**FINLAND’S INITIAL REPORT ON THE**

**IMPLEMENTATION OF THE CONVENTION ON THE**

**RIGHTS OF PERSONS WITH DISABILITIES**

**AUGUST 2019**

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# INTRODUCTION

1. This is the Government of Finland’s initial report to the United Nations Committee on the Rights of Persons with Disabilities on the implementation of the Convention on the Rights of Persons with Disabilities.
2. The Convention and its Optional Protocol (Treaty Series 26 and 27/2016) entered into force in respect of Finland on 10 June 2016.
3. In preparing the report, the Ministry for Foreign Affairs organised an opportunity for discussion on the reporting for key ministries, other authorities and organisational representatives on 26 September 2017. A draft report was prepared after that within the Ministry for Foreign Affairs. The draft was sent for opinions on 21 March 28 via the lausuntopalvelu.fi service to more than 100 different authorities and organisations and could be viewed publicly and commented upon in the service. During the procedure, the Ministry organised a discussion event for authorities and organisations on the content of the report. 61 opinions were received about the draft report.
4. In spring 2018, the Ministry for Foreign Affairs sent a separate request for reporting to the autonomous and Swedish-speaking Åland Islands. The legislative authority of Åland includes for example health care and medical treatment, social welfare, education, culture, sport and youth work, promotion of employment, and statistics on conditions in Åland (Act on the Autonomy of Åland, 1144/1991).
5. The Åland Government has issued a report on Åland’s implementation of the Convention. This report has taken into account the implementation of the key parts of the Convention on the Åland Islands. The entire report concerning the Åland Islands is available on the Ministry for Foreign Affairs’ website at: https://um.fi/yk-n-voimassa-olevat-ihmisoikeussopimukset/-/asset\_publisher/vcCt60yvlDdt/content/yleissopimus-vammaisten-henkiloiden-oikeuksista-2006-.
6. The progress of reporting has been reported on in the Advisory Board for the Rights of Persons with Disabilities (VANE) and the Ministry for Foreign Affairs’ working group for coordinating international disability policy.

# PART I GENERAL PROVISIONS

## ARTICLES 1−4

1. For the ratification of the Convention, a working group was appointed in 2011 containing representatives from almost all ministries, the Office of the Parliamentary Ombudsman, the Association of Finnish Local and Regional Authorities, the National Disability Council, the Finnish Disability Forum and the Threshold Association. Representatives of the Human Rights Centre (HRC) and the Finnish Association of the Deaf served as permanent experts in the working group.
2. When approving the Convention in March 2015, Parliament required that, prior to the completion of ratification, it would be ensured that the national legislation fulfilled the conditions for ratification of Article 14 of the Convention.
3. Subsequently, amendments to the Act on Special Care for Persons with Intellectual Disabilities (519/1977) entered into force in June 2016. The purpose was to strengthen the right of self-determination of persons in special care and to reduce the use of restrictive measures. When approving the amendments, Parliament required the Government to monitor the impacts of the legislation on the implementation of the rights of persons with intellectual disabilities and to continue developing the regulation concerning the right of self-determination.
4. In the reform of the legislation on equality and non-discrimination carried out in 2015, refusing reasonable accommodations was defined as discrimination and the scope of the obligation to provide reasonable accommodations in order to ensure the equality of persons with disabilities was broadened.
5. The Municipality of Residence Act (201/1994) and the Social Welfare Act (710/1982) were amended in 2010 in order to strengthen the right of persons with disabilities to choose their place of residence. A provision was added providing that persons in long-term care relationships, i.e. lasting more than one year, living outside their municipality of residence have the right to choose their municipality of residence. Another added provision gave persons in long-term need of institutional care, residential services or family care the right to apply for a service needs assessment from another municipality than their municipality of residence. According to the provision, a change of the municipality of residence may also be based on the person’s own decision to seek residence in another municipality and to receive its services.
6. A key theme of the Government’s Human Rights Report 2014[[1]](#footnote-1) is the reinforcement of the rights of persons with disabilities.
7. In 2006, the Government issued a Report on Disability Policy[[2]](#footnote-2). Its main principles are the rights of persons with disabilities to equality, full participation and necessary services and supportive measures.
8. The starting point of the Finnish disability policy programme *A Strong Basis for Inclusion and Equality*, VAMPO 2010–2015[[3]](#footnote-3) was equality, the elimination of discrimination and promotion of the national implementation of the Convention. According to VAMPO’s final report, most measures had been implemented in accordance with the programme. With regard to improving the socio-economic position of persons with disabilities and preventing poverty, the Act on Guarantee Pension (703/2010) that entered into force in 2011 was important. In order to ensure the availability and quality of special services and supportive measures, extensive development work was carried out all over the country. According to the final report, an active approach is still required in different areas of society in order to increase accessibility in society.
9. *Right to social inclusion and equality* – The National Action Plan on the UN Convention on the Rights of Persons with Disabilities[[4]](#footnote-4), which promotes the implementation of the Convention in different administrative sectors, was prepared for the period 2018–2019. VANE, which functions as a coordination mechanism for the Convention, was responsible for preparing the Action Plan. In preparing the plan, organisations of persons with disabilities and persons with disabilities were heard. The Action Plan identified a total of 82 long-term and short-term measures. According to the draft final report, about half of the measures were fully and half of them partly implemented.
10. The Åland Government adopted in 2017 *An accessible Åland – action programme for the Åland Government’s disability policies for the years 2017–2020*[[5]](#footnote-5).
11. The foundation of Finnish disability policy is to define disability as a state of affairs arising from interaction between barriers in the environment and the individual.
12. In Finland, there are no precise statistics on the number of persons with disabilities.
13. In the Act on Services and Assistance for the Disabled currently in force (380/1987; Disability Services Act), the basis for receiving services is a need for service based on individual needs arising from disability or illness. For a person whose disability or illness causes special long-term difficulties in performing normal functions in life, the services and support essential to them to perform these functions must be arranged.
14. The subjective rights laid down in the Disability Services Act are accorded to persons with severe disabilities specified in the Act. The meaning of severe disability is defined separately for each service, and the right to receive the service is decided based on individual need. Some of the services are, however, defined by quite precise quantitative criteria. Based on the Act on Special Care for Persons with Intellectual Disabilities, special-care services are granted to persons with intellectual disabilities without categorising them according to the degree of severity of their disability. In the background, the medical definition of different degrees of mental disability still partly exerts influence.
15. In the envisaged reform of the legislation on disability services, the person’s relationship to and possibilities of being included in the surrounding society are taken as starting points to describe the disability, not the medical, diagnosis-based definition. The reform aims at taking better into account the individual needs of persons with disabilities. The act would be applied to a person who needs essential and recurring help and support in normal life as a result of a functional limitation caused by a long-term disability or illness and who does not benefit from adequate and suitable services by virtue of any other legislation.
16. As in the present Disability Services Act, the long-term nature of a disability or illness would be assessed individually. According to established application practice, a disability or illness is considered long-term if it causes a functional limitation for at least one year. Rapidly progressing illnesses, however, meet the requirement for being long-term when, according to the available information, the disabilities resulting from the illness cause needs for essential help and support in normal life. In such situations, the one-year deadline is not required even under the present Act. Similarly, if a functional limitation caused by a disability or illness can be considered permanent, services must be organised immediately according to need.
17. A disability or illness is also considered long-term in situations in which the functional limitations caused by the disability vary. In that case, the need for essential help is not always continuous, but when the symptoms of the disability or illness become more severe, the need for help might be substantial. Variations in the need for help resulting from changes in the functional ability, environment and life situations of a person with disabilities should also be taken into account when the need for help is permanent.
18. According to the Constitution of Finland (731/1999; the Constitution), the public authorities shall promote the opportunities for the individual to participate in societal activity and to influence the decisions that concern him or her.
19. Organisations of Persons with Disabilities are regularly heard in most major legislative and other reform projects. Inclusion, however, is still to some extent irregular and varies between administrative sectors. In central disability legislation reforms on social welfare and health care, the participation and hearing of organisations has become well-established.
20. The municipalities are mainly responsible for providing services for persons with disabilities. According to the Local Government Act (410/2015), in order to ensure the opportunities of persons with disabilities to participate and exert influence, local authorities must appoint a Disability council in which persons with disabilities and their relatives and disability organisations must be adequately represented. The council must be given the opportunity to influence the planning, preparation and monitoring of the activities of the municipality’s different areas of responsibility in matters of importance for persons with disabilities. Some of these councils are combined elderly and disability councils.

# PART II SPECIFIC PROVISIONS

## ARTICLE 5: EQUALITY AND NON-DISCRIMINATION

1. The Constitution provides for equality, including equality before the law, and prohibits, without acceptable grounds, differential treatment on the ground of sex, age, origin, language, religion, conviction, opinion, health, disability or other reason that concerns his or her person. These provisions on equality are further elaborated in particular in the Act on Equality between Women and Men (609/1986) and the Non-discrimination Act (1325/2014).
2. The Non-discrimination Act applies to both public and private activities, but not to activities pertaining to private or family life or the practicing of religion.
3. The duty to promote equality concerns not only authorities but also teaching and education providers, educational institutes, schools and employers. An obligation to prepare a plan of measures for the promotion of equality concerns, among others, employers who regularly employ at least 30 persons. The plan must cover all grounds for discrimination stated in the Non-discrimination Act.
4. In addition to direct and indirect discrimination, discrimination referred to in the Non-discrimination Act also includes harassment, the denial of reasonable accommodation for persons with disabilities and an instruction or order to discriminate. Proportionate differential treatment that aims to promote *de facto* equality, or to prevent or remove the disadvantages attributable to discrimination, does not constitute discrimination.
5. An authority, education provider, employer and provider of goods or services must, if necessary by making reasonable accommodations, ensure equal opportunities for persons with disabilities to deal with the authorities, gain access to education and work. Access to available goods and services must also be available equally with others. A person’s disability and related individual needs must be taken into account in a service situation and, where possible, efforts must be made, for example, to organise an accessible route for those who need it. When appraising the reasonableness of accommodation, the individual needs of the person with disabilities must be taken into account but also the size, financial position, nature and extent of the operations of the actor in question, as well as the estimated costs of the accommodation, and subsidies available for it.
6. On request, an employer must promptly provide a written report on the grounds for its procedures to a person with disabilities, who considers that, as a result of denial of reasonable accommodation, they have been discriminated against when applying for or during employment or public service employment.
7. Compliance with the Non-discrimination Act is supervised by the Non-Discrimination Ombudsman, the National Non-Discrimination and Equality Tribunal of Finland and the occupational safety and health authorities. The new Non-discrimination Act extended the mandates of the authorities supervising compliance with the Non-discrimination Act to also cover discrimination against persons with disabilities. The Ombudsman for Equality monitors compliance with the Act on Equality between Women and Men. If a person is a victim of discrimination as referred to in both the Non-discrimination Act and the Act on Equality between Women and Men, they can seek legal protection based on either Act. In situations of intersecting discrimination, however, the Non-discrimination Act takes precedence.
8. The Non-Discrimination Ombudsman supervises compliance with the Non-discrimination Act in respect of all grounds for discrimination and discrimination based on multiple grounds. Compliance with equality in individual cases concerning working life is monitored by the occupational safety authorities, but the Non-Discrimination Ombudsman also has duties concerning equality in working life.
9. During the present term of office of the Non-Discrimination Ombudsman, disability has so far been the second most common ground for discrimination for which the Ombudsman has been contacted. In 2017, the Ombudsman handled 1,107 cases of discrimination, 20% of which concerned disability. With regard to working life, the Ombudsman handled 172 cases of discrimination, 14 of which concerned disability.
10. The remit of the National Non-Discrimination and Equality Tribunal covers the monitoring of all grounds for discrimination contained in both the Non-discrimination Act and the Act on Equality between Women and Men. The tribunal may issue prohibitions or orders, and also confirm reconciliation between parties. It may impose a conditional fine to enhance its prohibition or order. The tribunal does not monitor compliance with the Non-discrimination Act in working life, and handles discrimination cases concerning gender, sexual expression or sexual identity as referred to in the Act on Equality between Women and Men only at the request of the Ombudsman for Equality or a labour market organisation. The tribunal does not have the authority to set compensation.
11. The occupational safety and health authority monitors the prohibition of discrimination in working life. The responsible occupational safety and health divisions of the Regional State Administrative Agencies serve as regional occupational safety and health authorities. Monitoring is performed both on the initiative of the client and on of the authorities in connection with workplace inspections. In 2016, 109 suspected cases of discrimination were initiated in the occupational safety and health division of the Regional State Administrative Agency of Southern Finland.[[6]](#footnote-6) Of these, seven concerned discrimination based on disability. Of these seven cases, four were found to be discrimination by the employer. The cases concerned recruitment, the extension of a fixed-term employment contract, help needed by the employee in duties and reasonable accommodation.
12. According to the Non-discrimination Act, a person who has been discriminated against or victimised is entitled to receive compensation from the authority, employer or education provider or supplier of goods or services who has discriminated against or victimised the person contrary to the Act. Receipt of compensation does not require consideration of whether the illegal action was deliberate or negligent. In addition to such compensation, a victim of discrimination may also receive compensation for mental suffering. A person with disabilities may also claim for discriminatory terms to be declared void in a district court.
13. In 2016, the Non-Discrimination Ombudsman drew up a report[[7]](#footnote-7) on the experiences of discrimination by persons with disabilities commissioned by the Ministry of Justice and the discrimination monitoring system. Of the respondents to the online survey, 64.2% said that they had experienced discrimination during the past year. 51.4% of the respondents felt that people’s attitudes to persons with disabilities were poor or very poor. 44.5% of the respondents said that they had experienced discrimination in the workplace on account of their disability during the past five years. 67% of the respondents had experienced discrimination in job-seeking. The results also show that persons with disabilities do not actively utilise the available legal remedies. The respondents’ greatest single reason for not reporting experiences of discrimination was a disbelief in results from reporting. The report concluded that there was a need for fundamental and human rights education due to negative attitudes.
14. Every year, the police publish a hate crime report. In 2017[[8]](#footnote-8) of all suspected hate crimes reported to the police, 4.9% concerned disability. There were 57 reported crimes concerning disability, which is 36% more than the previous year. 46% of all reported crimes based on disability concerned verbal abuse, threats and harassment. A little over one third of the offences were assault crimes and the suspect was usually known to the victim. In recent years, the police have invested greatly in the identification, prevention and investigation of hate crimes, and are actively working with disability organisations to lower the reporting threshold.
15. In 2016, the Ministry of Justice published a survey on hate speech and harassment and on their influence on different minority groups[[9]](#footnote-9). The target groups of the report included persons with disabilities (N=151). 51 persons with disabilities reported that they had experienced hate speech or harassment owing to their disability over the past 12 months. The experiences of the persons with disabilities could be divided on one hand into name-calling or hostile behaviour from strangers, and on the other hand into discrimination experienced in the service system. Regarding persons with disabilities, hate speech was most commonly encountered from healthcare or social care workers.
16. The Ministry for Foreign Affairs has funded a research project carried out by the Northern Institute of Environmental and Minority Law at the Arctic Centre of the University of Lapland on the fundamental and human rights situation of minority groups within the Sámi people and on multiple discrimination targeted at such minorities. The research[[10]](#footnote-10) showed that the challenges of Sámi with disabilities are often linked to the Sámi language and cultural characteristics.
17. As part of the implementation of the National Action Plan on Fundamental and Human Rights, the Ministry of Justice and the HRC are preparing a fundamental rights barometer to examine the experiences of different population groups (including groups of persons with disabilities) about the implementation of fundamental rights.
18. The Act of Åland on the Prevention of Discrimination in the Åland Islands (ÅSS 2005:66), includes several prohibitions on discrimination on the grounds of racial or ethnic origin, religion or other belief, disability or sexual orientation. Failure to make reasonable accommodations should be introduced as grounds for discrimination in the Act. The Åland Non-Discrimination Ombudsman supervises the implementation of the Act and may impose a conditional fine to enforce compliance with it.

## ARTICLE 8: AWARENESS-RAISING

1. Prime Minister Rinne’s Government is committed to making persons with disabilities and older persons more aware of their rights and to supporting the effective exercise of these rights in practice.
2. A priority in the National Action Plan on Fundamental and Human Rights 2017–2019 is education and training in fundamental and human rights. Measures include improving the expertise of officials in fundamental and human rights, continuing education for teachers, promoting inclusion at school and compiling online human rights educational material.
3. The rights of persons with disabilities were a theme of the Parliamentary Ombudsman and HRC in joint inspections and visits to the education sector in 2017. In 2018–2019, they will also be part of a half-day fundamental and human rights course to be carried out by the HRC for all Finnish head teachers and educational management. In 2018 the production of training material on the Convention started, and a survey of the training needs of staff in the housing services was launched.
4. VANE promotes consideration of the rights of persons with disabilities in the activities of all administrative sectors, and annually organises seminars on the rights of persons with disabilities. VANE has published accessible information about the Convention on its website. A presentation of the Convention has been published not only in Finnish, Swedish and English but also in plain Finnish and Swedish, in the three Sámi languages spoken in Finland, in Finnish sign language and in Finnish-Swedish sign language. VANE has also produced and published the entire Convention text in Finnish sign language, Braille and as a voice recording.
5. The National Institute for Health and Welfare’s (THL) Handbook on Disability Services is available in Finnish and Swedish and serves as a practical tool for workers and decision-makers in the disability sector and for people otherwise engaged in matters concerning the topic. The handbook contains information on disability services, how they are organised and how to apply for them, as well as key acts and legal cases.
6. The Åland Government continuously works both internally and externally with increasing awareness of disabilities and persons with disabilities.

## ARTICLE 9: ACCESSIBILITY

1. According to the Land Use and Building Act (132/1999), the aim of the area use planning is, among other things, to promote the creation of an operating environment satisfying the needs of different population groups, such as persons with disabilities. As far as the use of a building so requires, a building must also be suitable for use by people whose ability to move or function is limited. When commencing a construction project, it must be ensured that the building and its yard and common areas are designed and built as required by their purpose, number of users and number of floors, so that accessibility and usability are taken into account, particularly for children, elderly and persons with disabilities.
2. There are no existing comprehensive assessments of the state of accessibility of buildings. Basic solutions for accessibility are implemented in the construction of new buildings, but they do not always guarantee equal opportunities to function for all users. There is also still room for improvement in the accessibility of the visual and aural environment.
3. Finland’s residential building stock is still quite inaccessible. According to estimates, approximately 15% of present dwellings are accessible. This estimate is based on the year of construction of dwellings, their type and the building regulations in force when they were built. No more exact statistical information exists on the matter. There are also relatively many blocks of flats without lifts. In 2016, only 19% of the 352,000 apartments in three-storey buildings were in a building with a lift.[[11]](#footnote-11)
4. A new Government Decree on Accessibility of Buildings (241/2017) entered into force on 1 January 2018. The Decree clarifies the requirements for accessible construction. It specifies, among other things, accessibility requirements concerning the passageways leading to a building, its entrance, doors and passageways and other spaces inside the building. The Decree is applicable to new construction and to repair or alteration work requiring a building permit.
5. A residential building must have not only stairs but also a lift, if entry to a dwelling in the building is on the third floor or higher, including the entrance level. Such a residential building must have at least one toilet and washing facility in each dwelling with a free space with a diameter of at least 1,300 millimetres. Fixtures and fittings must be placed with respect to the free space so that a person with mobility impairment can use them. It must be possible to equip the toilet and washing facility to be suitable for a person with mobility impairment.
6. The dimensions of free spaces in the hallway, kitchen, toilet and washing facility of dwellings intended for the sheltered or supported housing of a person with mobility or functional impairment have specific requirements. Dwellings must be dimensioned so that assistance and the use of aids are possible.
7. In dwellings intended for persons participating in education and training entitling them to student financial aid or for persons aged between 18 and 29, the requirement for free space in the toilet and washing facility is limited to apply to at least 5% of the dwellings.
8. In a hotel building and other similar accommodation building, at least 5% of the accommodation rooms, but at least one accommodation room, must be suitable for persons with mobility and functional impairment and their assistants.
9. Any sound system in an assembly facility or a public service facility must have an induction loop or a similar sound transmission system. If the assembly facility has fixed seats, accessible entry routes must lead to more than one row of seats and they must have an adequate number of spaces for wheelchair users.
10. A certain proportion of the changing rooms, washing facilities, saunas and swimming pools in a non-residential building must be suitable for a person with mobility and functional impairment. At least one changing room and washing facility located in a building housing an indoor swimming pool, a spa, a service centre or an education institution or in a similar building must be suitable for use by persons with mobility and functional impairment and their assistants, irrespective of gender. The access of a person with mobility impairment to a swimming pool must be arranged by means of a device intended for lifting persons which can be used without assistance.
11. The Ministry of the Environment has published guidelines on accessible construction to supplement the Government Decree on the Accessibility of Buildings. The design guide “Accessible Building and the Environment” has been updated. It presents a planning process that supports the implementation of accessible buildings and environments.
12. The Act on Repair Grants for Residential Buildings and Apartments (1087/2016) provides on government funded grants for the retrofitting of lifts and the removal of obstacles to mobility in residential buildings, and for the repair of dwellings of elderly and persons with disabilities in order to promote living at home. The grants are available through the Housing Finance and Development Centre of Finland.
13. According to the Disability Services Act, home alterations and assistive devices in the home can be compensated by municipalities if a person with disabilities is in need of those. These support measures are based on the individual needs of a person.
14. Regulation concerning bus and rail transportation is mainly based on directly applicable EU legislation, and regulation concerning air and water transportation is mainly based on international agreements and EU legislation. EU legislation covers both mandatory passenger’s rights and technical legislation on accessibility.
15. Taxi transportation is mainly regulated by the Act on Transport Services (320/2017), in which the assistance of a customer with disabilities is given a special position in order to ensure a good level of service.
16. A licence holder providing taxi transport services is responsible for ensuring that the service provided by the driver is appropriate, and that the driver has the ability to take into account the passenger’s special needs resulting from functional impairments. The driver must also ensure the passenger’s safe entry to and exit from the vehicle. A taxi driver must have a taxi driver’s driving licence. Before receiving such a licence, a taxi driver must pass the taxi driver’s test, the purpose of which is to establish that the driver is able to take care of the safety of passengers regardless of the vehicle being used and to take into account passengers’ functional impairments.
17. A licence holder providing passenger transport services as well as a provider of brokering and dispatch services must ensure that information on accessible services is available to the passengers in electronic form.
18. Procurement procedures under the Act on Transport Services are used when making concession contracts for road transport and rail transport other than railway traffic. The tender that is most economically advantageous or offers the cheapest price will be accepted. Comparison criteria for selecting the most economically advantageous tender may comprise accessibility requirements, amongst others.
19. Requirements concerning accessible taxi vehicles are provided for in a regulation of the Transport and Communications Agency.[[12]](#footnote-12) The regulation aims to ensure that access to vehicles, the spaces in them and wheelchair attachments are fit for the purpose of an accessible vehicle.
20. Amendments made to the Vehicle Tax Act (1482/1994) entered into force on 1 July 2018. Tax subsidies for normal taxis are being gradually dispensed with in order to free up competition in taxi transport. Large accessible taxis with spaces for one or more wheelchairs and taxis used in school transportation were exempted from vehicle taxation completely and, at the same time, the definition of an invalid taxi was abolished as unnecessary.
21. According to the new Act on Public Procurement and Concession Contracts (1397/2016) that entered into force at the beginning of 2017, a procurement that is intended for use by natural persons must be specified in a manner that gives consideration to unimpeded access for users with disabilities and to a design that satisfies the requirements of all users.
22. The Act on Procurement and Concession Contracts by Units in the Sectors of Water and Energy Supply, Transport and Postal Services (1398/2016) provides for the consideration of design meeting accessibility requirements and requirements for all users in the description of the procurement, if the procurement is intended for use by natural persons.
23. According to the Postal Act (415/2011), the universal service provider must ensure by all means at its disposal that its branches have unimpeded access.
24. The Information Society Code (917/2014) contains certain obligations concerning audio-subtitling and subtitling services for persons with visual and hearing disabilities. Such services must be added to public service programme sets referred to in the Act on Yleisradio Oy (Finnish Broadcasting Company) and, from 1 June 2018 by virtue of the national programme operating licence, to programme sets serving many different viewing groups. As a result of the change, the shares of audio subtitling and subtitling services of the entire programme hours are now laid down in law and, at the same time, the audio-subtitling and subtitling obligation for commercial broadcasters is increased from 50% to 75%. The Code also contains requirements with regard to the accessibility of subscriptions for telecommunication companies subject to public service obligation.
25. The police have published their plan for equality and non-discrimination for the period 2017–2019. According to the plan, accessibility of police stations and digital services (websites and electronic services) is being surveyed in order to ensure that all police services are accessible, both for persons with disabilities and the elderly. The police are also co-operating with disability organisations.
26. It is possible to file a complaint with the Parliamentary Ombudsman for non-compliance with accessibility regulations.
27. Acting contrary to the Land Use and Building Act or regulations issued by virtue of it is punishable with the conditional imposition of a fine and the threat of work being commissioned at the defaulter’s expense.
28. With regard to traffic regulation, sanctions are usually included in the general regulations on the matter.
29. Prime Minister Rinne’s Government is committed to improving the accessibility of e-services, and will pay special attention to language used by the authorities. According to the Government programme, the use of plain language will be increased and services of public authorities will be developed for those who cannot access e-services.
30. The Ministry of Transport and Communications launched a “Digital transport and communication services to be made accessible” action plan for the period 2017–2021.[[13]](#footnote-13) The aim of the action plan is to implement the principle of design and mainstreaming for all, to prevent exclusion and to promote the multichannel nature and technology neutrality of services. The Transport and Communications Agency, the Transport Infrastructure Agency and the Meteorological Institute report yearly to the Ministry on the action plan.
31. A new Act on the Provision of Digital Services to nationally implement the Accessibility Directive entered into force on 1 April 2019. The first estimate concerning the level of accessibility of websites will be received in connection with accessibility reporting in 2020–21.
32. The Ministry of Finance’s HELP project (1 July 2016–29 December 2017) developed a new operating model for customer service, helping customers to use digital services. The digital support operating model presented in the project’s final report is being further developed by the Ministry. Implementation of the digital support operating model has been launched in, for example, the operations of the Population Register Centre. The purpose of the new operating model is to offer flexible forms of support all over the country in order to help customers who cannot use digital services themselves.
33. In the technical use of the assistance of another person, some persons with disabilities encounter problems in banking services and electronic authentication. According to the law, personal banking codes must not be assigned to another person, not even to a personal assistant. For this reason, not all persons with disabilities have been able to receive online banking codes.
34. Construction in the Åland Islands is mainly regulated by the Åland Plan and Building Act (ÅSS 2008:102), the Plan and Building Regulation (ÅSS 2008:107) and the Regulation on Åland’s Building Code (ÅSS 2015:5) which include specific provisions on accessibility. In 2017, the Provincial Government performed an examination on accessibility thinking in the construction chain.[[14]](#footnote-14)
35. A new Åland Act on transport services is under preparation as well as a review of the accessibility requirements in procurements in Åland. New principles on Åland Government support to the business community include accessibility requirements.

## ARTICLE 10: RIGHT TO LIFE

1. The right to life is enshrined in the Constitution.
2. In 2007, the National Advisory Board on Social Welfare and Health Care Ethics ETENE issued an opinion on the intensive care and resuscitation of children with serious disabilities, according to which intellectual disability in itself is no reason to withdraw resuscitation or intensive care.
3. The Act on the Interruption of Pregnancy (239/1970) enables the termination of pregnancy up to the 24th week of pregnancy, if an examination of the amniotic fluid, ultrasound examination, serological examinations or some other similar reliable examination finds a serious illness or physical abnormality in the foetus. Termination requires permission from the National Supervisory Authority for Welfare and Health (Valvira).
4. The Act also provides for pregnancy termination before the 12th week and pregnancy termination carried out by permission of Valvira in weeks 12–20. Irrespective of the duration of pregnancy, termination can always be carried out if continuing the pregnancy or the birth of the child would seriously endanger the life or health of the mother.
5. Of all terminations carried out in 2017, 3.8% were done based on a possible or proven foetal abnormality. In recent years, terminations carried out because of a foetal abnormality have been slightly more common than in the early 2000s. This can be explained by the introduction of screenings under the Government Decree on Screenings (339/2011). In recent years, the number of terminations carried out based on foetal abnormality has remained quite stable, and fell slightly in 2017.[[15]](#footnote-15)
6. A programme by Prime Minister Jyrki Katainen’s Government (2011–2014) investigated whether there was a need to change legislation concerning the latest time at which a pregnancy can be terminated. For the investigation, the Ministry of Social Affairs and Health requested an assessment of the grounds from ETENE, which considered that a reduction in the upper week limit for pregnancy termination would require earlier screenings, which would in turn result in a reduction in their quality. Uncertainty might result in an increase of terminations in cases where a later examination could change the parents’ minds. ETENE considered that the upper week limit should not be touched, but efforts should be made to make decisions before weeks 22–24 of pregnancy.

## ARTICLE 11: SITUATIONS OF RISK AND HUMANITARIAN EMERGENCIES

1. The Emergency Powers Act (1552/2011) provides for preparations by the authorities for emergency situations, among other things. Persons with disabilities, as a special group, are taken into account in preparedness exercises headed by Regional State Administrative Agencies and in preparedness planning by municipalities and joint municipal authorities. 94% of the preparedness plans of municipal social services departments have taken into account the continuity management of services for persons with disabilities.
2. The Rescue Act (379/2011) contains key provisions on preparing for civil protection. The Act obliges care institution operators and those providing service and assisted living in residential units to draw up an evacuation safety plan and to estimate how the functional impairment of residents with disabilities will be taken into account in preparation for emergencies. It must also be ensured that residents and persons being cared for can exit safely in case of a fire or other emergency, independently or assisted. Local rescue authorities regularly monitor the functionality of evacuation safety practices.
3. The Act requires the preparation of a rescue plan for a building or other location which is more demanding in terms of evacuation safety or rescue measures, or in which accidents can be expected to be serious. A rescue plan must be prepared, for example, for residential buildings with more than three dwellings, for schools, day-care centres, care institutions and service- and assisted-living apartments.
4. The teaching content at the Emergency Services College takes into account people whose perception or mobility is limited.
5. The Ministry of Social Affairs and Health’s Handbook on Risk Management and Safety Planning[[16]](#footnote-16) provides guidance for social welfare and health care employers to ensure that staff have sufficient practical safety expertise in situations of disturbance and emergency.
6. The THL’s report “Perspectives on the safety of social welfare services”[[17]](#footnote-17) helps persons working in social welfare services to recognise risks related to physical safety, to prevent them and to investigate problems and disturbances.
7. Use of the national 112 emergency number by SMS message became possible in December 2017. An emergency SMS message can be sent from a telephone number registered in advance. Its use is primarily directed at people who cannot hear or produce speech.
8. The authorities warn the population about hazards and provide operating instructions through emergency announcements. An emergency announcement can be broadcast using different methods in order to ensure that it reaches the population as far as possible. In addition to the official broadcasting system (radio and television), emergency announcements are published on the 112.fi website and notifications about emergency announcements can be subscribed to for certain mobile applications.
9. The Ministry of the Interior has added to its guidelines the need to take into account users of sign language in live information provision on crisis situations on television.
10. Specifically applied on the Åland Islands are the President of the Republic's Regulation on Management in the Åland Islands of Preparatory Tasks for Emergency Situations (900/2000), the Rescue Act of Åland (ÅSS 2006:106), the Rescue Regulation of Åland (ÅSS 2006:111), the Regulation on Quality Demands within the Rescue Services of Åland (ÅSS 2006:112) and the President of the Republic's Regulation on the Border Guard’s Tasks in the Province of Åland (309/2017).
11. Finland focuses on the situation of persons with disabilities in humanitarian crisis situations. Finland has channelled support to the UNHCR’s activities for persons with disabilities and to disability work carried out by World Vision Finland.
12. Finland was a key actor in the launch of the *Charter on Inclusion of Persons with Disabilities in Humanitarian Action* concerning the situation of persons with disabilities. Finland financially supported the preparation of guidelines on children with disabilities in humanitarian responses through UNICEF.

## ARTICLE 12: EQUAL RECOGNITION BEFORE THE LAW

1. Finnish legislation does not recognise situations where the legal personality of a natural person could be removed or restricted.
2. According to the Guardianship Services Act (442/1999), the objective of guardianship services is to look after the rights and interests of persons who cannot themselves take care of their financial affairs for example owing to incompetency or illness. The starting point is the lightest possible intervention in legal capacity. The appointment of a guardian does not as a general rule prevent a person from carrying out a legal act, but it is the duty of the guardian to support the client when managing the affairs of the latter. On conditions provided for in the Act, however, the Guardianship Services Act enables the restriction of the legal capacity of an adult and the declaration of a person as incompetent.
3. If an adult is unable to take care of their financial affairs and their property, livelihood or other important interests are thereby endangered, and the appointment of a guardian is not alone sufficient to safeguard their interests, a court may restrict their competency by ordering that they: 1) may enter into given transactions or administer given property only in conjunction with the guardian; 2) is not competent to enter into given transactions or to administer given property; or 3) is declared incompetent.
4. A declaration of incompetence should be applied only as a last resort. A mere medical diagnosis, for example a mental illness, does not in itself give the right to restrict anyone’s competence to decide on matters concerning their own assets. A restriction becomes relevant principally when it is known that the person concerned, in spite of their condition, is seeking, actively and against their own interests, to change their financial position, for example by giving up their assets or by incurring debt. Competency must not be restricted more than what is necessary for safeguarding the interests of that person. A restriction must not extend to transactions which an incompetent person is is by law entitled to enter into.
5. An incompetent person cannot self administer their property or enter into contracts or other transactions, unless otherwise provided for. A person who has been declared legally incompetent may, however, self decide on matters pertaining to their person, if they are able to understand the significance of the matter. An incompetent person may enter into transactions which, in view of the circumstances, are usual and of little significance. An incompetent person has the right to decide on the proceeds of their own work earned during the incompetency.
6. The appointment of a guardian does not prevent a person from entering into transactions and, if legal capacity is restricted, the primary alternative is to perform the legal act together with the guardian. When making decisions, the guardian must hear the client. Property must be managed in a manner allowing for the property and revenue to be used for the benefit of the client, which requires keeping in contact with the client. A guardian appointed for an adult must see to it that the client is provided with the treatment, care and therapy that are to be deemed appropriate in view of the client’s need of care and other circumstances, as well as the client’s wishes.
7. The Administrative Procedure Act contains provisions on the right of a guardian to be heard in matters of administrative procedure. A guardian appointed for a person with legal capacity must, in addition to the client, exercise an independent right to be heard in matters falling within the scope of his or her responsibilities. If the guardian and the client disagree, the opinion of the client must prevail if he or she is able to understand the significance of the matter. If a client’s legal capacity has been restricted other than by being declared to lack legal capacity, the guardian must alone exercise the client’s right to be heard in matters beyond the client’s legal capacity. The guardian and client must jointly exercise their right to be heard in matters which are to be decided by them together.
8. The Act on Continuing Powers Of Attorney (648/2007) provides for a power of attorney that may entitle a person to represent a principal in matters concerning their assets and in other financial matters. A legal representative may also be entitled to represent a principal in matters pertaining to their person, at a time when the principal cannot understand the meaning of the matter. The power of attorney may be restricted to concern a specific legal act, case or item of assets. The power of attorney comes into force when the principal becomes unable to take care of their own affairs, as a result of illness, mental disorder, poor health or some other similar reason. The legal representative must, when acting on behalf of the principal, respect the rights of the latter and promote their best interests. Before the legal representative makes a decision on a matter falling within their tasks, they must under certain conditions ask the opinion of the principal.
9. The actions of guardians and legal representatives are monitored by the guardianship authority.
10. The Constitution provides for the protection of everyone's property. The Code of Inheritance (40/1965) contains no restrictions on the right to inherit. The Code provides in greater detail on, for example, construing a testament.
11. The reform of the Disability Services Act and legislation on the right to self-determination takes into account supported decision-making.

## ARTICLE 13: ACCESS TO JUSTICE

1. According to the Constitution, everyone has the right to have his or her case dealt with appropriately and without undue delay by a court or other authority. Everyone has the right to be heard and to receive a reasoned decision in his or her case.
2. The Code of Judicial Procedure is applicable to legal proceedings in general courts. A party who has not been ordered to appear in court in person may retain the services of an attorney in the trial. A party who appears in court in person may retain the services of counsel. A court may, on its own motion, appoint a guardian for a party during legal proceedings, if that party is incapable of looking after his or her interests in the court proceedings owing to illness, mental impairment, ill health or some other comparable reason.
3. The Criminal Procedure Act (689/1997) contains provisions on legal counsel in criminal cases. A public defender is to be appointed for a suspect *ex officio*, if the suspect is incapable of defending him/herself. A court must ensure that interpretation is organised for a party in a criminal case if the party uses sign language, or if interpretation is necessary due to a sensory or speaking impediment of the party.
4. According to the Legal Aid Act (257/2002), legal aid is provided at the expense of the state to persons who need expert assistance in a legal matter and who are unable to meet the costs of proceedings as a result of their economic situation. When evaluating a person’s economic situation, benefits such as the invalidity benefit under the Disability Benefits Act (570/2007) are not classed as income.
5. According to the Code of Judicial Procedure, a person under the age of 15 or who is mentally impaired may be heard as a witness under the conditions provided for in the law. The court must where necessary appoint a support person for the person to be heard. The Code of Judicial Procedure permits, for example when a person is under the age of 15 or is mentally impaired, the right to use video conference or other suitable means of technical communication in the hearing of a witness. According to the provisions in the Code, interview material recorded on video in an investigation can be used as evidence, for example if the person interviewed is under 15 years, is mentally impaired or is an injured party between the ages of 15 and 17 years and in need of special protection.
6. According to the Act on the Publicity of Court Proceedings in General Courts (370/2007), a court may order an injured party’s identity to be kept secret in a criminal case which concerns a particularly sensitive aspect of their private life. The trial document must be kept secret insofar as it contains sensitive information, for example related to disability. A court may decide that oral proceedings must be held in full or to the necessary extent without the presence of the public, if sensitive information regarding matters relating to, for example, disability are presented in the case, or if the legal capacity of the person being heard is limited.
7. The Administrative Judicial Procedure Act (586/1996) applies to judicial procedure in general administrative courts. An interested party may use an attorney and counsel. A court may, *ex officio*, appoint a guardian for the purposes of the judicial proceedings, if that party is incapable of looking after their interests in judicial proceedings owing to illness, mental disorder, diminished health or another comparable reason. Management of the process includes the opportunity to take breaks, if necessary. The Act allows for rather flexible procedures in practical court matters. It is also possible to use personal counsel. A court must ensure interpretation, for example when a person is being heard orally and cannot be understood without interpretation on account of a sensory or speech impairment. The Act on the Publicity of Administrative Court Proceedings (381/2007) is applicable to proceedings in administrative judicial cases and to trial documents in administrative courts.
8. According to the Criminal Code, the emergence of criminal liability requires criminal responsibility. Mental illness, severe mental deficiency or a serious mental disturbance or a serious disturbance in consciousness may lead to a person being found not criminally responsible or with diminished responsibility. Diminished responsibility is a matter that must be taken into account in the determination of the sentence. A court may order the mental state of an accused person to be examined. If the court waives punishment due to the mental condition of the person accused, the court must submit for clarification their need for treatment as provided in the Mental Health Act.
9. According to the Criminal Investigation Act (805/2011), users of sign language have the right to use sign language in a criminal investigation. The criminal investigation authority must ensure that the interested party also receives the interpretation that they need in situations where it is necessary because of a sensory or speech impediment of the person to be heard.
10. The Criminal Investigation Act also provides for the questioning of a person who cannot be assumed to understand the significance of the questioning due for example to a mental disturbance and its restrictions, the presence of persons supporting the person being heard and the right for the legal representative of a legally incompetent person of 15 years and over to be present at their questioning. The legal representative has the right to be present at questioning, if they, according to the rules of the Code of Judicial Procedure in legal proceedings concerning a crime under investigation, may be heard instead of or in addition to the legally incompetent person. A legally incompetent person who has attained the age of 18 may be heard alone, if able to understand the significance of the matter. The Act also provides for the questioning of an injured party in need of special protection.
11. The questioning of an injured party and witness must be recorded, if the intention is to use the statement to be given in the questioning as evidence in court, and the person to be questioned probably cannot, on account of a disorder in their mental functioning, be heard in person without causing him/her harm or distress. On request, the investigator may allow the injured party or witness to have a supporting person present in the questioning, if this does not hamper the clarification of the offence or endanger the secrecy obligation.
12. An individual assessment is made of an injured party in order to identify vulnerability and to assess what special measures are required in order to protect the party from further suffering in the handling of the case.
13. The Ministry of the Interior has prepared a handbook on the procedure for assessing the need for protection of a victim of crime.[[18]](#footnote-18) The handbook defines a victim in need of special protection, and further explains, among other things, the assessment procedure, its purpose and actions carried out based on the assessment.
14. In accordance with Prime Minister Rinne’s Government programme, a reconciliation process concerning the violations of the rights of the deaf throughout Finland’s history will be launched.
15. The police extensively take into account persons with disabilities in their operations and training. In criminal investigations, the police pay special attention to the rights of persons with disabilities, regardless of their age. When a person with disabilities falls victim to a crime, the police principally carry out an assessment of their need for protection.

## ARTICLE 14: LIBERTY AND SECURITY OF PERSON

1. According to the Constitution, everyone has the right to personal liberty, integrity and security. The personal integrity of the individual shall not be violated, nor shall anyone be deprived of liberty arbitrarily or without a reasons prescribed by an Act. A penalty involving deprivation of liberty may be imposed only by a court of law. The lawfulness of other cases of deprivation of liberty may be submitted for review by a court of law. The rights of individuals deprived of their liberty shall be guaranteed by an Act. Penal provisions concerning deprivation of liberty are laid down in the Criminal Code.
2. The Act on Special Care for Persons with Intellectual Disabilities provides on the provision of special care for a person whose development or mental functioning has been inhibited or disrupted by a congenital or developmental illness or disability and who cannot receive the services they need by virtue of any other Act. In connection with the ratification of the Convention, provisions were added to the Act on measures to support independent performance and the right to self-determination, reduction in the use of restrictive measures, considerations when considering the use of restrictive measures, considerations with regard to each individual restrictive measure, and how to act when deciding to use a restrictive measure.
3. Persons may be ordered to a special care unit regardless of their will, if they are unable to make decisions concerning their treatment and care and do not understand the consequences of their behaviour, they will probably seriously endanger their health or safety or the health or safety of other persons, and their treatment and care cannot be organised in any other way.
4. Special care regardless of will is provided in an intensive service housing unit or institution referred to in the Social Welfare Act, or in a similar private social care unit or institution with sufficient medical, psychological and social work expertise for the provision and monitoring of intensive treatment and care.
5. Restrictive measures can be used when organising intensive housing services or institutional services referred to in the Social Welfare Act or similar private services. Longer-term prevention of escape can be used only in special care that is provided regardless of the will of the patient. It is also required that sufficient medical, psychological and social work expertise be available for the provision and monitoring of intensive treatment and care.
6. Some of the restrictive measures may be used when organising work activities referred to in the Social Welfare Act, or day activities referred to in the Disability Services Act, or similar training for employment, work and other stimulating activities referred to in the Act on Special Care for Persons with Intellectual Disabilities in social care units where there is an adequate number of social welfare and health care professionals.
7. Special care is principally provided in consensus with the person in special care. In special care, the restrictive measures referred to in the Act may be used only when a person in special care is unable to make decisions concerning their treatment and care, does not understand the consequences of their behaviour, the use of a restrictive measure is necessary in order to protect their health or safety or the health or safety of others or in order to prevent significant damage to property, and other lighter measures are not suitable or adequate for the situation.
8. A restrictive measure must be justified in terms of the treatment and care of the person, fit for purpose and proportionate to the intended aim. If a person is subject to several restrictive measures simultaneously or consecutively, special attention must be paid to their combined effect.
9. A restrictive measure must be carried out respecting the dignity of the person in special care, as safely as possible and taking into account their basic needs. The use of a restrictive measure must end as soon as it is no longer necessary, or if it endangers the health or safety of the person in special care. When using a restrictive measure against a minor, the best interests of the minor and their age and level of development must be considered.
10. Restrictive measures permitted in special care are the restrictive measures referred to in the Act on Special Care for Persons with Intellectual Disabilities: physical restraint, confiscation of substances and objects, bodily search, short-term isolation, the provision of necessary health care regardless of resistance, the use of restrictive aids or accessories in everyday activities, the use of restrictive aids or accessories in emergencies, supervised movement and the prevention of escape. Restrictive measures may be used only by social welfare and health care professionals belonging to the personnel of the unit. Restriction of communication may not be used in special care. Because of this, for example, the use of mobile phones and computers may not be restricted under the Act on Special Care for Persons with Intellectual Disabilities. Physical examination is not permitted, either.
11. If a person in special care is subject to a restrictive measure, the use of such a measure must be immediately assessed with the person in special care as soon as its use has ended. This assessment must look at the grounds for the restrictive measure and methods for avoiding the use of restrictive measures in the future. The following must be entered in the client or patient documents concerning a person in special care: the use of the restrictive measure and the grounds for it, the view of the person about the use of the restrictive measure and the grounds for it, the effects of the restrictive measure on the person in special care, the start and end time of the restrictive measure, and the person who made the decision concerning the restrictive measure and carried it out.
12. The Act provides for the possibility of appealing to the Administrative Court against a decision to order a person into special care against their will and against the use of restrictive measures.
13. The Ministry of Social Affairs and Health is currently preparing legislation concerning the right of self-determination of social welfare clients and patients. The intention is to transfer provisions concerning the right of self-determination referred to in the Act on Special Care for Persons with Intellectual Disabilities to the general act under preparation. The aim is to strengthen the right of self-determination of clients and patients, and to reduce the use of restrictive measures. Efforts are also being made to safeguard essential treatment and care, and to improve legal protection for clients and staff.
14. In 2016, Valvira investigated the implementation of the right of self-determination in residential and institutional services in care for persons with intellectual disabilities.[[19]](#footnote-19) Its report covered a total of 455 residential and institutional service units caring for persons with intellectual disabilities (110 public, 345 private).
15. According to the report, restrictive measures were used in 59% of the units. The larger the unit, the greater the number. All units except one provide the unit staff with induction training, and provide guidance on working methods for helping persons with intellectual disabilities to function independently and to implement their right to self-determination. Written guidelines, however, are found only in 17% of the units and only in 8% of the public units. According to the report, 70% of the units give the report on the use of restrictive measures both to the party concerned and to their relatives. People had been ordered to special care against their will in 8% of the units.
16. According to the Mental Health Act (1116/1990), a person may be ordered to treatment in a psychiatric hospital against their will, if the person is diagnosed as mentally ill and if, they need treatment for a mental illness which, if not treated, would become considerably worse or severely endanger the person’s health or safety or the health or safety of others. It is also required that all other mental health services be inapplicable or inadequate. In connection with the preparation of the Mental Capacity Act, the intention is also to reform the Mental Health Act, and to transfer provisions concerning mental health services to the Social Welfare Act and Health Care Act (1326/2010).
17. A patient’s right of self-determination and other fundamental rights may be limited during involuntary treatment and examination only to the extent necessary for the treatment of the illness or for the person’s safety or the safety of others or for safeguarding some other interest laid down in the Act. The measures must be undertaken as safely as possible and with respect for the patient’s dignity. Special attention must be paid to the criteria for the patient’s hospitalisation. The Act also provides for, among other things, limitation of the freedom of movement, confiscation of personal property, limitation of contacts and the patient’s isolation and tying down.
18. According to the Imprisonment Act (767/2005), prisoners must be treated with justice and with respect for their human dignity. No discrimination may be exercised, without an acceptable reason, among prisoners on the basis of disability, for example. A prisoner who uses sign language or requires interpretation services due to a disability must be provided with the necessary interpretation and translation services.
19. The Parliamentary Ombudsman has drawn attention to accessibility in prison inspections and to ensuring equal opportunities for participation for prisoners with disabilities, their relatives and for personnel.
20. In Åland, the provisions of the Åland Act on the Application of the Act on Special Care for Persons with Intellectual Disabilities were strengthened in 2017 (ÅSS 2017:114) to ensure that persons with disabilities not be deprived of their liberty unlawfully or arbitrarily.

## ARTICLE 15: FREEDOM FROM TORTURE OR CRUEL, INHUMAN OR DEGRADING TREATMENT OR PUNISHMENT

1. According to the Constitution, no one may be sentenced to death, tortured or otherwise treated in a manner violating human dignity. The Criminal Code contains special penal provisions concerning torture. Non-refoulement is provided for in the Constitution and the Aliens Act.
2. The special position of asylum seekers with disabilities is particularly taken into account by assessing whether the person is in a vulnerable position. The Act on the Reception of Persons Applying for International Protection and on the Identification of and Assistance to Victims of Trafficking in Human Beings (746/2011) provides that special needs stemming from the vulnerable position of those applying for international protection must be taken into account in the application of the Act. The vulnerable position and special needs are individually investigated within a reasonable period of time after the case is initiated. The special needs are taken into account during the processing of the application. An applicant who has special needs resulting from a vulnerable position or whose special needs are otherwise discovered during the asylum procedure is given support in order to ensure that they may benefit from the rights related to the asylum procedure and observe the related obligations. The existence of special procedural needs is always established on a case-by-case basis. The Finnish Immigration Service seeks to prioritise applications in which the applicant is in a vulnerable position.
3. Hilma, the Support Centre for Immigrant Persons with Disabilities and long-term Illnesses, whose activity is funded by the Funding Centre for Social Welfare and Health Organisations (STEA), promotes the rights of immigrant persons with disabilities and long-term illnesses.
4. According to the Medical Research Act (488/1999), a medical research must not be conducted without the research subject’s informed consent in writing. Exceptions to this may be made where consent cannot be obtained owing to the urgency of the matter and the patient’s state of health and the measure is expected to be of immediate benefit to the patient’s health. If the research subject is not able to write, he or she can give the consent orally in the presence of at least one witness who is not dependent on the research. It is allowed to deviate from the requirement for written consent in research other than clinical trials on medicinal products also when giving personal data would be in contrary to the research subject’s interests and the research will only involve minor stress to the research subject and is not harmful to the research subject’s health. Oral consent may then be given without the presence of a witness, and the personal data of the research subject are not recorded in the research documents.
5. If a person taking part in a clinical trial on medicinal products is not able to give consent to taking part in the trial, the person may not be a research subject unless their close relative or other person closely connected with the person or their legal representative, having been informed about the nature, meaning, effects and risks of the clinical trial, gives consent to taking part in the trial. The consent must be in accordance with the research subject’s supposed will.
6. Research subjects must have their rights, the purpose and nature of the research and the procedures it involves properly explained to them, including the potential risks and harm. Research subjects are entitled to withdraw their consent.
7. People who, owing to a mental health disorder, intellectual disability or other similar reason, do not have the capacity to give their consent to research may be research subjects only where it is not possible to obtain the same scientific results using other research subjects and where the risk of harming or distressing the research subject is only very slight. The research must be of direct benefit to the research subject’s health or of special benefit to the health of people in the same age group or with the same state of health. Written consent is needed from a close relative or legal representative. If the person is opposed to the research or procedure, it must not be performed on him/her.
8. The Parliamentary Ombudsman acts as the National Preventive Mechanism (NPM) for the Optional Protocol to the Convention against Torture or Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT, Treaty Series 92 and 93/2014).
9. The Parliamentary Ombudsman has prepared a strategy for OPCAT inspections of the residential units of persons with intellectual and other disabilities. Inspections by the Parliamentary Ombudsman also consistently draw attention to the implementation of the rights of persons with disabilities.
10. In 2017, the NPM carried out 19 inspections of residential units of persons with intellectual and other disabilities. With regard to living conditions, it was considered a deficiency that there were no toilet and shower facilities in the clients’ rooms. The in-house control plan should also highlight procedural instructions for social welfare personnel, if persons notice or learn about inappropriate treatment in their work.

## ARTICLE 16: FREEDOM FROM EXPLOITATION, VIOLENCE AND ABUSE

1. The Criminal Code provides for sex offences, homicide and offences related to bodily injury.
2. According to the Criminal Code, engaging in sexual intercourse with a defenceless person is considered rape, regardless of whether the perpetrator caused the state of defencelessness or not. A person who, by taking advantage of the fact that another person, due to unconsciousness, illness, disability, state of fear or other state of helplessness, is unable to defend him/herself or to formulate or express his/her will, has sexual intercourse with him/her, must be sentenced for rape.
3. A person who by violence or threat coerces another person into a sexual act or into submission to such an act, thus essentially violating his or her right of sexual self-determination, must be sentenced for coercion into a sexual act. Furthermore, a person who, by taking advantage of the fact that another person, due to unconsciousness, illness, disability, state of fear or other state of helplessness, is unable to defend him/herself or to formulate or express his/her will, causes him/her to engage in or submit to a sexual act, essentially violating his/her right of sexual self-determination, must be sentenced for coercion into a sexual act.
4. A person who abuses the fact that the person who falls victim to the act cannot, as a result of his/her inferior position, decide equally on participation in the sexual act must be sentenced for sexual abuse. Sexual abuse may be targeted, for example, at a patient who is being treated in a hospital or other institution and whose capacity to defend him/herself or to formulate or express his/her will is essentially impaired owing to illness, handicap or other infirmity. Abuse does not require coercion.
5. Assault is punishable as laid down in the Criminal Code. Assault may be committed as a result of physical violence or the consequence of an act on another person. Assault may occur even if physical violence does not cause any effects or consequences to the victim. Assault also occurs if the perpetrator, without such violence, harms the health of another person, causes pain to another person or renders another person unconscious or into a comparable condition. Neglect of care or assistance as well as mental violence, may meet the criteria for assault, if it can be shown to have harmed the health of the victim. Liability for neglect also requires that a person had, for example, a duty based on their position or function to prevent such a consequence from arising.
6. To target a suspected act at a person with disabilities impacts the evaluation of guilt and the severity of the offence, which impacts the judgement of seriousness of the offence usually by increasing its seriousness.
7. A common reason for harsher sentencing is the perpetration of a crime for reasons based, for example, on disability.
8. In the handling of a criminal case, the victim has the right to claim damages from the perpetrator. The Act on Compensation for Crime Damage (1204/2005) provides for compensation from State funds for injury or damage suffered by a person. The victim has the right to claim compensation, for example, for broken or lost property, medicine or medical costs, for pain and suffering caused by violence and, in some cases, for mental suffering.
9. The Ministry of Justice has published a brochure about victims’ rights to be handed out to victims and to support information provision, particularly in the work of the police and other criminal investigation authorities. The brochure is also available in plain language.[[20]](#footnote-20)
10. The Office of the Prosecutor General regularly organises training particularly on crimes against women and children. A group of prosecutors specialised in the said crimes also operates at the Prosecution Service.
11. The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Treaty Series 52 and 53/2015, the Istanbul Convention), entered into force in Finland on 1 August 2015. As one measure in the Action Plan for the Istanbul Convention for 2018–2021,[[21]](#footnote-21) research is being carried out into the prevalence of violence experienced by persons with disabilities and covered by the Istanbul Convention and into the availability of services.
12. The Act on State Compensation for Providers of Shelter Services (1354/2014) is meant to safeguard shelter services for people who experience domestic violence or who live under the threat of such violence.
13. In 2019, the number of family places in the shelter network will increase from 143 to 185. In 2018, €4 million of additional funding was directed at the provision of shelter services, which was enough for the establishment of four new shelters. The number of shelters thus increased from 23 to 27. Most of the shelters are accessible.
14. According to the Action Plan for the Istanbul Convention, the expertise of shelter staff in work with, for example, persons with disabilities, is being increased as part of developing the shelter services.
15. The THL has published a brochure on persons with disabilities in shelters for victims of domestic violence in its Know and Act series.[[22]](#footnote-22) These brochures present an individual topic concisely, and are particularly meant as support material for municipal officials and social welfare and health care professionals.
16. The THL’s electronic Handbook on Disability Services[[23]](#footnote-23) contains operating instructions and background material suitable for violence-related disability services to support workers in disability services. It includes information on the right of self-determination and on when restrictive measures may be used and how they must be recorded and handled. The handbook also describes support services and their accessibility.
17. The THL has also published a guide[[24]](#footnote-24) that aims to provide information on what domestic and family violence against women with disabilities is, how it manifests itself and where help can be sought.
18. In 2017, Helsinki Women’s Hospital opened a support centre for victims of sexual crimes, which also serves persons with disabilities. Support services for victims of abuse are also provided by, for example, Nollalinja help line, Victim Support Finland, Suvanto help line and municipal social and health care departments.
19. Municipalities have primary responsibility for the legality, quality and appropriateness of social and health care services that they are responsible for organising. With regard to service providers, the municipality with the responsibility for organising services must ensure that a service provider takes care of these issues in respect of its own activities. Social welfare units must take care of in-house control and maintain an in-house control plan.
20. In Åland, the introduction of a reporting obligation for social welfare staff in order to make abuses and risks in client work known and remedied in an early stage is considered.
21. The Åland Act on Shelters (ÅSS 2015:117) ensures access to shelters on the Åland Islands. The Åland Government intends to prepare an action plan for the work against violence in close relationships 2019–2020.
22. Social welfare and health care steering, guidance and supervision are carried out by Regional State Administrative Agencies, Valvira, the Ministry of Social Affairs and Health and the supreme overseers of legality, that is the Parliamentary Ombudsman and the Government’s Chancellor of Justice. Implementation of the rights of social welfare and health care clients is also safeguarded by municipal patient systems and social ombudsman systems.

## ARTICLE 17: PROTECTING THE INTEGRITY OF THE PERSON

1. The Constitution safeguards everyone’s right to personal integrity.
2. The protection of physical and mental integrity is regulated in, for example, penal provisions concerning crimes against life and physical well-being and in regulations concerning the breach of privacy, peace and honour. The criminal protection of persons with disabilities does not differ from the protection of others.
3. According to the Criminal Code, a person who aborts a pregnancy without the permission referred to in the Act on the Interruption of Pregnancy or otherwise without authorisation is guilty of unlawful abortion. The Act also provides for the aggravated form of the crime.
4. The forced sterilisation of a woman must principally be assessed as an assault crime. It might also constitute coercion referred to in the Criminal Code.
5. According to the Act on Sterilisation (283/1970), sterilisation may be initiated at the request of the person concerned, for example in situations in which pregnancy might endanger life or health, there is reason to assume that descendants might have or develop a serious illness or physical impairment, illness or other similar reason may seriously restrict the ability to care for children, or the person permanently feels that he/she belongs to the opposite gender and lives in a role accordant with that gender. If a person is permanently unable to understand the meaning of sterilisation on account of their illness, steps towards sterilisation may be initiated in the three aforementioned situations through a petition by their legal representative, if there are weighty reasons for such a measure.
6. According to the Act on the Interruption of Pregnancy, a woman with mental or cognitive limitations may express a valid request to terminate her pregnancy, if she understands what the termination of pregnancy means.

## ARTICLE 18: LIBERTY OF MOVEMENT AND NATIONALITY

1. According to the Constitution, Finnish citizenship is acquired through birth and through the citizenship of the parents. Citizenship may also be granted upon notification or application, subject to the criteria determined by an act. No one can be divested of or released from his or her citizenship except on grounds determined by an act and only if they are in possession of or will be granted the citizenship of another state.
2. According to the Nationality Act (359/2003), a requirement for granting citizenship is that the applicant has satisfactory oral and written skills in the Finnish or Swedish language, or instead of these skills, similar skills in Finnish or Finnish-Swedish sign language.
3. The language skills requirement may be deviated from if the applicant, on account of their state of health or a sensory handicap or speech impairment, is unable to meet such a requirement. Deviation requires poor health, illness, intellectual disability or other disability, based on which it is impossible to fulfil the language skills requirement or it is unreasonable to demand its fulfilment.
4. Freedom of movement is enshrined in the Constitution. Finnish citizens and foreigners legally resident in Finland have the right to freely move within the country and to choose their place of residence. Everyone has the right to leave the country. Finnish citizens must not be prevented from entering Finland or deported, extradited or transferred to another country against their will.
5. According to the Aliens Act, an alien may reside legally in the country while their application is being processed until there is a final decision on the matter or an enforceable decision on their removal from the country.
6. Aliens residing in Finland are issued with a continuous residence permit if refusing a residence permit would be manifestly unreasonable with regard to their health, ties to Finland or on other compassionate grounds, particularly in consideration of the circumstances they would face in their home country or of their vulnerable position. This provision often concerns an asylum seeker who is not granted a residence permit based on international protection but, on compassionate grounds, could not be required to return to the home country. The granting of a residence permit on such individual compassionate grounds does not require that the foreigner’s livelihood be ensured. When considering the granting of a residence permit on individual compassionate grounds, the overall assessment must consider whether the foreigner has the chance to receive essential care in their home country.
7. The granting of a residence permit usually requires that the livelihood of the foreigner be ensured. In an individual case, the livelihood requirement may be deviated from, if there is an exceptionally weighty reason for it or the best interests of a child require this. Although this provision does not mention disability, there are individual cases in official practice in which disability is accepted as a reason for deviation. The livelihood requirement does not apply when granting a residence permit based on international protection, unless otherwise indicated by law.
8. According to the Aliens Act, the authorities must provide interpretation or translation if the alien does not understand the Finnish or Swedish language, or if they, because of disability or illness, cannot be understood in a matter that is processed for instance in the asylum procedure.

## ARTICLE 19: LIVING INDEPENDENTLY AND BEING INCLUDED IN THE COMMUNITY

1. According to the Constitution, it is the duty of the public authorities to promote the right of everyone to housing and the opportunity to arrange their own housing as well as to guarantee for everyone adequate social and health care services. When assessing the adequacy of services, the starting point is a level of services that creates conditions for every person to act as a full member of society.
2. According to the Social Welfare Act, general municipal social services must be organised so that they are suitable for all clients. If necessary, a person must be referred to special services.
3. Special services can be organised for persons with disabilities in accordance with the Disability Services Act and its supplementary Decree on Disability Services and Assistance (759/1987). Services and supportive measures as referred to in the Act are organised if a person with disabilities is not provided with adequate and suitable services or supportive measures under another act.
4. The purpose of the Disability Services Act is to promote the preconditions of a person with disabilities to live and act as an equal to other members of society. When organising services and supportive measures, the client’s individual support needs must be considered.
5. According to the Disability Services Act, municipalities must ensure that their general services are also suitable for persons with disabilities. Municipalities must consider the needs and aspects expressed by persons with disabilities in the development of services and supportive measures organised based on disability.

1. The services and supportive measures under the Act belong either to the municipality’s special or general service provision obligation. Persons with severe disabilities have a subjective right to services and supportive measures within the scope of the special service provision obligation, whereby the services and supportive measures must be organised regardless of budgetary appropriation if the person meets the criteria for receiving the service or supportive measure. Severe disability is defined separately for each service or supportive measure within the scope of the special service provision obligation.
2. Persons with severe disabilities have the right to transport services and to be accompanied in relation to these services, to day activities, personal assistance and service housing. Similarly, only persons with severe disabilities are entitled to compensation for reasonable costs incurred by housing alterations and the acquisition of devices and equipment for the dwelling. The precondition for organising these services and supportive measures is their necessity to the persons in order to manage daily life functions due to their disability or illness.
3. Others than persons with severe disabilities may also receive services and supportive measures as referred to in the Disability Services Act which are within the scope of the municipality’s general service provision obligation and which the municipality organises within the limits of its budgetary appropriation. These services include rehabilitation counselling and adaptation training. As financial supportive measures tied to budgetary appropriations, the municipality may reimburse a person with disabilities for costs incurred by necessary supportive measures and the acquisition of devices, machines and equipment needed to manage daily functions. Additional clothing costs and additional expenses incurred by obtaining special foods may also be reimbursed.
4. According to the Act on Client Charges in Healthcare and Social Welfare (734/1992), the free social services referred to in the Disability Services Act include rehabilitation counselling, adaptation training, personal assistance with certain exceptions, day activities with the exception of transport and meals, special services related to service housing with certain exceptions as well as examinations performed to determine the need for disability services and supportive measures. Fees may be charged for the special costs of service housing and personal assistance if the person is reimbursed for them under another act.
5. Activities to promote employment of persons with disabilities and their exemplary employment with the exception of transport and meals as referred to in the Social Welfare Act are free social services.
6. The Act on Special Care for Persons with Intellectual Disabilities lays down the provision of special care to persons whose development or mental function is inhibited or unbalanced due to a congenital or developmental illness or disability and who cannot receive the services they need under another act. The purpose of special care is to promote the person’s ability to manage daily functions, independent livelihood and integration in society as well as to secure the care and other assistance needed.
7. The special care under the Act on Special Care for Persons with Intellectual Disabilities and the associated transport services are free of charge. However, fees can be charged for the upkeep of persons with intellectual disabilities with the exception of the partial upkeep of a child under 16 years or the partial upkeep referred to in the Act of a child receiving education up until the end of the school year during which they turn 16 years old.
8. There is estimated to be approximately 40,000 persons with intellectual disabilities in Finland. According to the estimate of the Finnish Association on Intellectual and Developmental Disabilities, approximately 17,000 of them live with family members, approximately 13,000 live in housing services and approximately 9,000 live independently. There are also around 1,000 persons with intellectual disabilities in institutional care. The shift in service structure from institutional care of persons with intellectual disabilities to primarily round-the-clock housing services has continued throughout the beginning of the 21st century.
9. In 2012, the Government decided to extend the goals of the housing programme for persons with intellectual disabilities (KEHAS) for 2010–2015 by issuing a decision in principle on the individual housing of persons with intellectual disabilities and on securing the services. The objective set was that no person with disabilities would live in an institution after 2020.
10. According to Prime Minister Rinne’s Government programme the dismantling of inpatient care for persons with intellectual disabilities will be completed and persons with intellectual disabilities and autism will be enabled by supporting in finding housing to suit the individual needs and by building housing for people with special needs in ordinary residential areas.
11. A follow-up work group appointed by the Ministry of Social Affairs and Health evaluated the achievement of the goals of the KEHAS programme.[[25]](#footnote-25) The follow-up work group compiled good practices from different parts of the country and considered that the goals of the programme have progressed reasonably well with the exception of ensuring the participation and rights of children with disabilities. The follow-up work group has compiled a list of actions to further develop and improve the housing of persons with intellectual disabilities.
12. According to a report[[26]](#footnote-26) on the housing equality of persons with intellectual disabilities commissioned by the Ministry of the Environment, persons with intellectual disabilities are not yet in a position equal to others living in supported rental housing, although the KEHAS programme has brought positive developments.
13. The state promotes housing for groups that need special support by granting support for the construction, acquisition and fundamental improvement of housing intended for such groups. Housing projects are eligible for special-group investment subsidies from state funds as well as interest support and state guarantees. The purpose of the support is to increase the supply of reasonably-priced rental flats suitable for the housing needs of members of special groups. The support can be granted for the production of service and support housing intended for persons with disabilities, for example. In 2010–2017, state funding was used to produce 2,749 new flats intended for persons with intellectual disabilities as well as to acquire 294 and fundamentally improve 243 such flats. It is also possible to receive renovation subsidies for the renovation of the homes of elderly or persons with disabilities.
14. The Act on Public Procurement and Concession Contracts aims at promoting accessibility and, for example, emphasising quality factors in the procurement of social and health care services. In order to guarantee individual, long-term and repeated social or care services for service users, the procurement unit must consider and listen to the special needs of the users. Procurement must consider factors related to the quality, continuity, accessibility, affordability, availability and comprehensiveness of the services, the special needs of various user groups, to user participation and increased empowerment as well as to innovation. In procurements related to long-term care and client relationships, the procurement unit must specify the duration and other terms and conditions of contracts, to ensure that contracts do not have unreasonable or inappropriate consequences for the service users.
15. In the spring of 2018, a citizens’ initiative on stopping the competitive tendering of the necessary help and support of persons with disabilities was submitted to Parliament. At the end of the discussions on the initiative, Parliament required Government ia. to appoint an expert group to examine the need for revisions in social and health care as well as procurement legislation and guidance in order to develop the competitive tendering in the social and health services sector (EK 46/2018 vp).
16. The personal assistance referred to in the Disability Services Act includes the necessary assistance for persons with severe disabilities with daily functions, work and studies, hobbies and participation in society as well as with maintaining social interaction at home and away from home. In the organisation of personal assistance, a person is considered as having a severe disability if, due to a prolonged or progressive disability or illness, they unavoidably and repeatedly need assistance from another person in order to manage daily life functions at home and away from home. Persons whose need is mainly due to ageing-related illnesses and disabilities do not qualify for personal assistance. Personal assistance is intended to help persons with severe disabilities exercise their own choices when performing the activities referred to in the Act.
17. When determining the amount of assistance, it must first be individually assessed how much assistance the person necessarily needs. Once the necessary assistance has been determined, it can be assessed how many hours that will cover the need for necessary assistance. In the assessment of the necessary number of hours, key considerations include the person’s individual needs as described in the service plan and their overall situation in life. For the purpose of hobbies, participation in society and social interaction, at least 30 hours of personal assistance must be organised per month, unless a smaller number of hours suffices to satisfy the person’s necessary need for support.
18. When deciding on the ways to organise assistance and in the actual organisation of the assistance, the municipality must consider the person’s opinion and preferences as well as individual need for assistance as described in the service plan and their overall situation in life.
19. Because personal assistance is by its nature emphatically a service that implements personal choices, the organisation of the assistance requires that the person with severe disabilities have the capability to determine the content and execution of the assistance. Moreover, due to the nature of the service, it should not primarily consist of care, tending or supervision.
20. The municipality may organise assistance by reimbursing persons with severe disabilities for the costs of hiring a personal assistant, by giving persons with severe disabilities service vouchers for acquiring assistant services, by acquiring assistant services for persons with severe disabilities from a public or private service provider or by organising the service itself or contractually together with one or several other municipalities.
21. Measured by the number of clients, personal assistance is the disability service that has grown the most. In 2010, the service was granted to 9,000 persons, and in 2017 to approximately 22,200 persons. The largest user group of personal assistance is working-age people. In recent years, the group that has increased the most among the recipients of personal assistance is persons over 65 years. In 2010, they numbered 1,800 persons, and in 2017 approximately 7,200 persons. In Åland, 80 persons received personal assistance in 2016.
22. In the municipalities that responded to the 2016 municipal survey[[27]](#footnote-27) of the THL, the hours of personal assistance granted to clients leaned towards fewer hours. Among the clients who received personal assistance, 53% received under 10 hours of assistance per week, and 24% received 10–24 hours per week on average.
23. Based on the THL survey, the need for assistance exceeds the experience of receiving enough assistance. Almost 70% of the persons with disabilities who do not live in an institution or a residential care home offering round-the-clock care reported that they do not receive assistance for caring for themselves or their home. One in five received enough assistance, but one in ten persons with disabilities received too little assistance.[[28]](#footnote-28)
24. The most common way to organise assistance is the employer model, in which the client is the employer of the personal assistant. Personal assistance was organised under the employer model for 64% of the clients and as an outsourced service for 24% of the clients. For 3.6% of the clients, the municipality organised the service itself or in cooperation with other municipalities. Services organised with a service voucher were provided to 3.2% of the clients. Furthermore, 5.1% of the clients received personal assistance as a combination of several ways of organising assistance. Outsourced services, services organised under a service voucher and combinations of several ways of organising assistance have become more common since 2010. The differences between the popularity of the different ways of organising assistance have gradually decreased.
25. Since 2009, providing personal assistance has become a nationally recognised profession, and since 2018, people have been able to complete a vocational qualification awarding the title of personal assistant. The development of the labour market has been furthered by the unionisation of employers with severe disabilities and a collective agreement for personal assistants. The collective agreement is not universally applicable, but some municipalities also apply the terms and conditions of employment provided therein to non-unionised employers.
26. In the THL’s 2016 municipal survey, 34% of the municipalities reported some difficulties with organising personal assistance. The municipalities stated that the main reason for the difficulties was the availability of assistants. According to the survey, the complexity of the personal assistance system was considered one problem. Municipalities held that some clients had difficulties with serving as employers. A few respondents also had difficulties with the lack or quality defects of outsourced services.
27. Assistentti.info is an open nationwide network for personal assistance consisting of various parties as well as an independent actor that provides counselling and training and produces materials. It serves as a cooperation network between municipalities, service providers, assistant centres and client organisations and organises an annual event on personal assistance to distribute information and exchange good practices in the field. Assistentti.info has several sub-divisions, of which the assistant centre division is one of the most significant developers of services. There are around 20 assistant centres maintained by municipalities, joint municipal authorities or the third sector, and their services vary from, for example, employment-related counselling and advice to recruitment assistance and training.
28. Municipalities must organise day activities for persons with severe disabilities if, due to their disability or illness, they necessarily need the service in order to manage daily life functions.
29. When organising day activities, ‘person with a severe disability’ is considered to refer to a person incapable for work who, due to a very severe functional impairment caused by disability or illness, is not in a condition to participate in exemplary employment as referred to in the Social Welfare Act and whose livelihood mainly consists of benefits granted based on illness or incapacity for work.
30. Day activities include activities organised outside home to support independent living and to promote social interaction. Day activities may include, for example, cooking, exercising and practicing social skills.
31. Where possible, day activities must be organised such as to ensure that persons with severe disabilities can participate in the activities five days a week, or less often if the person with a severe disability is capable of participating in part-time exemplary employment or in case of another personal reason.
32. In the municipalities that responded to the THL’s 2016 survey, a total of 1,729 clients participated in day activities as referred to in the Disability Services Act. Approximately one third of them were aged 18–44 years. Day activities as referred to in the Act on Special Care for Persons with Intellectual Disabilities were provided to 9,844 persons. Slightly over half of them were aged 18–44 years.
33. The organisation of housing services for persons with severe disabilities is stipulated in the Disability Services Act and the Act on Special Care for Persons with Intellectual Disabilities. These special acts are applied if persons do not receive adequate and suitable services under the primary acts, such as the Social Welfare Act.
34. In the organisation of service housing as referred to in the Disability Services Act, ‘person with a severe disability’ is considered to refer to a person who, due to their disability or illness needs the assistance of another person continuously, at different times of day or otherwise to a great extent in order to manage daily functions.
35. The service housing referred to in the Disability Services Act includes a flat as well as related services that are necessary for the resident’s ability to manage on a daily basis. Such services may include assistance with functions such as mobility, dressing, personal hygiene, food management and cleaning the flat as well as services that are necessary to promote the resident’s health, rehabilitation and comfort.
36. The services associated with service housing may be organised at the person’s own home or at different kinds of service housing units, such as group homes, whereby the municipality or other service provider brings the services to the resident. When selecting the way of organising service housing, attention must be paid to the service need referred to in the service plan and to the overall situation in life of the person with disabilities. Special importance must be given to the client’s own views about organising the housing and services.
37. Service housing includes adequate services and support and, where necessary, the care and tending to ensure the safety at home and ability to manage of persons with severe disabilities. Services may be organised with support from, for example, home service, home care or informal care, with personal assistance as referred to in the Disability Services Act, or with a combination thereof. Service housing may also include home nursing or other health care services. Technology, other assistive devices and housing alterations can be used as a part of organising service housing.
38. In recent years, the client numbers of service housing have increased by 2.2–7.4% per year.
39. According to the Decree on Disability Services and Assistance, when reimbursing for housing alterations and costs incurred by obtaining devices or equipment for a dwelling, ‘person with a severe disability’ is considered to refer to a person who, due to disability or illness, has special difficulty with mobility or with otherwise managing independently in their permanent dwelling.
40. Alterations eligible for reimbursement include necessary construction work performed due to the person’s disability or illness, such as widening doors or building ramps. Devices and equipment for the dwelling that are eligible for reimbursement include for instance lifting and alarm equipment.
41. A reform of the legislation on persons with disabilities is underway, whereby a new act would replace the Act on Disability Services and Assistance and the Act on Special Care for Persons with Intellectual Disabilities. The starting point of the reform is to improve the participation and equality of persons with disabilities and to implement an overall shift from diagnosis-oriented thinking to a service system that is based on individual needs. A reform of the social welfare legislation in Åland is also envisaged.
42. The ‘Strengthening participation and preventing marginalization in social work processes of disability services’ (VamO) project (1 September 2016–31 August 2019) is a nationwide development and research project funded by the European Social Fund. In cooperation with researchers, development workers, social workers and clients, the project develops special expertise, client processes and client participation in social work for persons with disabilities.

## ARTICLE 20: PERSONAL MOBILITY

1. According to the Disability Services Act, municipalities must organise reasonable transport services and associated escort services for persons with severe disabilities if, due to their disability or illness, they necessarily need the service in order to manage their daily life functions. Pursuant to the Act on Client Charges in Healthcare and Social Welfare (912/1992), the transport services may be subject to a fee corresponding, at a maximum, to the fee for public transport available in the locality or another comparable reasonable fee.
2. In the organisation of transport services and associated escort services, ‘person with a severe disability’ is considered to refer to a person who has special difficulties with mobility and who, due to disability or illness, cannot use public transport without an unreasonable amount of difficulty. Transport services are not organised for persons who receive such services under another act.
3. Transport associated escort services include transports that are part of daily life and necessary for the work, studies, errands, recreation or participation in society of a person with a severe disability or for other similar reasons. In addition to travel that is necessary for work and studies, persons with disabilities must also have the opportunity to conduct at least 18 necessary one-way trips a month that are part of daily life and related to running errands and recreational activities in the area of their municipality of residence or a nearby municipality. Trips for work and studies are organised to the extent needed.
4. According to a 2017 report[[29]](#footnote-29) by the six largest cities in Finland, transport services were used for 6.3 trips per month on average.
5. The granting of the service is not dependent on the person’s wealth, age or diagnosis. In determining whether the person can use public transport without unreasonably great difficulty, in addition to a medical certificate, the person’s operating environment, such as accessible public transport services, must also be assessed.
6. If the municipality organises the service as shared transport, the individual mobility needs of a person with a severe disability and the suitability of the selected methods for the person must always be considered. If shared transport is not suitable, the transport services must be organised with consideration of the person’s individual needs.
7. The municipality must reimburse persons with disabilities for reasonable costs incurred by transport services for the part exceeding the deductible.
8. The determination of severe disability in regard to transport services requires consideration on a case-by-case basis in order to assess the person’s mobility as well as their limitations in relation to using public transport.
9. According to legal practice, when considering the reasonableness of a transport service in relation to the cost, the idea of functional proximity has been adopted instead of geographical proximity.
10. If a person with a severe disability is in institutional care, it includes organising the necessary transport services. The Disability Services Act may be applicable on a supplementary basis if the services of a person in institutional care are inadequate or no such services are received.
11. In addition to individual transport services, the mobility of persons with disabilities is supported through various forms of support for purchasing a car administered by different authorities. Key forms of support include support for purchasing a car, car alterations and devices as provided in the Disability Services Act as well as car tax rebate and relief as provided in the Car Tax Act (1482/1994).
12. In Åland, Åland's Vehicle Office has adopted a customised system for persons in need of special assistance at the driver's license test.

## ARTICLE 21: FREEDOM OF EXPRESSION AND OPINION, AND ACCESS TO INFORMATION

1. Freedom of expression is guaranteed by the Constitution. Freedom of expression entails the right to express, disseminate and receive information, opinions and other communications without prior prevention by anyone. More detailed provisions are laid down in the Act on the Exercise of Freedom of Expression in Mass Media (460/2003).
2. According to the Constitution, documents and recordings in the possession of the authorities are public, unless their publication has for compelling reasons been specifically restricted by an act. Everyone has the right of access to public documents and recordings.
3. The national languages of Finland are Finnish and Swedish. Furthermore, Sámi and sign language users represent minorities among persons with disabilities.
4. According to the Administrative Procedure Act (434/2003), an authority shall use language that is clear, easy to understand and to the point. An authority shall arrange for interpretation and translation in matters that it may consider on its own motion if a party using for instance sign language is not competent in the Finnish or Swedish language used by the authority or a party cannot be understood because of disability or illness.
5. According to the Constitution, the Sámi, as an indigenous people, as well as the Roma and other groups, have the right to maintain and develop their own language and culture. The rights of persons using sign language and of persons in need of interpretation or translation aid owing to disability shall be guaranteed by an Act. Sign language users are a language and cultural minority in Finland.
6. The Sign Language Act (359/2015) is a brief general act that reinforces the consideration and development of the linguistic rights of sign language users in different administrative sectors. The authorities must promote in their activities the opportunities of sign language users to use their own language and receive information in their own language. Several different acts include provisions regarding interpretation and translation.
7. The Sign Language Act applies to the national sign languages of Finland: Finnish and Finnish-Swedish sign language. In the Act, the definition of sign language user is not tied to a person’s impaired hearing. The core group of sign language users consists of deaf and hard-of-hearing persons who use sign language as their native or first language. However, sign language can also be considered as a native language if at least one parent or older sibling is a sign language user and if sign language has been used with the child since birth.
8. Every four years, the Government gives Parliament a report on the application of language legislation, which also deals with sign language.
9. The Sign Language Act and its application are explained in training directed at government officials and in a leaflet on language rights published in autumn 2018 by the Ministry of Justice. In December 2018, the Ministry published videos providing information on language rights in the Finnish and Finnish-Swedish sign languages.
10. The Prime Minister’s Office has prepared a recommendation on the use of sign language in Government communications.
11. The Government will appoint a broad-based advisory board on sign language matters to assess the implementation of the Sign Language Act and the realisation of the fundamental rights and non-discrimination of sign language users.
12. Approximately 4,000–5,000 deaf or hard-of-hearing persons use Finnish Sign Language as their native language. In total, Finnish Sign Language has approximately 10,000–14,000 users. It has long been estimated that Finnish-Swedish Sign Language has approximately 300 users, half of whom are deaf. According to a survey in 2014–2015, however, there are approximately 90 deaf users of the language. Finnish-Swedish Sign Language is a severely endangered language at risk of disappearing without quick and effective measures.
13. In recent years, the Government’s budget proposal has reserved budgetary appropriations for a Finnish-Swedish sign language revival programme, which will continue. The Ministry of Education and Culture has granted Humak University of Applied Sciences special funding for organising Finnish-Swedish sign language interpreter training in 2018–2019.
14. Since 2015, the Ministry of Justice has appointed a sign language cooperation group for approximately one year at a time to discuss topical issues related to sign language and to facilitate the flow of information between different actors.
15. The number of deaf and other pupils who use sign language and their teaching arrangements in basic education were investigated by the Finnish National Agency for Education and the Finnish Association of the Deaf in the 2013–2014 school year[[30]](#footnote-30).
16. In 2016, the Finnish National Agency for Education released brochures[[31]](#footnote-31) in Finnish and Swedish on pupils who use sign language in basic education.
17. The Finnish National Agency for Education produces digital sign language learning materials that can be freely used by all. At the moment, two digital learning material sets in sign language are in production: sign language and literature in grades 1–2 and Finnish for sign language users in grades 1–2.
18. In 2010, the Finnish Association of the Deaf and the Institute for the Languages of Finland (Kotus) published a language policy programme for Finnish Sign Language[[32]](#footnote-32). One of the expert bodies operating at Kotus is the language board for sign language, which issues recommendations on the use of Finnish and Finnish-Swedish sign language.
19. According to the Act on Interpretation Services for Persons with Disabilities (133/2010), a person is entitled to interpretation services if they have a hearing and visual impairment, hearing impairment or speech impairment and thereby needs interpretation for work, study, errands, participation in society, hobbies or recreation. Another condition is that the person must be capable of expressing their will through interpretation and have access to a functional form of communication.
20. Interpretation as referred to in the Act is organised if a person with disabilities does not receive adequate interpretation services that are suited to them under another act or if the service provided under another act is delayed or if there is another justified reason for providing the service.
21. According to the Act, a person with a hearing or speech impairment has the right to 180 hours of interpretation per year, and a person with a hearing and visual impairment to 360 hours per year. It is possible to receive additional hours, taking into account the person’s individual needs. The service can be used during trips abroad if the trip is related to the person’s normal life, studies or work.
22. The interpretation service can also be organised as remote interpretation if this is possible and justified considering the individual needs of the service user.
23. The Social Insurance Institution of Finland Kela is responsible for organising interpretation service and for reimbursing the associated costs. In 2018, Kela was prepared to purchase interpretation for €49 million, whereas the corresponding sum in 2016 was € 42.9 million. The interpretation service is free of charge for the user. In 2019, there will be a pilot project on expanding the interpretation service organised by Kela to the services of the Emergency Response Centre in regard to persons with hearing impairments.
24. Kela can organise the interpretation service by providing the service itself or by acquiring it from other service providers. In practice, Kela has organised the service by acquiring it from private service providers. Kela must organise the interpretation service in the most cost-effective way while also considering the individual needs of the clients. In organising the interpretation service, consideration must be given to the service user’s preferences, opinion, best interest and individual needs as well as to their native language and cultural background.

1. Finland’s national public broadcasting company Yleisradio has daily news broadcasts in sign language and current affairs programmes interpreted into sign language.
2. According to an assessment[[33]](#footnote-33) of the need for easy-to-read language published in 2014, 8–12% of children and young people and 6–10% of the working-age population are estimated to need easy-to-read language. The percentage of the elderly who need easy-to-read materials is approximately 15–20%. Furthermore, in certain situations, easy-to-read language is useful to a larger share, around 20–25% of the population, including those who need easy-to-read language. This means that over 500,000 people in Finland, or around 10% of the population, need easy-to-read language. There is also a need for easy-to-read materials in Swedish.
3. In the spring of 2015, the Finnish Centre for Easy to Read and the Association of Finnish Local and Regional Authorities conducted a survey of municipalities on the need for easy-to-read language. 10% of the municipalities that responded to the survey had produced some easy-to-read materials. In regard to production of public administration information materials, one in three respondents had produced information in easy-to-read language.[[34]](#footnote-34)
4. In 2017, Åland's Radio & TV developed new accessible graphics on the Åland channel. The daily news is broadcast on Åland's channel in text form. The Åland Act (ÅSS 2007:60) on Postal Services requires as a general rule post offices to offer visually impaired the possibility to send mailings containing Braille under 7 kg free of charge.

## ARTICLE 22: RESPECT FOR PRIVACY

1. The Constitution guarantees everyone’s private life, honour and the sanctity of the home. The secrecy of correspondence, telephony and other confidential communications is inviolable.
2. The Criminal Code provides for offences against privacy, public peace and personal reputation, such as invasion of domestic premises, eavesdropping and illicit observation, dissemination of information violating personal privacy and defamation.
3. The starting point of the Act on the Openness of Government Activities (621/1999) is that official documents shall be in the public domain. Documents containing information on a recipient of welfare or an individual client of the labour administration and a benefit, support measure, social service or service of the labour administration for individual clients given to him or her, or information on the state of health or handicap of a person, the medical care or treatment given to him or her, or information on his or her sexual behaviour and preferences shall be secret unless specifically provided otherwise.
4. The purpose of Regulation (EU) 2016/679 of the European Parliament and of the Council (General Data Protection Regulation) and of the Data Protection Act (1050/2018) is to ensure the protection of privacy in the handling of personal data. The handling of personal data belonging to special personal data groups, such as health information (including a person’s disability) is in principle forbidden, unless there are justifiable grounds for handling it. The prohibition to process does not prevent, for example, a health care unit or a health care professional from processing data collected in the course of their operations and relating to the state of health, illness or handicap of the data subject or the treatment or other measures directed at the data subject, or other data which are indispensable in the treatment of the data subject or, for example, an insurer from processing data collected in the course of its insurance activity and relating to the state of health, illness or handicap of the policyholder/claimant.
5. Patient documents and treatment-related materials and their confidentiality are stipulated in the Act on the Status and Rights of Patients (785/1992). The Act on the Protection of Privacy in Working Life (759/2004) stipulates the general preconditions for the collection of personal data about employees and the processing of health related data. The Act on the Status and Rights of Social Welfare Clients (812/2000) stipulates on confidentiality, secrecy obligation and disclosure of confidential information.
6. On Åland, the Åland Act on Access to Public Documents (1977:72) and Act on Treatment of Personal Information within the Åland Government and municipal administration (2007:88) apply. The Åland Government is developing specific legislation on client documents within social welfare.

## ARTICLE 23: RESPECT FOR HOME AND THE FAMILY

1. Persons with disabilities have the right to marry and start a family. The right is restricted by the general impediments to marriage referred to in the Marriage Act (234/1929).
2. A guardian is not qualified, on behalf of the client, to give consent for marriage or adoption, acknowledge paternity, accept acknowledgement of paternity, construe or cancel a testament or represent the client in any other personal matter comparable to these.
3. According to the Adoption Act (22/2012), the adoption of a minor child may be granted if it is deemed to be in the best interests of the child and if it has been established that the child will be well taken care of and brought up. According to the preparatory works, the disability of the prospective adopter is not, in itself, an impediment to adoption. The possible effects of the prospective adopter’s disability on their ability to ensure that the child will be well taken care of and brought up is only one factor to be considered in addition to other circumstances when making the decision.
4. The Constitution stipulates on the responsibility of the public authorities to support families and others responsible for providing for children so that they have the ability to ensure the wellbeing and personal development of the children. According to the Child Welfare Act (417/2007), the primary responsibility for a child’s wellbeing rests with the child’s parents and other custodians.
5. Children and families are primarily entitled to general social welfare services. From the beginning of 2015, necessary home services for families with children were prescribed to be a subjective right pursuant to the Social Welfare Act. Home service is provided based on a factor that reduces functional capacity or a special family or life situation, for example in a family with a child with a disability. Child welfare clients also have the right to receive home service. The purpose of the service is to support families in their daily life and reinforce their own resources. Another purpose of such service is to serve as effective preventive child welfare.
6. According to the Child Welfare Act, children and families must be supported through preventive child welfare. Preventive child welfare includes support and special support given in, for example, education, youth work, day care, prenatal and child health clinics and in other social and health care services.
7. The disability of a parent or child does not in itself constitute grounds for a child welfare client relationship. If the support or special support provided in basic services or, for example, in services intended for persons with disabilities is not enough to guarantee a child’s development and wellbeing, the child and family must be referred to child welfare services. According to the principle of the mildest intervention, children and families must be supported primarily through non-institutional supportive measures.
8. According to the Child Welfare Act, children must be taken into care and substitute care must be provided by the municipal body responsible for social services if their health or development is seriously endangered by lack of care or other circumstances in which they are being brought up, or they seriously endanger their health or development. Taking a child into care and provision of substitute care may only be resorted to if the non-institutional supportive measures would not be suitable or possible for providing care in the best interests of the child concerned or if these measures have proved to be insufficient and substitute care is estimated to be in the child’s best interests.
9. The purpose of a placement of a child away from home is to safeguard the child’s wellbeing, growth and development. In choosing a place for substitute care, special attention must be paid to the child’s needs and the justification for taking the child into care. The aim is to primarily organise a child’s substitute care as family care and to only organise institutional care if it is not possible to organise the child’s substitute care with sufficient support measures in accordance with the child’s best interests as family care or elsewhere. Before a child’s placement away from home, it is necessary to investigate what opportunities there are for the child to live with the parent with whom the child does not primarily reside, with relatives or other persons close to the child, or for these parties to otherwise participate in supporting the child.
10. A child in substitute care has the right to meet and keep in contact with their parents, siblings and other persons close to them. Authorities must support contact between children and the persons close to them. During the substitute care of a child, the objective of the support given to the child and parents must be reuniting the family.
11. During the envisaged reform of the Disability Services Act, attention has been paid to the position and housing of children with disabilities.

## ARTICLE 24: EDUCATION

1. The new Act on Early Childhood Education and Care (540/2018) entered into force on 1 September 2018. Every child is entitled to 20 hours a week of early childhood education and care. A child is entitled to full-time early childhood education and care if the child’s parents or other guardians work or study full-time or are self-employed. When necessary, the child is also entitled to early childhood education and care beyond 20 hours if their parent works part-time or is in rehabilitation, for instance. Full-time early childhood education and care must be organised if it is necessary, for example, for the child’s development, need for support or the circumstances of the family.
2. An individual early childhood education and care plan is prepared for the child, including the objectives for implementing the child’s early childhood education and care in a way that supports the development, learning and well-being of the child as well as the actions to implement the objectives. The plan also includes the child’s need for support, supportive measures and their implementation.
3. Early childhood education and care is developed in accordance with the inclusion principle, whereby all children can participate in early childhood education and care regardless of their need for support or disability.
4. The support for the child’s development and learning is based on the child’s individual needs. The support is primarily provided by means of various flexible arrangements in the child’s own day-care or family day-care group. If the best interests of the child so require, support can also be partly or fully organised in a special group. In other early childhood education and care settings, a special kindergarten teacher may be consulted in organising support for the child. In collaboration with the guardians, it can also be agreed that the child transfers to regular early childhood education and care at a day-care centre in order to receive the support needed.
5. The early childhood education and care of children using sign language can be implemented either in a sign language group or in a group consisting of children using sign language and spoken language.
6. Provisions on basic education and compulsory schooling are laid down in the Basic Education Act (628/1998).
7. Besides Finnish or Swedish, the language of instruction may also be sign language. The syllabus of sign language and literature may be studied as the mother tongue.
8. The Basic Education Act contains provisions on the right of an enrolled pupil to sufficient support in learning and schoolgoing on school days directly as the need arises. A pupil who has temporarily fallen behind in studies, or otherwise needs short-term support in learning, is entitled to remedial teaching. A pupil who has difficulties in learning or schoolgoing is entitled to part-time special-needs education in addition to other teaching.
9. A pupil who needs regular support or several simultaneous forms of support in the learning or schoolwork is to be provided enhanced support in accordance with an individual learning plan. Special support under the Basic Education Act consists of special-needs education and other support. This requires a written decision providing for, for example, any assistant services. Before making the decision, the education provider must hear the pupil and their guardian or legal representative. The decision on special support may be made before the start of pre-primary or basic education or during it without a preceding pedagogical examination and provision of enhanced support for learning if a psychological or medical assessment reveals that instruction may not otherwise be provided to the pupil because of a disability or illness, for example. An individual educational plan is to be prepared for the pupil. Taking into consideration the interests of the pupil and educational arrangements, special needs education is organised in conjunction with other instruction, or partly or fully in a special class or in another applicable place.
10. Teaching for pupils with the most severe intellectual disabilities or other disabilities or severe illnesses may be organised by area of activity instead of division into subjects. This is decided on in the special support decision. Teaching is organised by area of activity only when the pupil is not capable of taking even individualised syllabuses of subjects. Areas of activity include motor skills, language and communication, social skills, daily functioning skills and cognitive skills. The aim of such teaching is to give the pupil knowledge and skills with which they can manage as independently as possible in their lives.
11. If it is clear because of the child’s disability or illness that the objectives of basic education cannot be achieved in nine years, compulsory education must begin at the age of 6 and last 11 years (extended compulsory education).
12. In 2017, there were 10,457 pupils participating in extended compulsory education in pre-primary, basic and additional education. This accounted for 24% of all pupils receiving special support.
13. Prime Minister Rinne’s Government programme includes an investigation of the need to amend the legislation on early childhood education and care and on comprehensive school education to make them compatible with the Sign Language Act and the Convention.
14. On each school day, pupils are entitled to receive a well-balanced meal free of charge and, under certain circumstances, school transport free of charge. Pupils with disabilities and other pupils requiring special support are also entitled to the assistive devices required for participation in teaching free of charge.
15. According to the 2016 annual report of the Ombudsman for Children, a challenge in some municipalities has been that the local-school principle and inclusion in general teaching groups are not realised: children have been transferred to special schools or groups even though they could attend their local school or a normal class with sufficient support.
16. The task of the group for developing demanding special support set by the Ministry of Education and Culture in 2015 was to analyse the extent and methods of unusual teaching arrangements and to develop the flexible educational pathway for pupils requiring special support. The final report by the development group from included 12 development suggestions to safeguard every pupil’s right to education whenever it is possible considering the pupil’s health.[[35]](#footnote-35)
17. The Ministry of Education and Culture has launched VIP guidance and service networks tasked, for example, with developing demanding special support. The objective is to respond in a more flexible and versatile way to the needs of pupils requiring special support and their teachers in local schools.
18. According to the General Upper Secondary Schools Act (629/1998), sign language may be the language of instruction in general upper secondary school. The syllabus of sign language and literature may also be studied as mother tongue in general upper secondary school. According to the Act on the Organisation of the Matriculation Examination (672/2005), the mother tongue test may be based on the syllabus of Finnish or Swedish as a second language if the candidate uses sign language as mother tongue or first language.
19. According to the General Upper Secondary Schools Act, pupils with disabilities or otherwise in need of special support are entitled to assistance services required by the studies, other educational and student welfare services and special assistive devices. A student’s studying may be partly organised differently to what is prescribed in the law, if it is justified for reasons concerning the student’s state of health, such as a disability. In upper secondary schools, a student’s disability must be taken into account in the assessment of the student and, if necessary, the student must be given the opportunity for special arrangements and alternative ways of demonstrating competence.
20. According to the Government Decree on the Matriculation Examination (915/2005), if a candidate has a disability or a reading or writing difficulty, the examination may be organised with special arrangements.
21. The matriculation examinations were taken in completely digital form for the first time in spring 2019. The Matriculation Examination Board will continue developing the digital matriculation examination.
22. The new General Upper Secondary Schools Act (714/2018) will enter into force on 1 August 2019. According to the Act, general upper secondary school students will be offered more personal guidance, support for learning and, if necessary, special needs education.
23. A new Vocational Education and Training Act (531/2017) entered into force on 1 January 2018. The objective is to enable seeking and accessing education flexibly through different paths and to secure a study place for everyone who has completed their basic education, including applicants requiring demanding special support. In vocational education and training, the education of students requiring special support is primarily organised together with other students. If necessary, the right to freely seek education enables students requiring demanding special support to be educated in a vocational special education institution.
24. In addition to the language of instruction specified in the licence to provide education, the education provider may also provide instruction in sign language, for example.
25. A student is entitled to special support if they, for example owing to a disability, needs long-term or regular support in order to reach the professional skills requirements or targeted learning outcomes laid down in the qualification requirements or education requirements.
26. It is the task of an education provider offering demanding special support to organise education for students requiring individual, extensive and versatile special support due to major learning difficulties or a severe disability or illness.
27. For students requiring special support, the skills assessment in line with the vocational upper secondary qualification requirements may be adjusted by preparing an individual skills assessment for the student.
28. The professional skills requirements and targeted learning outcomes laid down in the vocational upper secondary qualification requirements may be deviated from if they, taking the circumstances and previously acquired competence into consideration, are in some respect unreasonable for the student or if the deviation is justified for reasons relating to the student’s disability or health.
29. In order to support the implementation of the reform, a group for developing demanding special support in vocational education and training has been set to promote the collaboration of different actors and to analyse the challenges and needs of students requiring demanding special support relating to the implementation of vocational education and training.
30. According to a report prepared by the Ministry of Education and Culture in 2016, the number of students with the most severe disabilities transferring from basic education to secondary education was approximately 350. On average, students with the most severe disabilities account for 1.9% of all students. According to a broader definition, around 1,160 students with disabilities transfer from basic education to secondary education each year.
31. The operations of universities and universities of applied sciences are regulated by the Universities Act (558/2009) and the Universities of Applied Sciences Act (932/2014) containing separate provisions on the equality of student admission. An issue relating to health or functionality may not prevent the admission of students. However, a person who is not capable of the practical assignments or practical training relating to the studies because of their health or functionality cannot be admitted as a student if the safety requirements relating to the studies so require and the obstacle cannot be removed with reasonable effort.
32. There are no register-based statistics on the disability of university students. According to a report by the THL, only 23% of persons with functional impairments had completed a higher level degree, while the figure for the rest of the population was 40%.[[36]](#footnote-36) According to the EUROSTUDENT student survey (2017),[[37]](#footnote-37) 28% of students in tertiary education have a physical disability, functional limitation or long-term health problem. ANED has also produced comparative data on the education of persons with disabilities in the EU Member States.[[38]](#footnote-38)
33. The availability of special needs teachers and special class teachers has been improved by increasing training. 86.6% of special class teachers and special needs teachers are formally qualified. Since 2017, training objectives have also been increased for the training of special kindergarten teachers.
34. The share of qualified special class teachers and special kindergarten teachers increased by 8.3 percentage units between 2013 and 2016. The share of qualified teachers varies by region.
35. Funded by the Ministry of Education and Culture, a development project of universities providing special needs teacher and special class teacher training was launched in teacher training in 2017. The project is targeted at the development of the special needs teacher training. In 2018, the Ministry of Education and Culture funded a project called TUVET in universities to strengthen expertise in the special support required in the basic and continuing education of teachers. This project supports the operation of the national guidance and service network for special support.
36. Training of sign language teachers and teacher training in sign language is a national task of the University of Jyväskylä, which receives separate funding for this.
37. The learning materials of the Celia library for the visually impaired became free of charge at the beginning of 2018.
38. The purpose of the Student Welfare Act (1287/2013) is to promote the learning, health, well-being and participation of students and the healthiness, safety and accessibility of the studying environment and to secure the equal availability and quality of student welfare services. An educational institution providing basic education or vocational education and training and tasked to organise education for people with the most severe disabilities may organise health services for their students in order to support education and training.
39. In accordance with Åland’s curriculum for elementary school pupils with physical or mental disabilities shall, when educationally possible, be integrated in mainstream education. In order to achieve more flexible ways to organise teaching and using alternative teaching methods, the Åland Government has initiated a review of the Basic Education Act (ÅSS 1995:18), basic education curricula and the Act on Education on a High School Level (ÅSS 2011:13). The new curriculum instructions for special education in elementary school “Support for learning” shall also be introduced in the curriculum for education at the secondary level to achieve coherence and continuity of support measures. Moreover, the Åland Government intends to produce an action plan for the development of special education in Åland’s vocational high school.

## ARTICLE 25: HEALTH

1. In Finland, the production of health care services is a legal obligation of public authorities for which municipalities and joint municipal authorities are primarily responsible. Prime Minister Rinne’s Government will carry out a health and social services reform, whereby larger self-governing counties will become primarily responsible for organising health and social services.
2. Based on the Act on the Status and Rights of Patients, every person permanently resident in Finland is, without discrimination, entitled to health care and medical care required by their state of health within the limits of the resources available to health care at the time in question. According to the Act, a patient is entitled to health care and medical care of good quality. According to the Health Care Act, the provision of medical care is to be based on the medical diagnosis of the patient and carried out in line with harmonised principles of care, where available.
3. According to the Act on the Status and Rights of Patients, the care of a patient must be performed in agreement with the patient. If a patient refuses a certain treatment or procedure, they are, where possible, to be treated in agreement with them in another medically acceptable manner.
4. If an adult patient cannot, because of a mental disorder, an intellectual disability or some other reason, decide on their treatment, the patient’s legal representative, next of kin or another person closely involved with them must be heard before making an important treatment decision in order to specify what treatment would be in accordance with the patient’s wishes. If this cannot be assessed, the patient must be treated in a manner that can be considered to be in their personal interest. In these cases, consent to the treatment must be received from the patient’s legal representative, next of kin or another person closely involved with them. The person giving the consent must respect the patient’s previously expressed wishes or, if none have been expressed, the patient’s personal interest. If the legal representative, next of kin or another person closely involved with the patient prohibits the care or treatment of the patient, the patient must, when possible, be treated in agreement with the person refusing to give consent in another medically acceptable manner. If the legal representative, next of kin or another person closely involved with the patient disagrees on the care or treatment to be given, the patient is to be cared for or treated in a manner that can be considered to be in their personal interest.
5. A plan concerning examinations, treatment or medical rehabilitation must be prepared in agreement with the patient and indicate the arrangement of the patient’s medical care and the treatment schedule. If the patient cannot participate in the preparation of the plan, it should be prepared in agreement with the patient’s close relative, a person closely involved with them or their legal representative.
6. The statutory task of the patient ombudsman is to provide advice and information on the patients’ position and rights.
7. According to a report by the THL, there are noticeable health differences between persons with disabilities and the overall population and not all of these can be explained by disability. 39% of persons with functional impairments considered their health to be good or fairly good, while the figure for the rest of the population was 78%.[[39]](#footnote-39)
8. Patients must be provided an account of their state of health, treatment options and their effects and other matters relating to the treatment so that they sufficiently understand its content. If the medical professional does not speak the language used by the patient or the patient cannot be understood because of a sensory handicap or speech impediment, interpretation shall be arranged when possible.
9. Persons with disabilities have the right to decide on matters relating to their own sexuality. Sexual and reproductive health has increasingly been included in the guidance of persons with intellectual disabilities. In many housing units for persons with intellectual disabilities, there are instructors trained as sexual counsellors.
10. The THL’s 2014–2020 Action Plan for Sexual and Reproductive Health pays special attention to age-appropriate sexual education and the equal availability of sexual health services.
11. The Insurance Companies Act (521/2008) requires that insurance companies comply with legislation governing insurance activities and good insurance practice. Treating someone differently without an acceptable reason in business activities, such as the provision of insurance services, based on disability, for example, is criminalised in the Criminal Code. The protection from discrimination under the Non-discrimination Act also applies to insurance products.
12. The Insurance Contracts Act (543/1994) concerns voluntary insurance policies governed by freedom of contract. Insurance providers have no obligation to make insurance agreements with everyone. However, insurance services may not be provided in a discriminatory way. Any differential treatment based on disability, for instance, must have an acceptable justification.
13. In voluntary personal insurance policies, the disability as well as the state of health of the individual customer may individually impact obtaining the insurance policy. The decision on granting or denying an insurance policy must be made based on medical risk assessment and the quality of the insurance policy applied for.
14. The Commerce Committee of Parliament considered in its statement (TaVL 3/2010 vp) that in principle, disability may not be a reason for rejecting an insurance application. The actual increased risk related to certain types of disability may usually be reasonably allowed for in the insurance fees and terms.
15. If the insurance applicant suspects that their application has been rejected on inappropriate grounds, deviating from good insurance practice, they can contact the Financial Supervisory Authority, which controls the legality of the operations of insurance companies. The applicant may also take the case to the Insurance Board or the Consumer Disputes Board, both of which provide decisions in the form of recommendations.

## ARTICLE 26: HABILITATION AND REHABILITATION

1. According to the Health Care Act, the municipality shall organise medical rehabilitation relating to the treatment of patients. Medical rehabilitation includes advice and guidance for rehabilitation, assessment of the patient’s functional capacity and work ability as well as need for rehabilitation, assessment of options and prognosis of rehabilitation, therapy aimed at improving and maintaining functional capacity and other measures to support rehabilitation, assistive device services, adaptation training and rehabilitation periods in inpatient or outpatient care.
2. Rehabilitation forms a functional entity with appropriate treatment. The need for and the objectives and content of medical rehabilitation shall be defined in a written individual rehabilitation plan. The municipality is also responsible for steering and monitoring the rehabilitation service and, if necessary, appoints a rehabilitation contact person for the patient. The municipality has no obligation to organise the above-mentioned rehabilitation if Kela is responsible for the organisation of medical rehabilitation.
3. If a person needs rehabilitation which is not a statutory task of the municipality or the organisation of which is not appropriate within basic health care, the municipality is responsible for ensuring that the person is informed about other rehabilitation options. Coordinating services with other parties providing rehabilitation is defined in the patient’s individual rehabilitation plan.
4. Social rehabilitation is organised by municipalities and organisations. However, organisations cannot organise rehabilitation that is under the municipality’s statutory responsibility to provide. Social rehabilitation services are regulated in the Social Welfare Act. Social rehabilitation refers to enhanced support given with the means of social work and social instruction in order to strengthen the social ability to function, prevent exclusion and promote social inclusion. It includes, for example, examination of the social ability to function and the need for rehabilitation and, coaching for coping with everyday activities. The social rehabilitation of young people supports their placement in, for example, work or studies.
5. Services that maintain the capacity to function and work of a person with disabilities are granted as activities to support employment and as work activities to maintain and promote functional capacity as referred to in the Social Welfare Act. In addition, the Act on Special Care for Persons with Intellectual Disabilities contains provisions on work coaching, work activities and other stimulating activities.
6. A person’s right to activities that maintain and promote the ability to function and the services of medical rehabilitation are also secured as part of housing and institutional services in accordance with the Social Welfare Act.
7. According to the Act on the Rehabilitation Benefits and Rehabilitation Allowance Granted by the Social Insurance Institution (566/2005), Kela organises and reimburses occupational rehabilitation, demanding medical rehabilitation, rehabilitation psychotherapy and, as discretionary rehabilitation, occupational or medical rehabilitation other than those mentioned above. When preconditions are met, Kela pays rehabilitation allowance for the duration of the rehabilitation and reimburses travel costs.
8. To support or improve work and earning capacity and prevent incapacity for work, Kela organises occupational rehabilitation for young people and adults outside working life and early occupational rehabilitation for those in working life if an illness, defect or disability has caused or is estimated to cause in the coming years an essential weakening of the capacity to work or study or of the earnings opportunities. When assessing the essential weakening of the capacity to work or study and earnings opportunities, the overall situation of the person is taken into account, along with the remaining capacity to earn money by engaging in work that is available and can be reasonably expected from the person. When assessing the appropriateness of rehabilitation, it is taken into account whether the rehabilitation is likely to lead to the applicant continuing in work suitable for their state of health, returning to their work or transitioning to working life.
9. Vocational rehabilitation includes the granting of vocational rehabilitation assessments, training try-outs, vocational education and coaching that maintains and improves working capacity and the reimbursement of assistive devices needed in work or studying. In 2017, 20,400 people received vocational rehabilitation from Kela.
10. A person under 65 years of age who is not in public institutional care is entitled to demanding medical rehabilitation for coping with work, studies or other everyday activities and participation if they have an illness or disability and a related performance and participation limitation causing a rehabilitation need for at least a year. Another requirement is that the limitation causes the person significant difficulties in coping with everyday activities and the rehabilitation enables the person to cope with them. The factors affecting the person’s functional ability are taken into account comprehensively in the assessment. The rehabilitation is based on a rehabilitation plan prepared in public health care. Therapy and multidisciplinary rehabilitation services are organised as demanding medical rehabilitation. In 2017, 30,700 people received demanding medical rehabilitation.
11. Kela reimburses appropriate rehabilitation psychotherapy to support or improve the work or study capacity of a 16–67 year-old if a properly detected and diagnosed mental health issue threatens the person’s work or study capacity. The reimbursement requires that the person has, after the detection of the issue, been in proper treatment for at least three months. Rehabilitation psychotherapy is not reimbursed if other available forms of treatment or rehabilitation are sufficient. In 2017, 36,700 people received rehabilitation psychotherapy.
12. Kela organises discretionary rehabilitation with budgetary appropriation granted annually by Parliament. For example, training courses for rehabilitation and adaptation are organised as discretionary rehabilitation. In 2017, 24,600 people received discretionary rehabilitation.
13. To prevent incapacity for work and improve work and earning capacity, employment pension institutes organise appropriate occupational rehabilitation for employees and entrepreneurs established in working life whose illness, defect or disability is likely to threaten their capacity to work.
14. If the need for medical or occupational rehabilitation is caused by an occupational accident or disease, accident insurance companies reimburse rehabilitation. Motor insurance institutions reimburse rehabilitation relating to work, earning and functional capacity when needed due to a traffic accident.
15. Assistive device services are part of medical rehabilitation relating to health care. A precondition for receiving an assistive device is an illness, disability or delayed development established on medical grounds and resulting in reduced functional ability. The need for an assistive device must be assessed in a user-centred, timely and individual manner. The tools, devices, accessories, software and other solutions provided as assistive devices for medical rehabilitation shall promote the rehabilitation of the patient, support, maintain or improve functional ability in everyday activities or prevent impaired capacity to function.
16. According to the Act on Client Fees in Social Welfare and Health Care (734/1992), assistive device services of medical rehabilitation are free of charge.
17. A person who cannot cope with their work or studies because of illness or disability without expensive and demanding assistive devices may obtain them from Kela as vocational rehabilitation. These assistive devices include closed circuit televisions, Braille displays and various IT applications, such as screen readers.
18. By virtue of the Workers’ Compensation Act (459/2015), compensation is paid for the costs of medical rehabilitation (including assistive devices) and vocational rehabilitation measures. In addition, additional costs for instance of service housing, costs of assistive devices needed in daily activities and costs of home modifications are reimbursed as rehabilitation. As compensation for loss of earnings, rehabilitation allowance is paid for the duration of vocational rehabilitation and daily allowance or workers’ compensation pension is paid for the duration of medical rehabilitation. Home-care allowance may also be paid to the injured person if they need care, assistance, control or guidance because of their disability or illness. Reimbursement may also be paid for additional housekeeping costs for one year after the occurrence of damage if the person is unable to perform housekeeping. Compensation for functional limitation is also paid to the injured person if the disability or illness causes impaired capacity that can be assessed as permanent.
19. By virtue of the Motor Liability Insurance Act (626/1991), insurance institutions reimburse, as rehabilitation relating to working and functional capacity, for example the costs of purchasing assistive devices that are necessary due to functional limitations relating to a disability or illness caused by a traffic accident.
20. Reasonable costs for necessary and reasonable assistive devices and equipment relating to permanent housing as well as for home modifications are also reimbursed as rehabilitation relating to working and functional capacity for persons with severe disabilities. Additional costs arising from service housing and costs of interpretation services, for example, are also reimbursed for persons with a severe vision, hearing or speech impairment.
21. The assistive devices and equipment intended for the rehabilitee that, considering the functional limitations, are necessary in coping with work tasks are reimbursed as rehabilitation relating to work and earning capacity.
22. An overall reform of the rehabilitation system is envisaged. The current system is a fragmented whole where the rehabilitation tasks of different parties and the division of responsibility and the funding of rehabilitation are regulated in each party’s own legislation. Also, rehabilitation services are not always available at the right time, rehabilitees do not have enough information on the access to services and the collaboration between the parties responsible for rehabilitation does not function adequately.
23. The Ministry of Social Affairs and Health set a rehabilitation reform committee for the overall reform of the rehabilitation system in autumn 2016. The committee submitted its proposals to the Ministry in November 2017.[[40]](#footnote-40)
24. In autumn 2018, the Ministry of Social Affairs and Health published a guide on the national criteria for assigning assistive devices in medical rehabilitation. The purpose of the guide is to harmonise instructions on assistive devices throughout the country.
25. In Åland, medical rehabilitation is regulated in the Åland Act on healthcare (ÅSS 114/2011).

## ARTICLE 27: WORK AND EMPLOYMENT

1. The Non-discrimination Act contains provisions on the prohibition of discrimination based on disability, the promotion of equality at workplaces and the prohibition of discriminatory job advertisements.
2. Labour legislation and employment-promoting legislation treat job applicants and employees with disabilities equally with others.
3. According to the Occupational Safety and Health Act (738/2002), employers are required to take care of the safety and health of their employees while at work. For this purpose, employers shall consider the circumstances relating to the work, working conditions and work environment as well as the employee’s personal capacities, such as disability. When determining and assessing the dangers of work, the employer shall also consider the employee’s personal preconditions for working. When designing the work environment, it shall be ensured that the conditions to be designed meet the requirements set in the Act. When necessary, the arrangements shall take into account persons with disabilities and other employees for whom working and ensuring health and safety at work requires special measures.
4. Job applicants with disabilities are entitled to the same benefits and services as other job applicants. In addition, a job applicant with disabilities may be entitled to special benefits or services intended to improve employment preconditions and remaining in work.
5. The Employment and Economic Development Office may grant employers subsidies for the costs of hiring an unemployed job applicant. The purpose of the subsidies is to promote the employment of job applicants in the open labour market when they lack professional competence or have a disability or illness that affects coping with various tasks. The pay subsidy is a discretionary form of support granted within the framework of available funding. The Government’s goal is to raise the maximum amount of pay subsidy for example for persons with disabilities of low employability.
6. Employment and Economic Development Offices may grant employers subsidies for arranging working conditions if a disability or illness of an employee or a person to be hired requires purchasing tools or making changes at the workplace and if the resulting costs can be considered significant, taking into account the employer’s economic situation. Such subsidies may also be granted to compensate for the assistance given by another employee.
7. At the end of September 2018, 29,140 unemployed people with partial work ability were registered at the Employment and Economic Development Offices. Since May 2015, the number had decreased by 29.5%. The last time the number of unemployed people with partial work ability was at that level was in June 1993. During this time period, the number of unemployed people in the rest of the population decreased by 42.1%. Although the unemployment of people with partial work ability decreased more slowly than that of the rest of the population, statistics indicate a change towards more equal opportunities in working life. Because persons with disabilities are not registered, no up-to-date information is available on the employment or unemployment rate of this target group. The information must be acquired through special studies in which the material is based on a specified benefit or service.
8. Based on a report[[41]](#footnote-41) by the THL, of people aged 29 or older, 27% of functionally impaired people and 55% of the rest of the population were employed. Correspondingly, the proportion of pensioners was larger for functionally impaired people (58%) than for the rest of the population (36%). Of functionally impaired people of working age, a good third were employed, whereas for the rest of the population, the figure was 75%. Likewise, when the review was limited to the working-age population, the unemployment percentage was nearly twice as high for functionally impaired people as for the rest of the population and the proportion of pensioners was significantly larger.
9. According to the statistics of the Finnish Register of Visual Impairment, the employment rate of visually impaired people was below 40% in 2015. The employment rate has dropped, and the gap to the rest of the population has increased.
10. Career opportunities for people with partial work ability was one of the key projects of Prime Minister Sipilä’s Government. The project included creating and testing new ways to support the employment and social inclusion of people with partial work ability.
11. In collaboration with the working group on inequality, the project acquired research material on the working life inclusion and entrepreneurship of people receiving Kela’s care allowance for pensioners or disability allowance for persons aged 16 years or over. Of people thus defined as persons with disabilities, 38.4% had been in full-time work and 31.0% in part-time work during the previous two years. Of those who had been working, 53.5% were satisfied with their current working hours/workload and only 13.2% wanted to work more hours. Of those who wanted to enter working life, 26.1% wanted to work full-time and 25.1% part-time. 33% of the respondents considered themselves unable to work.
12. According to Prime Minister Rinne’s Government programme, great potential for employment growth lies for example in groups such as persons with disabilities. Access to employment-promoting and individual services will be enhanced for those in need of special support.
13. A survey has been made on the factors preventing and promoting entrepreneurship of persons with disabilities and with partial work ability, and actions promoting the entrepreneurship of persons with disabilities are being discussed with labour, business and disability organisations. It was discovered that the most significant motivating factor for entrepreneurship is the chance to influence working conditions and the most significant barrier especially the worries connected to financing and livelihood (social benefits). The survey identifies means to promote entrepreneurship of persons with disabilities.
14. With funding from the European Social Fund and the Ministry of Social Affairs and Health, a research project was conducted to examine the views of employers on the opportunities and obstacles of the employment of people with partial work ability.[[42]](#footnote-42) According to the research, most companies consider work motivation the most important criterion and characteristic even when the job applicant is a person with partial work ability. The research indicates that attitudes towards partial work ability are becoming more positive. Actions will be carried out to lower the recruitment threshold and information on functional solutions will be provided to employers.
15. The competence of professionals working with services for those with partial work ability will be developed by organising training for working capacity coordinators throughout Finland.
16. The intention has been to reform the operating models and culture of services needed by those with partial work ability, as well as the legislation concerning them, so that persons with disabilities and those with partial work ability can access the services they need more efficiently than currently and a growing number of people with partial work ability will make progress on their employment path.
17. In the Career opportunities for people with partial work ability project, a tripartite working group prepared a report on the removal of incentive traps relating to partial work ability. The working group proposed a ‘linear model’, referring to the method of coordinating earnings and pension in which earnings steplessly reduce the pension to be paid.
18. In December 2017, as part of the Career opportunities for people with partial work ability project, trade union confederations, social and health organisations and disability organisations committed to collaborate in finding ways to support the employment of people with partial work ability.
19. Research has pointed out that work activities in accordance with the Social Welfare Act do not sufficiently encourage or guide people to the open labour market. This also varies between municipalities.[[43]](#footnote-43)
20. The national Let’s support entrepreneurship! 2016–2019 project promotes the inclusion of persons with disabilities in working life through entrepreneurship. The project supports persons with disabilities, provides entrepreneur associations with information and training for business advisors. The project is managed by the Finnish Association of People with Physical Disabilities.
21. The Åland Labour Market and Student Service Authority AMS is responsible for employment training, guidance, special services for people with reduced work capacity and other measures to promote employment. Unemployed persons with a disability that causes reduced work capacity have the right to take part in all services available at the AMS on the same conditions as other applicants.

## ARTICLE 28: ADEQUATE STANDARD OF LIVING AND SOCIAL PROTECTION

1. The Constitution guarantees the right to receive indispensable subsistence and care.
2. In principle, the social security legislation does not differentiate between people based on disability. In the enforcement of the legislation, the personal characteristics and factors of persons with disabilities are taken into account as for other people. The granting of benefits securing livelihood is not tied to disability. The benefits are granted for people who, according to the law, are in need of subsistence benefits.
3. The Finnish pension system principally consists of two statutory pension schemes: the employment pension scheme and the national pensions scheme, supplemented by guarantee pension. Employment pension is accrued for work performed as an employee, entrepreneur and grant recipient, as well as for certain unpaid periods including maternity, paternity and parental leave, periods of unemployment and job alternation leave, various rehabilitation and illness periods and study time. Guarantee pension is aimed at securing the livelihood of people with the lowest income. At the beginning of 2018, the guarantee pension was raised by approximately €15 to the monthly amount of €775.27.
4. In addition, there are certain special acts providing for the right to compensation for loss of earnings or another subsistence benefit in the case of specified incidents. Compensation for loss of earnings may also be paid on the basis of partial work disability.
5. In addition to old age pension, actual pension benefits include disability pension and survivors’ pension, consisting of widow’s pension and child’s pension. Pension benefits in the employment pension scheme also include partial early old-age pension and partial disability pension.
6. When illness results in incapacity for work, livelihood is usually first secured by sickness allowance in accordance with the Health Insurance Act (1224/2004). If the illness is prolonged, the person may apply for disability pension. If the maximum period for sickness allowance is reached while the pension application is pending, the livelihood of the disability pension applicant is secured through unemployment security.
7. According to the employment pension acts, an employee is entitled to full disability pension if their work ability is considered to have weakened due to their illness, defect or disability by at least three fifths for at least one year continuously and to partial disability pension if their work ability is considered to have weakened by at least two fifths for at least one year continuously. In the National Pensions Act (568/2007), the preconditions for granting disability pension are mainly the same, but the granting of partial disability pension is not possible. According to the National Pensions Act, disability pension is always granted to permanently blind or immobile persons as well as persons who, because of their illness, defect or disability, are permanently in such a state of helplessness that they cannot cope without the help of another person.
8. Disability pension can be granted indefinitely or for a fixed period. Fixed-period disability pension is called rehabilitation allowance. Rehabilitation allowance is granted to promote the rehabilitation of the applicant for as long as the applicant is estimated to be incapable for work. The prerequisite is that a care or rehabilitation plan has been or is being prepared for the applicant.
9. Disability pension is based on an assessment of the applicant’s overall situation, but it does not require full incapability for work. A reduction in the capacity for work is sufficient if the person, with the remaining capacity, is incapable for work that would secure reasonable livelihood.
10. Benefits according to the Disability Benefits Act include disability allowance for persons under 16 years, disability allowance for persons aged 16 years or over, care allowance for pensioners and the front veterans’ supplement, paid as part of care allowance. The allowances are payable at the basic rate, the middle rate or the highest rate depending on the need of assistance.
11. The disability allowance for persons under 16 years is intended for children with a chronical illness or disability. Granting the allowance requires that the treatment, care and rehabilitation relating to the illness, defect or disability of a child under 16 years of age causes, for at least six months, greater strain or commitment than caring for a child of the same age without disabilities.
12. Disability allowance is paid to a person with an illness or disability aged 16 years or over and whose functional ability is impaired continuously for at least a year. In addition, the person’s illness or disability must cause harm, a need for assistance or a need for guidance and monitoring.
13. The purpose of the care allowance for pensioners is to support a pensioner with a chronical illness or disability with coping in daily life, the maintenance of their functional capacity, rehabilitation and care. A person is entitled to care allowance for pensioners when they receive pension referred to in the Disability Benefits Act and their functional capacity can be assessed to be impaired continuously for at least one year due to an illness, a defect or a disability causing a need for assistance or a need for guidance and monitoring.
14. Social assistance is the last-resort financial support that is part of social welfare. Everyone is entitled to social assistance if they are in need of support and cannot earn a livelihood through employment, entrepreneurship, other benefits, income or funds, the care of a person liable to provide maintenance or other means. According to the Social Assistance Act (1412/1997), the amount of social assistance is the difference between the defined expenses and the available income and funds. Social assistance consists of basic social assistance, supplementary social assistance and preventive social assistance.
15. Preventive social assistance is intended to promote the social safety and autonomy of a person and a family as well as to prevent marginalisation and long-term dependency on social assistance.
16. When granting supplementary social assistance, special expenses, including expenses arising from special needs or circumstances of a person or family that are considered necessary for ensuring their living or for promoting their independent living, are taken into account to appropriate extent. A long-term or serious illness, for example, can be considered a special need or circumstance.
17. Housing allowance may be granted to a household for reducing housing costs for a rental or owner-occupied home in Finland and considered to be permanent, as provided for in the Act on General Housing Allowance (938/2014). The maximum amounts of acceptable housing costs are based on regional total rents. If one of the household members has a disability and needs a particularly large amount of space due to assistive devices or the assistance or care of the person with disabilities, such a household member counts as two persons for the purpose of determining the amount of acceptable housing costs. Housing allowance for pensioners is laid down in separate provisions.
18. Maximum payment limits are intended to facilitate ensuring the sufficiency of the livelihood of persons requiring many services. However, the customer fee legislation is outdated. The position of customers has not always been equal, and the legislation has not sufficiently ensured the priority of lowering or removing customer fees in relation to subsistence security. A reform of the customer fee legislation by introducing more free services and making charges more equitable, for example, is included in Prime Minister Rinne’s Government programme. The Government will also pilot personal budgets for persons with intellectual disabilities.
19. A report[[44]](#footnote-44) by the THL highlights that functionally impaired people have financial difficulties more often than the rest of the population.
20. The Prime Minister’s Office conducted a project on social security reform and activity (Toimi), which aims at preparing an overall reform of basic security that will improve employment and activity and reduce inequality.
21. The Åland Government is continuously monitoring and analyses economic vulnerability and social security in Åland.

## ARTICLE 29: PARTICIPATION IN POLITICAL AND PUBLIC LIFE

1. Legislation does not limit the opportunities of persons with disabilities to vote or run in elections. In practice, few persons with disabilities have run or been elected in municipal or national elections.
2. According to the Election Act (714/1998), voters can freely choose between advance voting and voting on the election day. Both alternatives must be arranged so that everyone is in a position as equal as possible when choosing the voting method.
3. All hospitals and all municipal health care units that provide around-the-clock care must organise advance voting. The municipal board may also by decision specify in which other social welfare units advance voting is to be organised.
4. Persons entitled to vote whose ability to move and function is so limited that they cannot access the advance voting and election day polling stations without unreasonable difficulties may vote at home. A family carer living in the same household is also entitled to vote during the home voting.
5. An electoral assistant shall be provided for the polling stations. A person with disabilities may use either their own assistant or the electoral assistant if they cannot fill the ballot themselves.
6. The Ministry of Justice has prepared instructions for ensuring the accessibility of voting facilities. It informs people about elections in Finnish and Finnish-Swedish sign language and in plain language and funds election material intended for visually impaired people. The Ministry has also produced election videos in plain language.
7. During elections, the Parliamentary Ombudsman has made surprise inspections at polling stations and investigated the accessibility of advance polling stations and the realisation of the secrecy of the polls. In the inspections, shortcomings have been observed at some polling stations relating to the visibility of signs, accessibility and ensuring election secrecy.
8. In 2017, the workgroup set by the Ministry of Justice to discuss online voting stated that online voting still involved significant risks although persons with disabilities, for example, could benefit from it. The work group did not recommend the introduction of online voting.
9. In Åland, the election legislation has recently been reformed with the purpose of modernising the election legislation. The requirement for accessible polling stations is clarified, and online voting is introduced in the Åland elections.
10. Third-sector parties promoting the rights of persons with disabilities are active actors whose expertise is utilised in the development of national legislation in the form of different consultations, workshops and consultation procedures.
11. In addition to their own funding, the funding of organisations mostly comes from the Funding Centre for Social Welfare and Health Organisations (STEA). Operating in connection with the Ministry of Social Affairs and Health, STEA is an independent state aid authority that manages the grants from the gaming revenue of Veikkaus Oy for non-profit projects of social and health organisations that promote health and well-being.

## ARTICLE 30: PARTICIPATION IN CULTURAL LIFE, RECREATION, LEISURE AND SPORT

1. The purpose of the Act on the Promotion of Sports and Physical Activity (390/2015) is to promote the opportunities of various demographic groups to engage in physical activity and greater equality in sports and physical activity. Promotion of sports for persons with disabilities is also included in Prime Minister Rinne’s Government programme.
2. The Ministry of Education and Culture requires a non-discrimination and equality plan from sports organisations as a factor affecting the allocation of grants and as a condition for receiving them.
3. According to a report on the Government as the Promoter of Applied Exercise and Adaptive Sports[[45]](#footnote-45), commissioned by the National Sports Council, the sports administration allocated approximately 3% of the government grants for sports to applied exercise and sports for persons with disabilities. In addition, the promotion of exercise and sports for functionally impaired people is included in the majority of other grants and allowances.
4. The Ministry of Education and Culture and the National Sports Council have published Guidelines for Sports Facilities Construction[[46]](#footnote-46), which discusses, among other things, accessibility in the construction of sports facilities.
5. The Ministry of Education and Culture has provided funding for a book on Accessible Indoor Sports Facilities [[47]](#footnote-47), which is a key tool of information steering for municipalities and other producers of sports services to ensure and increase accessibility.
6. Applications for government grants for projects for establishing or renovating sports facilities must be accompanied by a report on accessibility. Accessibility mapping is required for a sports facility renovation project and an accessibility survey for an establishment project.
7. Each year, the Ministry of Education and Culture awards discretionary government grants disbursed from national lottery and betting proceeds for art and cultural events. The key criterion for the grant is the promotion of citizens’ equal inclusion and participation in culture and the removal and lowering of obstacles to participation. In addition, the Ministry annually awards a grant to the Arts Promotion Centre Finland to be further distributed to promote cultural activities of communities for persons with disabilities and the accessibility of culture.
8. Assistants of persons with disabilities have free admission to many museums and sports events.
9. The EU Disability Card was introduced in Finland in summer 2018. With the Disability Card, persons with disabilities can verify their disability or their need of an assistant, for example, when using public transport or participating in sports and cultural events. The Card can also be used to get access to certain benefits in other EU Member States.
10. Different instructions and checklists for promoting accessibility and organising accessible events have been published on the website of the Culture for All Service[[48]](#footnote-48).
11. The Copyright Act (404/1961) lays down restrictive provisions for copyright on making works available to persons with disabilities. Copies of a published work may be made by means other than recording sound or moving images for use by people with visual impairments and others who, owing to a disability or illness, cannot use the works in the ordinary manner. The copies thus made may be used for communication to such persons by means other than transmission on radio or television.
12. The Act on the Library for the Visually Impaired (638/1996) contains provisions on the right of the Celia library for the visually impaired to give persons with visual impairments and others who, owing to a disability or illness, cannot use ordinary library materials, the opportunity for accessing information, studying and engaging in literature and art and recreation.
13. The Sign Language Library was established in 2013. The Ministry of Education and Culture supports the operation of the library with an annual discretionary government grant.
14. The Åland Government has adopted a Programme for sports, physical activity, health and active leisure for 2018–2022[[49]](#footnote-49), according to which the facilities in Åland shall take into account accessibility for persons with disabilities.
15. In Åland, a study on accessibility in and around Åland’s attractions has been carried out, which provides a basis for further work to improve the access to the common cultural heritage.

# PART III THE SITUATION OF BOYS, GIRLS AND WOMEN WITH DISABILITIES

## ARTICLE 6: WOMEN WITH DISABILITIES

1. Provisions on the prohibition of gender-based discrimination are laid out in the Non-discrimination Act, the purpose of which is to promote equality between men and women and, to this end, improve the position of women, especially in working life. The Act is also intended to prevent discrimination based on gender identity or gender expression.
2. Prime Minister Rinne’s Government’s will draw up an action plan for gender equality, to bring together the aims and actions of the Government relating to the promotion of gender equality. The Government is committed to promoting gender equality, for example in the Budget process and in all key reforms.
3. The Government has outlined long-term equality objectives in the report on the equality between women and men[[50]](#footnote-50), approved in 2010, which states that the position and rights of persons with disabilities shall be reviewed from the gender perspective.
4. The Åland Government’s programme for a sustainable Åland *Mobilisation for stability and change (2015–2019)* manifests a conscious gender perspective for realising equality within all policy and activity areas.
5. The promotion of the rights of women and girls is one of the focuses of Finnish human rights policy and development cooperation. Particular emphasis is placed on women and girls in the most vulnerable position, who often become targets of multiple discrimination.

## ARTICLE 7: CHILDREN WITH DISABILITIES

1. According to the Constitution, children shall be treated equally and as individuals and they shall be allowed to influence matters pertaining to themselves to a degree corresponding to their level of development.
2. The Child Welfare Act (417/2007) contains provisions on ascertaining the child’s views and hearing the child, exercising the child’s right to be heard and safeguarding the best interests of the child.
3. The Act on Child Custody and Right of Access (361/1983) contains provisions on ascertaining the wishes and views of the child and solving cases concerning child custody and right of access primarily according to the best interests of the child. A reform of the Act in order to strengthen children’s inclusion and actions in the best interests of children will enter into force in December 2019.
4. According to the Social Welfare Act, the best interests of the child shall be a primary consideration in social welfare actions concerning the child.
5. The consultations in accordance with the Basic Education Act and the Pupil and Student Welfare Act concern all children and young people. It is also the objective of the Act on Early Childhood Education and Care to ensure the child’s opportunity to participate and have their say in matters concerning them.
6. One objective of Antti Rinne’s Government is promoting a child and family-friendly society. To this end, a parliamentary committee will for example be appointed to prepare a long-term national strategy for children based on the UN Convention on the Rights of the Child. The Government will pledge to assess the child impacts of its decisions, improve child budgeting, strengthen knowledge about child wellbeing, and foster the inclusion of children and young people. The Government is also committed to improving services for families with children and securing their income.
7. The overall reform of the disability legislation also pays special attention to hearing the children and their participation.
8. The THL has issued a publication The Child Has the Right to Inclusion – Regardless of Disability[[51]](#footnote-51) in its Policy Briefs series.
9. The tasks of the Ombudsman for Children include promoting the best interests and rights of the child on a general level of administration, social policy and legislation and promoting the realisation of the Convention on the Rights of the Child. The Ombudsman for Children does not perform *ex post* control of individual cases; this is the responsibility of the Parliamentary Ombudsman, to whom it has been assigned as a special task.
10. The office of the Ombudsman for Children collects experiential knowledge from young people during municipal visits and in Young Advisers meetings organised 4–5 times a year. The meetings are organised with various groups for children and young people. In the meeting of visually impaired children in 2016, children wished for an improvement in the availability of assistive devices and in the consideration of visually impaired and physically disabled children in buildings. In the meeting for siblings of special-needs children in 2017, children highlighted accessibility problems of public spaces and the lack of assistive devices. In addition, they emphasised that the family of a child with disabilities should be taken into account in the services as a whole and that more information about disabilities should be given in schools, for example.
11. The Central Union for Child Welfare has, in collaboration with several authorities and organisations, produced an online publication to serve as a guide and tool for social and health care professionals in the determination of the views of a child with disabilities.[[52]](#footnote-52)
12. “Right of the Child to Participate in His/Her Rehabilitation – assessing the child’s best interests”[[53]](#footnote-53), a joint project between the Central Union for Child Welfare, Metropolia University of Applied Sciences and Kela, produced tools for demanding medical rehabilitation that strengthen the child’s participation and enable a resource-based learning process shared by the child, family and professionals.
13. As part of the VamO development project led by the University of Lapland, children with disabilities have been heard and methods have been developed to engage them in the customer process. Children with disabilities wished that they were heard more, home visits were made more often and employees had better knowledge of alternative communication methods. Within the framework of the project, the City of Espoo has particularly developed the hearing and participation of children in the disability services process.
14. According to the school health survey[[54]](#footnote-54) conducted by the THL, functionally impaired young people are more rarely satisfied with their lives and more often lonely than other young people. They consider themselves less healthy than others and suffer from moderate or severe anxiety more often. In addition, they like school less than others, suffer from school exhaustion more often and face discriminatory bullying, physical threat and sexual violence more often than others. Functionally impaired young people also consider that they receive less support and assistance for their well-being from student welfare professionals.[[55]](#footnote-55)
15. Preparation work for a national strategy for children based on fundamental and human rights was concluded in February 2019.

# PART IV SPECIFIC CONVENTION OBLIGATIONS

## ARTICLE 31: STATISTICS AND DATA COLLECTION

1. Statistics concerning disabilities are maintained by Statistics Finland and the THL, which publishes annual numerical information on the recipients of services and statistics of the family and institutional care of persons with intellectual disabilities. Information on the demand for, supply of and need for services has been produced in special studies.
2. Statistics and Research Åland, ÅSUB, shall, if necessary, provide information collected in Åland to the national statistics authorities to avoid duplicating work.
3. Register-based information sources on disabilities include the Register of Congenital Malformations, maintained by the THL, and the Finnish Register of Visual Impairment of the THL, maintained by the Finnish Federation of the Visually Impaired.
4. Otherwise, the register system is based on the use of services and the reception of social benefits. These include Kela’s disability and rehabilitation benefits, the THL’s Care Register covering institutional and housing services in home care, and the THL’s Care Register for Health Care covering basic health care, outpatient clinic visits in specialised medical care and institutional care.
5. The THL monitors the health and well-being of the population through regular demographic studies. Information on functional capacity and functional impairments have been collected since the 1970s. However, demographic studies have not previously been utilised for producing information on living conditions or well-being of people with functional impairments. Because most demographic studies contain, in addition to questions and measurements that map the functional impairments, questions from several walks of life, they offer plenty of information on the situation of people with functional impairments compared to the rest of the population.
6. The THL has produced a publication Information and Need for Information on Disability: An Analysis of the THL’s Information Production[[56]](#footnote-56), for which a 2011 health examination study was analysed and a basic description of the situation of persons with functional impairments was produced. The definition of functional impairment was based on a short series of questions by the Washington Group.
7. The School Health Survey produces information on the well-being, health, schoolwork, studying and participation of children and young people, on the help received and on how well the help meets their needs. Every other year, approximately 200,000 students respond to a voluntary survey in the 8th and 9th grades of basic education and the 1st and 2nd years of upper secondary schools and vocational institutes. Comparable data has been collected in basic education since 1996, in upper secondary schools since 1999 and in vocational institutes since 2008. In 2017, the survey was extended to also cover all 4th and 5th-grade pupils in basic education and their guardians. The information is collected anonymously. A short version of the form is available in plain language and can be filled in with an assistant. Questions concerning functional impairments have been included in the survey since 2017. The first results on the well-being of functionally impaired children as compared to other children have been published in the THL’s Research Summaries series[[57]](#footnote-57). Åland has participated in the survey in 2013, 2015 and 2017.
8. A study on children’s health, well-being and services was conducted for children aged four years in 2018 and for children aged four months in 2020 throughout the country. The objective is to produce national and regional follow-up data on the health, well-being and services of small children and families and on the factors affecting them. The data collection for four-year-old children also includes a series of questions on functional impairment.
9. With the support of disability organisations, a Professorship of Disability Studies was established at the Faculty of Social Sciences, University of Helsinki in 2013. In 2017, the professorship was made permanent.
10. An annual disability research event is organised in Finland.
11. VANE seeks to share topical statistics on disabilities in its own events, which are directed to members of disability councils and disability organisations.
12. The Finnish Register of Visual Impairment publishes a yearbook annually and a study on the social position of visually impaired people every five years.
13. Uniform benchmarks and indicators have been prepared for the assessment of the well-being and service needs of the population and the monitoring of the quality, effectiveness, costs and efficiency of services.
14. A new Act on Secondary Use of Social and Health Data (552/2019) entered into force in May 2019. It harmonises data collection opportunities in social and health services. The Act stipulates on the use of social and health care data for research, statistics, education, on the authorities’ planning and reporting duties as well as on information and knowledge management.

##  ARTICLE 32: INTERNATIONAL COOPERATION

1. One of the cross-cutting objectives of Finnish human rights policy and development policy is the realisation of the rights of persons with disabilities.
2. The Ministry for Foreign Affairs has prepared a guidance note on a human rights-based approach in development policy, according to which it must be ensured that the human rights principles, such as non-discrimination, accessibility, participation and transparency, are realised in all development cooperation projects of Finland.
3. In 2016, Finland adopted a ‘disability marker’ in order to improve the tracking of funding.
4. Finland provides economical support for projects supporting disability rights around the world. Finland is one of the major financiers of the UN Partnership on the Rights of Persons with Disabilities. Between 2012 and 2016, approximately €13 million per year have been channelled to disability projects. The projects are mainly implemented by civic organisations, especially disability organisations, most importantly the Abilis Foundation and Disability Partnership Finland.
5. A working group for coordinating international disability policy operates in conjunction with the Ministry for Foreign Affairs. Its members include disability organisations, research organisations and units of various authorities that handle disability matters. The working group provides representatives of the civic society an opportunity to influence the the Finnish disability policy in international forums.
6. The deaf rap artist Marko Vuoriheimo (Signmark), has for a number of years as special representative of the Ministry for Foreign Affairs for the rights of persons with disabilities.
7. Finland provides economical support for the work of the UN Special Rapporteur on the Rights of Persons with Disabilities.
8. The Government has prepared a National Implementation Plan for Agenda 2030[[58]](#footnote-58), which was submitted to Parliament in February 2017. The implementation plan is updated every four years during the preparation of the Government programme.

## ARTICLE 33: NATIONAL IMPLEMENTATION AND MONITORING

1. The Ministry for Foreign Affairs and the Ministry of Social Affairs and Health act as focal points for matters relating to the implementation of the Convention. A representative of disability organisations, appointed from the coordination mechanism, participates in the operation of the contact points.
2. Operating in connection with the Ministry of Social Affairs and Health, VANE acts as the coordination mechanism. Its tasks are to promote the national implementation of the Convention and the consideration of the rights of persons with disabilities in the operation of the administrative sectors and to prepare an action plan for its term of office, defining the key national objectives of the implementation of the Convention, the methods to promote them and the necessary follow-up.
3. VANE consists of representatives of ministries, disability organisations, labour market organisations, municipalities, regional governments, research organisations and the Åland Islands. The Advisory Board has a Secretary-General and a Planning Officer. The annual operational appropriation is EUR 30,000. The funding for the national action plan comes from the ministries’ annual budgets.
4. A separate Council for persons with disabilities also operates on Åland.
5. The tasks pursuant to Article 33(2) have been assigned to the National Human Rights Institution consisting of the Parliamentary Ombudsman, the HRC and its Human Rights Delegation. The Institution has been granted A status in accordance with the Paris Principles.
6. In order to engage persons with disabilities and organisations representing them, a Disability Rights Committee has been established as a permanent division under the Human Rights Delegation. The Committee includes five members of the Delegation and eight expert members from outside the Delegation. During its current term (2016–2019), the Committee includes a total of 10 persons with disabilities, including the chairperson and the vice chairperson.
7. According to the standing orders of the Human Rights Delegation, the Committee may make proposals and present its views to the Parliamentary Ombudsman and the HRC about how they could develop the realisation of the rights of persons with disabilities. As independent authorities, the Ombudsman and the HRC have discretion in terms of what kind of measures are taken on the basis of the Committee’s proposals. The Committee can also present questions to the Human Rights Delegation on the rights of persons with disabilities.
8. The Parliamentary Ombudsman and the HRC may ask the Committee for expert help with, for example, conducting inspections and for statements, initiatives, comments and education.
9. The Ombudsman engages the members of the Committee, for example, when performing the OPCAT task. The Ombudsman may assign experts, such as persons with disabilities with significant expertise relating to the national inspection task, and use their help. Training has been arranged for the Committee members on participation in inspections to housing units for persons with intellectual and other disabilities. Some Committee members have also participated in the inspections.
10. It was considered in the Government proposal (HE 284/2014 vp) on the adoption of the Convention that the HRC needs three new posts and the Parliamentary Ombudsman needs one new post because of the new tasks. In the budget for 2016, one new post was granted to the HRC along with a small increase of operational expenses.

# APPENDICES

* The National Action Plan on the UN Convention on the Rights of Persons with Disabilities 2018–2019
* Decisions by the Supreme Administrative Court and Helsinki Administrative Court
* Decisions by the Labour Court
* Decisions by the National Non-Discrimination and Equality Tribunal
* Decisions by the Chancellor of Justice
* Decisions by the Parliamentary Ombudsman
* Statements by the Non-Discrimination Ombudsman
* Statistics on services under the Disability Services Act
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