pension-options/disability-pensions/>). Also a website produced by the Finnish Centre for Pensions (tyoelake.fi) provides information on disability pension <https://www.tyoelake.fi/en/different-pensions/disability-pension-if-your-working-ability-has-been-reduced/#title>.

The full process is described in the document Työkyvyttömyyseläke for the decision makers (203 pages, in Finnish)

<http://www.kela.fi/documents/10192/3241023/Ty%C3%B6kyvytt%C3%B6myysel%C3%A4ke.pdf>.

There is also a guidebook available for the claimants in Finnish at

<https://www.elo.fi/elakkeet-ja-kuntoutus/hae-elaketta/hae-tyokyvyttomyyselaketta>.

Implementation and outcomes

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times and the assessment outcomes.*

According to the statistics of the Finnish Centre for Pension, about 214,000 persons receive disability pension in December 2016. (<http://www.etk.fi/en/about-us/image-gallery/earnings-related-pension-system-in-graphs-and-figures/>).

The assessment of the applied disability pension takes 10 weeks. When it comes to the outcomes, it is hard to correctly estimate them due to some Finland-specific conditions as mentioned above. Every year about 50 000 people apply for disability pension but a quarter of them are rejected. There is not much information available concerning the reasons why these applications have been rejected (see below).

<http://www.kela.fi/tilastot-aiheittain_tilasto-kelan-elakkeista>.

Evaluation – fitness for purpose

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

The expert doctors (insurance physician) have a significant role in the assessment process even though their assessment is based solely on documentation. The treating doctor provides the medical certificate (B) and the insurance company doctors make the assessment based on the documentation provided with the application. Tapio Ropponen (Chief Physician of KEVA, the public sector pension institution) estimates that the reason why sometimes the views of these doctors and the treating doctors are dissimilar are due to different ways of documenting the needs of the person: the treating doctor’s view is patient-centred while the assessing doctors do not have a personal contact with applicants. The claimant’s treating doctor assesses the ability to function and the insurance physician assess how the ability to function effects the ability to work. The insurance physician is responsible for assessing (using the provided information) whether the claimant is eligible to receive the disability pension or not. <http://www.laakarilehti.fi/ajassa/ajankohtaista/tyokyvyttomyyshakemuksista-hylataan-joka-neljas/>.

A recent study by the Finnish Centre for Pensions examined the various phases that 300 applicants for disability pension underwent during a five-year period. The individuals studied had applied for disability pension on the grounds of mental health issues or musculoskeletal diseases and had received either a positive or negative pension decision in 2010. <https://www.etk.fi/wp-content/uploads/2015/10/rap_06_2014.pdf>.

The data were gathered from applications for disability pension as well as registers. Only just under half of all pension applicants had been working steadily, a quarter had an unstable working background, and just under a third had a long-term unemployment background before applying for a disability pension. Unemployment was especially common among individuals who had applied for pension for reasons of mental health other than depression. Most applicants had at least two illnesses that negatively impacted their work ability. The documents on individuals who applied for a disability pension contain a lot of mentions of treatment measures in regard to the various illnesses, but few mentions of rehabilitation. In particular, very few vocational rehabilitation measures had been planned or implemented. Based on the document data, it was estimated that two out of three pension applicants that were employed also received occupational healthcare. For roughly a third of these individuals, the occupational healthcare had been active in clarifying the possibilities of returning to work. Of all pension applicants included in this study, every fifth person considered a return to work at least somewhat possible.

There is a general conception in Finland that it is difficult to receive disability pension. A study analysed the reasons behind denial of disability pension for people previously employed in the public sector (<https://www.elo.fi/elakkeet-ja-kuntoutus/hae-elaketta/hae-tyokyvyttomyyselaketta>), showing a rejection rate of over 20 %. According to the study, a rejection is often connected to age (the younger the applicant is, the more likely a rejection is), unemployment periods, multiple diagnosis, and no or little use of rehabilitation.

Promising practice

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

The disability pension system in Finland is complex with several different institutions and authorities included. There is a goal to clarify the rehabilitation process. New recommendations were published in 2017:

<http://julkaisut.valtioneuvosto.fi/handle/10024/160273>.

## Case study 3: Entitlement for a variety of disability services: long-term care services

*(eligibility for long-term care benefits as defined in MISSOC).*

An outline of the key features of this assessment process is provided in Part 1 of this report (see **Example 2**).

Detailed description of the assessment process

*The main stages of the process, from application to decision, and appeal against decision, detailing the types of professionals involved and their responsibilities. Please also describe the administrative arrangements and the roles of the different institutions involved in the process. Please indicate what role the person being assessed plays in the procedure.*

The assessment process for most long-term care services is the same as above, described in case study 1. The assessment is done by municipal social service agencies that are free to use their own assessment methods and procedures.

Sources of official guidance and assessment protocols

*Details of the guidance provided to assessors, methodology used, questionnaires, assessment scales, pro-forma used in the process, etc, with links to sources where available.*

See above, case study 1. Concerning some long-term care services (like home care), the general Social Welfare Act 1301/2014 is the basis for services but this does not change the basic process of assessment. The assessment is still done by the municipal social welfare agency and according to a local method and process that assesses the needs of the disabled person.

Implementation and outcomes

*Evidence of the practical implementation, including where possible the number of persons assessed, average waiting times and the assessment outcomes.*

See above, case study 1.

Evaluation – fitness for purpose

*Analysis of the strengths and weaknesses of the assessment method, including where possible evidence from official or independent evaluations, studies etc. For example, the balance of medical and non-medical input, cost-effectiveness, administrative burden, claimant experience, compatibility with the CRPD. Please indicate if there is a regular evaluation of the assessment method and, if so, who carries that out. Please include references to evaluations which have been carried out.*

See above, case study 1.

Promising practice

*If the case study includes examples of good practice, of interest to the EU and other countries, then identify and explain the most promising elements. Please indicate if disabled peoples’ organisations have been involved in developing or evaluating the assessment method.*

See above, case study 1.

# Summary and conclusion

*Taking an overview of national approaches to disability assessment and including any recommendations. Considering the range of examples identified in Part 1, and the analysis of selected cases in Part 2, please reflect on the extent to which these various assessment systems are integrated (or not). For instance, to what extent are similar application processes, similar assessment methodology, or similar administrative processes used to determine eligibility for different benefits? How could the system in your country become more integrated, cost-effective, or result in an easier applicant journey through the processes? Please also indicate any explicit references to the CRPD in the assessment procedure or whether the CRPD has been taken into account in determining the assessment procedure to be used.*

The positive aspect of the Finnish system, including the disability pension, is the intention to assess individual needs instead of basing the assessment on the diagnosis. This intention complies well with the ratified UN Convention on the Rights of Persons with Disabilities that goes far beyond a mere medical approach to disability. However, in practice this means that decisions are made for different kinds of treatments and services in different ways in different municipalities, because the assessment is relatively subjective and not nationally standardised. In addition, the financial situation of the municipality also has an impact on the decision of some (“additional”) disability services. The National Institute for Health and Welfare (THL) has published in the internet a guideline for the municipalities (called “Handbook for Disability Services”) at <https://www.thl.fi/fi/web/vammaispalvelujen-kasikirja>). THL provides guidelines and publishes recommendations on assessment methods and aims at harmonising the assessment system, process and methods throughout Finland. However, it is up to the municipality to choose how they want to proceed with their assessment process and make their decisions, as long as it abides by the law (i.e. the law sets out eligibility criteria which apply nationally, and municipalities carry out assessments of individuals). For instance, in some municipalities the application to all services can be made using one form, while in others the applicant needs to fill individual forms for each service, which means that the needs are assessed separately for different services. Assessments in different municipalities are probably largely similar but decisions for similar applications can be different in different municipalities (although there is no further information available on this issue).

Even though the application processes are stipulated in the law, in many cases decisions from the Supreme Administrative Court have been needed to harmonize municipal practices and to safeguard the receipt of services of individual users. As advice to municipalities, THL has collected on their web site decisions made by the administrative courts and by the Supreme Administrative Court, concerning the definition of persons with severe disabilities and their eligibility for different disability services (see, for example, court decisions concerning Personal Assistance: <https://thl.fi/fi/web/vammaispalvelujen-kasikirja/oikeuskaytanto/henkilokohtainen-apu/vaikeavammaisuuden-maarittely>).

In general, Finnish disabled people do not often bring cases to court but rather make complaints in other ways, for instance to Parliamentary Ombudsman. Therefore, there is no nation-wide, strictly standardised practice pertaining to the assessment of different services. The local character of these assessments makes it difficult for DPOs to have an influence in the process. The assessment process would need to be addressed separately in each of the 311 municipalities and in most municipalities DPOs are too small and lack influence in order to have an impact on practices of the assessment process.

The disability pension system is difficult for an individual to comprehend, as there are many authorities involved and as the assessment is based solely on documentation without real contact between the applicant and the assessor. Furthermore, as here the assessment focuses on work ability and as there is no personal contact between the decision-maker and the applicant as the decisions are fully based on documents, medical doctors and their statements receive a very strong role in the process. Social issues and personal needs are easily disregarded in the assessment. DPOs have no role or influence in the pension assessment process.

Overall, from the perspective of the CRPD, disability services and other social and health care services in Finland aim to fill the requirements of the Convention, for example by supporting Independent Living through Personal Assistance, by providing home care etc. However, the assessment processes to these services have not been considered from the perspective of the Convention. In particular, disabled people and their organisations have had very limited influence in the assessment processes that continue to be very professionally dominated. The recent Social Welfare Act 1301/2014 is an exception from this rule as it now emphasises user participation in the assessment process. DPOs were consulted and actively involved in the preparation of this Act. Nevertheless, as the implementation of the new Act was left to municipalities that have broad autonomy, it is not clear whether assessment practices were actually changed in municipalities as a result of the new law.

From the perspectives of cost-effectiveness or claimant experience, we have unfortunately not been able to identify information that would help to evaluate the needs assessment practices of disability services and benefits in Finland.

At the moment, there are many developments going on in Finland that will have major influence on future disability services. The SOTE reform (regional government health and social service reform) will fully change the administration structure of all social and health care and probably considerably increase for-profit provision. One of the aims of the reform is cost-effective service provision especially by moving the responsibility for social services from 311 municipalities to 18 regions (maakunta). The reform is anticipated to be implemented gradually from the beginning of year 2021. It also aims to introduce customer choice and personal budgets, which will bring new elements to disability services in Finland. At the same time, the government is cutting the funding of disability services and similar trends take place at the local level. Subsequent competitions within outsourcing of municipal services have already led to cases in which the quality and quantity of disability services have suffered. The disability movement has been campaigning against such competitions with a slogan, “We are not for sale (Ei myytävänä)”. Disability legislation is also currently under reform. Overall, the direction is probably towards increasing for-profit (and non-profit) provision and decreasing municipal provision and movement towards customer choice and personal budgets. The impact of these reforms on disability assessment remains to be seen and requires careful attention so that the quality of life of disabled people will not be degraded in Finland.

1. The legislation does not regulate who has to do this, but the municipality has the administrative responsibility to make sure all the needed information is included. The decision is an administrative one and can be tested in administrative court. Usually documents for all elements of the needs assessment procedure are in practice prepared by the same social worker. [↑](#footnote-ref-1)
2. THL. (2015) Vammaisuuteen liittyvät palvelut tilastoissa. <https://thl.fi/fi/web/vammaispalvelujen-kasikirja/palvelujen-jarjestamisprosessi/tilastot-ja-kyselyt>. [↑](#footnote-ref-2)
3. The recommendations themselves do not make a direct link to need for support only to functional abilities. [↑](#footnote-ref-3)
4. In Finland, “disability pension” is the official translation in English instead of “invalidity pension”. Therefore, we use the official translation throughout the report. (Please see <http://www.kela.fi/web/en/disability-pension-and-rehabilitation-subsidy>). [↑](#footnote-ref-4)
5. <https://thl.fi/fi/web/vammaispalvelujen-kasikirja/palvelujen-jarjestamisprosessi/palvelusuunnitelma>. [↑](#footnote-ref-5)
6. <https://thl.fi/fi/web/vammaispalvelujen-kasikirja/itsenaisen-elaman-tuki/toimeentulo/kelan-vammaisetuudet>. [↑](#footnote-ref-6)