



# ESPN Thematic Report on work-life balance measures for persons of working age with dependent relatives

## Finland

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*Laura Kalliomaa-Puha & Olli Kangas*  
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*Contact:* Emanuela TASSA

*E-mail:* [Emanuela.TASSA@ec.europa.eu](mailto:Emanuela.TASSA@ec.europa.eu)

*European Commission  
B-1049 Brussels*

**European Social Policy Network (ESPN)**

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work-life balance measures  
for persons of working age  
with dependent relatives**

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*Laura Kallioma-Puha & Olli Kangas*

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## Summary/Highlights

Entitlement to long-term care services in Finland is based on residence in a municipality. Services are granted on the basis of an individual needs assessment. There is a wide range of in-kind and in cash care benefits available for different purposes: for child care, care of the elderly, the disabled or the ill. However, families may not find the services they need the most from the service packages available. The web of services should be made simpler and more transparent for residents. Instead of service packages, workers might be left with wider discretion to decide which is the service really needed by the family in question. This has worked in child welfare, why not also in LTC.

There should also be more flexibility in the labour markets, taking into account the individual needs of the workers providing LTC. Parents taking care of disabled children are relatively well-off – at least until the child turns three. After that, too much depends on the goodwill of the employer, since longer care leaves for anyone but parents of children under three years of age are discretionary.

In Finland, there is no legal obligation to take care of one's relatives, with the exception of under-eighteen-year-old children and spouses (married or registered). However, in addition to the public and private service provision, there are approximately 40,000 "official" informal carers who have agreed to take care of their old, sick or disabled intimates, and an estimated additional 300,000 people who help their old, sick and disabled relatives or friends.

Thus, Finland's care regime is a mixed one, combining public in-kind and in cash benefits with private / individual initiatives. A characteristic of this care regime is a strong gender bias in care obligations and hence, in gendered employment patterns. In contrast to her Scandinavian neighbours, Finland displays intensive periods of care and absences from the labour market in the age bracket of 25–45 years. The situation reflects the gendered impacts of various care-related leaves, the child homecare allowance system in particular. The government's 'neo-familistic' emphasis on long-term care – i.e., the government's advocacy for care systems where more responsibility is laid on families rather than expanding public provisions -- may further deepen the Finnish deviance from the 'Nordic' welfare model with strong emphasis on public services facilitating care and employment. The planned cuts in child day-care services can fortify the development.

## 1.1 Overall description of long-term care regime

### 1.2 Municipalities are in charge but families have their roles

Entitlement to long-term care (LTC) services is based on residence in a municipality. Services are granted on the basis of an individual needs assessment. There is a range of in-kind and in cash care benefits. Municipalities can produce the services themselves, or buy them from other municipalities or from private service providers.

LTC services can be home services providing assistance for elderly people, the disabled or the ill, helping them to manage with their everyday life. In many municipalities, home service and home nursing is combined into integrated homecare. There is also day-care for both children and the elderly, as well as services in day centers and service centers to help families combine work and care. The publicly expressed target is to enable people to continue to live at home in spite of their LTC needs. However, there is also institutional care providing round-the-clock treatment for people who would not be able to manage at home using other services.

In Finland there is no legal obligation to take care of one's relatives except for one's children under 18 years of age and one's spouse (married or registered). In spite of this, Finns do care for their family members and friends, and this also goes for working people: 28% of working people take care of their old, disabled or ill relatives and friends in need of care, a total of over 700,000 people. Family care is supported by different forms of cash-for-care schemes. **Informal care support** is a municipal system to entice someone in need of assistance to be cared for at the carer's home. There is also a **disability and care allowance** for pensioners, the disabled or the ill, a cash benefit paid out by the Social Insurance Institution (Kela). The care allowance is also payable for persons in institutional care.<sup>1</sup>

As a rule, the care-giver is a female relative – a wife, mother or daughter. In addition to the general trend favouring non-institutional LTC, the center-to-right Juha Sipilä government (nominated on 29th May 2014, consisting of the Center Party, the True Finns and the Conservative Coalition Party) wants to develop the informal care option in particular, since it is less expensive than various forms of institutional care.

### 1.3 Description of carers' leaves

Combining work and taking care of a child with special needs is somewhat easier than combining work with care for an adult: working parents can use the relatively generous leaves provided for all parents.<sup>2</sup> In particular, **child care leave** is available for those willing to take care of a disabled or chronically ill child at home. Parents are entitled to it until the child (or youngest child) is 3 years of age, and their job is also secured during this period. **Home care allowance** is paid during that period. Part-time workers also get support: **flexible care allowance** can be paid to a parent caring for a child under 3 years of age who works no more than 30 hours per week.<sup>3</sup>

Parents of a disabled or chronically ill child may also benefit from partial care leave: all parents of a child in first or second grade are entitled to **partial care leave** providing they have been working at least 6 months during the past 12 months (Employment Contract Act (55/2001)<sup>4</sup> 4:4§) If a parent is working maximum 30 hours per week due to child care, Kela pays **part-time homecare allowance** for the period concerned.

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<sup>1</sup> See more closely about LTC f. eg. [www.stm.fi](http://www.stm.fi) or Asisp country document 2013 Finland. [http://socialprotection.eu/files\\_db/1378/FI\\_asisp\\_CD13.pdf](http://socialprotection.eu/files_db/1378/FI_asisp_CD13.pdf)

<sup>2</sup> See the terms of maternity leave, parental leave and partial parental leave <http://www.kela.fi/web/en>.

<sup>3</sup> <http://www.kela.fi/web/en/flexible-care-allowance>.

<sup>4</sup> <http://www.finlex.fi/en/laki/kaannokset/2001/20010055>

Disabled children go to school a year longer than others. If the child is enrolled in this extended compulsory education, the parent may receive partial care allowance for a year longer – for example, already during pre-school or also during child's third grade.

To combine work and care, even shorter leaves are vital. When the child is under 10 years of age and falls ill, the parents can take **temporary care leave**<sup>5</sup> for 4 days in a row to stay at home and care for the child. The eligibility for temporary care leave is based on the Employment Contracts Act. The leave can be taken either by either parent. A parent who does not live in the same household with the child is also eligible for care leave. The right to these leaves are especially important for those parents with chronically ill or disabled children in day-care or school, since these children tend to be ill more often than others.

Older care recipients too can have a tendency to more frequent illnesses. However, when a youngster or an adult is in need of care, there is no right to similar leaves, even though the progression of illnesses is difficult to forecast. According to the Employment Contracts Act an employee can be away from work if a family member gets ill<sup>6</sup>. According to section 7, **absence for compelling family reasons** is allowed if the employee could not have seen it coming. If the employer so requests, employees must present a reliable account of the grounds for their absence. The Act does not present any time limits. It is considered that the absence may last a couple of days, during which the employee should manage to organize care for the family member<sup>7</sup>.

An employee may also ask for longer **absence for taking care of a family member or someone close to the employee**. The employer is not required to pay the employee remuneration for the leave. The act states, that "the employer must try to arrange work so that the employee may be absent from work for a fixed period" Thus, there is no subjective right to the absence, only a recommendation. On request, the employee must present the employer with proof of the grounds for absence. Also **flexible working time arrangements** such as flexi-time, **job alternation leave** or **remote work** might help with combining work and care. However, there is no subjective right to these leaves. **Part-time work** or **part-time pension** might also be the solution. Nonetheless, part-time-work is relatively rare in Finland: 22% of working women and 11% of working men worked part-time. Only 12% of the women working part-time did it because of care duties.

The terms of job alternation leave tightened from the beginning of 2016. From now on one gets 70% of one's unemployment benefit for a maximum of 180 days. To be eligible, one needs to have a 20-year-working history.<sup>8</sup>

#### 1.4 Description of carers' cash benefits

Families can choose private day-care and get a **private day-care allowance**, which includes a *fixed care allowance* (EUR 174.38 a month per child) and a *care supplement*, which depends on the family's income. The maximum monthly amount of the supplement is EUR 146.64 per child. Some local authorities pay municipal-specific extra compensation to families using private care providers, instead of relying on public day-care.<sup>9</sup>

**Home care allowance** is also used to hire help and combine work and care. Even though the standard solution is to take care of the child oneself with the help of the allowance, home care allowance can also be used to cover the salary of a hired nanny or

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<sup>5</sup> <http://www.kela.fi/web/en/if-child-is-sick>.

<sup>6</sup> Tiitinen – Kröger 2003.

<sup>7</sup> Tiitinen – Kröger 2003.

<sup>8</sup> See [http://www.te-services.fi/te/en/jobseekers/finding\\_job/job\\_alternation\\_leave/index.html](http://www.te-services.fi/te/en/jobseekers/finding_job/job_alternation_leave/index.html)

<sup>9</sup> <http://www.kela.fi/web/en/families>; [http://www.kela.fi/web/en/after-parental-leave\\_private-day-care-allowance](http://www.kela.fi/web/en/after-parental-leave_private-day-care-allowance).



nurse. The allowance is paid separately for every child eligible. The amounts are EUR 342.53 per month for one child under 3 years of age; EUR 102.55 for each additional child under 3 years, and EUR 65.89 for each child over 3 years but under the school-age. In addition, a care supplement of EUR 183.31 is payable after an income-test<sup>10</sup>.

Parents working part-time because of child-care may get flexible care allowance: The **flexible care allowance** is payable at two rates depending on the parent's total working time. 1) The amount of the allowance is EUR 244.18 a month, if the recipient works no more than 22.5 hours a week, or no more than 60% of normal full-time hours and 2) EUR 162.78 a month if the recipient works more than 22.5 hours or more than 60%, but no more than 80% of normal full-time hours. The level of family income does not affect the allowance.

Kela pays **special care allowance** if the parent has to stay at home for a longer period to take care of a seriously ill or disabled child under 16 years of age. Special Care Allowance is generally paid for up to 60 workdays per child in a calendar year. However, if the attending physician deems it necessary, it can be prolonged up to 90 days.<sup>11</sup> The cash benefit is income-related, but for those with low or no income a minimum allowance of (EUR 23.92 a day) is paid.

When one is providing care for a disabled or chronically ill child or an adult, one can apply for municipal **informal care support**, a combination of in-kind and in cash benefits. Municipal informal care support demands a contract between the municipality and the caregiver. The informal care benefit also includes access to municipal services (such as washing, medical care, meals on wheels etc.) to make the care at home possible. Informal carers get remuneration, accrue their pensions, are insured and most important of all, get days off. A carer doing demanding care work gets three days off per month. The municipality provides care for the care recipient in an institution, or provides a caregiver at the care recipient's home, thus enabling the carer to rest. Since 2011, families have been able to hire another family member or a friend to be the substitute carer. Thus the substitute is familiar with the care receiver and his or her care from the start. These vacations for the carer can also be arranged with vouchers. Many municipalities even provide informal carers with extra days-off or a few hours of free time to keep them going.<sup>12</sup> The amount of support is linked to the intensity of the care needed. The minimum is EUR 387.49 a month. The support is taxable income. If the caregiver is unable to work due to heavy care obligations, the minimum amount is EUR 774.98 a month. This higher amount is envisioned for shorter periods, e.g. while discharging patients from hospital or during terminal care. The average amount was EUR 440,30 in 2012<sup>13</sup>. There are approximately 40,000 carers receiving informal care support, of which 20% are also working. Most of these take care of a disabled child, but there are also persons providing care for their fragile parents.<sup>14</sup>

There are also other cash benefits which may facilitate the hiring of help, or assist in combining work and care. **Disability and care allowances** are provided to cover the extra expenses caused by illness or injury. They are paid to the disabled herself/himself – naturally the child allowance goes to the parents. The allowance is payable at three rates: the basic rate (significant hardship and continuous expenses) is EUR 92.94; the middle rate (the hardship is considerable) is EUR 216.87, and the highest rate (EUR 420.51) is paid to people with severe disabilities. The benefits are paid by Kela and they are tax-free income.<sup>15</sup> These amounts are significantly high, if compared to the

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<sup>10</sup> [http://www.kela.fi/web/en/child-home-care-allowance\\_amount](http://www.kela.fi/web/en/child-home-care-allowance_amount).

<sup>11</sup> See [http://www.kela.fi/web/en/if-child-is-sick\\_special-care-allowance](http://www.kela.fi/web/en/if-child-is-sick_special-care-allowance).

<sup>12</sup> Tillman et al 2014.

<sup>13</sup> Linnosmaa et al 2014.

<sup>14</sup> Tillman et al 2014.

<sup>15</sup> See <http://www.kela.fi/web/en/disability>.

amounts for informal care support and are thus of considerable importance to the families of chronically ill or disabled persons, also facilitating the hiring of help to combine work and care.

One can also have a **tax deduction for the care expenses** of one's or one's spouse's children, parents or grandparents. The tax credit for domestic help or household expenses (*kotitalousvähennys*) reduces taxes directly. After one's own liability of EUR 100, the maximum credit is EUR 2.400 per person per year. This deduction helps families to purchase services to combine work and LTC. This has not been a very popular option – only 3 % of the deductions were used for care in 2011.<sup>16</sup>

## 1.5 Description of carers' benefits in kind

Combining work and the care of a child is in most cases facilitated by **municipal day-care**. There are also special services for disabled or ill children – at least in bigger cities. The fees for using public day-care depend on the family's size and income and the hours of care needed. The fee varies from EUR 0 to a maximum of EUR 283 a month per child<sup>17</sup>. The fees collected from the parents cover about 14% of all costs, the rest comes from the public purse. However, for disabled children day-care is free, providing it offers rehabilitation at the same time. Municipalities provide 90% of all day-care themselves. Municipal day-care can be offered in *municipal day-care centres*, in *family day-care* or in *group family day-care*. Day-care is available on a full-time basis (for a maximum of 10 hours a day) and on a part-time basis (for a maximum of 5 hours a day).<sup>18</sup> According to the legislation on child care public authorities should offer services at the hours that the family needs.

Children over 7 years of age attend **school** – disabled children actually have compulsory education a year longer than healthy children which means they have a compulsory 10<sup>th</sup> grade. Disabled children are provided with **after school services**, as well as with **transportation services** to and from the school.

**Rehabilitation** and rehabilitation guidance can be arranged by Kela or by the municipality. There is also rehabilitation for informal carers and adaptation training or rehabilitation possibilities for the whole family to adjust to living with their disability and illness.<sup>19</sup> **Municipal home service** and **home nursing care** can assist the family carer. In many municipalities these are combined as home care, which is supplemented by support services.

**Disability services** also alleviate the carer's burden. The municipalities must provide a personal service plan for the disabled, in which the family's care and public care are supposed to be fitted together. For example by providing, assistive devices – free of charge – to help the family carer, or home renovations, which are free for severely disabled persons. A disabled person may also be entitled to a personal assistant free of charge for e.g. 30 hours per month, which lightens the burden for the actual carer.<sup>20</sup> There are special services for people with intellectual disabilities, such as work and day activities, which are helpful in combining work and care<sup>21</sup>. If needed, there are also housing services, care organised in families (family care, round-the-clock care in a private home other than your own) or institutional care. Municipalities also arrange free

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<sup>16</sup> Häkkinen Skans 2011.

<sup>17</sup> <http://www.minedu.fi/OPM/Koulutus/varhaiskasvatus/paivahoitomaksut/?lang=fi>.

<sup>18</sup> *Lasten päivähoido / Barndagvård* 2012. [Child care 2012]. Helsinki: THL, p. 3.

<sup>19</sup> See <http://www.kela.fi/web/en/rehabilitation>.

<sup>20</sup> See the Disability Services Act 380/1987 (no translation in English available). The website of the Ministry of Social and Health describes the services for the disabled also in English. The website of the Kynnys-association, [www.kynnys.fi](http://www.kynnys.fi), is also useful. Kynnys (Threshold) is an association for independent living, human rights and culture.

<sup>21</sup> See the Law on Intellectual disabilities 519/1977 (no translation in English available).

transportation services for work, study, running errands, social participation and recreation for disabled people, which frees the carer from performing these duties.

There are also **day-care centers** for the aged – eg. for those suffering from dementia – which enables family carers to work. Municipalities also offer **institutionalised care in intervals**, in order to give the carer some rest. Many carers organise their time use according to these interval care periods<sup>22</sup>.

## 2 Analysis of the effectiveness of work-life balance measures for working-age people with dependent relatives

### 2.1 Assessment of individual measures

In Finland, there are a lot of benefits available for carers. Families in challenging situations may not have the resources to find the relevant information. The new social welfare act emphasises co-operation between the various authorities, as well as proper guidance for the clients. A needs-assessment (*palveluntarpeen arviointi*) must be made for every client and, if necessary, a plan (*asiakassuunnitelma*) is made collecting all the services and benefits possible for the client. Municipalities also offer counselling points for social services, including offices, internet and phone services. According to the Administrative Act, authorities must provide the necessary advice free of charge to their customers. The Third sector also plays an important part. There are associations around most illnesses, and associations for carers, such as The Central Association for Carers in Finland or the National Family Association Promoting Mental Health in Finland. The Central Association for Carers in Finland has produced e.g., manuals for both the employers of informal carers and for working informal carers. However, despite these efforts, there are problems in take-up rates, though perhaps not that many in coverage.

#### 2.1.1 Carers' leaves

Parents taking care of disabled children are relatively well-off – at least until the child turns three. After that, too much depends on the goodwill of the employer, since care leaves for anyone else but parents of children under three years of age are discretionary.<sup>23</sup> Neither the employees nor the employers are familiar with all the possibilities for flexible arrangements. Employees might also be reluctant to discuss their difficult situation at work fearing it might affect their position – which in turn means that their needs cannot be taken into account and satisfied.<sup>24</sup> Many of the working age informal carers have found the present system unsatisfactory.<sup>25</sup>

#### 2.1.2 Carers' cash benefits

At present, there are approximately 40,000 informal carers who have a contract with their municipality and receive informal care support. However, it has been estimated that an additional 300,000 people help their old, sick and disabled relatives. Out of these 300,000 carers, 60,000 even give highly-demanding care. Thus approximately 20,000 additional carers would be entitled to informal care support.<sup>26</sup> The problem with municipal payments is that receipt of the benefit has been more dependent on the economic situation of the individual municipality than on the need for help<sup>27</sup>. When it comes to the disability allowances for pensioners, paid out by the Social Insurance Institution Kela, there may be non-take up because of the discretionary nature of the

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<sup>22</sup> Kalliomaa-Puha – Tillman 2016.

<sup>23</sup> Tillman et al 2014.

<sup>24</sup> Kauppinen & Silfver-Kuhalampi 2015.

<sup>25</sup> Tillman et al 2014.

<sup>26</sup> Ministry of Social and Health Affairs (2014:2).

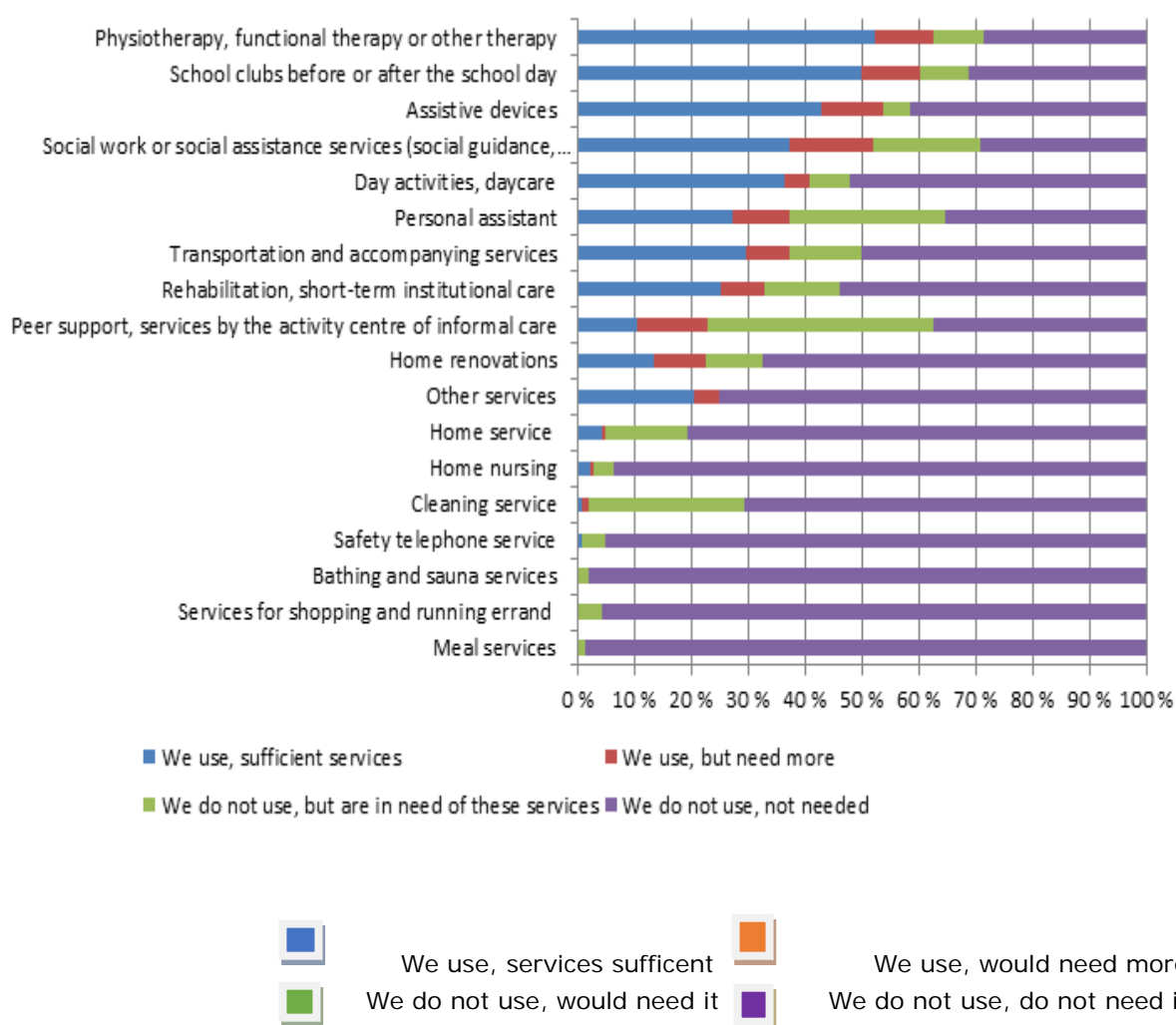
<sup>27</sup> Ministry of Social and Health Affairs (2014:2), see also the cases 70 and 71/2011 of the European committee of Social Rights which found the discretionary powers of the municipalities too wide.

benefit and the medical assessments. Furthermore, the application procedures may be too complicated for the elderly themselves, or even their relatives with low educational achievements.

### 2.1.3 Carers' benefits in kind

Even though there are many services provided, they might not always be of the type the families themselves think would help them most. Informal carers of children – they were the ones who combined work and care most often - wished for more counselling and peer support, as well as help with household chores, which many municipalities have stopped offering.

**Figure 1. What do Informal carers of children think about municipal services supporting care<sup>28</sup>**



Arranging informal carers rest is crucial. Only one third of the informal care support receivers used the vacation provided for them, and one third had used less days-off than they were entitled to – they simply thought the substitute care provided was not good

<sup>28</sup> Tillmann et al 2015.

enough or not suitable for the care recipient.<sup>29</sup> The problem is well-known and a lot has already been done. Hiring substitute carers from the family circle seems to have worked well. Since not all have potential carers in the family to help the actual carer, some municipalities have invented substitute carer pools (*sijaishoitajapankki*).<sup>30</sup>

## 2.2 Assessment of overall package of measures and interactions between measures

There is a vast variety of services to help to combine work and care. However, the services municipalities and other authorities offer are not always the type that the families themselves think would help them the best (see Figure 1 above). For example, home-help has been difficult to get. It is hoped that the new Social Welfare Act<sup>31</sup> will fix that. The idea of the act is that by providing services early, more severe difficulties, and hence also expenses, could be avoided.

Caring is still a gender issue. Cash-for-care has been criticised on the basis that it would lock mothers into their traditional homemaker roles<sup>32</sup>. Even though the gendered roles of caring have changed – especially in informal care (already 25% of recipients of informal care support are men<sup>33</sup>) – women still carry a bigger care share than men: according to a study from 2012 60% of all working women and 40% of working men provide care weekly or daily, while 20% of working women and 30% of working men provide care 2-3 times per month. 45-year-old people had the most heavy care burden on average.<sup>34</sup> If the plans to increase families' responsibility for LTC are carried out, it will probably mean an increase in responsibility for middle aged women. If they decide to cut their working hours or decide to stay at home caring, they might have great difficulties getting back to work when the caring duties are finished.<sup>35</sup>

In Figure 2, we concentrate on those women whose labour force status is either 'taking care of children or other relatives' or 'inactive'. The data are derived from the EU Statistics of Income and Living Conditions (EU-SILC 2012). The figure displays female care responsibilities along the whole working-life span from 20 to 65 years of age. As can be seen, whereas in Denmark, Norway and Sweden inactivity spells are negligible and short, in Finland, Iceland, and the UK the most intensive periods of care are concentrated in the 25–45 age bracket. Southern Europe and the Benelux countries display their own distinct pattern, where family-related care tasks increase substantially with age, and the spells of absence simultaneously become much longer. In the three Scandinavian countries, the absence rates are almost flat. In comparison to her Nordic neighbours, Finland is a deviant case – reflecting the gendered impacts of various care-related leaves, the child home care allowance system in particular. The present Center-to-right government (nominated 29. May 2015) has a neo-familistic orientation in long-term care policies. The orientation means that the government tries to advocate welfare policies where responsibility for care is laid on family members rather than expanding the responsibility of the public sector. This neo-familistic orientation and the planned cuts in child day-care services may further deepen the Finnish deviance from the 'Nordic' welfare model, with strong emphasis on public services facilitating care and employment.

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<sup>29</sup> Tillman et al 2015.

<sup>30</sup> Mattila and Kakriainen 2014.

<sup>31</sup> Act 1301/2014. Unfortunately there is no English translation available.

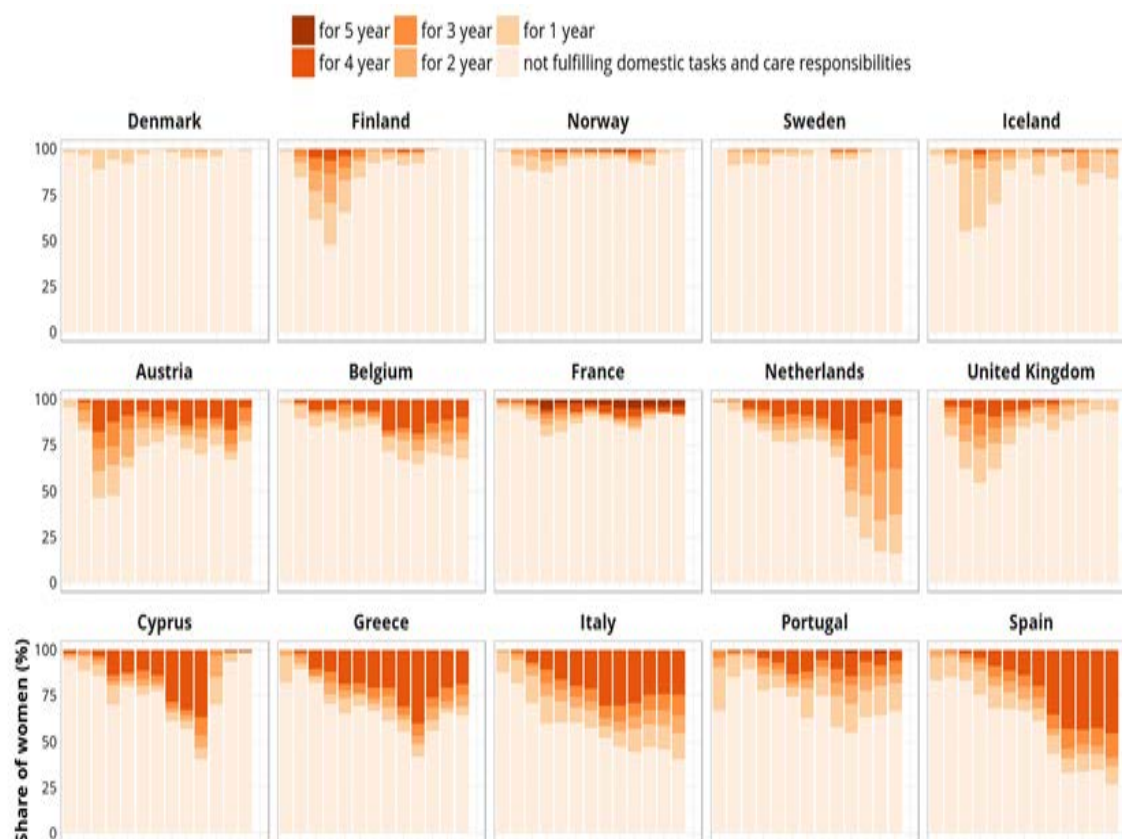
<sup>32</sup> Hiilamo & Kangas 2009, 457-475.

<sup>33</sup> Ahola et al 2014.

<sup>34</sup> Työ ja terveys Suomessa 2012. [Work and health in Finland 2012]

<sup>35</sup> Silfver-Kuhalampi & Kauppinen 2015.

**Figure 2. Female labour force status “taking care of family-related care responsibilities” (%); duration of care-related absences from the labour market according to age.**



### Challenges for long-term care

In the coming two decades the Finnish population will be greying faster than populations in the other EU Member states. Needless to say, this will inevitably increase age-related social spending. Since social spending for now is already about 30% of the GDP, and the public sector budget is in deficit, there are limited possibilities for increasing public spending on long-term care. In public social spending there may be a trade-off between services and income transfers.

Economic problems in municipalities are mirrored in the opinions of the general public: as many as 57% of Finns think that in future the quality and amount of old-age care will not be adequate<sup>36</sup>. The Sipilä government is trying to solve the dilemmas in long-term care on the one hand by making public services more effective by digitalising them, and on the other hand, by laying more emphasis on the home care given by relatives. The strategy is double edged. Home care will diminish public spending, but the flipside is that female labour force participation, in particular, may diminish, which in turn, is detrimental for the long-term sustainability of the welfare state. Shorter-term budget rationalism contradicts the long-term national and EU targets to increase employment rates in all age groups.

Most of the informal carers were found to experience tasks positive feelings in their everyday lives. The more difficult the care recipient's condition, the more burdened the caregiver naturally was. The more caregivers were supported by their close relatives or the

<sup>36</sup> Kallioma-Puha & Kangas 2015.

municipalities, the less burdened they were.<sup>37</sup> Having a variety of options to help the carer participate in employment are of great importance for the well-being of the carer. Many of the working informal carers thought that working increases their well-being.<sup>38</sup> Developing the options for combining work and care would thus improve not only the economics of caring families, but also their coping skills, and therefore also the quality of care.

### 2.3 Policy recommendations

In Finland the problem is not the lack of programmes. The problem is that there are perhaps too many parallel schemes and municipal differences, and it is difficult for families to figure out all the options they have at their disposal. Also the services may not be the ones families would need the most.

- Therefore, the web of services should be made simpler and more transparent for residents.
- Without service packages, the workers might be left with wider discretion to decide which is the service really needed by the family in question. This has worked in child welfare<sup>39</sup>, why not also in LTC.

The care responsibilities are strongly gendered, and some specific features in the Finnish care programmes fortify the gender bias, not least the cash for care of young children. The same goes for young informal care support recipients. The governmental plan to fortify family responsibilities in care may further enlarge the gender gap. If too much emphasis is laid on families and relatives, the orientation in Finnish long-term and child care would depart from the 'institutional' Nordic welfare state model. It is also clear that institutionalised care will also be needed – probably on a bigger scale than is now available, to secure the safety and well-being of the growing number of fragile people – at least if we want to keep carers working. It must be admitted that in many situations homecare is simply not possible. But when it is possible to combine work and care

- Public high-quality child and elderly care possibilities should be preserved and
- There should be more flexibility in labour markets to take into account individual needs also for the carers of youngsters and adults.

Even though pension accrues both to carers on child homecare leave and to carers who have concluded an informal care agreement, the accrual is small. Caring also affects carers' careers. Therefore the caring periods scar the livelihood of working-age carers, often severely. The consequences are quite different for carers who are already pensioned.

- If combining work and care is not possible, perhaps the combination of services and cash in informal care support should be different for pensioners and working-age carers.

Often the most important thing for persons giving long-term care is to get some support in daily life activities and to get some rest and vacation, in order to cope with their care obligations. Therefore

- Possibilities for rest and recreation should be guaranteed to care-givers.

The problem with municipal payments is that receipt of the benefit is too dependent on the economic situation of the individual municipality, rather than the claimant's need for help.

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<sup>37</sup> Juntunen & Salminen 2014.

<sup>38</sup> Tillman et al 2014.

<sup>39</sup> See the Flash report of Finland 2015.

- Need rather than municipality should be the basis for getting help. The ongoing plans to rebuild the whole system of social and healthcare services (the SOTE-reform) are based on bigger areas than municipalities. This would improve the equal treatment of carers.





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