Mapping Paper

Summary overview of types and characteristics of institutions and community-based services for persons with disabilities available across the EU

**Country: Finland**

**2014 and 2015**

**FRANET contractor: Finnish League for Human Rights**

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| DISCLAIMER: This document was commissioned under contract as background material for a comparative analysis by the European Union Agency for Fundamental Rights (FRA) for the project ‘[The right to independent living of persons with disabilities](http://fra.europa.eu/en/project/2014/rights-persons-disabilities-right-independent-living)’. The information and views contained in the document do not necessarily reflect the views or the official position of the FRA. The document is made publicly available for transparency and information purposes only and does not constitute legal advice or legal opinion. |

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| FRA asked its research network FRANET to collect information on types of institutional and community based services for persons with disabilities available in each EU Member State. The data collection focused on the main features of the service types (the type of the structure, the provider and funder of support) and the population provided for (age group, type of impairment, level of support provided). In addition, the data collection on institutional services included information on typical size, length of admissions, and length of time that institutions/services of that type have been operating. The data collection on community-based services included information on availability of the type of CBS in the country, eligibility and user control over the support provided).More information is available in FRA’s [Summary overview of types and characteristics of institutional and community-based services for persons with disabilities available across the EU](http://fra.europa.eu/en/project/2014/rights-persons-disabilities-right-independent-living). |

# Overview of institutional services for persons with disabilities (2014)

**Table 1: Typology of institutions**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TYPE OF SERVICE** | **SIZE[[1]](#footnote-1)** | **AGE GROUP** | **TYPE OF IMPAIRMENT** | **LEVEL OF SUPPORT PROVIDED** | **TYPICAL PROVIDER** | **TYPICAL FUNDER[[2]](#footnote-2)** | **LENGTH OF ADMISSION** | **AGE OF INSTITUTION/ SERVICE** |
| Residential home for older people (vanhainkodit)[[3]](#footnote-3)  | There are institutions of all sizes. However, most of the residential homes have 10-30 residents and approximately 1/3 have 30-100 residents.[[4]](#footnote-4) | Older people | Older people (mainly) | 24 hour support provided | Local authority (some private) | Regional/local/municipality | Mixed lengths | 10-50 years |
| Sheltered housing with 24-hour assistance (tehostettu palveluasuminen)[[5]](#footnote-5) | There are institutions of all sizes. However, most of the residential homes have 10-30 residents and approximately 1/3 have 30-100 residents.[[6]](#footnote-6) | Older people (mainly) | Older people (mainly) | 24 hour support provided | Mixed(Local authority + Private) | Regional/local/municipality | Mixed lengths | 10-50 years |
| Ordinary sheltered housing for older people(Ikääntyneiden tavallinen palveluasuminen) | Residential, No informationavailable | Older people | Older people (mainly) | daytime | Mixed | Regional/local/municipality | Mixed lengths | 10-50 years |
| Health centre wards (terveyskeskusten vuodeosastot / pitkäaikaisasiakkaat)[[7]](#footnote-7) | Most of the units (approx. 60 %) have 10-30 patients/residents, approximately 35 % have 30-49 residents/patients and the rest over 50.[[8]](#footnote-8)  | Older people (mainly) | Older people (mainly) | 24 hour support provided | Local authority | Regional/local/municipality | Mixed lengths | 10-50 years |
| Long-term care in hospitals(sairaaloiden pitkäaikaishoito)[[9]](#footnote-9) | Most of the units (approx. 60 %) have 10-30 patients/residents, approximately 35 % have 30-49 residents/patients and the rest over 50.[[10]](#footnote-10) | Older people (mainly) | Older people (mainly) | 24 hour support provided | Local authority  | Regional/local/municipality | Mixed lengths | Over 50 years |
| Institutionsfor people with intellectual disabilities(Kehitysvammalaitokset)[[11]](#footnote-11) | Typically30-100 places (a few over 100 places)[[12]](#footnote-12) | ChildrenAdultOlder People | Intellectual disability | 24 hour support provided | Local authority (some private) | Regional/local/municipality | Mixed lengths | Over 50 years |
| Housing with 24-hour assistance for people with intellectual disabilities (kehitysvammaisten autettu asuminen) | 11-30 (typically 10-15)[[13]](#footnote-13) | ChildrenAdultOlder People (mainly adults) | Intellectual disability | 24 hour support provided | Mixed (Local authority + private) | Regional/local/municipality | Mixed lengths/ Typical over 2 years[[14]](#footnote-14) | 10-50 years |
| Housing with part-time assistance for people with intellectual disabilities (kehitysvammaisten ohjattu asuminen)[[15]](#footnote-15) | 11-30 (typically 10-15)[[16]](#footnote-16) | ChildrenAdultOlder People (mainly adults) | Intellectual disability | daytime | Local authority (some private) | Regional/local/municipality | Mixed lengths/Typical over 2 years[[17]](#footnote-17) | 10-50 years |
| Other sheltered housing for under 65s (24 hours), for example seriously disabled (Muu palveluasuminen alle 65 v., ympärivuorokautinen), esim. vaikeavammaiset | No information available | Adults Under 65 | Physical disability (mainly) | 24 hours | Mixed | Regional/local/municipality | Mixed lengths | 10-50 years |
| Other sheltered housing for under 65s (daytime only), for example seriously disabled (Muu palveluasuminen alle 65-v. (ei ympärivuorokautinen)) esim. vaikeavammaiset | No information available | Adults Under 65 | Physical disability (mainly) | daytime | Mixed | Regional/local/municipality | Mixed lengths | 10-50 years |
| Psychiatric sheltered housing (24 hours) (psykiatrian ympärivuorokautinen palveluasuminen)[[18]](#footnote-18) | Typically10-30[[19]](#footnote-19) | ChildrenAdultOlder People (mainly adults) | Mental health problem | 24 hours  | Mixed | Regional/local/municipality | Mixed lengths | 10-50 years |
| Psychiatric sheltered housing (daytime)( Psykiatrian palveluasuminen (ei-ympärivuorokautinen))[[20]](#footnote-20) | Typically10-30[[21]](#footnote-21) | ChildrenAdultOlder People (mainly adults) | Mental health problem | daytime | Mixed | Regional/local/municipality | Mixed lengths | 10-50 years |
| Mielenterveyden häiriöiden laitoshoito (Inpatient mental health care) | No information available | ChildrenAdultOlder People | Mental health problem | 24 hours | Local auhtority | Regional/local/municipality | Mixed lenghts | Over 50 years |
| Supported housing for people with intellectual disabilities(Kehitysvammaisten tuettu asuminen)\* | 1-5 (typically 1-2) | Adults | Intellectual disability | Variable support provided, depending on the resident´s needs | Mixed(Local authority + Private) | Regional/local/municipality | Mixed lengths/ typicallyover 2 years[[22]](#footnote-22) | 10-50 years |
| Supported housing for people with mental health problems\*(Tuettu asuminen / mielenterveyshäiriöitä potevat henkilöt) | 1-5  | Adults | Mental health problem | Variable support provided, depending on the resident´s needs | Mixed | Regional/local/municipality | Mixed lengths | 10-50 years |

\*In addition to the aforementioned, there are other categories of housing services/ forms of living, such as supported housing for people with intellectual disabilities and supported housing for people with mental health problems. However, this type of service refers to fairly independent living in which services/support (for example support person for a few hours a week) are delivered to the person´s own home (rented flat/ owner-occupied flat). Moreover, there are various home care services for older people which are not included in this table.

**Table 2: Data sources**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TITLE/ REFERENCE** | **ORGANISATION COLLECTING DATA** | **YEAR OF DATA COLLECTION** | **PERIOD COVERED BY THE DATA** | **METHODOLODY FOR DATA COLLECTION** | **GEOGRAPHICAL SCOPE OF DATA COLLECTION** | **SERVICE SCOPE OF DATA COLLECTION** |
| **Please include: title of the survey, data set, study, report, administrative document etc, including full reference with URL if available** | **Name of organisation/ institution that collected the data.****Type of organisation e.g. government ministry, local authority, national statistical office academia, NGO** | **Year when data was collected** | **Time period covered by the data/ report** | **Desk research, questionnaire, visits to institutions, design, sampling, administrative data** | **Local authority area, region, federal state, national** | **Services for people with mental health problems, services for people with intellectual disabilities, services for older people, services for children, large residential homes etc** |
| Statistical yearbook on social welfare and health care 2013(Sosiaali- ja terveysalan tilastollinen vuosikirja 2013 / Statistisk årsbok om social- och hälsovården 2013)[www.julkari.fi/bitstream/handle/10024/114974/URN\_ISBN\_978-952-302-046-7.pdf?sequence=1](http://www.julkari.fi/bitstream/handle/10024/114974/URN_ISBN_978-952-302-046-7.pdf?sequence=1) | National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd (THL)) | 2013 | This report mainly concentrates on data from 2012. However, it also presents data over a long period of time (over decades).  | The report combines various registers, censuses and statistics of the National Institute for Health and Welfare | national | Among other data: Services for people with mental health problems, services for people with intellectual disabilities, services for older people |
| Institutional care and housing services in social care2012(Sosiaalihuollon laitos- ja asumispalvelut 2012 / Institutionsvård och boendeservice inom socialvården2012) [www.julkari.fi/bitstream/handle/10024/110583/Tr26\_13.pdf?sequence=4](http://www.julkari.fi/bitstream/handle/10024/110583/Tr26_13.pdf?sequence=4)  | National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd (THL)) | The report was written and published in 2013. The data was collected from the client census data 31 December 2012.  | 31.12.2012 | client census data | national | service for older people, peoplewith physical or intellectual disabilities and people with mental health problems |
| Individual Housing for Persons with Disabilities. From long-term residential care to individualhousing(Kehitysvammaisten yksilöllinen asuminen. Pitkäaikaisesta laitosasumisesta kohti yksilöllisempiäasumisratkaisuja / Individuellt boende för utvecklingsstörda personer. Från långvarig institutionsvård till merindividuella boendelösningar)[www.stm.fi/c/document\_library/get\_file?folderId=28707&name=DLFE-4061.pdf&title=Kehitysvammaisten\_yksilollinen\_asuminen\_\_Pitkaaikaisesta\_laitosasumisesta\_kohti\_yksilollisempia\_asumisratkaisuja\_fi.pdf](http://www.stm.fi/c/document_library/get_file?folderId=28707&name=DLFE-4061.pdf&title=Kehitysvammaisten_yksilollinen_asuminen__Pitkaaikaisesta_laitosasumisesta_kohti_yksilollisempia_asumisratkaisuja_fi.pdf)  | Ministry of Social Affairs and Health(Sosiaali- ja terveysministeriö / Social- och hälsovårdsministeriet) | The Ministry assigned Mr. Markku Niemelä to conduct this desk research on 14 February 2006. The report was finished in December 2007. The report was published in 2008. |  | desk research | national  | services for people with intellectual disabilities  |
| Round-the-clock social services for the elderly. Results from research and follow-up procedures for monitoring.Vanhusten ympärivuorokautisen sosiaalihuollon palvelut. Toimintayksiköihin tehdynkyselyn tulokset ja valvonnan jatkotoimenpiteet.[www.valvira.fi/files/tiedostot/v/a/Vanhusten\_sosiaalihuollon\_palvelut.pdf](http://www.valvira.fi/files/tiedostot/v/a/Vanhusten_sosiaalihuollon_palvelut.pdf)  | National Supervisory Authority for Welfare and Health (Sosiaali- ja terveysalan lupa- ja valvontavirasto / Tillstånds- och tillsynsverket för social- och hälsovården, Valvira) | 2010 | 2010 (answers represent the situation in March 2010 when the research was conducted) | questionnaire, desk research. The questionnaire was sent to all facilities providing around-the-clock social services for the elderly. 1237 units answer the questionnaire (82 %). | national | services for older people |
| Guidelines for sheltered housing(Palveluasumisen opas) (2013)PDF-download available at:[www.ara.fi/oppaat](http://www.ara.fi/oppaat)  | The Housing Finance and Development Centre of Finland (ARA)(Asumisen rahoitus- ja kehittämiskeskus / Finansierings- och utveklingscentralen för boendet) |  |  | guidelines | national | service for older people, peoplewith physical or intellectual disabilities and people with mental health problems |
| Housing and rehabilitation. Development recommendation regarding housing servicesfor mental health rehabilitees.(Asumista ja kuntoutusta. Mielenterveyskuntoutujien asumispalveluja koskeva kehittämissuositus./ Boende och rehabilitering. Utvecklingsrekommendation om boendetjänster för rehabiliteringsklienterinom mentalvården.)[www.stm.fi/c/document\_library/get\_file?folderId=28707&name=DLFE-3728.pdf&title=Asumista\_ja\_kuntoutusta\_fi.pdf](http://www.stm.fi/c/document_library/get_file?folderId=28707&name=DLFE-3728.pdf&title=Asumista_ja_kuntoutusta_fi.pdf)  | Ministry of Social Affairs and Health(Sosiaali- ja terveysministeriö / Social- och hälsovårdsministeriet) | The report was published in 2007 |  No data presented: publication contains information on legislation and recommendations.  | desk research | national | services for people with mental health problems |
| Hyvönen, Juha: The Finnish Psychiatric Health Services in the 1990’sfrom the Point of View of Historical Continuity. (Suomen psykiatrinen hoitojärjestelmä1990-luvulla historian jatkumonnäkökulmasta) University of Kuopio, 2008.<http://wanda.uef.fi/uku-vaitokset/vaitokset/2008/isbn978-951-27-1160-4.pdf> | Mr. Juha Hyvönen The University of Kuopio (Currently The University of Eastern Finland) |  | 1990s | doctoral thesis: forensic psychiatry, University of Kuopio, Finland historical material (scientific and statistical data) | (national) | services of people with mental health problems |
| Report on housing of neurologically choronically sick and disabled persons.Neurologisesti pitkäaikaissairaidenja vammaisten ihmistenasumisen selvitys (2013)[www.aspasaatio.fi/sites/default/files/NV\_raportin%20nettiversio.pdf](http://www.aspasaatio.fi/sites/default/files/NV_raportin%20nettiversio.pdf) | Aspa Foundation (Aspa-säätiö/Aspa-stiftelsen) (various writers) | 2012 | 2012 | questionnaire and desk research | national | services of people with neurological impairment |
| Development programme on supported living of the elderly.Vanhusten palveluasumisen kehittämisohjelma, 2004[www.hel.fi/wps/wcm/connect/2e9991804a1563cc968cf6b546fc4d01/palveluasumisen\_kehittamisohj.pdf?MOD=AJPERES&CACHEID=2e9991804a1563cc968cf6b546fc4d01](http://www.hel.fi/wps/wcm/connect/2e9991804a1563cc968cf6b546fc4d01/palveluasumisen_kehittamisohj.pdf?MOD=AJPERES&CACHEID=2e9991804a1563cc968cf6b546fc4d01)  | City of Helsinki: Department of Social Services(Helsingin kaupungin sosiaalivirasto / Helsingfors stad socialverket) | 2002  |  | desk research (historical review and development programme) | local | services for older people |
| Quality recommendation to guarantee a good quality of life and improved services for older persons (2013) (Laatusuositus hyvän ikääntymisen turvaamiseksi ja palvelujen parantamiseksi)[www.stm.fi/c/document\_library/get\_file?folderId=9882186&name=DLFE-29345.pdf](http://www.stm.fi/c/document_library/get_file?folderId=9882186&name=DLFE-29345.pdf) | Ministry of Social Affairs and Health(Sosiaali- ja terveysministeriö / Social- och hälsovårdsministeriet) |  Contains recommendations and a annex with service profiles from 2000-2011. |  | quality recommendations (desk research) | national | services for older people |
| Psychiatric specialist medical care 2012(Psykiatrinen erikoissairaanhoito2012 /Psykiatriska specialiserade sjukvården 2012)[www.julkari.fi/bitstream/handle/10024/114909/Tr05\_14.pdf?sequence=1](http://www.julkari.fi/bitstream/handle/10024/114909/Tr05_14.pdf?sequence=1)  | National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd (THL)) | 2012 | 1 January 2012 - 31 December2012 | data attained from the register of medical care notifications maintained by The National Institute for Health and Welfare | national | services for people with mental health problems |
| From institution to community. Results of municipality questionnaire on services of disabled persons.Laitoksesta lähiyhteisöön. Kuntakyselyn tuloksia vammaisten kuntalaistenpalveluista. (2013)[www.julkari.fi/bitstream/handle/10024/110360/URN\_ISBN\_978-952-245-957-2.pdf?sequence=1](http://www.julkari.fi/bitstream/handle/10024/110360/URN_ISBN_978-952-245-957-2.pdf?sequence=1)  | National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd (THL))(Ms. Päivi Nurmi-Koikkalainen) | 2012 | 2012 | questionnaireThe National Institute for Health and Welfare sent municipalities a questionnaire in autumn 2012 to find out how things stand in municipalities. A total of 146 persons, representing 156 municipalities, responded to the survey by the outset of November 2012. The responses account for 46% of the municipalities in 2012 and for about 70% of the total population.  | national | services for disabled people |
| Implementation of the Act for Elderly Care and Servicesin Finland – The situation before the law came into force in 2013. (2014)(Vanhuspalvelulain 980/2012 toimeenpanon seuranta– Tilanne ennen lain voimaantuloa vuonna 2013. / Uppföljningen av äldreomsorgslagens 980/2012verkställande – Läget innan äldreomsorgslagen trädde i kraft i 2013)[www.julkari.fi/bitstream/handle/10024/116151/URN\_ISBN\_978-952-302-169-3.pdf](http://www.julkari.fi/bitstream/handle/10024/116151/URN_ISBN_978-952-302-169-3.pdf) | National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd (THL)) | 2013 | 2013 | questionnaire, register data, census | national | services for older people |
| Disability services 2013 - temporary report of municiplaity enquiry. Vammaisten palvelut 2013 – Kuntakyselyn osaraportti (Handikappservicen 2013 – Delrapport om kommunenkäten)[www.julkari.fi/bitstream/handle/10024/116232/Tr15\_14.pdf?sequence=3](http://www.julkari.fi/bitstream/handle/10024/116232/Tr15_14.pdf?sequence=3)  | National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd (THL)) | 2013-2014 | 2013 | questionnaire | national | services for disabled people |
| Mielenterveyskuntoutujien asumisen kehittäminen (The development of housing for people with mental health problems)PDF-download available [www.ym.fi/fi-FI/Asuminen/Ohjelmat\_ja\_strategiat/Mielenterveyskuntoutujien\_asumisen\_kehittamishanke\_20122015](http://www.ym.fi/fi-FI/Asuminen/Ohjelmat_ja_strategiat/Mielenterveyskuntoutujien_asumisen_kehittamishanke_20122015) | Ministry of the Environment (Ympäristöministeriö / Miljöministeriet) | 2011-2012 | 2011-2012 | desk research, questionnaire | national | services for people with mental health problems |

# Overview of community-based services for persons with disabilities (2015)

**Table 3: community-based services for persons with disabilities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of community-based service***Please provide the name of the type of service in the national language and a translation into English* *Please indicate if the types of services presented below are given a different name in your country*  | **Yes/ No***Please indicate if this type of service is available in your country*  | **Profile of the users** * *age (children, adults or older persons)*
* *type of disability (physical disability, intellectual disability, psycho-social disability, deaf or hard of hearing, blind)*
 | **Explanatory information***For each type of service, please provide a short description of:* * *the type and level (i.e. 24 hour, daytime, weekends, etc.) of support the service provides;*
* *location of the service (i.e. city, town, rural areas);*
* *who is eligible for the service*
* *who is typically the provider and funder of services (i.e. national government, local government, municipality, NGO, private company, etc.)?*
 | **Extent to which support is self-directed***For each type of service, please provide information about the extent to which users control the support provided. Can individuals using the service:** *recruit and manage staff providing support;*
* *determine the activities for which support is needed;*
* *determine how the budget for services and supports is used;*
* *choose types of equipment and adaptations to meet their needs?*
 | **If data are available, please specify number of services operating in the country and the number of users***Please provide a full reference for this data, including information about the period covered by the data.**Please indicate, if data is available, if there has been decrease / increase in the last five years*  |
| **Direct payments / personal budgets/individual budget**(cash payment enabling service users to employ personal assistants or freely choose using various service providers)**Henkilökohtainen budjetointi** | -No/Not provided for in law-Personal budgets have been piloted in Finland as a part of ’Tiedän mitä tahdon!’ (I know what I want!) project and in a smaller scale in the municipalities of Helsinki and Tampere. [[23]](#footnote-23) | -Piloted among young people and adults with intellectual disabilities[[24]](#footnote-24) -Also piloted in services for elderly[[25]](#footnote-25) |  -Apart from the temporary pilot project, the service is generally not available, therefore this information is not applicable.- Participants for the pilot project ‘Tiedän mitä tahdon!’ were searched among users of other services for persons with disabilities in the city of Vantaa and South Karelia Social and Health Care District. [[26]](#footnote-26) | In the pilot project, the participants were encouraged to gather a support group to help with mapping their personal wishes, goals and needs. The participants expressed which kind of services they would need and how the existing services should be modified. Based on these wishes, the costs of the needed services were calculated for each participant and merged into a personal budget. The employees of disability services in the participating municipalities discussed the size and use of the budget with the clients based on their personal plans. Finnish legislation in its current form does not enable giving the personal budget in the control of the client in a way that the client would independently, supported, or through a third party purchase the needed services. Therefore, the participating municipalities arranged or purchased the requested services for the clients. [[27]](#footnote-27) | In ‘Tiedän mitä tahdon!’ project, personal budgets were tried out with 30 persons using services for disabled people, after the project, 12 persons had a personal budged. For some participants, individual service solutions were developed also without actual personal budgets.[[28]](#footnote-28)  |
| **Personal assistance** (typically purchased through earmarked cash allocations, the purpose of which is to pay for any assistance needed) **Henkilökohtainen apu** | Yes | - All age groups- Seriously disabled persons who need continuos and long-term assistance to get through daily tasks | - Service is provided for tasks that the persons would perform by themselves but are not able to, due to disability or illness. Its aim is to help disabled persons to make their individual choices both at home and outside home. - No maximum amount of daily hours is established by law and the needs of each person are evaluated individually - All persons who are seriously disabled and whose need for assistance is not primarily related to a disability or illness that is a result of ageing, have a subjective right to personal assistance, meaning that the municipality has the obligation to provide the service regardless of the amount of appropriation available. - Municipality has no obligation to organise personal assistance in case sufficient care of a disabled person cannot be guaranteed with non-institutional care, that is, the person’s disability or illness requires hospital level care or other expertise that cannot be offered outside of a specialised institution[[29]](#footnote-29)- The person’s home municipality is responsible for providing the service and is granted state subsidy to cover part of the costs | - Assistance is provided for daily routines, work and studies to the extent that is necessarily needed. No maximum amount of hours is established by law and the needs of each person are estimated individually - Personal assistance is also provided for hobbies, societal participation and social interaction for minimum of 30 hours per month- The municipality can provide the service by covering the costs for hiring a personal assistant, giving the disabled person vouchers that can be used for buying services, or organising assistant services through a service provider, by itself or together with other municipalities  | -In 2013, 15217 and in 2014 17356 persons were receiving personal assistance provided by the municipalities [[30]](#footnote-30) |
| **Residential** (usually small scale residential services in the community – such as group homes, protected homes, family type arrangements, etc.)**Assisted housing*****Autettu asuminen*** (Housing with 24-hour assistance for people with intellectual disabilities)**Guided housing*****Ohjattu asuminen***(Housing with part-time assistance during daytime for people with intellectual disabilities)**Supported housing*****Tuettu asuminen***(Housing with support and guidance provided according to the resident’s needs) | Yes  | -All age groups-Usually adults with intellectual disabilities | -Depending of the type of housing, the personnel is available either 24 hours a day or part-time.-Supported housing is aimed at persons who can manage quite independently in daily life and lives in most cases in owned or rented apartment. Support is provided according to the person’s individual needs, for instance by a support person or a service center located nearby.[[31]](#footnote-31) | Housing is arranged according to the person’s individual wishes and needs. Some people wish to live in a living community of a group of people, but also in that case, they should be able to choose who to live with. [[32]](#footnote-32)  | -In 2013, on 31 December, 7 037[[33]](#footnote-33) persons were living in housing with 24-hour assistance, 2083[[34]](#footnote-34) in housing with part-time assistance, and 1316[[35]](#footnote-35) in supported housing. |
| **In-home (home help, home care service)**(home help consists of assistance with household tasks, such as shopping, cleaning, cooking, etc. Home-care services include assistance with daily routine tasks such as getting up, dressing, bathing and washing or taking medicines)**Palveluasuminen****Translation: Housing with services** | Yes (special housing arrangements combined with one or several types of services)  | -All age groups-All types of serious disabilities, that require continuous assistance with daily tasks | -Home care service includes providing a disabled person with an apartment and services that are necessary for managing the client’s daily life, such as moving, dressing, personal hygiene and cleaning -The apartment needs to have special arrangements enabling as independent daily life as possible, despite of the limitations of the disability -Housing can be arranged in the persons own or rented apartment, or in a sheltered or group accommodation-Housing solutions can be provided by municipalities, non-governmental organisations and private companies -The needed services can be provided as personal assistance (see above), hospital care taking place at home, as subsidies for a family member working as carer, or as a combination of these- The client is responsible for covering costs that are related to normal living, for instance rent, electricity, water and food -Other costs charged from the client have to be moderate in relation to the amount of support and assistance needed-Persons who, due to a disability need continuous assistance in order to live independently have a subjective right to this service[[36]](#footnote-36) | - The municipalities decide how housing with services is to be provided, but special attentions is to be paid to the wishes and ideas of the customer. [[37]](#footnote-37) | -In 2013, 5237 person were customers of service housing provided by the municipalities [[38]](#footnote-38) |
| **Day care centres**(service provided during set periods of the day; includes support, meals and some aspects of personal care, as well as social and cultural activities)**Toimintakeskukset**  | -Yes, different types of activity centres exist-Rather one way to organise services (mainly daytime activities, see below) than a service itself | -Usually person with disabilities who are eligible for participating in employment or daytime activities | - There are different types of activity centers that usually provide daytime activities (see the decription of daytime activities service later in this table) for people with disabilities [[39]](#footnote-39) | See daytime activities | -No national level numbers are available |
| **Päivätoiminta****(Daytime activities)** | Yes | Persons with severe disabilities who, due to their disabilities, do not have the prerequisite to participate in employment activities required in the Social Welfare Act | - According to section 8b of the Disability Services Act, daytime actitivies should be organised, if possible, in a way that the person can participate in it five times a week-Daytime actitivities include outside home activities that support social interaction and the person’s skills to live and indepent life. -Activities might include for instane cooking, doing sports, discussing, hiking and creative activities. Persons who, due to a severe physical or mental disability, cannot participate in employment activities and whose income consist primaly of payments granted based on illness or disability to work, are eligible for daytime actitivies. [[40]](#footnote-40)  | Daytime activities can be organised by different providers, often in activity centers (toimintakeskus) for people with disabilities. In many centers, the wishes of the customers are highly emphasised. [[41]](#footnote-41) | In 2013, 7554 persons were entitled to daytime activities financed by the municipalities. [[42]](#footnote-42) |
| **Family support / Respite care**(provides supports to carers in their caring role and allows them to have a break, may be formal or informal, and may be provided in the home or out of the home)**Omaishoidon tuki** | Yes | -All ages and all kinds of disabilities[[43]](#footnote-43) | - Family support is a whole that entails services provided for the client, payment and respite given to a family member or a close relative who is working as carer and supporting services. It is a discretionary social service provided by municipalities in within the framework of their budget. - If the family member only needs small scale daily assistance, the carer does not usually qualify for support. Support is granted based on how binding and demanding the tasks of the carer are.  | As a part of family support, a plan for care and services is drawn up together with the person being cared for and the family member working as carer. The plan helps to ensure that family care, together with other social and health services, sufficiently provides services necessary for safety and well-being of the client. Also the social services and support needed by the carer are written into the plan.  |  In 2014, 14314 persons between 0-64 years of age were receiving supported care from a family member working as a carer. [[44]](#footnote-44) |
| **Foster care** (where children are placed in the domestic environment of a family that is not their own)**Perhehoito** | Yes | -Most commonly used as foster care in child protection-Will potentially be increasingly used as a form of care also for elderly and disabled persons in the future | Family care refers to 24 hour or part-time care that happens either in a private home outside the person’s own home or in the person’s own home. Family care can also be organised as professional family care, in which case at least one of the two carers has a suitable training and adequate experience of caring or upbringing. Family carer makes a commission agreement with the municipality responsible for arranging care. The client pays an agreed fee to the municipality and the municipality covers the carer’s is pay and compensations for the material costs of the care.[[45]](#footnote-45) | According to section 1 of the Family Care Act[[46]](#footnote-46), the aim of family care is to enable home-like care and close relationships for persons placed in family care and enhance their basic security and social relations. According to section 5 of the Family Care Act, social relations in the family home and the carer’s capability to meet the needs of the persons placed in care in their benefit are evaluated when the family home’s suitability is assessed. The municipality that is responsible for organising the service is responsible for monitoring that the person placed in family care receives all the needed services and assistance adequately.  | In 2013, 1266 persons were living in foster care for people with disabilities. No information is available on how many of them are children.[[47]](#footnote-47)  |
| **Informal support**(help provided by another person close to the user - family members, relatives and friends - without any official forms of support)**Tuettu päätöksenteko (tukihenkilö)****Eglish translation: Supported decision making (support person)** | Not provided for in law, but service is available in some forms  | Persons with mental disabilities | - Content and persons eligible for decision making support are not described in law so there is no standard way of producing the service.-According to the description of the National Institute for Health and Welfare[[48]](#footnote-48), support in decision making can be provided for instance for understanding complicated issues, searching for information, applying for services, finding a job or an apartment and other decisions of every day life.-Support in decision making can be provided by an individual person or a group. The group might consist of advisors for different issues which is to ensure that no single person’s opinions guide the decision making too much. -Right to a support person is established in law only related to certain situations, for example legal assistance. In practice, other kind of supported decision making is provided mainly by civil society associations or volunteer activity and it focuses on freetime activities. It is somewhat overlapping with befriending services. [[49]](#footnote-49)  | -Basis of supported decision making is that persons with mental disabilities use their self-determination and have the right to receive support in making decisions. Supported decision making aims at encourgaging and supporting persons to make decisions and choices concerning their own lives. The support person or group is not to decide on behalf of persons with disabilities or to take away their right to self-determination. [[50]](#footnote-50) | - National level numbers are not available [[51]](#footnote-51) |
| **Peer support/counselling** (provided by non-professionals with the counsellor and the client having equal status, and sharing experience and assistance in gaining independence and self-confidence)**Vertaistuki** | Yes, often volunteer based, sometimes offered as a part of the public service system | -All ages, all types of disabilities | The ways of organising peer-support vary and the service is only in some cases offered as a part of the existing service structure. Often the social authorities planning the individual service entity are not aware of all the available opportunities for peer-support [[52]](#footnote-52). Peer-support can be organised as volunteer activity from the initiative of the participants, by organisations gathering together peers, or by professionals.  | -Information on peer-support services is often acquired through other services the person is using. -The ways of organising peer-support vary from volunteer activity from the initiative of the participants, by organisations gathering together peers to support organised by professionals. In all cases, peer-support is based on experiences, thoughs and emotions shared by the participants. [[53]](#footnote-53) | - National level numbers are not available [[54]](#footnote-54) |
| **Circles of support**(informal group of people close to the user to whom she/he can turn for support)**Tuettu päätöksenteko (tukiryhmä)****English translation: Supported decision making (support group)** | Yes (see informal support) -Supported decision making can be organised in a way that the person has a group of support persons | See informal support | See informal support | See informal support | - National level numbers are not available [[55]](#footnote-55) |
| **Crisis intervention and emergency services**(various activities aimed at supporting an individual or a family to overcome adifficult situation, for example,: individual and family counselling, crisis resolution teams (usually rapid support for people living in the community who are experiencinga mental health crisis) and emergency foster care where children at risk of neglect or abuse) | Yes, there are various types of emergency services that are usually not directed specifically to person with disabilities but to all persons who urgently need social help | - Persons in need of immediate social help | - Social emergency centres operated by the municipalities offer round-the-clock services for urgent needs and are directed to all person who need immediate care, shelter or aid. [[56]](#footnote-56)-Furthermore, many organisations offer social and crisis emergency services for their target groups. For instance, the Finnish Association for Mental Health has both crisis help by phone, face to face and in small groups of peers.[[57]](#footnote-57) | -Social emergency centres offer services for emergency situation and urgent needs and the services provided vary according to what is needed in each situation- The ways to provide social emergy services vary between municipalities[[58]](#footnote-58) | - National level numbers are not available [[59]](#footnote-59) |

1. There are no comprehensive statistics on the size of institutions. The figures given are estimates by different authorities/NGOs. All hyperlinks were accessed on 11 August 2014. [↑](#footnote-ref-1)
2. In Finland the municipalities are responsible for organising health care and social services for their residents. Therefore the municipalities are the main funders through the taxes they collect from their residents. In addition, the municipalities receive discretionary government transfers from the state to cover the expenses of health care and social services. Moreover, many services are subject to customer charges. [↑](#footnote-ref-2)
3. National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd, THL): Implementation of the Act for Elderly Care and Services in Finland – The situation before the law came into force in 2013. (2014) Available at: [www.julkari.fi/bitstream/handle/10024/116151/URN\_ISBN\_978-952-302-169-3.pdf?sequence=1](http://www.julkari.fi/bitstream/handle/10024/116151/URN_ISBN_978-952-302-169-3.pdf?sequence=1) . [↑](#footnote-ref-3)
4. National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd, THL): Implementation of the Act for Elderly Care and Services in Finland – The situation before the law came into force in 2013. (2014) Available at: [www.julkari.fi/bitstream/handle/10024/116151/URN\_ISBN\_978-952-302-169-3.pdf?sequence=1,p.121](http://www.julkari.fi/bitstream/handle/10024/116151/URN_ISBN_978-952-302-169-3.pdf?sequence=1,p.121) . The figures cover approximately 84 % of the residents in public institutions and 58 % in the private institutions. [↑](#footnote-ref-4)
5. National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd, THL): Implementation of the Act for Elderly Care and Services in Finland – The situation before the law came into force in 2013. (2014) Availalable at: [www.julkari.fi/bitstream/handle/10024/116151/URN\_ISBN\_978-952-302-169-3.pdf?sequence=1](http://www.julkari.fi/bitstream/handle/10024/116151/URN_ISBN_978-952-302-169-3.pdf?sequence=1) . [↑](#footnote-ref-5)
6. National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd, THL): Implementation of the Act for Elderly Care and Services in Finland – The situation before the law came into force in 2013. (2014) Available at: [www.julkari.fi/bitstream/handle/10024/116151/URN\_ISBN\_978-952-302-169-3.pdf?sequence=1,p.121](http://www.julkari.fi/bitstream/handle/10024/116151/URN_ISBN_978-952-302-169-3.pdf?sequence=1,p.121) . The figures cover approximately 96 % of the residents in these institutions. [↑](#footnote-ref-6)
7. National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd, THL): Implementation of the Act for Elderly Care and Services in Finland – The situation before the law came into force in 2013. (2014) Available at: : [www.julkari.fi/bitstream/handle/10024/116151/URN\_ISBN\_978-952-302-169-3.pdf?sequence=1](http://www.julkari.fi/bitstream/handle/10024/116151/URN_ISBN_978-952-302-169-3.pdf?sequence=1) . [↑](#footnote-ref-7)
8. National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd, THL): Implementation of the Act for Elderly Care and Services in Finland – The situation before the law came into force in 2013. (2014) Available at: [www.julkari.fi/bitstream/handle/10024/116151/URN\_ISBN\_978-952-302-169-3.pdf?sequence=1,p.121](http://www.julkari.fi/bitstream/handle/10024/116151/URN_ISBN_978-952-302-169-3.pdf?sequence=1,p.121) . The figures cover approximately 76 % of the patients/residents in these institutions. The figures include both the health centre wards and the long-term care in hospitals. However, they don’t include the special health care in hospitals. [↑](#footnote-ref-8)
9. National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd, THL): Implementation of the Act for Elderly Care and Services in Finland – The situation before the law came into force in 2013. (2014) Available at: [www.julkari.fi/bitstream/handle/10024/116151/URN\_ISBN\_978-952-302-169-3.pdf?sequence=1](http://www.julkari.fi/bitstream/handle/10024/116151/URN_ISBN_978-952-302-169-3.pdf?sequence=1) . [↑](#footnote-ref-9)
10. National Institute for Health and Welfare (Terveyden ja hyvinvoinnin laitos / Institutet för hälsa och välfärd, THL): Implementation of the Act for Elderly Care and Services in Finland – The situation before the law came into force in 2013. (2014) Available at: [www.julkari.fi/bitstream/handle/10024/116151/URN\_ISBN\_978-952-302-169-3.pdf?sequence=1,p.121](http://www.julkari.fi/bitstream/handle/10024/116151/URN_ISBN_978-952-302-169-3.pdf?sequence=1,p.121) . The figures cover approximately 76 % of the patients/residents in these institutions. The figures include both the health centre wards and the long-term care in hospitals. However, they don’t include the special health care in hospitals. [↑](#footnote-ref-10)
11. Estimation obtained from a staff member of The Education and Advocacy unit at The Finnish Association on Intellectual and Developmental Disabilities, e-mail 29 July 2014. [↑](#footnote-ref-11)
12. Estimation obtained from a staff member of The Education and Advocacy unit at The Finnish Association on Intellectual and Developmental Disabilities, e-mail 29 July 2014. N.B. The ongoing deinstitutionalisation process is currently reducing the size of the units. [↑](#footnote-ref-12)
13. Estimation obtained from a staff member of The Education and Advocacy unit at The Finnish Association on Intellectual and Developmental Disabilities, e-mail 29 July 2014 N.B. The ongoing deinstitutionalisation process is currently reducing the size of the units. [↑](#footnote-ref-13)
14. Estimation obtained from a staff member of The Education and Advocacy unit at The Finnish Association on Intellectual and Developmental Disabilities, e-mail 29 July 2014. [↑](#footnote-ref-14)
15. Estimation obtained from a staff member of The Education and Advocacy unit at The Finnish Association on Intellectual and Developmental Disabilities, e-mail 29 July 2014. [↑](#footnote-ref-15)
16. Estimation obtained from a staff member of The Education and Advocacy unit at The Finnish Association on Intellectual and Developmental Disabilities, e-mail 29 July 2014. N.B. The ongoing deinstitutionalisation process is currently reducing the size of the units. [↑](#footnote-ref-16)
17. Estimation obtained from a staff member of The Education and Advocacy unit at The Finnish Association on Intellectual and Developmental Disabilities, e-mail 29 July 2014. [↑](#footnote-ref-17)
18. Ministry of the Environment: Mielenterveyskuntoutujien asumisen kehittäminen (The develpment of housing for people with mental health problems) 2012 [↑](#footnote-ref-18)
19. These figures are based on a survey conducted by the Ministry of the Environment: Mielenterveyskuntoutujien asumisen kehittäminen (The develpment of housing for people with mental health problems) 2012, page 17 . The survey was answered by 192/362 of units contacted. (At the moment there are approximately 400 units). [↑](#footnote-ref-19)
20. These figures are based on a survey conducted by the Ministry of the Environment: Mielenterveyskuntoutujien asumisen kehittäminen (The develpment of housing for people with mental health problems) 2012. [↑](#footnote-ref-20)
21. These figures are based on a survey conducted by the Ministry of the Environment: Mielenterveyskuntoutujien asumisen kehittäminen (The develpment of housing for people with mental health problems) 2012, page 17 (. The survey was answered by 192/362 of units contacted. (At the moment there are approximately 400 units). [↑](#footnote-ref-21)
22. Estimation obtained from a staff member of The Education and Advocacy unit at The Finnish Association on Intellectual and Developmental Disabilities, e-mail 29 July 2014. [↑](#footnote-ref-22)
23. Ahlstén, M. (*ed.*) (2014), *Tiedän mitä tahdon! Kokemuksia henkilökohtaisen budjetin kokeilusta vammaispalveluissa*, Kehitysvammaliitto ry & Kehitysvammaisten palvelusäätiö, pages: 22–24, available at : <http://www.kvps.fi/images/tiedostot/Julkaisut-Raportit/tiedan-mita-tahdon-loppuraportti-2014.pdf> . All hyperlinks were accessed in the period from April to June 2015. [↑](#footnote-ref-23)
24. Ahlstén, M. (*ed.*) (2014), *Tiedän mitä tahdon! Kokemuksia henkilökohtaisen budjetin kokeilusta vammaispalveluissa*, Kehitysvammaliitto ry & Kehitysvammaisten palvelusäätiö, pages: 22–24, available at: <http://www.kvps.fi/images/tiedostot/Julkaisut-Raportit/tiedan-mita-tahdon-loppuraportti-2014.pdf> . [↑](#footnote-ref-24)
25. Verneri, online service for the field of intellectual disabilities, information available online at: <http://verneri.net/yleis/henkilokohtainen-budjetointi-suomessa> . [↑](#footnote-ref-25)
26. Ahlstén, M. (*ed.*) (2014), *Tiedän mitä tahdon! Kokemuksia henkilökohtaisen budjetin kokeilusta vammaispalveluissa*, Kehitysvammaliitto ry & Kehitysvammaisten palvelusäätiö, pages: 22–24, available at: <http://www.kvps.fi/images/tiedostot/Julkaisut-Raportit/tiedan-mita-tahdon-loppuraportti-2014.pdf> . [↑](#footnote-ref-26)
27. Ahlstén, M. (*ed.*) (2014), *Tiedän mitä tahdon! Kokemuksia henkilökohtaisen budjetin kokeilusta vammaispalveluissa*, Kehitysvammaliitto ry & Kehitysvammaisten palvelusäätiö, pages: 22–24, available at: <http://www.kvps.fi/images/tiedostot/Julkaisut-Raportit/tiedan-mita-tahdon-loppuraportti-2014.pdf> . [↑](#footnote-ref-27)
28. Ahlstén, M. (*ed.*) (2014), *Tiedän mitä tahdon! Kokemuksia henkilökohtaisen budjetin kokeilusta vammaispalveluissa*, Kehitysvammaliitto ry & Kehitysvammaisten palvelusäätiö, pages: 22–24, available at: <http://www.kvps.fi/images/tiedostot/Julkaisut-Raportit/tiedan-mita-tahdon-loppuraportti-2014.pdf> . [↑](#footnote-ref-28)
29. Ahola, S. & Konttinen, J. (2009), *Uudistuva vammaispalvelulaki:Oikeus henkilökohtaiseen apuun vahvistuu*, Assistentti.info, available at: <https://www.thl.fi/documents/470564/817072/print_uudistuva_vammaispalvelulakifinal.pdf/c71a1d4b-a12a-418a-982f-06faf0ea40b3> . [↑](#footnote-ref-29)
30. National Institute for Health and Welfare, statistics on beneficiaries of personal assistance in 2013 and 2014, available at: <https://www.sotkanet.fi/sotkanet/fi/taulukko/?indicator=sw50tzbSMwQA&region=s07MBAA=&year=sy4rtTbS0zUEAA==&gender=t> . [↑](#footnote-ref-30)
31. National Institute for Health and Welfare, Handbook of Disability Services, available at (accessed 23 June 2015): <https://www.thl.fi/fi/web/vammaispalvelujen-kasikirja/itsenaisen-elaman-tuki/asuminen/tuettu-asuminen> . [↑](#footnote-ref-31)
32. Verneri, online service for the field of intellectual disabilities, information about living in a community available online at: <http://verneri.net/yleis/asuminen-ryhmassa>. [↑](#footnote-ref-32)
33. National Institute for Health and Welfare, statics on persons living in assisted housing in 2013, available at: <https://www.sotkanet.fi/sotkanet/fi/taulukko/?indicator=s_ZMBgA=&region=s07MBAA=&year=sy4rtTbS0zUEAA==&gender=t> . [↑](#footnote-ref-33)
34. National Institute for Health and Welfare, statics on person living in guided housing in 2013, available at: <https://www.sotkanet.fi/sotkanet/fi/taulukko/?indicator=s_Z0AgA=&region=s07MBAA=&year=sy4rtTbS0zUEAA==&gender=t> . [↑](#footnote-ref-34)
35. National Institute for Health and Welfare, statistics on persons living in supported housing in 2013, available at: <https://www.sotkanet.fi/sotkanet/fi/taulukko/?indicator=s_b0AgA=&region=s07MBAA=&year=sy4rtTbS0zUEAA==&gender=t> . [↑](#footnote-ref-35)
36. Finland, the Decree on Services and Support Based on Disability (*Asetus vammaisuuden perusteella järjestettävistä palveluista ja tukitoimista/ Förordning om service och stöd på grund av handikapp*) (18.9.1987/759), available at (accessed 14 April 2015): <http://www.finlex.fi/fi/laki/ajantasa/1987/19870759>, Sections 10-11; National Institution for Health and Welfare, information available online a: <https://www.thl.fi/fi/web/vammaispalvelujen-kasikirja/itsenaisen-elaman-tuki/asuminen/palveluasuminen> . [↑](#footnote-ref-36)
37. National Institute for Healt and Welfare, Handbook of Disability Services, information available online at: <https://www.thl.fi/fi/web/vammaispalvelujen-kasikirja/itsenaisen-elaman-tuki/asuminen/palveluasuminen> . [↑](#footnote-ref-37)
38. National Institute for Health and Welfare, statistics on customers of service housing provided by the municipalities in 2013, available at : <https://www.sotkanet.fi/sotkanet/fi/taulukko/?indicator=sw7NstZ1DAIA&region=s07MBAA=&year=sy4rtTbS0zUEAA==&gender=t> . [↑](#footnote-ref-38)
39. See for example, daytime activities provided by the city of Helsinki, information available online at:

[http://www.helsinginseutu.fi/hki/HS/Selkosivut/Selkosivut/Koulutus\_ja\_ty\_/Kehitysvammaisten+p\_iv\_+ja+ty\_toiminta](http://www.helsinginseutu.fi/hki/HS/Selkosivut/Selkosivut/Koulutus_ja_ty_/Kehitysvammaisten%2Bp_iv_%2Bja%2Bty_toiminta) . [↑](#footnote-ref-39)
40. National Institute for Health and Welfare, Handbook of Disability Services, available at: <https://www.thl.fi/fi/web/vammaispalvelujen-kasikirja/itsenaisen-elaman-tuki/paivatoiminta> . [↑](#footnote-ref-40)
41. See for example, daytime activities provided by the city of Helsinki, information available online at:

[http://www.helsinginseutu.fi/hki/HS/Selkosivut/Selkosivut/Koulutus\_ja\_ty\_/Kehitysvammaisten+p\_iv\_+ja+ty\_toiminta](http://www.helsinginseutu.fi/hki/HS/Selkosivut/Selkosivut/Koulutus_ja_ty_/Kehitysvammaisten%2Bp_iv_%2Bja%2Bty_toiminta). [↑](#footnote-ref-41)
42. National Institute for Health and Welfare, statistics on persons entitled to daytime activity services financed by the municipalities, available at: <https://www.sotkanet.fi/sotkanet/fi/taulukko/?indicator=s84yAwA=&region=s07MBAA=&year=sy4rtTbS0zUEAA==&gender=t> . [↑](#footnote-ref-42)
43. National Institute for Health and Welfare, Handbook of Disability Services, available at: <https://www.thl.fi/fi/web/vammaispalvelujen-kasikirja/itsenaisen-elaman-tuki/omaishoito> . [↑](#footnote-ref-43)
44. National institute for Health and Welfare, statistics on person with disabilities receiving supported family care, available at: <https://www.sotkanet.fi/sotkanet/fi/taulukko/?indicator=sw7NBQA=&region=s07MBAA=&year=sy4rtTbS0zUEAA==&gender=t> . [↑](#footnote-ref-44)
45. Ministry of Health and Social Welfare, information on family care available online at: <http://www.stm.fi/sosiaali_ja_terveyspalvelut/sosiaalipalvelut/perhehoito> . [↑](#footnote-ref-45)
46. Finland (2015), Family Care Act *(Perhehoitolaki/Familjevårdslag)*20.3.2015/263, available at :<http://www.finlex.fi/fi/laki/ajantasa/2015/20150263> . [↑](#footnote-ref-46)
47. National Institute for Health and Welfare, statistics on customers of foster care for people with disabilities, available at: <https://www.sotkanet.fi/sotkanet/fi/taulukko/?indicator=sw5OAgA=&region=s07MBAA=&year=sy4rtTbS0zUEAA==&gender=t> . [↑](#footnote-ref-47)
48. National Institute for Health and Welfare, Handbook of Disability Services, information available online at: <https://www.thl.fi/fi/web/vammaispalvelujen-kasikirja/palvelujen-jarjestamisprosessi/tuettu-paatoksenteko> . [↑](#footnote-ref-48)
49. Sivula, S. (2010), ‘Tuettu päätöksenteko ratkaisuna oikeusturvan ongelmiin’, in: Pajukoski, M. *(ed.), Pääseekö asiakas oikeuksiinsa? Sosiaali- ja terveydenhuollon ulkopuoliset tekijät –työryhmä, Raportti III,* National Institute for Health and Welfare, Helsinki, pages 109-119, available at: <https://www.thl.fi/documents/470564/817072/paaseeko_asiakas_oikeuksiinsa.pdf/3763c13d-1f2f-4e38-83ca-054e89519d8d> . [↑](#footnote-ref-49)
50. National Institute for Health and Welfare, Handbook of Disability Services, information available online at: <https://www.thl.fi/fi/web/vammaispalvelujen-kasikirja/palvelujen-jarjestamisprosessi/tuettu-paatoksenteko> . [↑](#footnote-ref-50)
51. Information received via email from a representative of the National Institute for Health and Welfare, 20 April 2015. [↑](#footnote-ref-51)
52. Huuskonen, P. & Jyrkämä, O. (2010), ’Ammattilaiset vertaistoiminnan tukena’, in: Laatikainen, T. (*ed.*), *Vertaistoiminta kannattaa*, Asumispalvelusäätiö ASPA, pp. 81–83, available at: <http://www.kansalaisareena.fi/Vertaistoiminta_kannattaa.pdf> . [↑](#footnote-ref-52)
53. Huuskonen, P. & Jyrkämä, O. (2010), ’Ammattilaiset vertaistoiminnan tukena’, in: Laatikainen, T. (*ed.*), *Vertaistoiminta kannattaa*, Asumispalvelusäätiö ASPA, pp. 81–83, available at: <http://www.kansalaisareena.fi/Vertaistoiminta_kannattaa.pdf>; National Institute for Health and Welfare, Handbook of Disability Services, available at: <https://www.thl.fi/fi/web/vammaispalvelujen-kasikirja/itsenaisen-elaman-tuki/vertaistuki> . [↑](#footnote-ref-53)
54. Information received via email from a representative of the National Institute for Health and Welfare, 20 April 2015. [↑](#footnote-ref-54)
55. Information received via email from a representative of the National Institute for Health and Welfare, 20 April 2015. [↑](#footnote-ref-55)
56. Ministry of Healt and Social Welfare, information available online at:

http://stm.fi/sosiaalipaivystys. [↑](#footnote-ref-56)
57. The Finnish Association for Mental Health, information on crisis intervention available online at: <http://www.mielenterveysseura.fi/fi/tukea-ja-apua> . [↑](#footnote-ref-57)
58. Ministry of Healt and Social Welfare, information available online at: <http://stm.fi/sosiaalipaivystys> . [↑](#footnote-ref-58)
59. Information received via email from a representative of the National Institute for Health and Welfare, 20 April 2015. [↑](#footnote-ref-59)