



COUNTRY REPORT

FINLAND

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Introduction

In the 1990s, a financial crisis and ensuing economic downturn, demographic change and labour shortages put the Personal and Household Services (PHS) system in Finland under stress, especially as the government cut grants to municipalities.¹ The 1990s furthermore saw a shift from mostly household (non-care) services to mostly care services.²

Home care in Finland today is divided into three categories: household services, supporting services, and home nursing.³ For persons with disabilities there is also personal assistance available. Furthermore, a tax reduction scheme granted for domestic work and a voucher system are in place.⁴ Though about 80 per cent of household service-related workers are employed by the municipalities' social work departments, making the local governments the main providers in the field, the opening of the PHS market to private actors in the 1990s initiated a rise in their number, especially in recent years.⁵

Today, an **ageing Finnish population** (as typical for many industrial countries) calls for political measures providing more workforce in the field of PHS in the future, while the labour market is challenged by a high rate of undeclared work that also persists in some PHS-related types of work.⁶



Factors Supporting the Growth and Development of the Field of PHS

Undeclared work in Finland is most common in the construction, accommodation and catering sectors; household renovation work is also often undeclared. Undeclared work is motivated by the high tax rate and high employment expenses in Finland. Also, it can be difficult for households to afford renovation and household work without undeclared payment. Individuals receiving unemployment benefits may choose to carry out minor tasks, without officially declaring them to the authorities, to avoid losing their benefits. It is estimated that the economy based on undeclared work accounts for 5.5 to 7.5 per cent of the total economy in Finland, with undeclared wages accounting for 2 per cent of the payroll.⁷

Finland has a **high life expectancy**. As of 2017, the life expectancy was 78.7 years for men and 84.2 years for women. The gap between males and females has closed in recent years.⁸ Overall, Finland has a **rapidly changing demography** with an **ageing population** and a **low**

¹ Jokinen (2015).

² 4Quality (2015).

³ Jokinen (2015).

⁴ Finlex (2009); IMPact PHS (2015).

⁵ Jokinen (2015); 4Quality (2015).

⁶ European Commission (2017).

⁷ European Commission (2017).

⁸ Findicator (2018a).

birth rate. As of 2017, there was a larger percentage of people aged 65 years and older (21.1 per cent) than people aged up to 14 years old (16.43 per cent). Likewise, the number of deaths was nearly equal to the number of births (10 per 1,000 versus 10.7 per 1,000, respectively).⁹ The birth rate is at 1.75 children per woman, well below the replacement rate.¹⁰ This indicates that **the Finnish-born population will soon be shrinking.**

Over the course of 2018, the population of Finland increased by 4,789 people, being the smallest growth recorded since 1970. **Most growth is due to immigration**, which is indicated by the fact that the number of Finnish, Swedish and Sami speakers has decreased by 36,029 people over the previous five years, while the number of foreign-language speakers has increased by 102,678 people.¹¹ Despite growth due to immigration, the migration gain actually decreased by 19 per cent in 2018 compared to 2017 because of an increase in emigration.¹²

Still, Finland has experienced **one of the fastest migrant growth rates in an OECD country** overall. This growth can cause new challenges for the Finnish labour market. For example, child home care allowances are a huge disincentive to migrant women with children under age 18 to participate in the labour market.¹³ Nevertheless, Finland has **a very high employment rate** in general (72.7 per cent for men and 70.4 per cent for women as of 2020).¹⁴



Definition and Development of PHS Instruments

The **definition of Personal and Household Services (PHS)** in Finland stems from the Social Welfare Act of 1982¹⁵ and the Social Welfare Decree of 1983,¹⁶ stating that “[p]ersonal and household services mean performance of or assistance with functions and activities related to housing, personal care and attendance, child care and upbringing, and other conventional functions and activities in normal daily life.”¹⁷ Furthermore, “[p]ersonal and household services are organized in the following forms: 1-Assistance, personal attendance and support provided at home by a trained home helper or house aid for an individual or a family; 2-Auxiliary services such as meals on wheels, clothes maintenance, bathing, cleaning, transportation and escort services, and services promoting social interaction.”¹⁸

In Finland, **older people have the constitutional right to care services** based on a needs assessment. The care plan and services differ between municipalities.¹⁹

⁹ IndexMundi (2019).

¹⁰ IndexMundi (2019).

¹¹ Findicator (2018b).

¹² Findicator (2018c).

¹³ OECD (2018).

¹⁴ <https://findikaattori.fi/en/41>

¹⁵ Ministry of Social Affairs and Health, Finland (1982).

¹⁶ Finlex (1992a).

¹⁷ 4Quality (2015).

¹⁸ 4Quality (2015).

¹⁹ Karsio/Van Aerschot (2017).

Home care is divided into three categories: The first category consists of **household services** targeting older and vulnerable populations. Families with children may also use homecare when it is determined necessary for child welfare. Services include domestic work and personal hygiene care. Neither have those services been strictly defined, nor do national recommendations or guidelines exist.²⁰

The second category is **supporting services** including childcare, meal services, clothing care, bathing, cleaning, and transport or transport/escort services. These services are overseen by the social work department in the municipalities.

The third category is **home nursing**, which is more care-based and for example includes helping people with medication.²¹

A **voucher system** was introduced with the Act on Social and Health Care Vouchers in 2009.²² Vouchers are given to vulnerable groups as a more market-based mechanism,²³ as the system can be used to cover the costs of private PHS.²⁴ Since 2009, municipalities have been able to determine not only whether they want to introduce vouchers, but also the kind of services such vouchers may be used for, their value and potential recipients.²⁵

A **tax reduction scheme granted for domestic work** is currently in place (*kotitalousvähennys*).²⁶ It includes both care and non-care services as well as renovation work.²⁷ All Finnish residents with taxable income can deduct 15 per cent of wages and 100 per cent of employer social contributions for directly employed workers and 45 per cent of expenses for services purchased from a provider organisation. The maximum deduction in 2015 was EUR 2,400 for services costing over EUR 100.²⁸ This scheme was launched through a pilot project in 1997 and then officially expanded to a regular programme in 2001.²⁹ However, it has rarely been used by older people since then. Services can be purchased from value added tax (VAT) registered companies and non-profit organisations, but the tax deduction cannot be used in combination with vouchers or care allowances.³⁰ The tax deduction can be used for services performed at the user's house or vacation house, or at the home of the user's parents, grandparents, or other relatives; however, it is most commonly used to support maintenance and repair/renovation work at one's own house.³¹



Landscape of Users

The primary groups benefitting from **municipal household services** are families with children, households with older people, and households with persons with disabilities. In 2012,

²⁰ Jokinen (2015).

²¹ Jokinen (2015).

²² Finlex (2009).

²³ 4Quality 2015.

²⁴ Jokinen (2015).

²⁵ Jokinen (2015).

²⁶ IMPact PHS (2015).

²⁷ Jokinen (2015).

²⁸ IMPact PHS (2015).

²⁹ IMPact PHS (2015).

³⁰ Jokinen (2015).

³¹ 4Quality (2015).

133,007 households received municipal household services, 10,099 of whom used a **service voucher**. The share of households with older people using these services has been increasing, whereas the share of households with children has been decreasing.³²

Municipal supporting services were provided to 126,333 households in 2012.³³

Municipal home care services are increasingly available exclusively to the oldest and the frailest in society, with most users over the age 85. Users whose needs are not considered sufficiently severe have to rely on private, market-based services or informal care by family members.³⁴

In 2013, 390,000 people made use of the **tax credit scheme**. Recipients of benefits from other care policies were not entitled to use the tax credit.³⁵ Although the scheme benefits many Finns, there appears to be greater usage among high income families.³⁶



Financing of the Main Instruments and Associated Prices

Municipalities are responsible for allocating resources to PHS programmes and can choose to organise themselves or to collaborate with other municipalities.³⁷ The 330 municipalities in Finland receive **government grants** and collect **local income tax** to help support older people and other vulnerable populations.³⁸ The tax levied to support home care services is a graduated tax.³⁹ In 2011, municipal household services cost EUR 794 million, the equivalent of 3.7 per cent of social and health care costs.⁴⁰

While the municipalities provide most of the care services, **private providers** and **non-governmental organisations (NGOs)** supplement them. Furthermore, “**third sector volunteers**” (which are funded by minor **state subsidies** and **volunteer memberships/donations**) also provide household services.⁴¹

Long-term care (LTC) accounted for 2.1 per cent of the Finnish GDP in 2011. Funding for LTC comes almost exclusively from **taxes** and **user fees**. User fees are based on the user’s income and ability to pay for services.⁴²

As of 2004, the total cost of the tax credit scheme was estimated to be EUR 11 million. The earn-back effect was at EUR 12.7 million.⁴³

³² Jokinen (2015).

³³ Jokinen (2015).

³⁴ IMPact PHS (2015).

³⁵ IMPact PHS (2015).

³⁶ IMPact PHS (2015).

³⁷ Jokinen (2015).

³⁸ Jokinen (2015).

³⁹ 4Quality (2015).

⁴⁰ Jokinen (2015).

⁴¹ Jokinen (2015).

⁴² 4Quality (2015).

⁴³ IMPact PHS (2015).



Work Arrangements

Most care services are provided by the **municipalities**. In recent years, a growing number of **private providers** have entered the market. These companies usually offer a mix of services which do not necessarily relate to the services provided by the municipality. Services include cleaning, gardening, and meal services among others.⁴⁴

PHS workers involved in the tax credit scheme can be employed through private providers or **direct employment**; however, 90 per cent of work arrangements are through private providers.⁴⁵



Landscape of Intermediaries and Quality Management

Local governments act as the primary service providers in Finland.⁴⁶ They can choose to purchase services from other municipalities or private providers.⁴⁷ A **municipal social ombudsman or ombudswoman** supports the needs of users, provides advice and information on available services and mediates disagreements about services between PHS users and employees.⁴⁸

Though the majority of PHS services has remained within the municipality, private actors have increasingly entered the market. As of 2013, there were 3,305 **private companies** employing 29,606 people which were active in social services. Private companies tend to offer different services than municipalities. For example, private companies are more likely to focus on cleaning, gardening, meal services, and other non-care household services. **Third sector service producers** employed 27,700 people in 2011 and generated EUR 1,5 million in turnover, but they accounted for only 1 to 2 per cent of household services personnel and turnover.⁴⁹

Valvira,⁵⁰ a **national supervisory authority**, licenses providers interested in participating in the voucher programme.⁵¹

⁴⁴ 4Quality (2015).

⁴⁵ IMPact PHS (2015)

⁴⁶ Jokinen (2015).

⁴⁷ 4Quality (2015).

⁴⁸ 4Quality (2015).

⁴⁹ 4Quality (2015).

⁵⁰ <https://www.valvira.fi/web/en/valvira>

⁵¹ 4Quality (2015).



Landscape of Employees and Degree of Professionalisation

The **majority of household workers** provide services for older people and people with disabilities. In 2012, 22,374 out of 23,041 people employed in household services provided services for these populations. Of this group, 18,145 workers were **employed in the public sector**, 3,287 **in the private sector**, and 942 **in NGOs**. Most people working in household services for other target groups were employed in the private sector. However, the share of private employees working in the care sector aimed at older people is rising.⁵²

About 80 per cent of **household service-related workers** are **employed by the municipalities' social work departments**. Private entrepreneurs/ self-employers make up 5 per cent, whereas private sector employees make up 15 per cent. **Private sector employees** more commonly work in non-care services, though the lines between the non-care and care sectors tend to blur.⁵³

In 2012, 4,903 people were estimated to be **employed in jobs related to the tax credit scheme**, which accounted for 10,000 working hours per year.⁵⁴

As of 2012, **Household Work Service** was one of the ten fastest growing areas of **employment for women** in all age groups.⁵⁵

In 2000, a three-year competence-based **vocational qualification** was established for the field of **Household and Consumer Services**. It is categorized as part of the Tourism, Catering and Home Economics Sector and was integrated with the **Cleaning Service Qualification** in 2010.⁵⁶ From 2018 onwards, similar qualifications were established also for Personal Assistance.

The **vocation of "practical nurse"** was established in 1993 to merge training programmes for home helpers and assistant nurses. This vocation requires a three-year training, and the role of practical nurses is to help users with everyday needs. Through the practical nurse profession, care and non-care needs can often be covered by the same individual.⁵⁷ Care assistant training for elderly services has also been launched. It is a training that consists of two parts of practical nurse diploma. Care assistant training takes about 1 year while the practical nurse diploma takes about 3 years to complete.

⁵² Jokinen (2015).

⁵³ Jokinen (2015).

⁵⁴ IMPact PHS (2015)

⁵⁵ Jokinen (2015).

⁵⁶ Jokinen (2015).

⁵⁷ 4Quality (2015).



Wages

Finland does not have a minimum wage. However, for PHS, wages are generally determined based on **collective agreements**.⁵⁸ As of 2015, municipal PHS workers earned EUR 2,534 per month based on 200 working days and 7.25 hours per day.⁵⁹



Social Dialogue in the Field of PHS

The **Finnish Association of Private Care Providers**⁶⁰ represents 1,500 members employing more than 85,000 professionals in the social and health sectors and in early childhood education. The Association itself is a member of the Confederation of Finnish Industries.⁶¹⁻⁶²

KT Municipal Employers is an employers' organization in the municipal sector that represents municipal employers in national labour market negotiations and tripartite cooperation. There are over 200,000 employees in the health and social sector employed by municipalities.

Most PHS employees are covered by collective agreements such as the General Collective Agreement for Municipal Personnel (*KVTES*), the Collective Agreement for the Private Social Services Sector or the Collective Labour Agreement for the Salaried Employees in the Real Estate Sector.⁶³ Personal care workers are part of the **Trade Union for the Public and Welfare Sectors JHL**⁶⁴ and the **Finnish Union of Practical Nurses (*SuPer ry*)**,⁶⁵ while domestic workers are represented by the **Service Union United (*PAM*)**.⁶⁶⁻⁶⁷



Policy Process

Household services (*kotpalvelut*) and home care services (*kotihoito*) were first developed at a **municipal level** for older people starting in the 1950s.⁶⁸

Municipalities were given the autonomy to allocate resources for PHS through the **Act on Planning and Government Grants for Social Welfare and Health Care**.⁶⁹⁻⁷⁰ This was a result

⁵⁸ 4Quality (2015).

⁵⁹ 4Quality (2015).

⁶⁰ <https://www.hyvinvointiala.fi/in-english>

⁶¹ <https://ek.fi/en>

⁶² <https://www.hyvinvointiala.fi/in-english>

⁶³ Jokinen (2015).

⁶⁴ <https://www.tehy.fi/en>

⁶⁵ <https://www.superliitto.fi/in-english>

⁶⁶ <https://www.pam.fi/en>

⁶⁷ 4Quality (2015).

⁶⁸ IMPact PHS (2015).

⁶⁹ Finlex (1992b).

⁷⁰ Jokinen (2015).

of a major recession in 1991 and funding cuts to municipal social and health care services. The 1990s also saw a shift from mostly household (non-care) services to mostly care services.⁷¹

First piloted in 1997, the **Domestic Work Temporary Tax Deduction Act**⁷² officially developed the **tax deduction scheme** and opened the PHS market to **private providers**.⁷³

The **new Social Welfare Act**⁷⁴ came into effect in 2015, entitling families with children to **household services** in the case of illness, birth, disability, or other challenging life situations. This programme is intended to lower the barrier to services for families with children.⁷⁵

Today, the **Ministry of Social Affairs and Health**⁷⁶ coordinates **home care**, which has been divided into three categories of care: household services, supporting services, and home nursing.⁷⁷ The **tax credit for domestic help** is managed by the **Finnish Tax Administration**.^{78_79}



Commonalities across Countries

Finland has similarities to other **Nordic, social democratic regimes**, such as the principle of universality, earning-related benefits for employed persons, and equal treatment.⁸⁰



Previous Instruments

The financial crisis and ensuing economic downturn of the 1990s, demographic change and labour shortages put the PHS system under stress, especially as the government cut grants to municipalities.⁸¹ In 2009, the former Ministry of Employment and Economy⁸² launched a **programme to open up the private sector for social and health care markets** to diversify user choice and reduce costs on the public sector. The measure also targeted training and improved working conditions. The programme lasted until 2015.⁸³

The current **tax deduction scheme** was first piloted in 1997.⁸⁴

⁷¹ 4Quality (2015).

⁷² Finlex (1997).

⁷³ 4Quality (2015).

⁷⁴ Finlex (2014).

⁷⁵ Jokinen (2015).

⁷⁶ <https://stm.fi/en/frontpage>

⁷⁷ 4Quality (2015).

⁷⁸ <https://www.vero.fi/en>

⁷⁹ IMPact PHS (2015).

⁸⁰ Jungerstam/Wentjärvi (2019).

⁸¹ Jokinen (2015).

⁸² <https://tem.fi/en/frontpage>

⁸³ Jokinen (2015).

⁸⁴ 4Quality (2015).



Promising Practices

Care assistant training can also enable immigrants to enter to social and health care work and the practical nurse diploma. Good practices are urgently needed to ensure language skills for safe and high-quality performance.

Glossary

Formalisation: In the context of informal care work, the European Commission describes how “formalisation of informal care takes place either through payments and associated social security (pension and health insurance), training/ certification of skills schemes and finally legislation (recognition of status and rights to being assessed as a carer)”. In the same article, the EC associates “any type of formal work” with the following features: payments (preferably regular and predictable); an employment contract and social security (such as being protected by regulation); training and validation of skills; and finally broader legislation which recognises the importance of the role and offers assurance of a certain minimum standard of rights.”⁸⁵

Immigration: “Immigration” is the action by which a person establishes their usual residence in the territory of a Member State for a period that is, or is expected to be, of at least 12 months, having previously been usually resident in another Member State or a third country (Regulation (EC) No 862/2007 on Migration and international protection).⁸⁶

Migration Chain: The terms “chain migration” or “migration chain” refer to “a process in which initial movements of migrants lead to further movements from the same area to the same area. In a chain migration system, individual members of a community migrate and then encourage or assist further movements of migration.”⁸⁷

Professionalisation: “[P]rofessionalisation means granting workers of a certain sector employment and social protection rights that are equivalent to those enjoyed by employees working under employment contracts regulated by law, including a decent wage, regulated working hours, paid leave, health and safety at work, pensions, maternity/paternity and sick leaves, compensation in the event of invalidity, rules governing dismissal or termination of the contract, redress in the event of abuse, and access to training; whereas the domestic work and care sector can be professionalised through a combination of public finance (tax breaks), social finance (family allowances, aid to businesses, mutual societies and health insurance, works councils, etc.) and private finance (payment for services by private individuals).”⁸⁸

Regularisation: In the context of (illegal) migration, “regularisation” is defined by the European Union (EU) “as state procedure by which illegally staying third-country nationals are awarded a legal status”; a synonym that is rather used in the USA and less in the EU is “legalisation” (AE: “legalization”).⁸⁹

Regular Profession: In the context of work and professions, the EU defines a “profession” as “regulated (...) if [one has] to hold a specific degree to access the profession, sit special exams such as state exams and/or register with a professional body before [one] can practice it.”⁹⁰

Undeclared Work: In the EU, the term “undeclared work” denounces “[a]ny paid activities that are lawful as regards their nature but not declared to public authorities, taking

⁸⁵ European Parliament (2008).

⁸⁶ Eurostat (2018).

⁸⁷ European Commission (2018b).

⁸⁸ European Parliament, European Council (2016: 6).

⁸⁹ European Commission (2009).

⁹⁰ EU (2019).

account of differences in the regulatory systems of the Member States.” The Member States have adopted a variety of different definitions focusing upon non-compliance with either labour, tax and/or social security legislation or regulations: If there are additional forms of non-compliance, it is not undeclared work. If the goods and services provided are unlawful (for example, the production/trafficking of drugs, firearms and persons, or money laundering), it is part of the wider criminal economy, such as the “shadow economy” (often defined as including both the undeclared economy and the criminal economy), and if there is no monetary payment, it is part of the unpaid sphere.⁹¹

Undocumented or Irregular Migrant: The EU defines an “undocumented” or “irregular migrant” as “a third-country national present on the territory of a Schengen State who does not fulfil, or no longer fulfils, the conditions of entry as set out in the Regulation (EU) 2016/399 (Schengen Borders Code) or other conditions for entry, stay or residence in that EU Member State.”⁹²

Unpaid Sphere: The term “unpaid sphere” refers to activities that are lawful as regards their nature but not declared to public authorities and without monetary payment.⁹³

⁹¹ European Commission (2018a).

⁹² European Commission (2018b).

⁹³ European Commission (2018a).

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http://www.epsu.org/sites/default/files/article/files/FOR_QUALITY_National_Study_FI.pdf (last accessed 10 April 2020).