



January 2018

European Social Charter

European Committee of Social Rights

Conclusions 2017

FINLAND

This text may be subject to editorial revision.

The following chapter concerns Finland, which ratified the Charter on 21 June 2002. The deadline for submitting the 12th report was 31 October 2016 and Finland submitted it on 28 October 2016. The Committee received on 22 February 2017 observations from the central Organisation of Finnish Trade Unions (SAK), the Finnish Confederation of Professionals (STTK), and the Confederation of Unions for Professional and Managerial Staff in Finland (Akava) on the application of Articles 3, 12 and 13. The Committee received on 5 April 2017 observations from the Finnish League for Human Rights and the Finnish Society of Social Rights, on the implementation of Articles 11, 12, 13, 23 and 30.

In accordance with the reporting system adopted by the Committee of Ministers at the 1196th meeting of the Ministers' Deputies on 2-3 April 2014, the report concerns the following provisions of the thematic group "Health, social security and social protection":

- the right to safe and healthy working conditions (Article 3),
- the right to protection of health (Article 11),
- the right to social security (Article 12),
- the right to social and medical assistance (Article 13),
- the right to benefit from social welfare services (Article 14),
- the right of elderly persons to social protection (Article 23),
- the right to protection against poverty and social exclusion (Article 30).

Finland has accepted all provisions from the above-mentioned group, except Articles 3§2 and 3.

The reference period was 1 January 2012 to 31 December 2015.

The conclusions relating to Finland concern 17 situations and are as follows:

- 12 conclusions of conformity: Articles 3§1, 3§4, 11§1, 11§2, 11§3, 12§2, 12§3, 13§2, 13§3, 14§1, 14§2 and 30.
- 3 conclusions of non-conformity: Articles 12§1, 12§4 and 13§1.

In respect of the 2 other situations related to Articles 13§4 and 23 the Committee needs further information in order to examine the situation. The Committee considers that the absence of the information requested amounts to a breach of the reporting obligation entered into by Finland under the Charter. The Committee requests the authorities to remedy this situation by providing the information in the next report.

During the current examination, the Committee noted the following positive developments:

Article 3§4

A Government Decree on Good Occupational Health Practice Principles, Content of Occupational Health Care, and Education of Occupational Professionals and Experts (708/2013) took effect on 1 January 2014. The Decree underlines active cooperation between occupational health care professionals and the workplace in maintaining work ability of the workforce and also obligated occupational health units to develop and to follow the quality and the effectiveness of their services.

Article 12§3

- In 2014, the qualifying period for unemployment benefits was shortened from 34 weeks to 26 weeks for employees and from 18 to 15 months for self-employed persons (amended Unemployment Security Act, No. 1049/2013);
- As from 2013, the income of the beneficiary's spouse is no longer taken into account when assessing entitlement to the non contributory unemployment benefits (labour market support), which has reduced unemployment periods without benefits;
- As of the beginning of 2014 (amended Health Insurance Act, No. 1197/2013), entitlement to parenthood allowance (maternity, paternity or parental allowance) has been extended to people covered by the Finnish social security system for at

least 180 days immediately before the due date of birth of the child. Previously, the Act required the person to have lived in Finland for the same period of time, which meant that foreigners from "third countries", regularly working in Finland and covered by the Finnish social security system but not satisfying the length of residence condition were excluded from the parenthood allowance;

- At the beginning of 2013, another amendment to the Health Insurance Act, extended a father's right to paternity allowance to 54 working days; fathers can choose to stay at home and be entitled to paternity allowance for 1 to 18 days at the same time as the child's mother is paid maternity or parental allowance. The rest of the paternity allowance can be paid after the parental allowance has ended. Fathers can also, if they wish so, use all of the paternity allowance entitlement after the parental allowance period, but before the child is two years old;
- Through further amendments to the Health Insurance Act (No. 1224/2004), in 2014, partial sickness-allowance was extended from 72 days to 120 days (No. 972/2013);
- The Disability Benefits Act (No. 570/2007) was amended to the effect that, as of 1 June 2015, the specific costs resulting from the illness, impairments or injuries are better taken into account when deciding the level of the benefits granted; as a result, according to the report there would be approximately 10 000 newly eligible minimum basic benefits recipients over 16 years of age by the end of 2020. The amendment will extend benefits, inter alia, to those who are under the threat of disability, such as people suffering from long-term mental and behavioural disorders, those with multiple sclerosis or rheumatoid arthritis, or persons with cerebral palsy;
- Another amendment concerning rehabilitation took effect at the beginning of October 2015, whereupon the person being rehabilitated can receive a partial rehabilitation allowance for those rehabilitation days when he/she is working part-time alongside the rehabilitation.

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The next report to be submitted by Finland will be a simplified report dealing with the follow up given to decisions on the merits of collective complaints in which the Committee found a violation.

The deadline for submitting that report was 31 October 2017. The report was registered on 30 October 2017.

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Conclusions and reports are available at www.coe.int/socialcharter as well as in the HUDOC database.

Article 3 - Right to safe and healthy working conditions

Paragraph 1 - Health and safety and the working environment

The Committee takes note of the information contained in the report submitted by Finland. It also takes notes of the information contained in the comments by the Central Organisation of Finnish Trade Unions (SAK), the Confederation of Unions for Professional and Managerial Staff in Finland (Akava) and the Finnish Confederation of Professionals (STTK), transmitted on 17 February 2017.

General objective of the policy

In its previous conclusion (Conclusions 2013), the Committee considered that the general objective of the policy was in conformity with Article 3§1 of the Charter and asked for updated information on the legislative, regulatory and case law developments that occurred during the reference period. The report contains little relevant information for the reference period. It states that the policies for the working environment and well-being at work until 2020 set out the long-term goals for occupational safety and health and the measures required for achieving the goals. In 2015, the Department for Occupational Safety and Health of the Ministry of Social Affairs and Health has produced a comprehensive review of working life, "Working Life 2025 Review. Effects of the changes in working life and the working environment on occupational safety and health and well-being at work". In addition to the changes in work and working life, the review presents, among others, actions to be taken by occupational safety and health administration today in order to be able to meet the future challenges in time and aims to avoid undesired development or to achieve a course of development that is better than expected. According to the report, the legislative changes concerning occupational safety took effect during the reporting period.

The Committee points out that new technology, organisational constraints and psychological demands favour the development of psychosocial factors of risk, leading to work-related stress, aggression, violence and harassment. It would also point out that, with regard to Article 3§1 of the Charter, it takes account of stress, aggression, violence and harassment at work when examining whether policies are regularly evaluated or reviewed in the light of emerging risks. The States parties have a duty to carry out activities in terms of research, knowledge and communication relating to psychosocial risks (Statement of Interpretation on Article 3§1 of the Charter, Conclusions 2013). In this context, the report indicates that the guidelines for both the Supervision of Physical Violence and Its Threat (2015) and for Psychosocial Strain (2013) were implemented for the use of Occupational Safety and Health Divisions.

The Committee underlines that, in accordance with Article 3§1 of the Charter, the main objective of the policy must be to foster and preserve a culture of prevention in respect of occupational health and safety. Occupational risk prevention must be incorporated into the public authorities' activities at all levels and form part of other public policies (on employment, persons with disabilities, equal opportunities, etc.). The policy and strategies adopted must be regularly assessed and reviewed, particularly in the light of changing risks. The Committee considers the information provided useful but insufficiently detailed regarding the national policy. Insofar as the description of the general objective of the national policy is concerned, the Committee asks that the next report focuses on these particular aspects.

Organisation of occupational risk prevention

According to the report, the Ministry of Social Affairs and Health directs the implementation of its Occupational Safety and Health Strategies through performance negotiations carried out annually with the Occupational Safety and Health Divisions. The activities are based on a four-year frame agreement on the performance objectives and a supplementary annual performance agreement. The Committee notes that the number of written advice rose from

45,450 in 2012 to 56,207 in 2015. The number of improvement notices also rose from 6,420 in 2012 to 8,342 in 2015.

The Committee considers that the report contains little relevant information for the reference period. It asks for information on the measures taken by the Labour Inspectorate to develop an occupational health and safety culture among employers and employees and share its experience in implementing instructions, prevention measures and consultations. It also asks for information on the involvement of the public authorities in the implementation of prevention measures (risk assessment, awareness-raising, protective measures) at national and company level.

Improvement of occupational safety and health

The report does not provide any new information on the involvement of public authorities in research relating to occupational health and safety, training of qualified professionals, definition of training programmes or certification of processes. The Committee asks the next report to provide updated information on the involvement of the public authorities in the analysis of sector-specific risks.

Consultation with employers' and workers' organisations

The report states that the Finnish work life is based on the principle of tripartite collaboration between the Government, the employers and the employees. All the key policies related to work life, occupational safety and health, social security and the labour market are negotiated collectively between the Government, employers and trade unions, and agreements are signed on a consensual basis. The Advisory Committee on Occupational Safety and Health, appointed by the Government, is located within the jurisdiction of the Ministry of Social Affairs and Health. The members of the Committee are appointed to represent the most significant organisations of the social partners as well as other important stakeholders in the development of occupational safety and health. According to the report, another Advisory Committee relevant to occupational safety and health in the Government Administration is the Advisory Committee on Occupational Health Services, which is located within the Health Administration of the Ministry of Social Affairs and Health.

Conclusion

Pending receipt of the requested information, the Committee concludes that the situation in Finland is in conformity with Article 3§1 of the Charter.

Article 3 - Right to safe and healthy working conditions

Paragraph 4 - Occupational health services

The Committee takes note of the information contained in the report submitted by Finland. It also takes notes of the information contained in the comments by the Central Organisation of Finnish Trade Unions (SAK), the Confederation of Unions for Professional and Managerial Staff in Finland (Akava) and the Finnish Confederation of Professionals (STTK), transmitted on 17 February 2017.

The Committee recalls that under Article 3§4 States must promote, in consultation with employers' and workers' organisations, the progressive development of occupational health services for all workers with essentially preventive and advisory functions. These services may be run jointly by several companies. The services must be efficient and should be able to identify, measure and prevent work-related stress, aggression and violence (see Statement of interpretation on Article 3§4, Conclusions 2013; also Conclusions 2003, Bulgaria). It further recalls that if occupational health services are not established for all enterprises, the authorities must develop a strategy, in consultation with employers' and employees' organisations, for that purpose. Thus, States "must take measures that allow it to achieve the objectives of the Charter within a reasonable time, with measurable progress and to an extent consistent with the maximum use of available resources" (Conclusions 2003, Bulgaria, Conclusions 2009, Albania).

The report states that a Government Decree No. 708/2013 on Good Occupational Health Practice Principles, Content of Occupational Health Care, and Education of Occupational Professionals and Experts took effect on 1 January 2014. The Decree underlines active cooperation between occupational health care professionals and the workplace in maintaining work ability of the workforce and also obligated occupational health units to develop and to follow the quality and the effectiveness of their services.

In reply to the Committee's question regarding the outcome of the amendments and strategies implemented (Conclusions 2013), the report recalls that the Amendments to the Health Insurance Act (19/2012) and the Occupational Health Care Act (20/2012) took effect in June 2012 and obliged employers to inform the occupational health care services if an employee's cumulative absence due to illness has continued for more than one month (Section 10a of the Occupational Health Care Act). In 2015, this employer's obligation was checked in 51 inspection targets (workplaces), of these 35 got a written advice on the matter. Initial Occupational Health in Finland 2015 results show that the occupational health care professionals have moved their activities more toward early prevention whereas the proportion of treatment has remained stable. The Committee notes that, according to the Finnish Pension Security Centre statistics 2015, the number of disability retirements has decreased by about 2,000 persons between 2012-2014 and the number of over nine sick leave days has decreased by about 730,000 days from 2010-2013.

In its previous conclusion (Conclusions 2013), the Committee asked for information clarifying the manner in which access to occupational health services takes place in practice for temporary workers, self-employed workers and workers whose status is not governed by an employment contract. The report states that temporary workers whose status is governed by contract are included in occupational health care. Self-employed workers can arrange occupational health services for themselves. The Committee notes from the report that there were 239,970 self-employed people at the end of the year 2014, and according to the preliminary results of Occupational Health in Finland 2015 survey, only 37,088 had arranged services for themselves. As regards workers whose status is not governed by an employment contract, they are not included in occupational health services, because a contract or service is a prerequisite for occupational health services and the employer is obligated to arrange and finance them. However, those whose status is not governed by an employment contract, like trainees and those in work-try-out are included in occupational safety that concerns the workplace, but not in individual medical care.

The Committee notes from the trade unions' comments received (see above) that the central organisations point out deficiencies in the coverage of occupational health services, especially in small enterprises with fewer than 10 employees. The trade unions' report indicates that even if occupational health services are in place formally, their content may not meet the requirements of the Occupational Health Care Act in all respects, and e.g. all health checks in regard of work presenting a special risk of illness have not been conducted as required by the Act. Coverage problems also exist in fixed-term employment relationships and temporary agency work. The Committee invites the authorities to comment on this observation in the next report and to provide all relevant information in this respect.

In its previous conclusion, the Committee asked information on the number of occupational physicians in relation to the total workforce; the number of workers monitored by occupational health services; and the percentage of employers covered by occupational health services. The report states that in 2015, the number of occupational physicians was 2,832. The total workforce was 2,387,000 (average of the period 1/2014–4/2015), and the number of wage earners was 2,034,106. The percentage of employers covered by occupational health services was 96%. There were 1,968,029 workers monitored by occupational health services. The Committee also notes from the report the amount of inspections carried out on obligations on the occupational health care agreement, on the action plan on occupational care, and on the work place survey.

In reply to the Committee's question regarding the participation of employee organisations in the consultations held before the amendments and strategies were implemented, the report states that the occupational safety and health are negotiated collectively between the Government, employers and trade unions, and agreements are signed on a consensual basis. The members of the Advisory Committee on Occupational Safety and Health are appointed to represent the most significant organisations of the social partners as well as other important stakeholders in the development of occupational safety and health.

The Committee considers in the meantime that the situation was in conformity with Article 3§4 during the reference period. It asks the next report to provide information, with appropriate figures, on the development of occupational health services for all workers, and particularly the implementation of the measures to improve coverage in small enterprises concerning fixed-term workers.

Conclusion

Pending receipt of the requested information, the Committee concludes that the situation in Finland is in conformity with Article 3§4 of the Charter.

Article 11 - Right to protection of health

Paragraph 1 - Removal of the causes of ill-health

The Committee notes from the report submitted by Finland that there have been no changes to the situation which it has previously found to be in conformity with Article 11§1 of the Charter. It asks that the next report provide an up-to-date description of the situation. It also takes notes of the information contained in the comments submitted on 5 April 2017 by the Finnish League for Human Rights and Finnish Society of Social Rights.

Measures to ensure the highest possible standard of health

The Committee notes from WHO data that overall life expectancy at birth was 81.1 years in 2015. Life expectancy therefore remains lower than in some other European countries, but has increased since the previous reference period (79.3 years in 2009). The Committee notes from Eurostat that life expectancy at birth in the EU-28 was estimated at 80.6 years in 2015.

The Committee notes from Statistics Finland that the infant mortality has continued to decline. In 2015, a total of 97 children died during their first year and the infant mortality per 1,000 live births was 1.7 (compared to 2 per 1 000 live births in 2010). The same source indicates that in 2014, there were three maternal deaths, which meant that maternal mortality was 5.2 deaths per 100,000 live-born children (compared to 4.92 per 100 000 live births in 2010 and 8.4 deaths per 100 000 live births in 2008).

The Committee asks the next report to provide information and statistical data on the life expectancy at birth, the overall mortality rate and the main causes of premature death, the infant mortality rate and maternal mortality rate for the respective reference period.

Access to health care

The Committee notes that according to Euro Health Consumer Index (EHCI) which assesses the performance of national healthcare systems in 35 European countries, Finland ranks the 4th in the EHCI 2015, after the Netherlands, Switzerland and Norway, and seems to have rectified its traditional waiting times problems. The Committee asks for updated information on the waiting times in the next report.

The Committee asks that the next report contain information on the availability of mental health care and treatment services, including information on the prevention of mental disorders and recovery measures.

The Committee asks that the next report contain information on dental care services and treatments (such as who is entitled to free dental treatment, the costs for the main treatments and the proportion of out-of-pocket paid by the patients).

As regards the right to protection of health of transgender persons, the Committee previously received submissions from the International Lesbian and Gay Association (European Region) (ILGA) stating that "in Finland there is a requirement that transgender people undergo sterilisation as a condition of legal gender recognition". In this respect, the Committee asked whether in Finland legal gender recognition for transgender persons requires (in law or in practice) that they undergo sterilisation or any other invasive medical treatment which could impair their health or physical integrity (Conclusions 2013).

The Committee takes note of the comments submitted by Transgender Europe and ILGA-Europe on the implementation of Article 11 of the Charter in the current cycle stating that Finland is one of the states that require sterilisation as a condition for gender legal recognition. The report indicates that two specialised units in the Helsinki University and Tampere University Hospitals examine the requirements for legal gender recognition as provided by Section 1 of the Act on Legal Recognition of the Gender of Transsexuals (563/2002). A medical statement is required from the psychiatric specialists of each hospital,

based on a personal appointment. Hormonal and surgical treatment will only be provided after sufficient examinations. Hormonal treatment will, if provided to a sufficient extent, impede the functioning of reproductive organs and this is deemed to fulfill the infertility requirement. If hormonal treatment is provided, sterilisation does not need to be carried out as a separate procedure. The Committee takes note of the information provided in the report and by other sources. It asks for updated information in the next report.

Conclusion

The Committee concludes that the situation in Finland is in conformity with Article 11§1 of the Charter.

Article 11 - Right to protection of health

Paragraph 2 - Advisory and educational facilities

The Committee takes note of the information contained in the report submitted by Finland.

Education and awareness raising

The Committee notes from the report that there have been no changes to the situation under this heading which it previously found to be in conformity with the Charter. It asks that the next report provide an up-to-date description of the situation.

Counselling and screening

With regard to screening, the report indicates that under Finland's National Screening Programme, municipal health centres must arrange screening for the early detection of breast cancer, cervical cancer, foetal chromosome and growth defects during pregnancy. Municipalities may also arrange other screening examinations for diagnostic purposes and early disease detection than those set out in the national screening programme. The Government Decree on Screenings (1339/2006) lays down the rules regarding the organisation of screenings.

The report adds that in 2016 (outside the reference period), a working group led by the Ministry of Social Affairs and Health was tasked with reviewing the Screening Decree with regard to breast cancer, cervical cancer, intestinal cancer and cancer screening of genetic groups at risk. Expert opinions will be heard and possible changes to the Decree will be discussed thereafter. The Committee asks to be kept informed of any developments and amendments to the legislation on screening in the next report.

With regard to health checks of children, the Committee asked in its previous conclusion what were the main problems identified in this area, and information on the follow-up action taken by the supervisory authorities (Conclusions 2013). The report indicates that according to several national monitoring reports (2011–2014), legislation has improved the implementation of health checks of children. Almost all health centres conducted extensive health checks in child health clinics and in school health care in 2014.

The report further indicates that the number of public health nurses and medical doctors has increased. The health checks in maternity clinics have been implemented well in accordance with legislation and new national guidelines (2013). However, there is a need to improve the whole service system of children, young people and families to better meet their needs in order to integrate the services cross-sectorally, to facilitate timely access to services and early support and care, and to increase participation of children and families in their own matters.

The report adds that supervisory authorities have supervised the implementation of preventive services of children and young people based on their supervisory programme (2012–2014) and monitoring reports. They have used their supervisory measures such as information letters, notifications and accounts when necessary. The Committee notes from the report that a new Government Programme LAPE (2015–2018) to address reform in child and family services has been initiated. It asks that the next report provide information on the implementation of this programme.

Conclusion

The Committee concludes that the situation in Finland is in conformity with Article 11§2 of the Charter.

Article 11 - Right to protection of health

Paragraph 3 - Prevention of diseases and accidents

The Committee takes note of the information contained in the report submitted by Finland.

Healthy environment

The Committee noted previously that in 2011 Finland began the drafting of a national Water Safety Plan (WSP) and asked to be kept informed on its adoption and implementation (Conclusions 2013). The report indicates that the Government has adopted a National Water Safety Plan (WSP) and Sanitation Safety Plan (SSP) that was prepared during the years 2011–2015. The Programme is based on a risk-based approach for the whole water supply chain from source through tap and back. Training courses on the web-based WSP/SSP Risk Management Programme were organised for regional state officials (about 150 persons). During early 2016 small scale water suppliers (about 80 persons) tested the web-based Programme in Western Finland. Nowadays about 150 water suppliers including 330 people use the WSP/SSP Programme for risk assessment of drinking water in Finland.

The Committee asks that the next report provide updated information on the measures taken as well as on the levels and trends with regard to air pollution, water contamination and food safety during the reference period.

Tobacco, alcohol and drugs

The report indicates that following the entry into force of the EU Tobacco Products Directive (2014/40/EU) in 2014, a new Tobacco Act (549/2006) was adopted and took effect on 15 August 2016 (outside the reference period). The aim of the Act is to end the use of tobacco and other nicotine-containing products. The Act bans all characterizing flavors in cigarettes, roll-your-own tobacco and liquids for electronic cigarettes. The Committee takes note of some of the measures introduced through this new Act and asks for information in the next report on its implementation and the impact of such measures on the rate of tobacco consumption, supported by statistics.

The report indicates that a new Act on Prevention of Alcohol, Tobacco, Drugs and Gambling (523/2015), which replaced the old Temperance Act, entered into force on 1 December 2015. The Act defines that the state and the municipalities are responsible for prevention of alcohol, tobacco, drugs and other intoxicants and gambling related harm, in cooperation with the civil society. The Committee notes that an Action Plan on Alcohol, Tobacco, Drugs and Gambling Prevention was published on 1 December 2015 as a tool for people who work in the prevention of harms related to alcohol, smoking, drugs and gambling in municipalities and regions, their managers and other actors at national level. The Committee asks for information on the implementation of this Plan.

The Committee notes that during the reference period, smoking prevalence has decreased among both adults and youth. The rate of daily smoking among adults was 17% in 2012 and 15% in 2014. Daily smoking among men was 17% and among women 15% in 2014. The percentage of young persons aged 14–18 using tobacco products daily decreased from 13% in 2013 to 12% in 2015. The daily smoking rate was 13% among boys and 10% among girls in 2015.

As regards the consumption of alcoholic beverages, the report states the decreasing trend in the total consumption has continued during the reference period. The Committee notes from the information provided on the website of the National Institute for Health and Welfare, that in 2015, the total consumption of alcoholic beverages equalled 10.8 litres of pure alcohol consumed per person aged 15 years or older. Total consumption fell by 3.6% compared with 2014. The report states that the Government has the intention to prepare a total reform of the Finnish Alcohol Act with the aim to liberalize the Finnish alcohol market to some degree and discussions took place in this sense, but the drafting of the new act has not yet begun.

The Committee asks to be kept informed with regard to any legislative reform as well as the trends in alcohol consumption.

The Committee asks for information in the next report on the drug situation in Finland.

Immunisation and epidemiological monitoring

The Committee takes note from the report of the information on the national vaccination programme, as well as the statistical data on the vaccination coverage. At the end of 2015, the national vaccine coverage was high for the childhood vaccines DTaP-IPV-Hib (98%), rota (92%), pneumococcus (93%), and MMR (95%).

The Committee takes note of the HIV and AIDS situation in Finland and of the mortality rate of HIV infected patients during the reference period 2012–2015.

Accidents

In its previous conclusion, the Committee noted that 80% of accidents happen at home and during leisure time and asked information in the next report on the measures taken to prevent these accidents. The prevention of home and leisure time accidents and injuries is being coordinated and steered by a multi stakeholder coordination body, the Coordination Group for the Prevention of Home and Leisure Accident Injuries, which was established in 2012. Its mandate was renewed in 2015 for years 2016–2020. The Coordination Group drafted a National Action Plan for years 2014–2020 for the Prevention of Home and Leisure Time Accidents and Injuries. The action plan encompasses 92 actions, for each of which the responsible bodies have been nominated. The objectives of the action plan include reaching a good safety level in all environments, a 25% reduction in the number of serious accidents and injuries by 2025 and an allocation of more substantial and permanent resources for accident injury prevention.

The report indicates that the number of deaths caused by home and leisure time accidents has decreased from 2 441 in 2011 to 2 221 in 2014.

The Committee wishes to be informed of the implementation and impact of the above mentioned measures on the number of deaths caused by home and leisure time accidents, supported by statistics. It also asks for updated information on the measures taken and the trend in the number of road accidents.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Finland is in conformity with Article 11§3 of the Charter.

Article 12 - Right to social security

Paragraph 1 - Existence of a social security system

The Committee takes note of the information contained in the report submitted by Finland. It also takes notes of the information contained in the comments submitted on 5 April 2017 by the Finnish League for Human Rights and Finnish Society of Social Rights.

With regard to **family benefits**, the Committee refers to its conclusions concerning Article 16 (Conclusions 2011).

The Committee recalls that the assessment of the follow-up to the collective complaint Finnish Society of Social Rights v. Finland, Complaint, No. 88/2012, decision on the merits of 9 September 2014, will be done in the framework of Conclusions 2018 (in this complaint, the Committee found that the level of Sickness benefits, Maternity benefits and rehabilitation benefits, Basic unemployment allowance and Guarantee (old age) pension, fell below 40% of median equivalised income and was therefore inadequate, regardless of the possible impact of other supplementary benefits such as social assistance benefits and housing allowance).

Risks covered, financing of benefits and personal coverage

The Committee refers to its previous conclusions (Conclusion 2006, 2009, 2013) for a description of the Finnish social security system and notes that it continues to cover the branches of social security corresponding to all traditional risks: medical care, sickness, unemployment, old age, employment injury, family, maternity, invalidity and survivors. The system also continues to rest on collective funding: it is funded by contributions (employers, employees) and by the State budget.

As regards personal coverage, the Committee previously noted (Conclusions 2013 and 2006) that all legal permanent residents are covered by social security schemes which govern basic pensions (national pensions, concerning old age, invalidity and death risks), sickness and maternity benefits, and unemployment benefits. In addition, all employees are entitled to benefits based on employment, such as earning-related pension and benefits for employment-related injuries. Furthermore, all people residing in Finland are covered by the health insurance. As regards the number of the total active population, the Committee notes from the report that it amounted to 2 822 000 persons in 2014 and, from Statistics Finland, that it amounted to 2 630 000 persons in 2015. According to official statistics referred to in the report, in 2015, there were around 662 000 pension recipients (when considering both contributory and non-contributory pensions, the total number of pension recipients in 2015 was 1 424 000), 314 000 disability benefits recipients, 293 000 sickness allowances recipients, 238 000 unemployment allowance or labour market subsidy recipients, 55 000 maternity grant recipients, and 246 000 housing allowance recipients. The report does not provide the information requested by the Committee (Conclusions 2013), concerning the percentage of all persons insured against unemployment, sickness and old-age risk out of the total active population (i.e. total number of employed and unemployed persons). The Committee accordingly reiterates its request to provide updated data in this respect. It also requests the next report to provide information on the number of persons insured against invalidity, as well as against work accidents and occupational diseases, out of the total active population.

Adequacy of the benefits

According to Eurostat data, median equivalised income in 2015 was €23 763, or €1 980 a month. The poverty threshold, defined as 50% of median equivalised income, was therefore €11 881, or €990 on a monthly basis. 40% of the median equivalised income corresponded to €792 monthly.

In its previous conclusion (Conclusions 2013), the Committee held that the minimum levels of sickness benefits and old age benefits were inadequate.

As regards **sickness benefits**, the report indicates that the minimum level of sickness allowance is paid at a rate of at least €23.93 per day, or €598,25 per month (i.e. approximately 30% of the median equivalised income).

As regards **old age benefits**, the Committee refers to its assessment under Article 23.

The Committee refers to its previous conclusion (Conclusions 2013) as regards the eligibility criteria and the rules applicable as regards the initial period during which a job can be refused as unsuitable without losing entitlement to the unemployment benefits. It notes from MISSOC that unemployment benefits can be paid for up to 500 days, and even longer in some cases. It notes from the report that the basic (earning based) **unemployment allowance**, at the end of the reference period, was €32.68 per day, that is approximately €703 monthly, or 35.5% of the median equivalised income, and considers that this level is inadequate.

The Committee furthermore notes from MISSOC that, for the first 56 weekdays of the maternal leave, the **maternity allowance** (*äitiysraha*) and special maternity allowance (*erityisäitiysraha*) are 90% of earned income up to €56 032 (annual) and 32.5% for an income exceeding this level. For the rest of the maternity leave (49 days) the allowance is 70% up to earned income of €36 419, 40% between €36 420 and €56 032 and 25% of earned income exceeding this latter level. For the first 30 weekdays the **parental allowance** (*vanhempainraha*) and paternity allowance (*isyysraha*) are 75% of earned income up to €56,032 (annual) and 32.5% for an income exceeding this level. Both parents are eligible for an increased rate for the first 30 weekdays. For the rest of the leave the parental allowance and paternity allowance are 70% up to earned income of €36 419, 40% between €36 420 and €56 032 and 25% of earned income exceeding this latter level. However, the minimum cash benefits were in 2015 €24.02 per day (€516.43 per month, i.e. 26% of the median equivalised income), which is below 40% of median equivalised income and is therefore inadequate.

For a description of other benefits and how they are calculated, the Committee refers to its previous conclusions (Conclusions 2006, 2009 and 2013). It asks the next report to provide updated information concerning the minimum amount of benefits granted in respect of invalidity as well as work accidents and occupational diseases.

Conclusion

The Committee concludes that the situation in Finland is not in conformity with Article 12§1 of the Charter on the grounds that:

- the minimum level of sickness benefits is inadequate;
- the minimum level of unemployment allowance is inadequate;
- the minimum level of maternity allowance is inadequate.

Article 12 - Right to social security

Paragraph 2 - Maintenance of a social security system at a satisfactory level at least equal to that necessary for the ratification of the European Code of Social Security

The Committee takes note of the information contained in the report submitted by Finland.

The Committee recalls that Article 12§2 obliges states to establish and maintain a social security system which is at least equal to that required for ratification of the European Code of Social Security. The Code requires acceptance of a higher number of parts than ILO Convention No. 102 relating to social security; six of the nine contingencies must be accepted although certain branches count for more than one part (medical care counts for two and old-age for three).

The Committee notes that Finland has not ratified either the European Code of Social Security or ILO Convention No. 102. Therefore the Committee cannot take into consideration findings under these treaties, such as the resolutions of the Committee of Ministers on the compliance of the States bound by the European Code of Social Security and has to make its own assessment based on the information received in the report.

The Committee notes that the social security system of Finland covers all the nine branches corresponding to traditional risks and that the situation is in conformity under Article 12§1 in this respect. The assessment under Article 12§1 also indicates an adequate personal coverage by social security schemes with regard to basic pensions, sickness, maternity, unemployment benefits, employment-related benefits and health insurance. The Committee refers to its request for updated data on the percentage of all persons insured against unemployment, sickness and old-age risk out of the total active population. The Committee also refers to its conclusion of non-conformity under Article 12§1 with regard to the minimum level of benefits for sickness, unemployment and maternity. As regards old-age benefits, the Committee refers to its assessment under Article 23.

The Committee notes that the situation in Finland is in conformity under Article 12§3.

The Committee takes into account that Finland has ratified ILO Conventions No. 121 (Employment Injury Benefits, 1964), No. 128 (Invalidity, Old-Age and Survivors' Benefits, 1967), No. 130 (Medical Care and Sickness Benefits, 1969) and No. 168 (Employment Promotion and Protection against Unemployment, 1988). The ratification of these conventions is an indicator of the possibility for Finland to accept the corresponding branches of the Code.

Conclusion

The Committee concludes that the situation in Finland is in conformity with Article 12§2 of the Charter.

Article 12 - Right to social security

Paragraph 3 - Development of the social security system

The Committee takes note of the information contained in the report submitted by Finland. It also takes notes of the information contained in the comments by the Central Organisation of Finnish Trade Unions (SAK), the Confederation of Unions for Professional and Managerial Staff in Finland (Akava) and the Finnish Confederation of Professionals (STTK), transmitted on 17 February 2017. It furthermore takes note of the comments submitted on 5 April 2017 by the Finnish League for Human Rights and Finnish Society of Social Rights.

It refers to its previous conclusions for the description of the Finnish social security system. Since Finland has ratified Article 16 of the Charter, the Committee will assess the scope and impact of developments with regard to family benefits when it will next examine compliance with this article.

As regards other branches of social security, the Committee takes note of the legislative developments during the reference period. In particular, the report mentions the following improvements:

- in 2014, the qualifying period for unemployment benefits was shortened from 34 weeks to 26 weeks for employees and from 18 to 15 months for self-employed persons (amended Unemployment Security Act, No. 1049/2013);
- as from 2013, the income of the beneficiary's spouse is no longer taken into account when assessing entitlement to the non contributory unemployment benefits (labour market support), which has reduced unemployment periods without benefits;
- as of the beginning of 2014 (amended Health Insurance Act, No. 1197/2013), entitlement to parenthood allowance (maternity, paternity or parental allowance) has been extended to people covered by the Finnish social security system for at least 180 days immediately before the due date of birth of the child. Previously, the Act required the person to have lived in Finland for the same period of time, which meant that foreigners from "third countries", regularly working in Finland and covered by the Finnish social security system but not satisfying the length of residence condition were excluded from the parenthood allowance;
- at the beginning of 2013, another amendment to the Health Insurance Act, extended a father's right to paternity allowance to 54 working days; fathers can choose to stay at home and be entitled to paternity allowance for 1 to 18 days at the same time as the child's mother is paid maternity or parental allowance. The rest of the paternity allowance can be paid after the parental allowance has ended. Fathers can also, if they wish so, use all of the paternity allowance entitlement after the parental allowance period, but before the child is two years old;
- through further amendments to the Health Insurance Act (No. 1224/2004), in 2014, partial sickness-allowance was extended from 72 days to 120 days (No. 972/2013);
- the Disability Benefits Act (No. 570/2007) was amended to the effect that, as of 1 June 2015, the specific costs resulting from the illness, impairments or injuries are better taken into account when deciding the level of the benefits granted; as a result, according to the report there would be approximately 10 000 newly eligible minimum basic benefits recipients over 16 years of age by the end of 2020. The amendment will extend benefits, *inter alia*, to those who are under the threat of disability, such as people suffering from long-term mental and behavioural disorders, those with multiple sclerosis or rheumatoid arthritis, or persons with cerebral palsy;
- another amendment concerning rehabilitation took effect at the beginning of October 2015, whereupon the person being rehabilitated can receive a partial

rehabilitation allowance for those rehabilitation days when he/she is working part-time alongside the rehabilitation.

The Committee notes on the other hand from the comments received (see above) that certain benefits have been subject to cuts. The abovementioned trade unions allege in particular that the level of earnings-related employment benefits was lowered in 2015 and that their maximum duration of serving was shortened as from 2014, when it was graded according to employment history.

Other restrictive measures are mentioned in the comments, which did not however take effect during the reference period. The Committee asks the next report to provide all relevant information in this respect.

In this connection, the Committee also notes that a major pension reform will take effect in 2017, out of the reference period. It asks the next report to provide all relevant information about its impact (categories and numbers of people concerned, levels of allowances before and after the reform) and considers in the meantime that the situation was in conformity with Article 12§3 during the reference period.

Conclusion

The Committee concludes that the situation in Finland is in conformity with Article 12§3 of the Charter.

Article 12 - Right to social security

Paragraph 4 - Social security of persons moving between States

The Committee takes note of the information contained in the report submitted by Finland.

Equality of treatment and retention of accrued benefits (Article 12§4)

Right to equal treatment

Equal treatment between nationals and nationals of other States Parties in respect of social security rights shall be ensured through the conclusion of bilateral or multilateral agreements or through unilateral measures.

The Committee recalls that, having regards to the EU legislation on the coordination of social security systems of the EU Member States, governed by Regulations (EC) No. 883/2004 and (EC) No. 987/2009, as amended by Regulation (EU) No. 1231/2010, the EU Member States are considered, as a matter of principle, to ensure equal treatment between, on the one hand, their nationals and, on the other hand, nationals of other EU Member States or member of the EEA, stateless persons, refugees resident in the territory of a Member State who are or have been subject to the social security legislation of one or more Member States, their families and their survivors, as well as nationals of third countries, members of their families and their survivors, provided that they are legally resident in the territory of a Member State and are in a situation which is not confined in all respects within a single Member State.

The Committee recalls that, in any event, under the Charter, EU/EEA Member States or part to the EEA are required to secure, to the nationals of other States Parties to the 1961 Charter and to the Charter not members of the EU or EEA, equal treatment with respect to social security rights provided they are lawfully resident in their territory (Conclusions XVIII-1 (2006)). In order to do so, they have either to conclude bilateral agreements with them or take unilateral measures.

In its previous conclusion (Conclusions 2013), the Committee found that the situation of Finland was not in conformity with the Charter because no bilateral agreement on social security existed with Albania, Andorra, Armenia, Azerbaijan, Georgia, “the former Yugoslav Republic of Macedonia”, the Republic of Moldova, the Russian Federation and Serbia. The Committee notes from the report that no agreements were concluded with those States during the reference period. However, the Committee notes from the Governmental Committee report concerning Conclusions 2013 that Finland intend to conclude new agreements on social security. The Committee asks therefore whether the conclusion of such agreements is foreseen with the following States: Albania, Andorra, Armenia, Azerbaijan, Georgia, “the former Yugoslav Republic of Macedonia”, the Republic of Moldova, Serbia and Russia, and if so, within what timescale.

The Committee recalls that equal treatment may also be achieved on the basis of unilateral measures, legislative or administrative. Nevertheless, as there is no indication in the report that such measures have been taken or are planned, the Committee considers that the situation is not in conformity with the Charter in this respect.

In respect of payment of family benefits, the Committee considered that the requirement for the child to reside in the territory of the paying State is in conformity with Article 12§4 (Statement of Interpretation on Article 12§4, Conclusions XVIII-1 (2006)). However, since not all countries apply such a system, States Parties applying the ‘child residence requirement’ are under the obligation, in order to secure equal treatment within the meaning of Article 12§4, to enter, within a reasonable period of time, into bilateral or multilateral agreements with those States which apply a different entitlement principle (Conclusions 2006, Cyprus).

The Committee notes from MISSOC that Finland applies the rules whereby the payment of family benefits is conditional on the claimant’s children being resident in Finland.

The Committee recalls that in the absence of an agreement, Finland is required under Article 12§4 of the Charter to take unilateral steps to comply with the requirements of this provisions.

Given that no agreements have been concluded with States which apply a different principle to that of a child residence requirement for entitlement to family benefits (Albania, Andorra, Armenia, Georgia and Turkey), the Committee concludes that equal treatment is not guaranteed with regard to access to family allowances in respect of nationals of all other States Parties.

Right to retain accrued benefits

The Committee points out that in its previous conclusion (Conclusions 2015), it considered the situation to be in conformity as far as the retention of accrued benefits was concerned. Given that the situation has not changed, it reiterates its conclusion of conformity.

Right to maintenance of accruing rights (Article 12§4b)

In its previous conclusion (Conclusions 2013) the Committee found that the aggregation of insurance or employment periods was not guaranteed in respect of nationals of other States Parties. As there has been no change in the situation, the Committee confirms its finding of non-conformity in this regard.

Conclusion

The Committee concludes that the situation in Finland is not in conformity with Article 12§4 of the Charter on the grounds that:

- equal treatment with regard to social security rights is not guaranteed to nationals of all other States Parties;
- equal treatment with regard to access to family allowances is not guaranteed to nationals of all other States Parties;
- the right to maintenance of accruing rights is not guaranteed to nationals of all other States Parties.

Article 13 - Right to social and medical assistance

Paragraph 1 - Adequate assistance for every person in need

The Committee takes note of the information contained in the report submitted by Finland. It also takes notes of the comments submitted on 5 April 2017 by the Finnish League for Human Rights and Finnish Society of Social Rights.

Types of benefits and eligibility criteria

According to the report, in 2014, 253 500 households (8.4% of Finnish households) or 393 300 individuals (7.2% of the population) received social assistance. 102 300 households received supplementary social assistance and 25 600 households received preventive social assistance. According to the National Institute for Health and Welfare statistical publications, the gross expenditure on social assistance was € 745.5 million in 2015.

The Committee takes note of the Working Group Examining the Modernisation of Social Assistance which was in charge of outlining the role, structure and contents of the social assistance dealt with by municipalities, the development of supplementary and preventive social assistance as a social work tool, a more effective support for the independent living of social assistance clients and as a prevention of their social exclusion.

Level of benefits

To assess the situation during the reference period, the Committee takes account of the following information:

- Basic benefit: according to MISSOC and the report the monthly amount of the basic social assistance benefit stood at € 485.50 in 2015;
- Additional benefits: according to MISSOC there are separate statutory housing allowances. Housing costs are taken into consideration in determining the amount of the housing allowance. According to the report, the component of social assistance in national statistics are basic social assistance (basic amount of social assistance and amount of assistance for other basic expenses, including housing), supplementary social assistance and preventive social assistance. However, the Committee notes from the report that the national statistics do not indicate the amount of assistance for housing expenses. It varies according to needs, expenses and municipality of residence. In its conclusion 2009 the Committee noted that the basic benefit on average represented around 40% of the total social assistance, with housing expenditure making up another 40% and the rest accounting for everything else. The Committee asked in its previous conclusion (Conclusions 2013) whether these estimations were still valid.
- Poverty threshold, defined as 50% of median equivalised income and as calculated on the basis of the Eurostat at-risk-of-poverty threshold value: it was estimated at € 990 in 2015.

The Committee recalls that in its decision on the merits of 9 September 2014 in *Finnish Society of Social Rights v. Finland*, Complaint No. 88/2012, where the complainant alleged that the level of both social assistance benefits and the labour market subsidy (a non contributory benefit which is paid to persons who have no history of employment or are no longer entitled to basic unemployment allowance), fell short of the requirements of the Charter, the Committee held that there was nothing in the information submitted to the Committee to show that social assistance recipients are always entitled to the maximum possible allowance and although the Committee could not exclude that the total amount of benefits paid to a recipient of social assistance could reach the level of 50% of median equivalised income, it did not consider it demonstrated, based on the information at its disposal, that all persons in need are granted social assistance which is adequate.

Furthermore, in its decision on the merits of 8 December 2016 in *Finnish Society of Social Rights v. Finland*, Complaint No. 108/2014, the Committee noted that nothing in the information brought to its attention indicated that the beneficiaries of the labour market subsidy are always entitled to the maximum amount of the allowance (§68) and held that there was a violation of Article 13§1 of the Charter on the ground that labour market subsidy is not sufficient to enable its beneficiaries to meet their basic needs.

The Committee reiterates its findings of non-conformity in the above mentioned complaints on the ground that the amount of social assistance, consisting of basic assistance and any additional benefits that may apply is not adequate.

The Committee notes from the comments of the Finnish League for Human Rights and Finnish Society of Social Rights that since the decision of the Committee regarding Complaint No 88/2012, the conditions have deteriorated. Instead of raising social assistance benefits to the level required by the Charter, the Government decided in 2016 to reduce the amount of the labour market subsidy.

The Committee recalls that the assessment of the follow-up to *Finnish Society of Social Rights v. Finland*, Complaint No. 88/2012, decision on the merits of 9 September 2014, will be done in the framework of Conclusions 2018.

Right of appeal and legal aid

The Act on Social Assistance was amended (1312/2014) to comply with the period for filing an appeal on a decision on social assistance as prescribed in the Social Welfare Act (1301/2014) which took effect on 1 April 2015. The appeal period was increased to 30 days.

Personal scope

The Committee recalls that, under Article 13§1, States are under the obligation to provide adequate medical and social assistance to all persons in need, both their own nationals as well as nationals of States Parties lawfully resident within their territory, on an equal footing. In addition, with reference to its Statement of interpretation on Articles 13§1 and 13§4 (Conclusions 2013) regarding the scope of Articles 13§1 and 13§4 in terms of persons covered, the Committee considers that persons in an irregular situation in the territory of the State concerned are covered under Article 13§1, rather than under Article 13§4, which was previously its practice.

The Committee henceforth examines whether the States who have accepted Article 13§1 ensure the right to:

- adequate social and medical assistance for their own nationals and for nationals of other States Parties lawfully resident within their territory on an equal footing;
- emergency social and medical assistance to persons unlawfully present in their territory.

Nationals of States Parties lawfully resident in the territory

In its previous conclusion the Committee found that the situation was not in conformity with the Charter on the ground that the granting of social assistance benefits to foreign nationals from certain States Parties to the Charter, lawfully residing in Finland, was subject to an excessive length of residence condition. The Committee notes from the report of the Governmental Committee (GC(2014)21, §245) that according to the representative of Finland foreign nationals have the same rights to social assistance benefits, irrespective of the length of residence. If a foreign national obtained a permanent residence permit or a residence permit limited in duration, he/she is immediately eligible for the grant of social assistance.

Nevertheless, the Committee further notes from MISSOC that social assistance is paid to all permanent residents. The report indicates that provision of emergency healthcare, unlike

provision of social assistance is not conditional on permanent residence status. The Committee infers from the information at its disposal that nationals of other States Parties are granted social assistance on an equal footing with nationals only after having resided in Finland for four years (the condition for obtaining a permanent residence permit). Therefore, the Committee reiterates its previous finding of non-conformity on the ground that the granting of social assistance to nationals of other States Parties is subject to a length of residence requirement.

Foreign nationals unlawfully present in the territory

In its previous conclusion under Article 13§4 the Committee asked the next report to provide updated information and details of the nature and extent of the emergency social assistance which can be provided to foreign nationals in immediate and urgent need and, in particular, to undocumented aliens.

The Committee notes from the report in this regard that Article 19, paragraph 1 of the Constitution of Finland guarantees all those within the Finnish jurisdiction who cannot obtain the means necessary for a life of dignity a right to receive indispensable subsistence and care. This constitutional provision is implemented in the Social Assistance Act. Social assistance is paid to those in need of support who cannot ensure subsistence by means of paid employment, entrepreneurship or from other sources. These include other primary benefits, other income or other means. The Social Assistance Act does not differentiate between Finnish and foreign nationals, and the Act does not contain requirements for the permanent nature or type of stay in Finland. When applying the Act in practice, emphasis has been placed on the permanent nature of the stay. However, if the other requirements are met, those in need of social assistance when staying temporarily in the country are entitled to an urgently paid critical support.

In this connection, the Committee recalls that persons in an irregular situation must have a legally recognised right to the satisfaction of basic human material need (food, clothing, shelter) in situations of emergency to cope with an urgent and serious state of need. It likewise is for the States to ensure that this right is made effective also in practice (European Federation of National Organisations working with the Homeless (FEANTSA) v. the Netherlands, Complaint No. 86/2012, decision on the merits of 2 July 2014, §187).

The Committee cannot accept the necessity of halting the provision of such basic emergency assistance as shelter, guaranteed under Article 13 as a subjective right, to individuals in a highly precarious situation. The Committee has considered that even within the framework of the current migration policy, less onerous means, namely to provide for the necessary emergency assistance while maintaining the other restrictions with regard to the position of migrants in an irregular situation, remain available to the Government with regard to the emergency treatment provided to those individuals, who have overstayed their legal entitlement to remain in the country (Conference of European Churches (CEC) v. the Netherlands, Complaint No. 90/2013, decision on the merits of 1 July 2014, §123).

The Committee asks the next report to provide evidence that these requirements are met in law and in practice. The Committee holds that if this information is not provided in the next report, there will be nothing to establish that the situation is in conformity with the Charter.

Conclusion

The Committee concludes that the situation in Finland is not in conformity with Article 13§1 of the Charter on the grounds that:

- the amount of social assistance, consisting of basic assistance and any additional benefits that may apply is not adequate;
- the granting of social assistance to nationals of other States Parties is subject to a length of residence requirement of four years.

Article 13 - Right to social and medical assistance

Paragraph 2 - Non-discrimination in the exercise of social and political rights

The Committee takes note of the information contained in the report submitted by Finland.

According to the report, the new Non-Discrimination Act (1325/2014) took effect on 1 January 2015. As a result of the reform, the Ombudsman for Minorities was replaced by a Non-Discrimination Ombudsman, which is empowered to consider a broader range of discrimination issues. The new Act expanded the scope of protection against discrimination. The Act is applied to all public and private activities, excluding private life, family life and practice of religion. The National Discrimination Tribunal and the Equality Board were merged to create a new body, the National Non-Discrimination and Equality Tribunal of Finland, the mandate of which covers all discrimination grounds, as set out in the Act on the National Non-Discrimination and Equality Tribunal (1327/3014).

The Committee asks the next report to provide updated information regarding non-discrimination in the exercise of social and political rights as guaranteed by Article 13§2, in the light of the above mentioned legislative developments.

Conclusion

The Committee concludes that the situation in Finland is in conformity with Article 13§2 of the Charter.

Article 13 - Right to social and medical assistance

Paragraph 3 - Prevention, abolition or alleviation of need

The Committee takes note of the information contained in the report submitted by Finland.

The Committee recalls that Article 13§3 concerns free of charge services offering advice and personal assistance specifically addressed at persons without adequate resources or at risk of becoming so. The social services covered by Article 13§3 must play a preventive, supportive and treatment role. This means offering advice and assistance to make those concerned fully aware of their entitlement to social and medical assistance and how they can exercise those rights. In assessing national situations under this provision the Committee specifically examines whether there are mechanisms to ensure that those in need may receive help and personal advice services free of charge.

The Committee notes that the Social Welfare Act was reformed in 2014 and the new Act (1301/2014) took effect in 2015. The new Act shifts the focus of social welfare activities from corrective measures to promoting wellbeing and early support.

The Committee notes that the Handbook on Social Assistance has been updated and is intended for municipal authorities dealing within social assistance. The publication is available also on the website of the Ministry of Social Affairs and Health. The purpose of the Handbook is to support the municipal officials applying the Act on Social Assistance and other persons in their work, to clarify the content and aim of the Act and to contribute to improving the legal protection of clients. The Handbook underlines the clients' and employees' statutory rights and obligations in processing social assistance applications. In drawing up the client service plan it is stressed that the plan shall, as a rule, always be drawn up in both a "normal" situation of applying for social assistance and in particular in connection with reducing the basic amount. The responsibility of the municipal officials granting social assistance to give advice and guidance is stressed, and so is the responsibility under Section 14a (4) of the Act on Social Assistance to provide the client an opportunity to discuss personally with the social worker or instructor.

Conclusion

The Committee concludes that the situation in Finland is in conformity with Article 13§3 of the Charter.

Article 13 - Right to social and medical assistance

Paragraph 4 - Specific emergency assistance for non-residents

The Committee takes note of the information contained in the report submitted by Finland.

The Committee refers to its conclusion under Article 13§1 (personal scope) and recalls that Article 13§4 from now on will cover emergency social and medical assistance for nationals of States Parties lawfully present (but not resident) in the territory. In its previous conclusion (Conclusions 2013) the Committee found that the situation was in conformity with the Charter as regards foreign nationals lawfully present.

The Committee recalls that States Parties are required to provide non-resident foreigners, without resources, with emergency social and medical assistance. Such assistance must cover accommodation, food, clothing and emergency medical assistance, to cope with an urgent and serious state of need (without interpreting too narrowly the 'urgency' and 'seriousness' criteria). No condition of length of presence can be set on the right to emergency assistance (European Federation of national organisations working with the Homeless (FEANTSA) v. the Netherlands, Complaint No. 86/2012, decision on the merits of 2 July 2014, §171).

The Committee further recalls that emergency social assistance should be supported by a right to appeal to an independent body. As regards provision of emergency shelter, there must be an effective appeal mechanism before an independent judicial body in order to determine the proper administration of shelter distribution. This right must also be effective in practice (Conference of European Churches (CEC) v. the Netherlands, Complaint No. 90/2013, decision on the merits of 1 July 2014, §106).

The Committee refers to its conclusion under Article 13§1 where it reserved its position as regards emergency social assistance for unlawfully present foreign nationals. The Committee asks the next report to provide information regarding lawfully present foreign nationals and in the meantime, it reserves its position.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 14 - Right to benefit from social services

Paragraph 1 - Promotion or provision of social services

The Committee takes note of the information contained in the report submitted by Finland.

Organisation of the social services

The report indicates that the Social Welfare Act was reformed in 2014 and the new Act (1301/2014) took effect in 2015. The new Act shifts the focus of social welfare activities from corrective measures to promoting wellbeing and early support. The Act 817/2015 on Social Welfare Professionals entered into force in 2016 and applies to public and private agencies, as well as persons working as self-employed professionals. The National Supervisory Authority for Welfare and Health (Valvira) acts as the licensing authority. To become a licenced social worker, a person has to have completed a master's degree, with major studies or studies equivalent to major studies in social work. To become a licensed worker in instructive social services (*sosionomi*) or elderly care services (*geronomi*), a person must have a polytechnic degree in the field of social services (Bachelor of Social Services or Bachelor of Social Services and Health Care).

Effective and equal access

The report indicates that the aim of the Social Welfare Act (1301/2014) is to promote equal availability and accessibility of social welfare services, to emphasise a client-centred and comprehensive approach and to support people in their everyday environments. The purpose of the Social Welfare Act is to promote and maintain the population's welfare and social security, reduce inequalities and reinforce social inclusion, to secure the availability of high-quality social services, promote client-centred services and clients' rights, as well as to improve the cooperation between social welfare services and various municipal sectors and other stakeholders. The Act applies mainly to municipal social welfare. The Social Welfare Act promotes wellbeing through guidance and advice, structural social work, monitoring and promoting the wellbeing of children and taking into account the needs and wishes of clients when developing activities and services. The Act includes provisions for securing the quality of services. Social welfare units shall draw up a publicly accessible and regularly updated plan for in-house control in order to secure the quality, safety and appropriateness of their social welfare work. The new Social Welfare Act has changed the focus of family services.

The new primary focus is on family services outside child welfare client relationships. The Act emphasises early interventions and preventive measures. Family services can be received on the basis of an assessment of need for service also when the family is not a child welfare client.

The report indicates that social services are organised on the basis of need for support. These needs include assistance for everyday life, need for economic support, need for support because of interpersonal or domestic violence or maltreatment, safeguarding the balanced development and wellbeing of a child, support for housing, sudden crisis situation, prevention of social exclusion and reinforcement of social inclusion, need for support due to alcohol or drug abuse, mental problems or other trauma or illness, or due to ageing, other problems with functional capacity and the need to support family members and close persons to the client. The need for social services is assessed in the beginning of the client relationship. A client plan is then composed on the basis of the assessment. The client plan shall include, for example, the necessary services to support the health and wellbeing of the client, estimated duration of the client relationship and division of information and responsibilities between the various cooperation partners from different sectors. The social services responding to the needs of clients are social work, social guidance, social rehabilitation, family work, home services, home care, housing services, institutional services, services supporting physical activity, substance abuse services, mental health

work, child guidance and family counselling, supervised contact sessions between parents and children and other necessary services.

Moreover the report indicates that users have a subjective right to certain social services, such as services for the disabled. Apart from place of residence, access to social services is based on individual need. The Social Welfare Act described in the previous section aims to promote effective and equal access to services for all. Several of the current Government Key Projects promote effective and equal access to social services. *The Programme to Address Reform in Child and Family Services*, focuses on creating knowledge-based tools for monitoring children's wellbeing, assessing how decision-making impacts children and devising child-focused budgeting.

The maximum fees charged for municipal social and health services and services free of charge are stipulated in the Act and Decree on Social and Health Care Client Fees (734/1992 and 912/1992). The fees charged for long-term care are earnings-related. Municipalities may opt to use lower rates or to provide the relevant service free of charge. Municipalities are not permitted to collect fees for services above the amount of the production cost of the services. The fees for certain public services have an upper limit per calendar year, beyond which clients do not have to continue paying fees. Municipalities must reduce or not charge fees for social care, and determine health care fees according to the clients' ability to pay, if charging them will undermine the income or statutory maintenance obligations of clients or their families. Client fees are reviewed every two years, based on indexes. The decision to grant services is generally taken by local authority officials. In the event of disagreement, users may lodge complaints to the unit or the local authority concerned within 30 days of notification of the decision. They can further appeal against the latter's decision to the Administrative Court within 30 days of notification of this decision. Severely disabled persons are further entitled to take appeals concerning their subjective rights to the Supreme Administrative Court without leave to appeal, which is required in other cases. Where users disagree with social services agencies about the quality of the service provided, various other internal remedies are available to them, and they can also take the matter to the Regional State Administrative Agency or the Ombudsman.

Quality of services

In its previous conclusion (Conclusions 2013) the Committee asked that the next report provided an assessment of the *Kaste Programme*, a national development plan for social welfare and health care, launched for the period 2012-2015.

The report indicates that the *Kaste Programme*, adopted by the Government in February 2012, targets stated that inequalities in welfare and health will be reduced and social welfare and healthcare structures and services will be organised in a client-oriented way. The purpose was to shift the focus from the treatment of problems to promoting physical, mental and social wellbeing and preventing problems across the entire population. An external evaluation of the *Kaste Programme* was published in April 2016. In the evaluation it was noted that municipal social welfare and health care services had become more client-oriented during the programme period. The positive changes were reflected in the new operating models resulting in more effective service pathways and in more client-oriented attitudes. At least some of the results can be attributed to the *Kaste Programme*. According to the Programme's findings, inequalities in wellbeing and health were not reduced during the programme period. However, there were few instruments in the *Kaste Programme* that could have helped to achieve this objective. At the same time, the conclusion was that the widening of inequalities in wellbeing and health had probably slowed down as a result of the *Kaste Programme*. The most important and unequivocal result of the *Kaste Programme* is that the programme organisation has helped to increase interaction between social welfare and health care actors within and between regions. This has prompted municipalities to

engage in multisectoral development cooperation that also covers areas outside the *Kaste Programme*.

The report indicates that according to the Government Resolution in 2012 on Securing Individual Housing and Services for Persons with Intellectual Disabilities, persons with intellectual disabilities have a right to housing similar to that of other municipal residents. Society must offer them the opportunity to live in individual housing, rather than in institutions or their childhood homes. This requires also that municipalities have individual services to replace institutional care. The housing programme for persons with intellectual disabilities (KEHAS) included measures taken in 2010–2015 in order to achieve this goal. During the programme in years 2010–2015 houses designed for about 3 400 persons with intellectual disabilities were built. The objective of the programme is that no persons with intellectual disabilities will be living in institutions by 2020.

The report indicates that in 2010 the Government adopted a new Disability Policy Programme (VAMPO) for the years 2010–2015. Most of the measures described in the previous report have been realised in line with the programme by the ending of the programme period.

Conclusion

The Committee concludes that the situation in Finland is in conformity with Article 14§1 of the Charter.

Article 14 - Right to benefit from social services

Paragraph 2 - Public participation in the establishment and maintenance of social services

The Committee takes note of the information contained in the report submitted by Finland.

In its previous conclusion (Conclusions 2013) the Committee asked that the next report provide an up-to-date description of current legislation and practice with regard to non-public providers of social services.

The report indicates that in Finland, municipal social welfare and health care services, implemented with government support, form the basis of the social welfare and health care system. Private companies also provide services alongside the public sector. In addition, Finland has a wide range of social welfare and health care organisations, providing services both free of charge and for a fee. Municipalities are responsible for organising social welfare and health care. They can provide basic social welfare and health care services alone, or form joint municipal authorities with other municipalities. Municipalities may also purchase social welfare and health care services from other municipalities, organisations or private service providers (including the voluntary sector). Social and health organisations play a significant role in the provision and development of services for special groups. In addition to service provision they provide extensive help for those in need, including peer support and opportunities for social inclusion.

The report indicates that the Finnish Patent and Registration Office keeps register of the associations. Voluntary organisations must register themselves as associations in order to act as legal persons. In 2015, there were over 142 000 associations in the register. An estimated 10 000 of these associations is working in the field of social and health services. Regional State Administrative Agencies guide and monitor municipal and private social welfare and health care services and evaluate the availability and quality of basic services provided by municipalities. They grant licenses to private service providers in the region. If the private service provider acts in the area of more than one Regional State Administrative Agency, the National Supervisory Authority for Welfare and Health (Valvira) acts as the licensing and supervisory authority. Private social service providers providing round-the-clock services must apply for a license from the correct licensing authority, provide annual reports and draw up a publicly accessible and regularly updated plan for in-house control in order to secure the quality, safety and appropriateness of their social welfare work. Any private round-the-clock social service provider (for- and non-profit) must meet certain conditions in order to receive a license. The service unit must have adequate and appropriate premises, equipment and staffing. The amount of staff must meet the service need and number of clients. In addition, the service provider must be able to take care of its financial obligations. Private social service providers providing other than round-the-clock services are required to notify in written form the municipality they act in about their service provision. The municipalities then inform the Regional State Administrative Agencies which register the service providers.

The report indicates that public services can be organised through contracting out the service provision to, for example, private companies or third sector organisations. The decision to grant public services is generally taken by local authority officials. This ensures equal access to all of those in need of services. The Non-Discrimination Act prohibits discrimination on the basis of age, ethnic or national origin, nationality, language, religion, belief, opinion, health, disability, sexual orientation or other personal characteristics. The Constitution guarantees individual civil rights. The Non-Discrimination Ombudsman is an independent and autonomous authority, whose task is to advance equality and to prevent and tackle discrimination on all bases.

The report underlines that dialogue between the Government and individuals and organisations is a key element in the legislative drafting process. Stakeholders and interest groups are consulted in the regulatory drafting. The Government has also adopted several digital platforms that promote civil society and public participation in welfare politics. The

digital services allow citizens to participate in the decision-making processes and provide decision makers the possibility to listen to the citizens' and other stakeholders' opinions on suggested reforms.

Conclusion

The Committee concludes that the situation in Finland is in conformity with Article 14§2 of the Charter.

Article 23 - Right of the elderly to social protection

The Committee takes note of the information contained in the report submitted by Finland. It also takes notes of the information contained in the comments submitted on 5 April 2017 by the Finnish League for Human Rights and Finnish Society of Social Rights.

Legislative framework

The Committee notes from the report that in 2014 all local authorities had established a Municipal Council for the elderly. It also notes that in 2014 the Ministry of Interior published a report on the experiences of discrimination by elderly minority members. It asks the next report to provide more information about the report and all other projects and initiatives in this field, including the results and measures envisaged to address them. Having found no information on the National Plan, it asks that the next report provide information on this matter.

The Committee points out that the main aim of Article 23 of the Charter is to enable elderly persons to remain full members of society and therefore it invites the States Parties to make sure that they have appropriate legislation to, firstly, combat age discrimination outside employment and, secondly, to provide for a procedure of assisted decision making.

With regard to age discrimination, the Committee asked in its previous conclusion (Conclusions 2015) for more information on the Equal Treatment Act, if adopted. The report states that the Anti-Discrimination Act (No. 21/2004), as amended in 2014, prohibits all forms of discrimination based, *inter alia*, on age. The Act requires, in particular, all public authorities at all levels, to take all necessary measures, following an assessment, to promote equal treatment and prevent any form of discrimination. The National Non-Discrimination and Equality Tribunal and the Human Rights Commissioner, who is in charge of non-discrimination issues, ensure that the law is respected.

With regard to assistance with decision making for elderly people, the report states that Acts No. 812/2000 and No. 785/1992 require the elderly person to be notified and give consent before any measure is taken whether this is a medical treatment or a social service and that this may, if necessary, lead to the intervention of a legal representative or any other trusted person (next of kin or other close person) to support his or her decision.

The Committee previously (Conclusions 2013) asked for more information on the follow-up to the working group's proposals. The report states that the relevant Government Bill expired before it could be adopted.

Adequate resources

When assessing the adequacy of resources of elderly persons under Article 23, the Committee takes into account all social protection measures guaranteed to elderly persons and aimed at maintaining an income level allowing them to lead a decent life and participate actively in public, social and cultural life. In particular, the Committee examines pensions, contributory or non-contributory, and other complementary cash benefits available to elderly persons. These resources are then compared with median equivalised income. However, the Committee points out that its task is to assess not only the law, but also the compliance of practice with the obligations arising from the Charter. For this purpose, it also takes into consideration relevant indicators relating to at-risk-of-poverty rates for persons aged 65 and over.

The Committee points out that the Finnish system is based on two pension schemes: the earnings-related pension scheme (*Työeläke*) and the universal pension scheme. The universal scheme includes a national pension (*Kansaneläke*) and a guarantee pension (*Takuueläke*), which are paid to persons aged 65 or more with a low income residing in Finland for at least three years. According to MISSOC, the amount of the national pension (*Kansaneläke*) varied between €564.96 and €636.63 per month in 2015 depending on

whether the person lived alone or with a partner. The amount of the pension is adjusted in proportion to the length of residence and the pensioner's income. A pensioner may also, under certain circumstances, be entitled to the guarantee pension (*Takuueläke*). The amount of the guarantee pension (*Takuueläke*) depends on the amounts of other pensions received by the insured person. The guarantee pension (*Takuueläke*) is granted at its maximum level (€743.38 per month in 2014, and €746.57 per month in 2015) when the beneficiary does not receive any other pensions.

The Committee notes from MISSOC that the average amount of the household's housing allowance (*eläkkeensaajan asumistuki*) granted for a dwelling was €223 per month. The care allowance (*Eläkettä saavan hoitotuki*) amounted to €62.48, €155.53 or €328.87 per month in 2015.

The poverty threshold, defined as 50% of median equalised income and calculated on the basis of the Eurostat at-risk-of-poverty threshold value, was estimated at €11 881 per year (or €990 per month) in 2015. The poverty threshold, defined as 40% of median equalised income, amounted to €792 per month. The Committee considers that the level of guaranteed resources to elderly persons is in conformity with the Charter on this point. However, the Committee asks to be informed of any changes in the situation.

The Committee previously (Conclusions 2013) asked what measures had been taken to address the situation of people aged 65 and over with income falling below 40% of median equalised income. The report does not provide any information in this respect. The Committee notes, however, that according to Eurostat data, the number of people concerned decreased compared to the figures for 2011, falling from 1% to 0.7% in 2015. The Committee takes note of this change but nonetheless repeats its question.

Prevention of elder abuse

In its previous conclusion (Conclusions 2013), the Committee asked for more information on how Finland evaluated the extent of the problem if it did so, and if any legislative or other measures had been taken or were planned in this area. The report states that Finland adopted and published guides and instructions to raise awareness among the elderly and the general public about the types of violence committed against the elderly. The report points out that Finland's Slot Machine Association has been financing an awareness-raising project called "Root 2013-2017", run by the "Suvanto Association – For a Safe Old Age", in partnership with the Oulo Association of Mother and Child Homes and Shelters. The Committee asks to be informed of the results of this project in the next report. It also asks if Finland has adopted or is planning to adopt training programmes in this area so that health professionals are able to detect signs and situations of abuse.

Services and facilities

The Committee points out that, although Article 23 makes reference only to information about services and facilities, it presupposes that such services and facilities exist.

With regard to the services and facilities themselves, the Committee refers to previous conclusion for an overview of the most important health services for elderly people (Conclusions XVII-2 (2005)).

In its previous conclusion (Conclusions 2013), the Committee asked to be updated on any evaluation on the effectiveness of the system of individual service needs assessment for persons over 80 years of age. The report states that the Act on Services for Older Persons came into force on 1 July 2013. The Act places a whole series of obligations on the municipal decision-making bodies responsible for social protection, particularly in terms of supervision, organisation, accessibility, transparency and financing. According to section 15 of the Act an elderly person's need for services must be assessed in his or her presence or, where necessary, in the presence of his or her family members or any other person that is

close to him or her. The report states that a survey on the capacity of municipalities to assess the needs of the elderly was carried out in 2014. The Committee asks for information in the next report on this survey and its results.

The report adds that the costs of services paid for by the beneficiaries are determined by the Act No. 734/1992 on Social and Health Care Client Fees. However, if the fee appears unreasonable for the beneficiary, it can be reduced or lifted.

With regard to information on the existence of the services and facilities available, the Committee notes that the visits made to elderly people when assessing their needs for services is also a means of informing them about the services and facilities placed at their disposal by the municipality in which they live.

The Committee points out that in its decisions of 4 December 2012 on the merits in *The Central Association of Carers in Finland v. Finland*, Complaints No. 70/2011 and No. 71/2011, it concluded for the violation of Article 23 on the grounds that:

- the legislation allows practices leading to a part of the elderly population being denied access to informal care allowances or other alternative support (Complaint No. 70/2011);
- insufficient regulation of fees for service housing and service housing with 24-hour assistance combined with the fact that the demand for these services exceeds supply, does not meet the requirements of Article 23 of the Charter insofar as these:
 - Create legal uncertainties to elderly persons in need of care due to diverse and complex fee policies. While municipalities may adjust the fees, there are no effective safeguards to assure that effective access to services is guaranteed to every elderly person in need of services necessitated by their condition.
 - Constitute an obstacle to the right to the provision of information about services and facilities available for elderly persons and their opportunities to make use of them as guaranteed by Article 23 of the Charter (Complaint No. 71/2011).

The follow-up to these decisions will be examined by the Committee in 2018.

Housing

According to the report, Finland continued with its policy of support for the financing of housing for certain groups of people, including the elderly. In addition to subsidies for loans and investment (Conclusions 2013), Finland awards renovation grants for the repair and renovation of the homes of the elderly and persons with disabilities on social grounds.

The Committee notes that in Finland, approximately 90.5% of people aged 75 or over were living in their own homes in 2014, either independently, or making use of certain services (11.8% regularly received home help and 4.5% were covered by informal care services).

In its previous conclusion (Conclusions 2013), the Committee asked for information on the impact of the 2012-2015 programme to develop housing for the elderly. The report does not provide any information on the programme or on its results. Nevertheless, it indicates that a new development programme for housing for the elderly for 2013-2017 has been adopted. The new programme proposes, among other things, to repair existing buildings, construct new types of housing and sheltered housing (including related services) and to develop environments that are suitable for housing for the elderly.

The Committee also asked for more detailed information and statistics in order to assess the housing situation of the elderly, particularly whether the housing provided is suited to the elderly's particular needs, and whether the supply is sufficient. The Committee notes that the information provided in the report does not enable it to assess whether the supply meets the

demand or to gauge the quality of housing in the light of elderly people's specific needs, and therefore it reiterates its request.

Health care

In its previous conclusion (Conclusions 2013), the Committee asked to be informed of progress on the draft Act on Supporting the Functional Capability of the Ageing Population and on Social and Health Services for Older Persons. According to the report, Act No. 980/2013 on Services for the Elderly, combined with a recommendation, requires the local authorities to provide not only social services but quality health services geared to the elderly's needs. The Committee asks for information in the next report on health care programmes and services specifically aimed at the elderly, palliative care services available to the elderly and mental health programmes for persons with dementia and related illnesses.

Institutional care

In its previous conclusion (Conclusions 2013), the Committee asked whether the supply of institutional facilities and alternative services for elderly persons was sufficient, whether the costs of such facilities were affordable or, if not, whether financial aid was available, and how the quality of such services was ensured. According to the report, Finland intends to limit institutional-type care, giving preference to home help, informal care and outpatient services (and housing services). To achieve this, Finland adopted the Act No. 980/2012 on Services for the Elderly and a structural policy programme, which it subsequently fleshed out with a programme for housing for the elderly for 2013-2017, a government project to improve home help for the elderly and support informal carers (or nurses) and a series of legislative reforms.

The Committee notes from the report that in 2014, only a very small proportion of the elderly were housed in long-term establishments, whether in service housing with 24-hour assistance (6.7%), long-term inpatient care in a health centre (2.6%) or hospitals (0.4%).

The report also states that the Regional State Administrative Agencies guide and monitor municipal and private social welfare and health care services and their staff's skills. It also assesses the availability and quality of municipal services. The Committee asks for further information on this point.

Furthermore, the Committee notes that the report does not answer any of the other questions put, so it repeats them.

Conclusion

Pending receipt of the information requested, the Committee defers its conclusion.

Article 30 - Right to be protected against poverty and social exclusion

The Committee takes note of the information contained in the report submitted by Finland. It also takes notes of the information contained in the comments submitted on 5 April 2017 by the Finnish League for Human Rights and Finnish Society of Social Rights.

Measuring poverty and social exclusion

The main indicator used to measure poverty is the relative poverty rate. This corresponds to the percentage of people living under the poverty threshold, which is set at 60% of the equivalised median income.

The Committee notes from Eurostat that in 2015 the at-risk-of-poverty rate (cut-off point: 60% of median equivalised income after social transfers) stood at 12.4% having decreased slightly compared to 2012 (13.2%) and well below the EU average of 17.2%. Still according to Eurostat, the at-risk-of-poverty rate before social transfers in 2015 stood at 26.8%, just above the EU-28 rate of 25.9%. The European Semester headline poverty indicator was 16.8% in 2015 compared to 17.2% in 2012.

The Committee notes the explanations in the report on the permanent production of indicators and statistics (e.g. income distribution statistics, statistics on adolescents, homeless people and other vulnerable groups) pertaining to the living conditions of the population and available to decision-makers when preparing the Government's strategic objectives.

Finally, the Committee notes that overall poverty rates are at a comparatively low level and have even declined during the reference period, although it also observes that according to the European Semester Country Report Finland 2017 (SWD(2017)91 final) a significant poverty gap remains for non-EU born population groups vis-à-vis the rest of the population (23.3% at-risk-of-poverty rate). The Committee asks that the next report contain information on specific measures taken to address the situation of these groups.

Approach to combating poverty and social exclusion

The Committee takes note of the legislative measures adopted in 2014 to combat poverty and social exclusion. The Act on Multi-sectorial Joint Services Promoting Employment has the objective to promote the employment of long-term unemployed people. The Non-Discrimination Act is to provide protection against discrimination of all sorts. The new Social Welfare Act pays specific attention to young people in danger of social exclusion.

The Committee notes from the report that the Government in 2013 introduced a monthly € 300 "protected share" to the unemployment benefit and the general housing allowance which encouraged part-time work rather than unemployment.

According to the Evaluation Report on Basic Security in Finland 2011 – 2015, the level of basic social security improved due to several changes during these years. For example, the unemployment benefit and the housing allowance increased in 2012.

The reduction of poverty and social exclusion was one of the three priority areas of the 2011 – 2015 Government Programme. A cross-sectorial programme was launched which included seven themes and 35 priority projects addressing 9 ministries. The programme was steered by the Ministry of Social Affairs and Health.

The Committee takes note of the specific measures for the reduction of poverty of particularly vulnerable groups such as the young people, persons with disabilities and the Roma population described in the report.

The Committee asks that the next report explain how coordination of the various measures takes place, including at delivery level. It asks whether the Ministry of Social Affairs and Health consults with other ministries on an overall and coordinated policy as set out in Article

30. In addition, it asks for relevant information on the dialogue established with civil society as well as with persons directly affected by poverty and social exclusion (see Conclusions 2013, Statement of interpretation on Article 30).

The Committee notes from comments on the report submitted by the Finnish League of Human Rights and the Finnish Society of Social Rights that the right to protection against poverty and social exclusion is not a prime target of the Government and that Finland will not be able to meet the objective of the Europe 2020 strategy of reducing the number of the poor by 150,000 by 2020. The comments also state that the Government has not carried out any prior assessment of the impact of cuts to social benefits on various groups, such as children, the elderly, persons with disabilities or other minority groups.

The Committee further observes from the European Anti-Poverty Network Assessment of the Country Reports and Proposals for Country-Specific Recommendations 2017 (Country Fiche Finland) the priority recommendations of raising the level of basic income security benefits, building more affordable housing, especially in the big cities, improving the situation of low income families and the elderly, addressing the persistent problem of long-term unemployment and reducing health inequalities.

The Committee asks that the next report contain information addressing these various comments.

Finally, the Committee refers to its conclusions of non-conformity under other provisions of the Charter which are relevant to its assessment of compliance with Article 30 (see Conclusions 2013, Statement of interpretation on Article 30). It refers in particular to Article 12§1 and its conclusion that the minimum level of several social security benefits (sickness, old age, unemployment and maternity) is inadequate (Conclusions 2017) and to Article 13§1 and its conclusion that the amount of social assistance, consisting of basic assistance and any additional benefits that may apply is not adequate and that the granting of social assistance to nationals of other States Parties is subject to a length of residence requirement of four years (Conclusions 2017).

The Committee also refers to its decision in *Finnish Society of Social Rights v. Finland*, Complaint No. 88/2012, decision on the merits of 9 September 2014 in which it found that the level of several social security and social assistance benefits fell manifestly below the poverty threshold in violation of Articles 12§1 and 13§1, respectively. In its Findings 2015, the Committee found that these violations had not yet been remedied. The next examination of the follow-up to the decision in this complaint will take place in 2018.

Nevertheless, on the basis of all the information at its disposal and notably the comparatively low poverty rates, the above-average positive effect of social transfers as well as the fact that government spending on social protection as a share of GDP increased during the reference period (from 23.8% in 2012 to 25.6% in 2015) and being the highest among EU states (average 19.2%), the Committee considers that the situation remains compatible with Article 30.

Monitoring and evaluation

The report states that the National Institute for Health and Welfare conducts a mandatory evaluation of the adequacy of basic social security in Finland every four year in application of the 2010 Act on the National Pension Index. The relevant evaluation reports were published in 2011 and 2015 and according to the report it constitutes research-based information for decision-makers.

The Committee asks whether other institutions are also involved in the evaluation of policies aimed at combating poverty and social exclusion and it refers to its question above on the involvement of civil society and persons directly affected by poverty and social exclusion.

Conclusion

Pending receipt of the information requested, the Committee concludes that the situation in Finland is in conformity with Article 30 of the Charter.