Finland’s Family Policy
For Health and Social Protection.
Finland’s Family Policy
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1 Finland’s family policy

Society supports families

The aim of Finnish family policy is to create a safe environment for children to grow up in and to provide parents with the material and psychological means to have and raise children. Ultimately, this comes down to supporting parenthood and family unity. The family is an important basic social unit which provides its members with care deriving from stable human relationships. Society employs various forms of financial support and child care arrangements to even out the costs of children for families.

In recent years, men and women have been starting families at an increasingly higher age. For many, the problem lies in reconciling starting a family with studies or with entering working life. However, increasing demands for efficiency at work and greater uncertainty about job security also put added pressure on parents. Work-related stress, pressure of time and unemployment are all factors that make the lives of families with children more difficult. Reconciling paid employment and family life is one of the major challenges facing Finnish family policy.

Policy decisions on housing, the environment, education and employment also have their impact on the everyday lives of families with children. Hence, these political decisions are also part of family policy.

Finland began to build its family policy support system in 1948 with the introduction of the child allowance system. At the time, the allowance made a considerable addition to the income of families with children, and its impact was seen even on the level of society as a whole. In 1950, when child allowance was the only significant family policy benefit, economic support for families accounted for nearly 4% of GDP.

For a few decades after that, less attention was paid to developments in family policy, as the focus shifted to creation of the health insurance and pension security system. The situation changed again in the mid-1970s, however, when family policy issues began to attract more attention. The child allowance, whose value had dropped in real terms, was gradually raised so that at the beginning of the 1990s its real value was three times what it had been in the early 1970s. The family benefits system was reformed in 1994, with elimination of the main tax deductions previously allowed for families with children and transfer of a cor-
responding subsidy to the child allowance, increasing it substantially for a short while. Because of the general economic downturn in the early ‘90s, however, it had to be cut again, and also decreased in real value due to rising prices. By the beginning of the 2000s, the value of child allowance in real terms had dropped below the level in the early 1990s, and the Government decided on an increase as of the beginning of 2004. The child allowance is not index-linked to purchasing power.

In services created for families with children, the focus ever since the 1970s has been on developing child care systems for small children. In Finland, both parents of the vast majority of families with children under school age are in full-time employment. Most mothers of small children also work full-time. Under these circumstances, a reliable, safe and reasonably priced daycare system is of vital importance.

The Children’s Daycare Act entered into force in 1973. It stipulates that municipalities must organize daycare for children under school age, either at daycare centres or in the form of supervised family daycare. As of 1990, parents have had unconditional entitlement to daycare for children under the age of three either in a daycare place provided by the municipality or by receiving child home care allowance if they care for the child at home. As of 1996, the parents of all children under school age have been entitled to municipal daycare for their children. As of 1997, families have also had the option of receiving a private care allowance for arranging private daycare for their children.

Organizing pre-school teaching became a statutory requirement for municipal authorities in 2001. Pre-school is defined as half-days of teaching for children aged six in order to teach them skills which they will need in primary school. As of 2004, the provision of morning and afternoon activities for children in grades 1 and 2 has been included in the Basic Education Act.

Finland’s first Ombudsman for Children took office in September 2005. The Ombudsman’s task is to strengthen the position and rights of children in Finnish society. The foundation for this is provided in the UN Convention on the Rights of the Child.
Municipalities provide services

In Finland, municipalities are responsible for providing social and health care services. They may produce the services themselves or form joint municipal boards for service provision together with one or more neighbouring municipalities. The services are funded out of local taxes levied by the municipalities and with government grants paid to them by the central government. Service users also pay a charge. The central government contribution to municipal social and health care is determined by the age structure of the population, morbidity, population density, area and the financial situation of the municipality. In 2006, the central government contribution to social and health care running costs was about 33%.

Municipalities can procure services for families from another municipal authority or from a private service provider. There is no detailed legislation on the extent, content or arrangement of services, and social and health care services may therefore vary slightly from one municipality to another. The basic services required of all municipalities are, however, defined by law.

Finland is divided into five provinces, headed by State Provincial Offices. These direct and supervise social and health care services within their province. A resident of a municipality can request the competent State Provincial Office to investigate whether the municipality is providing sufficient social and health care services.

The Ministry of Social Affairs and Health directs and guides the development of social security and social and health care services and of operating policy in the field. Together with the Government and Parliament, it sets the national guidelines for social and health care policy, and prepares legislation and major reforms of social and health care services. It manages practical implementation jointly with the municipal authorities. There were 431 municipalities in Finland in 2006.

Distribution of family benefits

Family benefits cover some of the costs arising from child care. In 2005, family benefits totalled some EUR 5.2 billion, or about 3% of GDP. Families with children mainly receive support in the form of child allowance and daycare services.
At the end of 2005, the population of Finland was 5.3 million. There were about 1.4 million families, of which 592,000 were families with children. Of these, 20% were single-parent families. The average number of children in a family living at home was 1.8, and the average number of children in a family was 2.3. The overall fertility rate in Finland was 1.80 in 2005. Altogether 57,745 children were born in 2005.

The average gross earnings of a Finnish wage earner in 2005 were EUR 2,484 per month. In 2004, the average per capita disposable income of households was EUR 15,240.
2 Direct financial support for families

Maternity grant

Every expectant mother resident in Finland whose pregnancy has lasted for at least 154 days is entitled to a government maternity grant. In order to be eligible for the grant, the mother is required to have a health check-up at a prenatal clinic or doctor’s surgery before the end of the fourth month of pregnancy.

An expectant mother can choose to receive the maternity grant either in the form of a sum of money or as a maternity pack. In 2006, the maternity grant was EUR 140. The maternity pack contains the clothing and other things needed for the care of a newborn child, including a baby’s sleeping bag which zips open into a blanket, overalls and other important items of clothing, as well as toys. The maternity pack is a far more popular choice than the sum of money, with 75% of mothers choosing the pack. The percentage is even higher among mothers expecting their first child. The actual cost of the items in the maternity pack is higher than the sum of money which is the alternative.

Child allowance

The child allowance is the main means of evening out the expenses of families with children and families without children. It is paid from government funds for the support of every child under 17 resident in Finland. Child allowance is exempt from tax, and does not depend on the family’s financial standing. The amount of child allowance depends on the number of children in the family. Single parents also receive a supplement of EUR 36.60 for each child.

Amount of child allowance in 2006:

<table>
<thead>
<tr>
<th>Number of children</th>
<th>EUR / month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st child</td>
<td>100.00</td>
</tr>
<tr>
<td>2nd child</td>
<td>110.50</td>
</tr>
<tr>
<td>3rd child</td>
<td>131.00</td>
</tr>
<tr>
<td>4th child</td>
<td>151.50</td>
</tr>
<tr>
<td>5th and each subsequent child</td>
<td>172.00</td>
</tr>
</tbody>
</table>
**Maintenance allowance**

Maintenance allowance is intended to safeguard the maintenance of a child in a situation where a child under the age of 18 resident in Finland cannot receive sufficient maintenance from both parents. In 2006, the full amount of maintenance allowance is EUR 118.15 per child per month.

A child is entitled to maintenance allowance if a parent has defaulted on payment of maintenance which the father or mother has undertaken to pay by agreement or has been ordered to do so by a court. Once maintenance allowance has been granted on the basis of defaulted maintenance payments, the municipal authority will manage the collection of the maintenance due from the liable parent. The authority is entitled to collect compensation from the liable parent up to the amount of maintenance allowance paid.

If the amount of maintenance has been confirmed as less than the maintenance allowance because of the liable parent’s inability to pay, the child is entitled to receive the difference between the confirmed maintenance and the full amount of maintenance allowance. A child born out of wedlock whose paternity has not been confirmed and a child adopted by a single parent are also entitled to maintenance allowance.

At the end of 2004, there were some 104,500 children receiving maintenance allowance. About 60% of this benefit was paid out on the basis of defaulted maintenance payments.

**Housing support**

Forms of housing support intended for families with children include the housing allowance, state-guaranteed housing loans and other interest-subsidy measures, and tax subsidies on housing loans. Housing allowances even out housing costs for families with low incomes, covering part of the family's reasonable housing costs out of government funds. The amount of the housing allowance depends on the family’s size, income and housing costs, and on the size and age of their home.
Social assistance

Social assistance is last-resort financial assistance under social welfare to ensure a family’s income and independent coping. A municipality can pay social assistance in situations where a family has no income or the income is insufficient to cover the essential expenses of everyday life. The amount of social assistance is based on the amount by which the client’s eligible expenses exceed income and assets. The purpose of social assistance is to ensure basic subsistence.

Taxation

Finland changed over from family-based taxation to individual taxation in 1976. Even after that, some family-taxation features remained, such as family deductions, although their importance has been declining steadily. In 1994, family policy tax deductions were removed altogether except for the deduction for maintenance liability, while the child allowance was increased correspondingly. The change to individual taxation and the removal of family-based deductions has made taxation simpler and clearer. In Finland, the shift to individual taxation caused an increase in the number of married women in paid employment.

3 The family leave system

The underlying premise of the family leave system is to give both parents equal opportunities to participate in child care. On the basis of pregnancy, childbirth and child care, the mother and father can take maternity leave, paternity leave or parental leave, receiving maternity allowance, paternity allowance or parental allowance, respectively. The maternity allowance and parental allowance are paid for a total of 263 working days. The father is further eligible for paternity allowance.

The maternity allowance period that precedes birth safeguards the health of the mother and the unborn child by enabling the mother to be off work for some time before the birth. The maternity allowance period following the birth allows the mother to recuperate from giving birth and to care for the newborn. The parental allowance period allows the
family to choose whether they want the mother or the father to stay at home to care for the child. The paternity allowance allows the father to participate in caring for the child and supports successful bonding between father and child.

**Maternity leave and maternity allowance**

An expectant mother can start her maternity leave at the earliest 50 weekdays and at the latest 30 weekdays before the calculated date of birth. Maternity leave is 105 weekdays. For that period, the mother receives maternity allowance, which is earnings-related though with a minimum of EUR 15.20 per day (2006).

An expectant mother in a dangerous job gets special maternity leave and special maternity allowance, unless her employer can assign her to different work. If necessary, special maternity leave can cover the entire pregnancy. Dangerous jobs include occupations where there is a danger of being exposed to chemicals or radiation.

**Parental leave and parental allowance**

After the maternity leave, either parent may take parental leave. Parents can opt to split the parental leave and either use it alternately or both reduce their daily or weekly working hours while taking turns staying at home to care for the child: for example, one parent can take partial parental leave for two working days a week and the other parent for the other three working days a week. Parental leave is 158 weekdays, and is extended by 60 weekdays per child in the case of multiple births. Like maternity and paternity allowance, parental allowance is earnings-related, though with a minimum of EUR 15.20 per day (2006).

So far, fathers have not used their right to take parental leave very much. In 2005, 9.5% of fathers took parental leave. There is an increasing trend, however.
Paternity leave and paternity allowance

The father may take 18 weekdays (six days per week) paternity leave at the birth of the child while the mother is on maternity leave. This can be split into no more than four segments. He receives paternity allowance for this period. The father may also take an additional 1 to 12 weekdays of paternity leave immediately after parental leave, if he uses at least the final 12 days of the parental leave. The amount of paternity allowance is earning-related, though with a minimum of EUR 15.20 per day (2006).

Paternity leave is becoming increasingly popular. In 2005, 69% of fathers exercised their right to paternity leave.

Care leave

Parents of small children are entitled to leave without pay from their employers to care for a child until the child is three years old. This unpaid leave can be taken by either parent, but both parents cannot take care leave at the same time. After care leave, the parents are entitled to return to their former jobs or comparable work. Care leave is unpaid, but the family can receive child home care allowance for this period.

A parent is entitled to an unpaid reduction in working hours, or partial care leave, until the end of the child’s second year at school or, in the case of extended compulsory education, until the end of the child’s third year at school. The employer and employee are free to agree on partial care leave and its details as they see fit. Both parents cannot take partial care leave simultaneously, although they can take it in turns (for example, one parent can be on partial care leave for two working days in a week and the other for the three other working days in a week). To be eligible for partial care leave, a parent has to have been employed with the same employer for at least the past six months. Partial care leave is unpaid, but the family can receive partial child home care allowance for this period.

The parents of a child under the age of 10 who falls ill are entitled to four working days of temporary care leave per illness to arrange for care of the child. In order to be eligible for temporary care leave, both of the child’s parents or a single parent must be in employment. Only one parent at a time can take temporary care leave. The employer is not required
to pay the employee for the duration of the temporary care leave, unless otherwise agreed. (See also under Partial home care allowance.)

4 Child care

There are various care options available to families with children, among which they are free to choose. The active participation of women in working life has promoted the development of legislation on the care of small children and the job protection of parents.

After the parental leave period, families have three publicly subsidized options for providing child care before school starts, usually at the age of seven: municipal daycare; private care on the private child care allowance; or home care of the child using care leave and the child home care allowance.

Daycare and pre-school

Every child under school age has the right to municipal daycare once the parental allowance period of the mother or father ends, regardless of the income level of the parents or whether the parents are employed. The purpose of daycare is to support parents in raising children and to work with homes in promoting the individual and balanced development of children. By extending the unconditional right to daycare to cover all children under school age, the educational aspect of daycare is emphasized in addition to its practical aspect. In Finland, daycare combines care and education, which is not the case in many other European countries. Known as the ‘educare’ model, this approach always incorporates educational features into care and, correspondingly, elements of care in teaching. This system emerged from the need to provide full-day daycare when both parents are at work.

The municipality must offer daycare in the child’s mother tongue if it is one of the official languages of Finland, i.e. Finnish, Swedish or Sámi. Daycare personnel also support development of the language and culture of Roma and immigrant children.
Municipalities arrange daycare at daycare centres and through supervised family daycare at a child minder’s home or in the form of group family daycare. Many also arrange supervised play activity open to all at playgrounds and what are called ‘open’ daycare centres.

At a daycare centre, there may be four children under three per child nurse or kindergarten teacher, or seven children over three. A family daycare minder may provide full-day care for a maximum of four children, including any of the minder’s own children who are under school age. In addition, part-time care may be provided for one pre-school or school-age child.

Most of the children in daycare are in full-day care, but part-time care is also provided. Municipal authorities also operate 24-hour daycare for the children of parents who do shift work. Children in daycare are given adequate and healthy meals during the day.

Daycare staff are required to have at least a secondary-level qualification in the social and health care sector. In a daycare centre, one in three pedagogic staff members must have a post-secondary qualification. The qualification for a kindergarten teacher is now a university degree. Family care minders must have appropriate training. The length and content of such training varies, but it is recommended that prospective family care minders complete the vocational qualification course specially designed for this purpose.

Municipalities charge a fee for daycare on a percentage basis, according to the size and income of the family. This fee is a maximum of EUR 200 per month for the first child, a maximum of EUR 180 per month for the second child and a maximum of EUR 40 per month for each subsequent child (2005). The lowest-income families are wholly exempt from these fees. Client fees cover about 15% of the overall costs of daycare.

Families are entitled to free pre-school education for one year before their children start school. Teaching is based on local curricula, which in turn are derived from the national pre-school curriculum. Municipal authorities are required by law to organize 700 hours of pre-school teaching per child per year; in practice, this means three to four hours per day. Although attending pre-school is voluntary, some 95% of six-year-old children attend pre-school, and some 66% also require daycare (2005).
Private child care allowance

A municipality can pay private child care allowance in order to provide care for a child under school age resident in Finland, either to a private carer chosen by the parents or to a private daycare centre. This allowance can be paid from the end of the parental allowance period until the child reaches school age. It is discontinued if the child is transferred to municipal daycare.

The private child care allowance consists of a care allowance, EUR 137.33 per child per month (2006) and a care supplement, eligibility for which depends on the size and income of the family. The maximum care supplement is EUR 134.55 per child per month. If the child attends a municipal pre-school, the care allowance is EUR 58.87 per month, and the care supplement is halved. The private child care allowance is paid directly to the carer and is taxable income.

Child home care allowance

Child home care allowance is available to a family with a child under three years of age who is not in municipal daycare. Child home care allowance is also paid for other children in the same family who are under school age and not in municipal daycare. The Social Insurance Institution (KELA) must be applied to for child home care allowance. Some municipal authorities pay a discretionary municipal supplement to families who care for their children themselves.

The child home care allowance can be granted immediately the parental allowance period ends and can be paid until the youngest child in the family is three years old or enters municipal daycare, or until the family chooses the private child care allowance option for their child care.

Child home care allowance includes a basic sum paid separately for each child entitled to the allowance. This basic allowance for one child under the age of three is EUR 294.28 per month, with EUR 84.09 per month for each additional child under three, and EUR 50.46 per month for each child over three but under school age (2006).

In addition to the basic care allowance, the family may also receive an income-related supplement depending on the size and income level of the individual family. This is paid only for one child, to a maximum
amount of EUR 168.19 per month (2006). The child home care allowance is taxable income.

**Partial home care allowance**

A family is entitled to partial home care allowance when one of the parents works shorter hours than normal due to child care. Partial home care allowance is paid to a working parent of a child under the age of three, or a child in the first or second year of school, if the parent’s average weekly working time is less than 30 hours due to child care. Partial home care allowance is EUR 70 per month (2006) and is taxable income. Partial home care allowance is only paid for one child even if there are several children to be cared for in the same household at the same time.

**Families need different types of care**

Most families make use of all the publicly supported types of care before their children reach school age. First the children are cared for at home with the aid of parental allowance, then most families rely on child home care allowance at least for a while, and then the children go to municipal daycare centres or family daycare, or the family arranges daycare with the aid of the private child care allowance. The care arrangements for children under school age are shown in the figure on page 17.

There are some 400,000 children under school age in Finland, of whom about half use municipal daycare services. Of all children in daycare, 77% are in full-day care. About 3.5% of all children in daycare are in private daycare.

**Morning and afternoon activities for schoolchildren in grades 1 and 2**

The Basic Education Act includes a provision entitling municipalities to receive a central government contribution to the cost of providing morning and afternoon activities for schoolchildren in grades 1 and 2. In order to qualify for this contribution, the municipality must provide at least 570 hours of activity per child per year. The National Board of Educa-
Day care arrangements for children under 3 at the end of 2005

- Parental allowance: 28.9%
- Child home care allowance: 41.5%
- Municipal family daycare: 11.1%
- Municipal daycare centre: 11.7%
- Private child care allowance: 2.4%
- Other: 4.4%

Day care arrangements for children under 7 at the end of 2005

- Parental allowance: 12.5%
- Child home care allowance: 25.8%
- Municipal family daycare: 13.4%
- Municipal daycare centre: 32.4%
- Private child care allowance: 3.8%
- Other: 12.1%
tion has approved the principles for morning and afternoon activities, noting that these support the educational work of both school and home and provide children with a safe environment. In autumn 2004, 358 of Finland’s municipalities had morning and afternoon activities, involving 38% of all schoolchildren in grades 1 and 2. Municipalities are allowed to charge clients for this service, but the fee may not be more than EUR 60 per month if the child participates in the activity for less than 3 hours per day. Most children require more than 3 hours per day, however, and in such cases the municipal authority is free to set the fee. Participation in morning and afternoon activities is voluntary.

**School meals for everyone**

School meals were introduced in Finland over six decades ago. In comprehensive schools, upper secondary schools and vocational education institutions, pupils and students are given a healthy meal every day free of charge. It is recommended that school meals support the nutrition given at home, and as such should provide one third of the child’s daily nutrition requirements. A school meal includes a main course, salad, bread and a beverage. Children on special diets (e.g. vegetarians and those with lactose intolerance) have special meals prepared for them.

**5 Child guidance and family counselling**

Child guidance and family counselling include expert assistance in child guidance and family matters and also social, psychological and medical examinations and treatment to promote the positive development of children. The aim of this service is to create a foundation for safe and secure conditions for children to grow up in and to contribute to the functional capacity and psychosocial wellbeing of families and family members. Providing child guidance and family counselling services is the responsibility of the municipal authorities. Families seeking child guidance and family counselling services usually do so because their child is having problems. Other reasons include problems in family relationships, family conciliation and specific requests for opinion. The services are free of charge for families.
6 Child welfare

Preventive measures

Society provides services and financial support for families to help them bring up their children. Prenatal clinics, child health clinics, daycare, psychosocial pupil services in schools, school health care and youth programmes contribute to averting a need for intervention by child welfare authorities. Usually, the personnel employed in the above functions are the first to notice any problem situations arising in families.

Non-residential services and assistance

If there are financial difficulties or housing problems, the municipality must provide the family with sufficient financial support and rectify any shortcomings in housing. The municipal social authorities provide non-residential support for families and for children and adolescents if it is apparent that a child’s or adolescent’s home environment is detrimental to their health and development or their own behaviour seriously endangers or threatens to endanger them. Other child welfare measures are not undertaken unless the situation is not improved by such action.

Non-residential child welfare services and assistance are tailored to the needs and situation of the child and the family. A family can be provided with a support person or a support family if they so wish. A child can be placed in a foster family or an institution for a short period of time without being formally taken into care if it is believed that a short-term separation can improve the situation. An entire family can be admitted for example to rehabilitation for substance abusers. Other assistance includes child guidance and family counselling, home services, daycare, therapy services and help for children at school, in their hobbies and in acquiring job skills and finding accommodation. Non-residential services and assistance require the consent of the parents and of the child if the latter is aged 12 or over.
Taking into care and foster care

Taking into care and foster care are procedures undertaken only if the circumstances in the home or the child’s own behaviour seriously endanger the child’s health or development and if non-residential services are insufficient. It must also be established that taking into care is the best solution in the interests of the child.

Taking into care can be undertaken as an urgent protective measure or the child can be placed in care outside the home for a longer period of time. Taking into care can be voluntary or, by decision of the municipal social welfare board, involuntary. The child and his or her family must be heard during the preparations for taking the step. If a child over 12 or his or her parents or guardians are opposed to the child being taken into care, the decision must be confirmed by the competent Administrative Court. A child over 12 and the adults looking after him are entitled to appeal a decision to take the child into care to the Administrative Court and further to the Supreme Administrative Court.

Taking into care expires at the latest when the child turns 18. However, the arrangement must be discontinued immediately whenever the direct reason for it is removed, unless this would not be in the child’s interest. Once a care arrangement ends, the municipal social welfare board is required to support a child or adolescent with after-care measures until he or she turns 21.

A comprehensive reform of the child welfare legislation is in progress. The aim is to bring the law, which is already over 20 years old, into step with the changing needs of child welfare in today’s society.

7 Health care for families with children

Every municipality has prenatal clinics and child health clinics, either at local health centres or as independent units. Their purpose is to ensure that expectant mothers, their children and the entire family are as healthy as possible. School health care continues the checks on the child’s health begun at the child health clinics, aiming to promote the development and health of schoolchildren. Services provided by these clinics are free of charge.
**Prenatal clinics**

Nearly all expectant mothers have a health check at a prenatal clinic during the first four months of pregnancy. At the clinic, a public health nurse monitors the mother’s health and the development of the baby in the womb. During a normal pregnancy, mothers visit the clinic 11 to 15 times. Check-ups are usually performed by a public health nurse; a doctor examines the mother on two or three occasions. Prenatal clinics also arrange prenatal training and family training, in which fathers also participate actively. The purpose of prenatal clinics is to ensure the well-being of the mother and the unborn baby. Increasing attention is paid to the well-being of the father, too.

Prenatal clinics work closely with maternity hospitals and outpatient maternity departments. Over 99% of all mothers give birth in hospital.

**Child health clinics**

A couple of weeks after the birth, a nurse from the prenatal clinic or a midwife visits the child and mother at home, and after this, the child becomes a regular client of a child health clinic. During the first year of the child’s life, there are numerous visits to the clinic, gradually reducing to an appointment every six months and then once a year, making a grand total of at least 16 visits. The family cooperates with the clinic until the child starts school.

The health checks at the clinic cover the child’s physical, psychological and social development, and, if necessary, the child is referred elsewhere for further tests and treatment. All routine vaccinations are also given at the clinic. Supporting the parents in raising the child is one of the most important tasks of the clinics.

**School health care**

On starting school, the child becomes a client of the school health care system. The school nurse and doctor see the children at regular health check-ups undertaken for each school class, the interval varying from one school to another. The school nurse is available at the school for pupils to consult at agreed times.
School health care continues the routine vaccination programme begun at the child health clinic. It is recommended that each child should have at least three thorough health check-ups during comprehensive school so that a personal wellbeing and health care plan can be drawn up. Dental care and the services of certain specialists such as a school psychologist and a speech therapist are also part of school health care services. Health education is another important element.

**Children’s medical care**

The municipal health centres, whose function is to provide primary health care for the entire population, are also in charge of children’s medical care. If necessary, children are referred to hospitals for further tests and hospital care. Hospitals usually have separate paediatric wards.

Children under the age of 18 are entitled to free appointments with health centre GPs. Hospital care lasting over seven days is also free for children under 18, although a fee is charged for the first seven days.

In addition to municipal health care, the larger cities in particular have private health care services. Public health insurance compensates for part of the costs of private health care.

**Dental care for children**

Children’s dental care starts at the child health clinic when they are six months old. The child’s teeth are checked, and parents are given advice on how to look after children’s teeth and their diet. The teeth of schoolchildren are checked and treated regularly by health centre dentists. Dental care is free for children under 18.

**8 Special services and support for children with disabilities and their families**

Children with disabilities and their families are entitled to the same services and benefits as all other children and families. They are further en-
titled to special services and support measures, the nature of which depends on the child’s disability. Social and health service professionals provide support for the parents of children with disabilities and provide them with information on how to cope with them from an early stage. Child health clinics follow the child’s development at regular intervals, striving to identify any delays in development as early as possible. Whenever necessary, children are referred to special social and health care services for further testing. The medical, educational and social rehabilitation of a disabled child and his or her family begins immediately a disability, illness or delay in development has been diagnosed.

Children with severe disabilities are entitled to medical rehabilitation arranged by the Social Insurance Institution. The municipalities, the Social Insurance Institution and many other organizations arrange adjustment training courses for children with disabilities and their families. These children and their families have access to a variety of services produced by a number of different bodies and organizations. The authorities draw up a service plan together with the parents, covering all the services and benefits needed by the child. A contact person is named for the child, to act as a contact between the parents and the various authorities.

The family of a disabled child can choose daycare from the same alternatives as any other family. In municipal daycare, children with disabilities are preferably placed in the same groups as other children. If necessary, daycare in a special group can also be arranged.

The family pays the normal daycare fees determined by family size and income level for the daycare of a disabled child. Special services, such as an assistant for the child while in daycare, or special rehabilitation or assistive devices, are free of charge.

The parents of a sick or disabled child are eligible for various financial benefits from the Social Insurance Institution. The primary benefits are care allowance and special daily allowance. The parents are eligible for care allowance if caring for the child gives rise to extra financial or practical burdens during a period of at least six months. The special daily allowance compensates for the parents’ loss of earnings during time spent caring for the child or taking him or her to hospital or hospital outpatient department.
9 Adoptions

The purpose of adoption is to act in the best interests of the child by strengthening the relationship between the adopted child and the adoptive parent. Adoptions are confirmed by a competent court. The adopted child and adoptive parent are entitled to the same family benefits as any other family with children.

Counselling is a required step in the adoption of an underage child. It is provided by municipal authorities and adoption agencies specifically so authorized by the Ministry of Social Affairs and Health. If someone wishes to adopt a child from abroad, they must in addition turn to a service provider involved in international adoption services. International adoption requires a permit from the Finnish Council of Inter-Country Adoption Affairs, which is subordinate to the Ministry of Social Affairs and Health.

Parents are entitled to financial support to cover the costs of international adoptions. The support is paid at a higher rate if the family adopts several children at the same time (usually siblings). The Social Insurance Institution is in charge of granting and paying adoption support. This is intended to cover part of the expenditure incurred from translation of documents, service provider's fees, travel expenses and administrative costs.

10 NGOs

There are many non-governmental organizations (NGOs) in the area of social services and health care which complement public services. Organizations involved in family policy and promoting children's welfare defend the rights of families with children in areas such as legislative issues which may affect the status of families. They offer families with children a variety of services, including child care and domestic help, care for sick children and various types of clubs, and maintain telephone help-lines for children and adolescents.
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