



COVID-19 and people with disabilities

Assessing the impact of the crisis and informing disability-inclusive next steps

Finland

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Table of contents

1	Executive summary	5
2	Disability-inclusive disaster and recovery planning	7
	2.1 Commitments to disability in disaster management and recovery strategies	7
	2.2 Involvement of people with disabilities in disaster management and recovery strategies	7
	2.3 Disability impact assessments and research to inform disaster management and recovery planning.....	8
	2.4 Use of disaster management and recovery planning funds	8
3	Mortality connected to COVID-19 among people with disabilities	9
	3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?	9
	3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19? ..	9
4	Access to health.....	10
	4.1 Emergency measures.....	10
	4.2 Access to hospital treatment for COVID-19	11
	4.3 Treatment for COVID-19 in congregate settings.....	12
	4.4 Public health promotion and testing during the pandemic	12
	4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions	12
	4.6 Vaccination programmes	14
5	Income and access to food and essential items.....	15
	5.1 Emergency measures.....	15
	5.2 Impact of the COVID-19 crisis	15
6	Access to transportation and the public spaces	16
	6.1 Emergency measures.....	16
	6.2 Impact of the COVID-19 crisis	16
7	Involuntary detention or treatment.....	17
	7.1 Emergency measures.....	17
	7.2 Impact of the COVID-19 crisis	17
8	Violence, exploitation or abuse	18
	8.1 Emergency measures.....	18
	8.2 Impact of the COVID-19 crisis	18
9	Independent living	19
	9.1 Emergency measures.....	19
	9.2 Impact of the COVID-19 crisis	20
10	Access to habilitation and rehabilitation	23
	10.1 Emergency measures.....	23
	10.2 Impact of COVID-19 and/or emergency measures adopted	23
11	Access to justice	24
	11.1 Emergency measures.....	24
	11.2 Impact of COVID-19 crisis	24
12	Access to education	25
	12.1 Emergency measures.....	25
	12.2 Impact of the COVID-19 crisis	25
13	Working and employment	26
	13.1 Emergency measures.....	26
	13.2 Impact of the COVID-19 crisis	26

14	Good practices and recommendations.....	28
14.1	Examples of good practice	28
14.2	Recommendations.....	28
14.3	Other relevant evidence.....	28

1 Executive summary

Disability inclusivity of disaster and recovery planning

The Emergency Powers Act (1552/2011) stipulates that the power to plan and implement emergency actions is in the hands of the public authorities, which are elected democratically. Although disability inclusion is gradually but increasingly becoming a normal part of political practice in Finland, it was not necessarily guaranteed in the quick decision-making required when the COVID-19 crisis began.

Impact of the virus on mortality among people with disabilities

Such information is not publicly available.

Outline of key concerns about a disproportionately negative impact of the COVID-19 crisis on people with disabilities

The crisis has most significantly impacted the education and employment sectors and the independent living of children and people with disabilities. These in turn have affected their health, including their mental health.

The closure of schools and workplaces massively affected the whole population, including children and people with disabilities. Even though children with disabilities were allowed go to school, unlike their peers without disabilities, many children with disabilities stayed at home due to the fear of corona infection. In these cases, distant learning became the responsibility and burden of their families, in addition to their own remote work at home. Many people with intellectual disabilities could not go to rehabilitative work activities or day activities due to the closure of these facilities, and thus stayed at home.

In addition, social and health services were not as easily available as before corona, and the opportunities for people with disabilities to use the services to which they were entitled for living independently were limited. Creative and innovative alternative modalities for physically provided services were quickly established in some municipalities, but not in others, which consequently increased disparity among people with disabilities in different geographical locations.

Due to the restrictions in many sectors, loneliness among people with disabilities and their families has increased during the corona pandemic and this has negatively impacted their mental health. Research-based data were only beginning to accumulate at the time of writing of this report.

Examples of good practice

- 1) Information-sharing during the crisis period has taken into account diverse languages, including Finnish and Finnish-Swedish sign language and Easy Language, upon the request of organizations for people with disabilities. In 2020, the Government has held 135 press conferences to disseminate information through national TV broadcasts, which have included simultaneous interpretation in the Finnish sign language.

- 2) The shift from contact teaching to distance teaching was swiftly implemented, in quite a remarkable way. During the time when education institutions were closed in the spring of 2020, children with disabilities were among those who were exempted from this emergency restriction. Depending on their situation and needs, they and their families could choose between contact teaching and distance teaching.

Recommendations and opportunities for change

- 1) Even when it has to be done quickly, decision-making should be in collaboration with representatives of people with disabilities. Highly government-centred decision-making led to restrictions such as the prohibition of visitors to housing units of people with disabilities, which were later judged illegal by the Finnish court. Disability-inclusive planning and decision-making could have prevented such mistakes from the onset.
- 2) After the crisis, many recovery measures and a great deal of support will attempt to alleviate the damage caused by this crisis and strive for a fair society. Such interventions will need to mainstream people with disabilities and their needs and take into account that they are a valid part of Finnish society. It is essential that no one be left behind in the mainstream recovery process.
- 3) Rapid resource allocation decisions have been made to support research on COVID-19 and its impact on Finnish society and beyond. Disability has been largely forgotten in the funded research projects, if addressed at all. All research should incorporate the disability aspect so that the knowledge gathered is also relevant for children and people with disabilities and their families.

2 Disability-inclusive disaster and recovery planning

[Article 11 – Situations of risk and humanitarian emergencies & Article 4\(3\) – involvement of persons with disabilities](#)

2.1 Commitments to disability in disaster management and recovery strategies

The Finnish Emergency Powers Act 1552/2011 gives the Government the authority to act in an emergency situation. On 17 March, the Government submitted two enforcement decrees concerning the application of powers under the Emergency Powers Act (Valmiuslaki, Act 1552/2011) to Parliament.¹ According to section 23 of the Constitution (Suomen perustuslaki Act 731/1999, as amended by Act No. 1112/2011) ‘such provisional exceptions to fundamental rights and freedoms that are compatible with Finland’s international human rights obligations and that are deemed necessary in the case of an armed attack against Finland or in the event of other situations of emergency, as provided by an Act, which pose a serious threat to the nation may be provided by an Act or by a Government Decree to be issued on the basis of authorisation given in an Act for a special reason and subject to a precisely circumscribed scope of application’.² According to this legislation, the powers are in the hands of the public authorities, which have been democratically elected. No documents exist that describe any special actions above the normal procedures of democratic decision making for participation and inclusiveness in disaster or recovery processes.³

2.2 Involvement of people with disabilities in disaster management and recovery strategies

On 7 April 2020, the Advisory Board for the Rights of Persons with Disabilities (VANE) addressed the importance of continuing necessary disability services for those who are dependent on them. The Advisory Board for the Rights of Persons with Disabilities is the national coordinating mechanism for the UN Convention on the Rights of Persons with Disabilities. Its function is to promote national implementation of the Convention and to take into account the rights of persons with disabilities in all aspects of government. The Board operates under Ministry of Social Affairs and Health. It consists of representatives of ministries, persons with disabilities and their families, labour market organisations as well as representatives from regional and local government. Information accessibility was highlighted, as many people with disabilities belonged to high-risk groups. Vane referred to the UN Convention on the Rights of Persons with Disabilities (UN CRPD) and stressed the importance of participation in decision-making and reasonable accommodation.⁴ But recovery planning contains no specific actions to increase the involvement of people with disabilities above the normal procedures.

¹ Finnish Government, ‘Decrees concerning the use of powers under the Emergency Powers Act to Parliament’, press release, 17 March 2020.

² Constitution of Finland, Act No. 731/1999.

³ See: <https://thl.fi/fi/web/vammaispalvelujen-kasikirja/ajankohtaista/koronavirus-ja-vammaispalvelut>.

⁴ Vammaisten henkilöiden oikeuksien neuvottelukunta (VANE). (2020) Vammaisten henkilöiden oikeuksien huomioiminen koronavirustilanteessa. <https://vane.to/-/vammaisten-henkiloiden-oikeuksien-huomioiminen-koronavirustilanteessa>. Uploaded on 7 April 2020.

2.3 Disability impact assessments and research to inform disaster management and recovery planning

The Finnish Institute for Health and Welfare (THL) launched a survey study⁵ on personal assistant (PA) services. The objective was to study the experiences with PAs of people with disabilities during the pandemic. The study was funded by the Parliamentary special fund for investigating the impact of corona. It was available in Finnish, Swedish and English from 7 December 2020 to 11 January 2021. A total of 1025 voluntary respondents answered the survey, of whom 72 % were women and 26 % men. Of these, 31 % were aged 18–44, 46 % were aged 45–64, and 23 % were 65 years old and above. The final report will be ready in 2021 but was not yet ready in January 2021 at the time of writing. However, THL presented its preliminary results in seminars on 29 January and 9 February 2021, according to which, 33 % of the respondents had experienced difficulties in obtaining PA services; 25 % had not had sufficiently access to assistive devices, and 16 % had not been able to obtain transportation services. Accessibility to corona testing differed in the spring to that the autumn. In the spring, 58 % of the respondents easily accessed testing, and this figure rose to 78 % in the autumn. Of the respondents, 47 % said they spent less time with their families, whereas 67 % spent less time with their friends and relatives. Forty-eight per cent of the respondents reported loneliness and 29 % sleep problems. The mental health conditions of 51 % had deteriorated and 40 % felt that their health had deteriorated since the time before corona.

Several studies have been initiated to research the effects of changing basic education to distance learning.

2.4 Use of disaster management and recovery planning funds

The majority of extra recovery funding is aimed at supporting enterprises and entrepreneurs.

⁵ THL. (2020) Disabled persons' experiences during the coronavirus epidemic – survey for personal assistance clients. Available at <https://thl.fi/en/web/thlfi-en/research-and-expertwork/projects-and-programmes/disabled-persons-experiences-during-the-coronavirus-epidemic-survey-for-personal-assistance-clients>.

3 Mortality connected to COVID-19 among people with disabilities

Article 10 – The right to life

3.1 Are official statistics available concerning the overall mortality rate of people with disabilities?

No, not publicly available. The available data only explain the cause of death (ICD-10) per gender and age group. The data could be generated, but this service is not free of charge. The 2020 data will be published in December 2021. There are 770 registered COVID-19 related deaths in Finland (1.3.2021). The median age of the deceased is 83 and 51 % of the deceased were men and 49 % women. The majority (over 95 %) had one or more chronic diseases. The place of care of the deceased persons immediately prior to their death were in 25 % of deaths in specialised medical care, in 40 % in primary health care units, 33 % in 24-hour social welfare units and 2 % at home or elsewhere.⁶

No data available concerning the mortality rate of people with disabilities during COVID-19 been proportionately higher, lower or the same as the mortality rate for the general population.

3.2 Are official statistics available concerning the mortality rate of people with disabilities who have died from complications connected to COVID-19?

No data is available concerning how many people with disabilities have died from complications connected to COVID-19 during the period of the pandemic.

No data is available of all people who died from complications connected to COVID-19 during the period of the pandemic, what proportion were people with disabilities.

No data is available concerning the place of death of people with disabilities with a confirmed diagnosis of COVID-19.

No data is available concerning the place of residence of people with disabilities that have died with a confirmed diagnosis of COVID-19.

⁶ THL. (2021). Situation update on coronavirus. Available at: <https://thl.fi/en/web/infectious-diseases-and-vaccinations/what-s-new/coronavirus-covid-19-latest-updates/situation-update-on-coronavirus>.

4 Access to health

[Article 25 – Health](#)

4.1 Emergency measures

In Finland, according to the Constitution (731/1999), public authorities must ensure adequate social and health services for everyone. '*Public authorities must ensure, as specified by law, adequate social and health services for everyone and promote the health of the population*'. The Constitution does not give patients a subjective right to access all possible health care. What constitutes 'adequate' is open to interpretation and is not very clearly defined by legislation. The question of adequate health care resources and adequate health care services is challenging. It is essentially a political issue, on which current legislation is rather vague. The Health Care Act (1326/2010) stipulates that municipalities must ensure that health care services are arranged in terms of content and scope as required by the medically assessed and justified needs of residents. Medical care must be carried out in accordance with the patient's medical needs and the uniform treatment criteria available. The Act on the Status and Rights of Patients (785/1992) specifies that every permanent resident of Finland is entitled, without discrimination, to the health and medical care required by their state of health within the limits of the resources available to health care at any time.

In 2005, the Parliamentary Ombudsman stated in his decision (921/2004), that the provision of expensive treatment in particular could not be justified by law because resources were limited, and this could lead to many other patients not being treated. At the same time, the Ombudsman noted that no prioritization in individual treatment was legal, other than the illness, the need for treatment and the effectiveness of treatment. One of the criticisms of the rationale of this solution is that, in practice, resources are limited and implementing the proposed principle is not practically possible.

On 31 March 2020, the Ministry of Health and Social Affairs presented its guideline for municipalities (STM, 2020), which were in charge of providing social and health services, to continue service provision under the exceptional emergency circumstances, including rehabilitation services at the home of the customer.⁷

On 9 April 2020, the Ministry for Social Affairs and Health issued instructions, which were updated on 15 May 2020, on the prevention of coronavirus infections in units providing 24-hour care and treatment.⁸ These instructions applied to housing units for people with disabilities. Visits to these units were prohibited. However, the units were

⁷ Sosiaali- ja terveys ministeriö. (2020) Ohje: Koronavirustartuntoihin varautuminen ja asiakkaiden tarpeisiin vastaaminen kotiin annettavissa palveluissa https://stm.fi/documents/1271139/21429433/Sosiaali-+ja+terveysministeriön+ohje_Koronavirustartuntoihin+varautuminen+ja+asiakkaiden+tarpeisiin+vas+taaminen+kotiin+annettavissa+palveluissa_31.3.2020_täsmennet.pdf/0fc2a3e2-cfa5-9030-83ad-d3dd285e9d23/Sosiaali-+ja+terveysministeriön+ohje_Koronavirustartuntoihin+varautuminen+ja+asiakkaiden+tarpeisiin+vas+taaminen+kotiin+annettavissa+palveluissa_31.3.2020_täsmennet.pdf.

⁸ Ministry of Social Affairs and Health (*sosiaali- ja terveysministeriö / social- och hälsovårdsministeriet*), 'Ministry of Social Affairs and Health has updated instructions on prevention of coronavirus infections in units providing 24-hour care and treatment', 15 May 2020.

encouraged to arrange visits in specific rooms or during outdoor activities, while taking all necessary safety precautions.

On 17 June 2020, the Government eased its recommendations to avoid visits to hospitals and care institutions providing 24-hour care and treatment to customers including people with disabilities. However, the Government continues to recommend limiting the access of unit staff, rehabilitation workers and PAs to such premises.⁹

The Finnish Disability Forum received report from disability associations on difficulties accessing health care services, and this was reported to the Ministry of Health and Social Affairs in May. At the beginning of the pandemic there were more restrictions, so by May access had improved. Some problems nevertheless continue.¹⁰

4.2 Access to hospital treatment for COVID-19

No separate statistics are available on the number of people with disabilities who have been hospitalized due to coronavirus. The statistics cover all people hospitalised, but the only categories are their age group and their gender.

Parents were worried about communication with hospitals regarding their children with disabilities, about rejection of hospital care on the basis of their children's intellectual disabilities, and not being able to be in the hospital all the time with their children. They also worried about insufficient safety measures (p. 39).¹¹

On 30 March 2020, Terhi Toikkanen, a lawyer at Kynnys (Threshold Association, for the rights of people with disabilities) wrote a blog about cases in which the preliminary decision was not to provide intensive care to residents of housing units who were severely disabled.¹² Similarly, YLE, the Finnish Broadcasting Company (2020), reported that during the pandemic, an eight-year-old boy with multiple disabilities had been refused respiratory care by his doctors due to the pandemic circumstances (in which respirators were needed for corona patients).¹³ This resulted in the Ministry of Health and Social Affairs publishing a statement¹⁴ on 3 April 2020 that demanded care providers to refer to the ethical guidelines published by Tehohoitoyhdistys (Finnish intensive care association) in 2019.¹⁵ The statement urged care providers to make sure that every person has equal rights to assessment of their need for intensive care.

⁹ Government (*valtioneuvosto/statsrådet*), 'Government agrees to ease restrictions on gatherings, operations of food and beverage service businesses and visits to care institutions and hospitals', 17 June 2020.

¹⁰ See: [Vammaisten ihmisten oikeudet koronaviruksen aiheuttamassa poikkeustilanteessa: Vammaisfoorumin jäsenjärjestöjen lausunto Sosiaali- ja terveysministeriölle.](#)

¹¹ Valtioneuvosto. (2020) Lasten ja nuorten hyvinvointi koronakriisin jälkihoidossa: Lapsistrategian koronatyöryhmän raportti lapsen oikeuksien toteutumisesta. Valtioneuvoston julkaisuja 2020:21. Valtioneuvosto. Helsinki

https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162318/VN_2020_21.pdf.

¹² Toikkanen, Terhi. (2020) Vammaisuus ei voi olla tehohoidon eväämisen peruste. <https://kynnys.fi/vammaisuus-ei-voi-olla-tehohoidon-evaamisen-peruste/>. Uploaded on 30 March 2020.

¹³ YLE. (2020) Lääkärit päättivät rajata 8-vuotiaalta monivammaiselta pojalta hengityskonehoidon epidemian keskellä – TAYS kieltää koronan vaikuttaneen päätökseen. <https://yle.fi/uutiset/3-11292537>. Uploaded on 4 April 2020.

¹⁴ STM (2020) <https://stm.fi/-/yhdenvertaisuus-toteutuu-koronavirustilanteessa-jokainen-saa-tarvitsemansa-avun-ja-hoidon>.

¹⁵ Tehohoitoyhdistys (2019). Eettiset ohjeet. Available at: <https://sthy.fi/yhdistys/eettiset-ohjeet/>.

4.3 Treatment for COVID-19 in congregate settings

No information or data has been collected from which it would be possible to identify people with disabilities.

4.4 Public health promotion and testing during the pandemic

At the beginning of the pandemic, no accessible information was available. On 8 May 2020, Selkokeskus (Finnish Centre for Easy Language) published a statement¹⁶ on the need for information in Easy Language. Information on COVID-19 was provided in different languages¹⁷ including Finnish and Finnish-Swedish sign language and Easy Language. Papunet¹⁸ published material in pictures and in Bliss, and communication boards on COVID-19 testing, treatment and protection. THL has published a handbook for disability services online. A section on COVID-19-related instructions and recommendations issued by different authorities and organizations, such as the Ministry for Social Affairs and Health, the THL, the Finnish Institute of Occupational Health, and The Social Insurance Institution of Finland (KELA) is included in the handbook in different languages.¹⁹

Free corona testing can be accessed in various ways. A person can assess their coronavirus symptoms using an online service called Omaolo. Based on the results of the assessment, the person may be referred for testing.²⁰ People can also call their local health centre or a nationwide corona service number for further advice. In September and October, no major delays in accessing COVID-19 testing were reported.

4.5 Impact of the COVID-19 crisis on access to health services for general or pre-existing physical or mental health conditions

THL reported in its quarterly bulletin published in October that the queue for non-urgent specialized health care had grown due to COVID-19 and that by the end of August, it had amounted to 137 165 patients. At the time, close to 18 000 patients had waited longer than six months for health care, which was an increase of 10 000 from the end of April. According to the bulletin, this figure is normally 2000 at the beginning of the autumn.²¹ Furthermore, access to health care varied between the 21 hospital districts. The main reasons given for the long waiting lists for specialized health care were the rescheduling of operations during the spring and cancellations by patients themselves.

The Health Care Act (1326/2010) stipulates that, patients should have access to specialised health care within six months from the date that the need for health care has been established. Whereas this provision was suspended under section 88 of the Emergency Powers Act (1552/2011) in the spring, it has been in force again since 16

¹⁶ Selkokeskus. Kannanotot. <https://selkokeskus.fi/selkokeskus/kannanotot/>.

¹⁷ <https://thl.fi/fi/web/infektiotaudit-ja-rokotukset/ajankohtaista/ajankohtaista-koronaviruksesta-COVID-19/materiaalipankki-koronaviruksesta/koronatietoa-eri-kielilla>.

¹⁸ Papunet. Materiaali koronaan liittyen <https://papunet.net/materiaalia/koronavirus>.

¹⁹ Finnish Institute for Health and Welfare (terveyden ja hyvinvoinnin laitos/institutet för hälsa och välfärd), Vammaispalvelujen käsikirja, Koronavirus ja vammaispalvelut, 27 March 2020.

²⁰ For information on Omaolo, see: <https://www.omaolo.fi/palvelut/oirearviot/649>.

²¹ Finnish Institute for Health and Welfare (Terveiden ja hyvinvoinnin laitos/Institutet för hälsa och välfärd), Hoitopaäsy erikoissairaanhoidossa 31.8.2020: Yli puoli vuotta hoitoa odottavien määrä kasvanutsairaanhoidopiireissä kesän aikana, Tilastoraportti 38/2020, 7 October 2020.

June 2020. The media reported, based on interviews of representatives of the hospital districts, that the queues had shortened during the autumn.²² Rescheduling and cancellations were also visible in primary health care. THL reported that the number of maternal and child health clinic appointments dropped in 2020. The same was reported for school health checks and in student health care.²³ Studies have confirmed that the main reason for this trend was the redeployment of health care personnel to other tasks within the health care sector due to the pandemic.²⁴ The National Supervisory Authority for Welfare and Health (Valvira) monitors the fulfilment of time requirements in health care. According to their monitoring programme, the focus in 2020 was specifically on access to primary health care.²⁵ No report has yet been published.

The exceptional circumstances increased loneliness among children and youths with disabilities. The closure of sports and hobby facilities denied them the health benefits of exercise (p. 40) The oral hygiene of children and youths with mental health conditions was particularly challenging, as appointments were cancelled (p. 67).²⁶

Mental health services are concerned, as the needs for their services have increased. Some people are in desperate need of these services but cannot to find information on how to obtain them.^{27 28}

On 30 March 2020, the National Advisory Board on Social Welfare and Health Care Ethics (ETENE) made a statement and called for attention to vulnerable groups who are more likely to be infected by COVID-19. It mentioned the restriction of visitors to housing units, and recommended that this be replaced by other means, as psychological wellbeing is important.²⁹

²² Iltasanomat, 'Koronan myötä hoitojonot ryöpsähtivät, ja nyt pelätään jo uutta kriisiä', media, 19 October 2020.

²³ Finnish Institute for Health and Welfare, (*Terveyden ja hyvinvoinnin laitos/Institutet för hälsa och välfärd*), Koronaepidemian vaikutukset hyvinvointiin, palveluihin ja talouteen, webpage, 7 October 2020.

²⁴ Hakulinen, T., Hietanen-Peltola, M., Hastrup, A., Vaara, S., Jahnukainen, J., Varonen, P. (2020), "Pahin syksyikinä" – Lasten, nuorten ja perheiden peruspalvelut koronasyksynä 2020, Työpaperi 37/2020, Helsinki, Terveyden ja hyvinvoinnin laitos, p. 5.

²⁵ National Supervisory Authority for Welfare and Health (*Sosiaali- ja terveysalan lupa- ja valvontavirasto/Tillstånds- och tillsynsverket för social- och hälsovården*), Sosiaali- ja terveydenhuollon valtakunnallinen valvontaohjelma vuosille 2020–2023, Valvontaohjelma 1:2020, Helsinki.

²⁶ Valtioneuvosto. (2020) Lasten ja nuorten hyvinvointi koronakriisin jälkihoidossa: Lapsistrategian koronatyöryhmän raportti lapsen oikeuksien toteutumisesta. Valtioneuvoston julkaisuja 2020:21. Valtioneuvosto. Helsinki
https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162318/VN_2020_21.pdf.

²⁷ SOSTE. (2020) Koronan jälkihoidossa vammaisten lasten kohdalla korostuu yhteistyö päättäjien, vammaisjärjestöjen, palveluntuottajien ja kuntien välillä. SOSTE. Helsinki
<https://www.soste.fi/uutinen/koronan-jalkihoidossa-vammaisten-lasten-kohdalla-korostuu-yhteistyopaattajien-vammaisjarjestojen-palveluntuottajien-ja-kuntien-valilla/>.

²⁸ Vammaisfoorumi. (2020) Vammaisten ihmisten oikeudet ja niiden toteutuminen koronaviruksen aiheuttamassa poikkeustilanteessa. https://vammaisfoorumi.fi/wp-content/uploads/2020/04/vammaisten_oikeudet_STM_310320.pdf.

²⁹ Valtakunnallinen sosiaali- ja terveysalan eettinen neuvottelukunta (ETENE). (2020) Kannanotto: Sosiaali- ja terveysalan eettiset periaatteet ovat voimassa myös poikkeusoloissa. <https://etene.fi/documents/1429646/21643455/ETENE+kannanotto+30.3.2020+Sosiaali-+ja+terveysalan+eettiset+periaatteet+ovat+voimassa+myös+poikkeusoloissa/cce0295f-f7fd-8ee4-4dd0-3712b1242d67/ETENE+kannanotto+30.3.2020+Sosiaali-+ja+terveysalan+eettiset+periaatteet+ovat+voimassa+myös+poikkeusoloissa.pdf>. Uploaded on 30 March 2020.

Parents' organisation Jaatinen conducted a survey study that found that people with intellectual disabilities who lived alone were lonely. Twenty per cent of people with intellectual disabilities did not receive any services, which made their loneliness worse. Disability organisations are afraid that many problems will only come to light after corona is behind us.³⁰

4.6 Vaccination programmes

The Government statute³¹ regulating COVID-19 vaccinations states that vaccinations should be provided in the following order: 1) the personnel treating and caring the infected people and other health and social care personnel working in intensive and acute care facilities, in institutions and facilities providing housing services for the elderly and the elderly living in these facilities, 2) people over 70 years old, 3) people who have an illness or condition highly predisposing to severe coronavirus disease and lastly 4) other people.

The third group explained above is people with an illness or condition that is highly predisposing to severe coronavirus disease and is divided into two priority categories. The first priority category includes people with organ transplant or stem cell transplant, people undergoing active cancer treatment, severe disorders of the immune system, severe chronic renal disease, severe chronic pulmonary disease, Type 2 diabetes with medication, and Down syndrome (adults). The second priority category includes people with Asthma requiring continuous medication, severe heart disease, neurological illness or condition that affects breathing including multiple sclerosis and cerebral palsy, immunosuppressive drug therapy for autoimmune disease, severe chronic liver disease, Type 1 diabetes or adrenal insufficiency, sleep apnoea, psychosis, and morbid obesity.³²

Priority for people living in institutional care setting remains unclear.

Personal assistants working for persons with disabilities are not included into the first groups.

³⁰ Jaatinen (2020) Koronan tuottama palveluvaje ei saa kertautua. 9.12.2020 blog. <https://www.jaatinen.info/tieto-tuki-vaikuttaminen/vaikuttamistyo/valtioneuvostolle-tietoa-vammaisten/koronan-tuottama-palveluvaje-ei-saa/>.

³¹ https://valtioneuvosto.fi/documents/1271139/48660695/22.12.2020+VNA+Covid_rokotukset.pdf/e6119bce-02fb-0bb8-d24b-6b4c33e597a5/22.12.2020+VNA+Covid_rokotukset.pdf?t=1608634681443.

³² THL. (2021) Vaccination order for risk groups. <https://thl.fi/en/web/infectious-diseases-and-vaccinations/what-s-new/coronavirus-covid-19-latest-updates/transmission-and-protection-coronavirus/vaccines-and-coronavirus/vaccination-order-and-at-risk-groups-for-covid-19/vaccination-order-for-risk-groups>. Uploaded on 16 February 2021.

5 Income and access to food and essential items

Article 28 – Adequate standard of living and social protection

5.1 Emergency measures

A study³³ has revealed that the need for basic income support has not increased drastically due to COVID-19. Some increase was noticeable amongst women aged 18–24. The support system seems to have managed with the increase in unemployment and lay-offs through normal measures. At some point, the decision process was delayed due to the huge number of applications. The statistics only indicate information by age groups and gender. No separate information was available on people with disabilities.

5.2 Impact of the COVID-19 crisis

No official data exist on the impact of the COVID-19 crisis on income, poverty and access to food among people with disabilities. Lack of safety and hygiene products was observed when many of these were sold out in the shops and when many people met customers with disabilities belonging to the risk group. At the beginning of the crisis in the spring of 2020, no accessible information was available. The Finnish Federation of the Visually Impaired produced some information in Braille. Communication and answers to questions were needed. Food delivery services were not accessible to people with disabilities who did not have the necessary devices or IT skills, especially those with visual impairments. Information provided in Sign Language was essential. Tactile interpreters must be permitted to work for deaf-blind people.³⁴ The Finnish Disability Forum also reminded the Government to deliver messages and information about corona in accessible forms, including sign languages, Easy Language and accessible digital information.³⁵

³³ Jokela, M., Korpela, T., Kivipelto, M. & Jauhiainen, S. (2021). Toimeentulotuen saajamäärät kasvoivat vähän – koronaepidemia toi esiin järjestelmän joustavuuden. Tutkimuksesta tiivistä 2/2021. Terveyden ja hyvinvoinnin laitos, Helsinki. <http://urn.fi/URN:ISBN:978-952-343-339-7>.

³⁴ Vammaisfoorumi. (2020) Vammaisten ihmisten oikeudet ja niiden toteutuminen koronaviruksen aiheuttamassa poikkeustilanteessa. https://vammaisfoorumi.fi/wp-content/uploads/2020/04/vammaisten_oikeudet_STM_310320.pdf.

³⁵ Vammaisfoorumi. (2020) Toisen henkilön avun varassa olevat vammaiset huomioitava koronavirukseen varautumisessa. <https://lihastautiliitto.fi/ajankohtaista/vammaisfoorumi-toisen-henkilon-avun-varassa-olevat-vammaiset-huomioitava-koronavirukseen-varautumisessa/>.

6 Access to transportation and the public spaces

[Article 9 – Accessibility](#)

6.1 Emergency measures

During the pandemic, being in public spaces and travelling have been restricted, although these restrictions have now been adjusted to the current COVID-19 situation. These restrictions and recommendations have affected all citizens, but especially those in the high-risk groups and those over 70 years old. The Government still recommends that, as a general rule, access to units providing 24-hour care and treatment remain limited to the staff of the unit. Based on section 17 of the Communicable Diseases Act (1227/2016), the head of the unit can still decide to limit visits if there is a risk that patients, customers and personnel cannot be properly protected.³⁶

6.2 Impact of the COVID-19 crisis

No such evidence is available.

³⁶ Communicable Diseases Act No. 1227/2016 (*tartuntatautilakilag om smittsamma sjukdomar*). Finland, Ministry of Social Affairs and Health (*sosiaali- ja terveystieteiden ministeriö/social- och hälsovårdsministeriet*), Vierailut sosiaali- ja terveydenhuollon yksiköissä koronavirusepidemian aikana, memorandum, 16 June 2020.

7 Involuntary detention or treatment

[Article 14 – Liberty and security of person](#)

[Article 15 – Freedom of torture or cruel, inhuman or degrading treatment or punishment](#)

[Article 16 – Freedom from exploitation, violence and abuse](#)

[Article 17 – Protecting the integrity of the person](#)

7.1 Emergency measures

No specific information available of any reduction in the procedural requirements and safeguards operating prior to subjecting people with disabilities (particularly psychosocial and intellectual disabilities) to involuntary detention or involuntary treatment and reduction or removal of independent monitoring. Please also outline any other measures relating to these issues that have an explicit disability or older age dimension. The same issues arose in institutional care as those described in Section 9: Independent living.

7.2 Impact of the COVID-19 crisis

The same issues arose in institutional care as those described in Section 9: Independent living.

8 Violence, exploitation or abuse

Article 16 – Freedom from violence, exploitation and abuse

8.1 Emergency measures

According to the statistics of the Finnish police, the number of cases of violence in households during the corona pandemic has risen.³⁷ The Parliament allocated a research fund (2020–2023) to investigate the impact of the corona pandemic on violence in households and service utilisation, but this has no disability specificity.³⁸ In December 2020, the Government of Finland called for applications for commissioned research on violence experienced by people with disabilities in their households and their accessibility to the relevant services.³⁹ The study period is from March 2021 to February 2022. Although this is not explicitly linked with the COVID-19 pandemic, the results will likely include the impact of COVID-19.

8.2 Impact of the COVID-19 crisis

No systematically studied or compiled evidence has yet been gathered. Only anecdotal information is available.

The Finnish Association of People with Physical Disabilities has reported cases of hate speech against people with disabilities in the context of the pandemic. For instance, people with disabilities have been accused of using up health care resources that are needed to combat coronavirus (p. 7).⁴⁰

³⁷ Tuominen, Anni. (2020) Poliisi: Väkivalta siirtynyt entistä enemmän neljän seinän sisälle koronan aikana. Iltalehti. Uploaded on 17th November 2020. <https://www.iltalehti.fi/kotimaa/a/5739fb92-c2e9-499f-9873-fa4e571e3d97>.

³⁸ THL. (2020) Koronaepidemian vaikutukset lähisuhdeväkivallan kokemuksiin ja palveluiden käyttöön (KOVÄ) <https://thl.fi/fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/koronaepidemian-vaikutukset-lahisuhdevakivallan-kokemuksiin-ja-palveluiden-kayttoon-kova->.

³⁹ Valtioneuvosto. (2020) "Vammaisten henkilöiden kokeman lähisuhdeväkivallan yleisyys ja palvelujen saatavuus." Valtioneuvosto. Helsinki. https://tietokayttoon.fi/documents/1927382/43970578/Teemakuvaukset_VN_TEAS-haku_2021.pdf/fac71d15-5e2e-15e5-c79a-9dc96200e066/Teemakuvaukset_VN_TEAS-haku_2021.pdf?t=1604905416378 pp. 163-165.

⁴⁰ Institute for Human Rights. (2020-a) Coronavirus COVID-19 outbreak in the EU Fundamental Rights Implications: Finland. Available at : https://fra.europa.eu/sites/default/files/fra_uploads/finland-report-COVID-19-april-2020_en.pdf.

9 Independent living

[Article 19 – Living independently and being included in the community](#)

9.1 Emergency measures

In Finland, disability services and other services that are necessary for living independently are legal rights of people with disabilities. However, the COVID-19 pandemic has greatly restricted independent living for people with disabilities and their families. The responses to the pandemic situation in terms of the provision of disability services have been diverse in different municipalities. In many cases, activities and services involving close contact, such as day centre activities and PAs were cancelled or reduced. In early spring, some municipalities closed down assistive device maintenance services.⁴¹ Several municipalities recommended that people with disabilities aged over 70 should not use transportation services, which was problematic, because they are dependent on these services. Moreover, less means of transportation have been available during the pandemic, which has also caused problems for people with disabilities.⁴² One of the most contested restrictions was the prohibition of visitors to housing units of people with disabilities and old people. For instance, Espoo City decided to prohibit any visitor to its housing units in June 2020. The Supreme Court of Finland recently made it clear that the prohibition of visitors to housing units of people with disabilities and older people was illegal according to Article 17 of the Communicable Disease Act (1227/2016).⁴³

Some exceptional, positive measures were also observed. For instance, family members cannot usually play the role of PA. Under these circumstances of cancelled and reduced services, however, many municipalities approved family members to be PAs, which was considered a positive flexibility.⁴⁴

KELA (2020) provides interpretation services between 07:30 and 18:00 on weekdays and between 10:00 and 14:00 on Saturdays. In addition, sign language services are exceptionally available online during the pandemic. KELA recommends online interpretation. Nationwide up-to-date information on the corona situation is provided, not only by phone, but also by text message.⁴⁵

During the state of emergency period (March–June 2020), it was strongly recommended that people aged over 70 should not have physical contact with others whenever possible.

⁴¹ Vammaisfoorumi. (2020) Vammaisten ihmisten oikeudet ja niiden toteutuminen koronaviruksen aiheuttamassa poikkeustilanteessa. https://vammaisfoorumi.fi/wp-content/uploads/2020/04/vammaisten_oikeudet_STM_310320.pdf.

⁴² Vammaisfoorumi. (2020) Vammaisten ihmisten oikeudet ja niiden toteutuminen koronaviruksen aiheuttamassa poikkeustilanteessa. https://vammaisfoorumi.fi/wp-content/uploads/2020/04/vammaisten_oikeudet_STM_310320.pdf.

⁴³ Korkein Hallinto Oikeus (The Supreme Court of Finland) 2021/1. (2021) <https://www.kho.fi/fi/index/paatokset/vuosikirjapaatokset/1609743947251.html>.

⁴⁴ Vammaisfoorumi. (2020) Vammaisten ihmisten oikeudet ja niiden toteutuminen koronaviruksen aiheuttamassa poikkeustilanteessa. https://vammaisfoorumi.fi/wp-content/uploads/2020/04/vammaisten_oikeudet_STM_310320.pdf.

⁴⁵ KELA. (2020) Koronaviruksen vaikutukset vammaisten henkilöiden tulkkauksipalveluun. <https://www.kela.fi/-/koronaviruksen-vaikutukset-vammaisten-henkiloiden-tulkkauksipalveluun>.

9.2 Impact of the COVID-19 crisis

Services for children with disabilities have been significantly reduced or cancelled during the pandemic. Particularly in early spring, service providers and municipalities were not sure how to safely provide the services to which customers with disabilities were legally entitled.⁴⁶ According to the report of the Government of Finland (2020) on the 'Welfare of children and youth in the aftercare of the corona crisis', the lives of children with disabilities and their families have been greatly impacted by the negative consequences of the corona situation. Parents have been especially overburdened because their normal daily structure has disappeared and their service needs have increased, and significantly less services are available than usual. For instance, children with disabilities who belong to a high-risk group have not been able to receive services to which they are entitled because of safety measures (p. 38).⁴⁷ Carer status within the family is not easily granted, but parents are too afraid to take their children with disabilities to group homes and housing units due to the risk of corona infection. As already mentioned, the prohibition of family members visiting housing units was illegal, but the residents were also prohibited from visiting their families at weekends without having been in quarantine. At the same time, interpreters, PAs and other necessary professionals were prohibited from visiting the units (p. 39)⁴⁸

One of the fundamental problems was that the residents did not receive any information on these prohibitions and changing situations. A qualitative study of the families of housing unit residents across Finland found that the prohibition of visitors caused the well-being of both the residents and their families to deteriorate. This was due to concern about the functionality and quality of life of the residents if they had no visitors and their activities were cancelled.⁴⁹ Some units have established alternative means of communication for residents to stay in touch with their close ones when they cannot meet them in person. However digital meetings do not fill the gap caused by loneliness. Many residents are even prohibited from going out of their housing units. Different municipalities interpret guidelines differently.⁵⁰

Jaatinen, an organization for families of children with disabilities has a project called 'Minua kuullaan (I am listened to)' which carried out a survey in the summer of 2020. According to Jaatinen, 76 % of the respondents experienced services during the corona pandemic as lacking, and 35 % had already experienced this before corona.⁵¹

⁴⁶ Leinonen, Elina. (2020) Koronakriisi on koetellut vammaisten lasten perheitä. Kehitysvammaisten palvelusäätiö. Helsinki. <https://kvps.fi/koronakriisi-koetteli-vammaisten-lasten-perheita/>.

⁴⁷ Valtioneuvosto. (2020) Lasten ja nuorten hyvinvointi koronakriisin jälkihoidossa: Lapsistrategian koronatyöryhmän raportti lapsen oikeuksien toteutumisesta. Valtioneuvoston julkaisuja 2020:21. Valtioneuvosto. Helsinki. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162318/VN_2020_21.pdf.

⁴⁸ Valtioneuvosto. (2020) Lasten ja nuorten hyvinvointi koronakriisin jälkihoidossa: Lapsistrategian koronatyöryhmän raportti lapsen oikeuksien toteutumisesta. Valtioneuvoston julkaisuja 2020:21. Valtioneuvosto. Helsinki. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162318/VN_2020_21.pdf.

⁴⁹ Pirhonen, J. et al. (2020) Etäläheiset – hoivakotien koronaeristys asukkaiden läheisten kokemana. Gerontologia 34(3), pp. 245-259.

⁵⁰ Vammaisfoorumi. (2020) Vammaisten ihmisten oikeudet ja niiden toteutuminen koronaviruksen aiheuttamassa poikkeustilanteessa. https://vammaisfoorumi.fi/wp-content/uploads/2020/04/vammaisten_oikeudet_STM_310320.pdf.

⁵¹ Jaatinen (2020) Koronan tuottama palveluvaje ei saa kertautua. 9.12.2020 blog. <https://www.jaatinen.info/tieto-tuki-vaikuttaminen/vaikuttamisty/valtioneuvostolle-tietoa-vammaisten/koronan-tuottama-palveluvaje-ei-saa/>.

Service provision during the pandemic varied greatly among the different municipalities and different language groups, which has led to increasing inequalities. After the pandemic, the need for services will be greater, and this must be responded to. A quick decision is needed on service provision decision (p. 40). Preventive measures will also be needed. Respite care services to enable families to continue supporting their children need to be secured and sufficiently available (p. 41).⁵²

On 31 March 2020, the Finnish Disability Forum presented information that they had compiled on the human rights of people with disabilities during the corona pandemic from its member organizations. It revealed gaps and inequalities among municipalities, and clearly showed which municipalities were willing to commit to disability services through creative solutions and which were not.⁵³

SOSTE, Finnish Federation for Social Affairs and Health, conducted a study in March 2020 of its member organisations and their target groups. It found that the pandemic situation had had a great impact on those who are dependent on multiple social and health services in their daily lives. Families are exhausted by the situation, as children with disabilities are at home either with no services or services that have radically changed.⁵⁴

Many observed a lack of safety and hygiene products as they were sold out in the shops and these items were important for people with disabilities since many of them belong to risk groups for severe form of the disease. Many problems were also observed in relation to PA services: not enough PAs were available and would not come to work.⁵⁵

According to a study by the member organizations of the Finnish Disability Forum, Doctor's statements are harder to receive than before, on the basis of which disability services are admitted.⁵⁶

The Finnish Disability Forum (2020) presented its statement on the situation of people with disabilities who depend on others' support and stressed the importance of continuing their services. Some disabilities place a person in a high-risk group. For instance, as wheelchair users have limited muscular ability because they have to sit all the time, this means they have poor lung incapacity and are thus vulnerable to becoming infected with corona. Those with respirators also belong to a high-risk group.

⁵² Valtioneuvosto. (2020) Lasten ja nuorten hyvinvointi koronakriisin jälkihoidossa: Lapsistrategian koronatyöryhmän raportti lapsen oikeuksien toteutumisesta. Valtioneuvoston julkaisuja 2020:21. Valtioneuvosto. Helsinki.

https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162318/VN_2020_21.pdf.

⁵³ Vammaisfoorumi. (2020) Vammaisten ihmisten oikeudet ja niiden toteutuminen koronaviruksen aiheuttamassa poikkeustilanteessa. https://vammaisfoorumi.fi/wp-content/uploads/2020/04/vammaisten_oikeudet_STM_310320.pdf.

⁵⁴ SOSTE. (2020) Koronan jälkihoidossa vammaisten lasten kohdalla korostuu yhteistyö päättäjien, vammaisjärjestöjen, palveluntuottajien ja kuntien välillä. SOSTE. Helsinki. <https://www.soste.fi/uutinen/koronan-jalkihoidossa-vammaisten-lasten-kohdalla-korostuu-yhteistyopaattajien-vammaisjarjestojen-palveluntuottajien-ja-kuntien-valilla/>.

⁵⁵ Vammaisfoorumi. (2020) Vammaisten ihmisten oikeudet ja niiden toteutuminen koronaviruksen aiheuttamassa poikkeustilanteessa. https://vammaisfoorumi.fi/wp-content/uploads/2020/04/vammaisten_oikeudet_STM_310320.pdf.

⁵⁶ Vammaisfoorumi. (2020) Vammaisten ihmisten oikeudet ja niiden toteutuminen koronaviruksen aiheuttamassa poikkeustilanteessa. https://vammaisfoorumi.fi/wp-content/uploads/2020/04/vammaisten_oikeudet_STM_310320.pdf.

These people tend to have no strong support network. It is estimated that about 30 000 people use PA services, and that 12 000 of these use the employer model. When they have PAs, they live in normal apartments and often do not need any other services. Their safety net might be weak, and they are dependent on their PAs.⁵⁷ THL conducted a survey⁵⁸ on PA services from 7 December 2020 to 11 January 2021, to examine the PA-related experiences of people with disabilities during the pandemic. It was funded by the Parliamentary special fund for investigating the impact of corona. The survey is available in Finnish, Swedish and English. The final report will be ready in 2021, but was not yet ready in January 2021 at the time of writing.

⁵⁷ Vammaisfoorumi. (2020-b) Toisen henkilön avun varassa olevat vammaiset huomioitava koronavirukseen varautumisessa. <https://lihastautiliitto.fi/ajankohtaista/vammaisfoorumi-toisen-henkilon-avun-varassa-olevat-vammaiset-huomioitava-koronavirukseen-varautumisessa/>.

⁵⁸ THL. (2020) Disabled persons' experiences during the coronavirus epidemic – survey for personal assistance clients. Available at: <https://thl.fi/en/web/thlfi-en/research-and-expertwork/projects-and-programmes/disabled-persons-experiences-during-the-coronavirus-epidemic-survey-for-personal-assistance-clients>.

10 Access to habilitation and rehabilitation

[Article 26 – Habilitation and rehabilitation](#)

10.1 Emergency measures

Many social and rehabilitation services are now online, but many were also reduced or cancelled during the pandemic due to the state of emergency-related restrictions. Thus, access to habilitation and rehabilitation services were largely jeopardized during this period.

10.2 Impact of COVID-19 and/or emergency measures adopted

Rehabilitation services have varied: some children and youths with disabilities have been offered distance rehabilitation, which is demanding for parents. Occupational and physiotherapy services are essential for many children and youths with disabilities, and parents have had to do a great deal to help them. In the worst cases, children and youths with disabilities have not received any of their necessary and essential rehabilitation services. Needs assessment has also been delayed due to these exceptional circumstances. The availability of human resources was also observed (p. 39).⁵⁹

Lack of rehabilitation has already led to reduced functionality among children and youths with disabilities in a short period of time, and this is likely to have a long-term impact on their lives. Rehabilitation services are now mostly online. Online rehabilitation, however, is not sufficient for all children and youths with disabilities.⁶⁰

Day activities have been cancelled, and alternative activities should be arranged to keep up daily routines. Rehabilitation was first cancelled, and then KELA changed its guidelines and these services continued. However, even essential rehabilitation services are not guaranteed, as some are totally closed down and staff members are laid off. Virtual rehabilitation can partially solve this problem, but not completely. Information on the pandemic and the related restrictions especially those related to social and health services was not disseminated to everyone in the beginning; accessibility to it was not equal.⁶¹

⁵⁹ Valtioneuvosto. (2020) Lasten ja nuorten hyvinvointi koronakriisin jälkihoidossa: Lapsistrategian koronatyöryhmän raportti lapsen oikeuksien toteutumisesta. Valtioneuvoston julkaisuja 2020:21. Valtioneuvosto. Helsinki.

https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162318/VN_2020_21.pdf.

⁶⁰ SOSTE. (2020) Koronan jälkihoidossa vammaisten lasten kohdalla korostuu yhteistyö päättäjien, vammaisjärjestöjen, palveluntuottajien ja kuntien välillä. SOSTE. Helsinki.

<https://www.soste.fi/uutinen/koronan-jalkihoidossa-vammaisten-lasten-kohdalla-korostuu-yhteistyopaattajien-vammaisjarjestojen-palveluntuottajien-ja-kuntien-valilla/>.

⁶¹ Vammaisfoorumi. (2020) Vammaisten ihmisten oikeudet ja niiden toteutuminen koronaviruksen aiheuttamassa poikkeustilanteessa. https://vammaisfoorumi.fi/wp-content/uploads/2020/04/vammaisten_oikeudet_STM_310320.pdf.

11 Access to justice

[Article 13 - Access to justice](#)

11.1 Emergency measures

According to the non-discrimination ombudsman's report in 2016,⁶² the access of people with disabilities to justice is largely limited due to legal processes being overwhelming, and to the risk of losing the case and having to pay expensive court case fees. Access to justice has been affected by the COVID-19 pandemic: some cases have been cancelled (about 25 %), and others have taken place online.⁶³ No disability or old-age specific dimensions have been reported.

11.2 Impact of COVID-19 crisis

No disability-specific evidence or studies exist that show the impact of COVID-19 on the access to justice of people with disabilities.

⁶² Non-discrimination ombudsman. (2016) "Vammaisena olen toisen luokan kansalainen" Selvitys vammaisten syrjintäkokemuksista arjessa. Oikeusministeriö. Helsinki.
[https://syrjinta.fi/documents/25249352/34268331/"Vammaisena+olen+toisen+luokan+kansalainen"+Selvitys+vammaisten+kokemasta+syrjinnästä+arjessa.pdf/655200f8-6eff-42a0-9c60-766f1002244c/"Vammaisena+olen+toisen+luokan+kansalainen"+Selvitys+vammaisten+kokemasta+syrjinnästä+arjessa.pdf/"Vammaisena+olen+toisen+luokan+kansalainen"+Selvitys+vammaisten+kokemasta+syrjinnästä+arjessa.pdf?version=1.1&t=1603877514487](https://syrjinta.fi/documents/25249352/34268331/).

⁶³ Suomen lakimiesliitto. (2020) Korona toi etäoikeudenkäynnit ja muuttuneen työnjaon.
<https://lakimiesuutiset.fi/korona-toi-etaoikeudenkaynnit-ja-muuttuneen-tyonjaon/>.

12 Access to education

[Article 24 – Education](#)

12.1 Emergency measures

Based on the Emergency Powers Act (1552/2011) Finland decided to declare a state of emergency on 16 March 2020, which remained in place until 15 June 2020. During this period, all educational institutions, including compulsory education institutions, mostly moved online, but school continued for children whose parents worked in posts essential for Finnish society to function, such as hospitals. During this period, children who had special educational needs were also permitted to go to school if their parents were not able to have their children or youths with disabilities at home. Even after this period, secondary schools and above continued to function online, and still did so at the time of writing, in January 2021.

12.2 Impact of the COVID-19 crisis

The Emergency Powers Act (1552/2011) meant a sudden, radical shift in schooling in a short period of time into a virtual space. As yet, not enough evidence has been systematically accumulated on the impact of this shift on children and youths with disabilities. However, a few reports have some anecdotal evidence.

For some families, distance learning has been the full responsibility of parents. Some municipalities did not offer enough supported education during the pandemic. Not all families had the devices needed for distance learning or the IT literacy needed to be able to use it (section 6.3). More support for distance learning would have been needed (section 6.3).⁶⁴

Some children with autism whose different senses are over-responsive have actually benefitted from distance learning, whereas others have suffered because of it. For them and their families, information has been largely inaccessible or non-existent.⁶⁵

⁶⁴ Valtioneuvosto. (2020) Lasten ja nuorten hyvinvointi koronakriisin jälkihoidossa: Lapsistrategian koronatyöryhmän raportti lapsen oikeuksien toteutumisesta. Valtioneuvoston julkaisuja 2020:21. Valtioneuvosto. Helsinki.
https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162318/VN_2020_21.pdf.

⁶⁵ Valtioneuvosto. (2020) Lasten ja nuorten hyvinvointi koronakriisin jälkihoidossa: Lapsistrategian koronatyöryhmän raportti lapsen oikeuksien toteutumisesta. Valtioneuvoston julkaisuja 2020:21. Valtioneuvosto. Helsinki.
https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162318/VN_2020_21.pdf.

13 Working and employment

[Article 27 – Work and employment](#)

13.1 Emergency measures

From March 2020 to date, the Government of Finland has recommended working from home when possible. In April 2020, already 59 % of the working population was working from home in Finland, which was the highest percentage of all the EU countries.⁶⁶ The interpretation and implementation of the state of emergency guideline were diverse in the different municipalities, particularly in early spring and concerning those who work in the social and health service sectors. This led to increased inequalities among children and people with disabilities and their families in terms of working life. Many day activities and rehabilitative groups' work activities were temporarily cancelled during the spring. At present, Valvira provides guidelines for telemedicine services.⁶⁷

Many kinds of emergency measures are in place in terms of financial support for companies, entrepreneurs and individuals with small incomes who have been negatively affected by the restrictions. However, none of these are specific to people with disabilities or old people.

It has been possible to apply for partial work ability allowances and rehabilitation support online since September 2020. These are also not specifically for people with disabilities, but this may be a helpful development for them staying at home.

13.2 Impact of the COVID-19 crisis

The general statistics show that the number of unemployed people, as well as the number of temporarily laid off people, has increased during the pandemic in Finland (see Attachment 1 below). The forthcoming 2020–2023 CRPD action programme of the Government of Finland elaborates on COVID-19's impact on the employment of people with disabilities. At the end of August 2020, 309 100 people were unemployed or temporarily laid off. This is about 70 500 more than the previous year. Unemployment among people with disabilities and chronic illnesses increased less (by 3.6 %) than among the rest of the population (by 9.9 %). This is explained by the excessively tense situation in the employment department to register a dramatically higher number of unemployed people. The responsible staff at the employment department did not register disability and chronic illness in the registration system due to limited time. Official statistics do not represent reality, because those receiving an allowance due to incapacity to work are not included in the unemployment statistics. It is quite possible that both people with disabilities and the staff of the employment department are unaware that people with disabilities can be registered as unemployed. In this regard, realistic disability-specific data have not yet been compiled.

⁶⁶ Sostero, M. et al. (2020) Telework ability and the COVID-19 crisis: a new digital divide? Working Paper: The European Foundation for the Improvement of Living and Working Conditions (Eurofound). <https://www.eurofound.europa.eu/sites/default/files/wpef20020.pdf>.

⁶⁷ National Supervisory Authority for Welfare and Health. (2020) Telemedicine services. <https://www.valvira.fi/web/en/healthcare/telemedicine-services>.

The temporary closure of day activities and rehabilitative work activities combined with social distancing restrictions has led to loneliness and mental health problems among people with disabilities and their families, particularly people with intellectual disabilities.⁶⁸

The income of families of children and youths with disabilities have clearly been impacted because it was uncertain whether parents who were forced to stay at home because their children with disabilities were at home could receive compensation from the pandemic support package of the Government (p. 40).⁶⁹ Families' respite care services and the PA services for their children with disabilities have been cut or significantly reduced, and as a result they have had to stay home and are unable to go to work. These families are overburdened, and this is expected to have a long-term impact on them.⁷⁰

⁶⁸ Rantapere, Tanja. (2020) Vammaisuus, yksinäisyys ja korona-aika. Turun Sanomat. 4.9.2020.

⁶⁹ Valtioneuvosto. (2020) Lasten ja nuorten hyvinvointi koronakriisin jälkihoidossa: Lapsistrategian koronatyöryhmän raportti lapsen oikeuksien toteutumisesta. Valtioneuvoston julkaisuja 2020:21. Valtioneuvosto. Helsinki.
https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162318/VN_2020_21.pdf.

⁷⁰ Vammaisfoorumi. (2020) Vammaisten ihmisten oikeudet ja niiden toteutuminen koronaviruksen aiheuttamassa poikkeustilanteessa. https://vammaisfoorumi.fi/wp-content/uploads/2020/04/vammaisten_oikeudet_STM_310320.pdf.

14 Good practices and recommendations

14.1 Examples of good practice

At the beginning of the pandemic, accessible information was not available. After a statement was published regarding the need for information in Easy Language on 8 May 2020, actions were taken and information was provided in different languages, including Finnish and Finnish-Swedish sign language and Easy Language. Papunet has published material in pictures and in Bliss, and communication boards about COVID-19, testing, treatment, and protection (Chapter 4.4).

After the COVID-19 outbreak, the Government acted quickly. On 16 March 2020, the Government, together with the president of the republic, declared a state of emergency, which is a precondition for passing emergency legislation according to section 6(1) of the Emergency Powers Act (1552/2011). The same day, the Government published a 19-point list of policy recommendations on the freedom of movement and assembly, and the right to education and cultural rights. School premises (all levels) were closed, and the majority of contact teaching suspended. Contact teaching was still arranged for specific groups, for example, for children in pre-primary education, children in grades 1–3, children with special needs, and children in preparatory education. The transition was swift and the preparedness of the Finnish school system to launch distance teaching was quite remarkable (Chapter 12.1). During the time when education institutions were closed in the spring of 2020, children with disabilities were among those who were exempted from this emergency restriction. Depending on their situation and needs, they and their families could choose between contact teaching and distance teaching.

14.2 Recommendations

Ensuring that information is available in a crisis in many different languages, including sign languages and Easy Language, is essential. This was pointed out by disabled people's organisations. The Finnish Disability Forum reminded the Government to deliver messages and information on the corona situation in accessible forms, which included sign languages, easy language and accessible digital information.⁷¹

14.3 Other relevant evidence

A survey was conducted to examine the acute effects of the COVID-19 pandemic on the sports sector in Finland. According to this report, the sports sector has been heavily affected, but sports clubs have assessed that adapted sports have been the least affected.⁷²

⁷¹ Vammaisfoorumi. (2020) Toisen henkilön avun varassa olevat vammaiset huomioitava koronavirukseen varautumisessa. <https://lihastautiliitto.fi/ajankohtaista/vammaisfoorumi-toisen-henkilon-avun-varassa-olevat-vammaiset-huomioitava-koronavirukseen-varautumisessa/>.

⁷² <https://www.liikuntaneuvosto.fi/wp-content/uploads/2020/06/Koronapandemian-akuutit-vaikutukset-liikuntatoimialaan-VLN-2020.pdf>.

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