

MENTAL HEALTH AMONG YOUTH IN FINLAND

WHO IS RESPONSIBLE? WHAT IS BEING DONE?



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Nordic Centre for
Welfare and Social Issues



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FOREWORD

Youth in the Nordic Region - Mental Health, Work and Education

All children and young people are a huge resource. We have never had such well-educated and competent youngsters in the Nordic countries as we do today. At the same time there are all the more young persons who claim to be suffering from mental illness, and young persons who, for various reasons, risk ending up in vulnerable situations. Growing mental illness amongst young people is one of the most serious public health challenges facing our Nordic society.

The project Youth in the Nordic Region focuses on young persons who suffer from or are at risk of suffering from mental illness, as well as their situation at school and their later transition to work and providing for themselves. A further important topic of the project is early retirement and retirement on mental health grounds amongst young adults.

As part of the project we have produced reports which shed light on various aspects of these areas. The report you are holding in front of you aims to give a quick, clear overview of who does what in Finland in matters concerning young persons who suffer from or risk suffering from mental illness, and end up in long-term unemployment and with no meaningful purpose in life.

We have produced summaries of all the Nordic countries plus Greenland, the Faroe Islands and Åland. All summaries can be ordered or downloaded from www.nordicwelfare.org. We would like to point out to our readers that the summaries do not include everything that is done and that important and useful contributions may be lacking.

The Nordic countries have a lot of challenges in common; one of these is to ensure that all children and young persons enjoy good living conditions. We also know that particular efforts and investments are required for a heterogenous group of young people who are at risk of exclusion owing to mental illness, dropping out of their studies, long-term unemployment and other factors.

We can learn a lot from each other's different solutions and contributions. So let yourself be inspired!



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BACKGROUND

The population of Finland, as of 2014, is roughly 5.5 million, and has an even gender distribution. 28.2% of the population are under 25 and 34.4% are under 30. Average life expectancy in Finland is 83.4 years for women and 77.5 for men. In the past 20 years, the difference in life expectancy between men and women has decreased by two years, but there is still nearly six years difference.

Finland is divided into 320 municipalities, of which only twenty have more than 50,000 inhabitants and 139 have a population of less than 5000. Approximately 1.1 million people live in the Helsinki region.

The views of young people and people of working age on their own health status have been constant in recent years. Among young people, one-fifth rate their health as moderate or good, and the figure is one-third for people of working age. Self-rated health in Finland is worse than that in other Nordic countries (THL 2014).



PREVALENCE OF WELFARE AND MENTAL HEALTH PROBLEMS

Need for mental healthcare services

In 2013, there were 2.4 million visits to the mental health care outpatient units. Twenty-five percent of the visits were referred via the primary health service, and 90% of these were handled by professional groups such as nurses or psychologists rather than doctors. Institutional care comprised approximately 1.4 million care days in 2013. At the institutions, nearly 38 000 patients were admitted with a diagnosis of mental ill health. Both the number of care days and patients are falling.

Substance abuse

Substance abuse and ill health are closely linked, and drinking alcohol is ranked as one of top five risk factors for disease, disability and death (WHO, 2011). In Finland, people drink more than people in other Nordic countries, with a total of 11.6 litres of pure alcohol per person aged 15 and older. Experimental use of drugs has increased, particularly in the 25-34 age group (NAD 2015).

Suicide and self harm

Suicide is a significant cause of death among young people in Finland. One-tenth of suicide deaths in Finland involve young people under 25 and one-third of all deaths in the 15-24 age group are the result of suicide. In 2013, a total of 887 people, or 16.3 people in every 100,000, committed suicide, a slightly higher figure than the year before. Of these, 11% were under 25. Forty per cent of suicide attempts in Finland are made in an intoxicated state and three-quarters of people committing suicide in Finland are men, although the number of suicides has fallen for both men and women by over 15% in the past ten years. The figure was highest in 1990, when over 1500 people committed suicide in Finland. According to Eurostat's statistics from 2011, only Latvia and Lithuania have a higher suicide rate for young people than Finland. However (Findicator 2014).

When broken down by gender, girls are known to attempt suicide more often than boys, but boys are more likely to commit suicide. In 2010-2012, the suicide rate for boys aged 15-24 was 28 cases in 100,000 people, while the rate for girls was 9 cases in 100,000. Girls are more likely to engage in self-harming behaviour that results in hospitalisation than boys. The incidence of girls aged 20-24 being admitted to hospital as a result of self-harming behaviour rose dramatically from just over 100 cases per 100,000 in 2005 to more than 160 cases per 100,000 in 2008. The incidence of boys aged 20-24 being admitted to hospital as a result of self-harming behaviour also rose but substantially, but from less than 80 cases per 100,000 in 2005 to approximately 125 cases per 100,000 in 2008.

The most common warning signs for suicide tendencies are previous attempts or explicit suicidal thoughts. Other forms of self-harming behaviour, such as cutting, also comprise risk factors. A clear majority of young people who commit or attempt suicide have suffered from mental ill-health, and over half have suffered from depression. However, it is noteworthy that an association can be established between a young person's self-harm behaviour and the parents' socioeconomic status, receipt of social benefits, and civil status. Not surprisingly, self-harm behaviour is more common among children whose parents have a low income, lower socioeconomic status, and higher dependency on benefits, and among single parents.

Child welfare

Studies show that people who experienced difficulties in childhood also tend to face more challenges later in life (e.g. Kestilä 2012; Törrönen & Vauhkonen 2012). In 2012, child and adolescent care services worked with approximately 87,000 children and young people. Approximately 104,000 cases were reported to the social services, of which 65,000 concerned children. In the same year, more than 17,800 children and young people were placed outside the home, which is approximately 1.4% of the under-18 age group. Approximately 4000 children and young people were taken into emergency care.

In 2013 approximately 89,000¹ children and young people were the subject of community-based child welfare interventions. This is two per cent more than the previous

1 For comparison, according to Väestöliitto, the Family Federation of Finland, just under 60,000 children are born each year. www.vaestoliitto.fi

year, although the increase can be partly explained by the new Child Welfare Act of 2008, which lowered the threshold for child welfare notifications and reflects the aim to offer support at an earlier stage 18,000 children and young people were placed outside the home, an increase of 0.9% on the previous year. Even though the total number of children in care remained at the same level as the previous year, there was a 6.6 % increase in the number of emergency placements on the year before. Consequently, a total of 4200 children were the subject of emergency placement in 2013. Among them, 2765 (65%) were placed outside the home for the first time in their lives. Of all children and young people placed outside the home, 39% were in residential care, 37% in foster care and 13% in professional family homes. The remaining 11% were in other types of care. The gender distribution is even, with 52% of the children and young people placed outside the home being male (THL 2014b).

The number of young people in the older age groups, 13-15 and 16-17, placed outside the home is very high. During a year, 1% of the population aged 1-17 is placed outside the home, but in the 16-17 age group, the figure is three times higher (THL 2014b).

Unemployment and social benefits

According to the Statistics Finland Labour Force Survey, the unemployment rate in July 2015 was 8.4 percent (men 8.7%, women 8.2%), which is 1.4 percentage points higher than one year earlier. Of the 644,000 young people aged 15-24, 314,000 were employed and 66,000 unemployed. The unemployment rate for young people aged 15 to 24, was 17.4 percent, which corresponds to 10.2 percent of all young people aged 15 to 24 in the population (Statistics Finland 2015c).

An estimated 7% of the population received social benefits in 2013, an increase of 2.9% compared with the previous year. Spread over the entire population, social benefits comprised EUR 135 per person in 2013. In 2012, Finland paid out EUR 60 billion in social benefits, an increase of 3% compared with the preceding year, and an average of EUR 11,086/person. The largest cost item comprised services directed towards older people, particularly pensions (36.7%). The second biggest cost item was costs relating to sickness and health (24.7%), which together comprised EUR 14.8 billion.

SOCIAL WELFARE AND MENTAL HEALTH SERVICES

Overall responsibility for mental health service provision

The aim of mental health work in Finland is to strengthen people's mental health and to reduce factors that undermine it. This includes activities to promote mental health and prevent mental health disorders, as well as providing mental health services. Mental health services in Finland are defined in the Mental Health Act² 1326/2010 and the Health Care Act³ 1116/1990 as social and health care services that are provided for persons suffering from a medically diagnosed mental illness or other mental disorder (STM 2015).

Jointly with other ministries, the Ministry of Social Affairs and Health (MSAH) is responsible for family policy, as well as maintaining and developing the welfare of children, young people and families. The scope of responsibility is particularly concerned with developing social and health services and safeguarding incomes for families with children. Consequently, the MSAH is also responsible for national planning, guidance and monitoring of mental health work.

The MSAH strategy for social and health policy and the Government Programme emphasises four points (STM 2015): (1) the reform of the Mental Health Act; (2) improving the availability of mental health services and services for substance abusers; (3) continuing to implement the development plan for mental health services and services for substance abusers; (4) instilling practices concerned with depression prevention and prevention of work incapacity due to depression. The MSAH's 'Mieli' working group provides support and evaluation for implementing

2 <http://www.finlex.fi/fi/laki/kaannokset/1990/en19901116.pdf>

3 www.stm.fi

the national plan⁴ on mental health and substance abuse. For details of the implementation of the plan⁵ see the National Institute for Health and Welfare (THL).

The organisation of social welfare and mental health services

In Finland, municipalities are responsible for organising social welfare and health care. They provide basic social welfare and health care services, either themselves or by merging to form joint municipal authorities. They may also purchase services from other providers. Municipal social welfare and health care services, implemented with state support, form the basis of the social welfare and health care system. Private players also provide services. There is also a range of social welfare and health care organisations, providing services either free of charge or for a fee (STM 2015).

Health services are divided into primary health care and specialised medical care. Primary health care services are provided at municipal health centres, while most specialised medical care is provided at hospitals. Mental health services are also distributed over several service areas, starting with primary health care providers and social services. Specialist mental health care is provided at psychiatric clinics and in psychiatric hospital care. In addition, municipal social services provide housing services, home services and rehabilitative work activities for people undergoing mental health rehabilitation (THL2014a, 15).

Mental health services include guidance, advice, psycho-social support for those in crisis, and assessment for possible diagnosis, treatment and rehabilitation for mental health disorders. Municipal social and health services deal with the prevention of mental health disorders, early diagnosis, treatment and rehabilitation. Treatment mainly involves outpatient and primary social and health services. (STM 2015).

Both central government and municipalities fund the cost of social and health services. People who use private services pay themselves but often receive a contribution from the state and/or private insurance companies. For users under 18 years of age, visits

⁴ The plan can be read at: www.stm.fi

⁵ <http://www.thl.fi/en/web/thlfi-en/research-and-expertwork/projects-and-programmes/mieli-plan>



to a municipal health care clinic are free, but a fee (currently EUR 32) is paid for each 24 hours spent at a specialist hospital. For other services, the age limit dividing young people from adults varies according to the situation, the sector to which the case applies, and also the relevant legislation.

Use of mental health services in 2012 and 2013

Statistics on the mental health visits made in primary health care are compiled using the Register of Primary Health Care Visits (AvoHILMO). Separate statistical reports on primary health care and specialist health care are published annually.

In 2012, there were 2.6 million visits to outpatient mental health services provided by public health care.⁶ Nearly a third of these (800,236) were visits to primary health care providers. In the same year, a total of 163,000 persons used specialist psychiatric services in 2012, of which around 157,000 were treated as outpatient during almost 1.8 million visits. Approximately 28,000 patients also required specialist inpatient psychiatric care (THL 2014a).

The following year, 2013, there were approximately 2.4 million outpatient visits to mental health services. In primary health care, there were just under 600,000 documented mental health visits when substance abuse-related visits were excluded. Ten per cent of all visits to primary health care providers (83,471) were appointments with a psychologist, a psychotherapist, or similar professional. (THL 2014a, 16).

Specialist health care accounted for 75 per cent of visits, including 33,000 patients cases that required inpatient care for a primary diagnoses of mental and behavioural disorders. The number of outpatient visits in specialised health care showed little change when compared with 2012. In 2013, mental disorders accounted for some 1.4 million care days (THL 2014c, 51).

⁶ The numbers vary to some extent depending on whether substance abuse-related visits are included. See Statistical Yearbook on Social Welfare and Health Care 2014, page 51.

Usage of specialist psychiatric services in 2013

Equal numbers of men and women used specialist psychiatric services, although there were variations in gender distribution by age and diagnosis group. Males outnumbered females among young patients (under the age of 9) and in the 25-59 age group. Females outnumbered males in the 15-25 age group. Compared to 2011, gender distribution by age group has not changed significantly, although, in the 10-14 age group, the number of girls has risen to the same level as that of boys (THL 2014a, 4). The most common psychiatric disease requiring inpatient care among men was schizophrenia. Alcohol use and psychoactive substance use were also common reasons for inpatient care among men. In this category more than 70 per cent of patients treated were men. Among girls and women, depression was the most common psychiatric disease requiring inpatient care. Since 2002 the number of inpatient care days in specialist psychiatric care has decreased by 29 per cent and the length of care periods by 23 per cent. On the other hand, outpatient visits to specialist psychiatric care have increased by 30 per cent since 2006, with a 22 per cent increase in the number of patients⁷ (THL 2014a).

Child and adolescent psychiatry

The number of patients in inpatient care in child and adolescent psychiatry varies by region (THL 2014a). The number of outpatient visits per patient varies by hospital district. Differences between regions reflect, to some extent, differences in care practices and service structures between regions.

In 2012, approximately 3400 patients were recorded as inpatients in the specialist area of child and adolescent psychiatry. In the 2000s, the number of care periods in adolescent psychiatry increased until the year 2011, and then decreased slightly in 2012. The number of care periods in child psychiatry took a downward turn in 2008, but increased slightly in 2012.

⁷ The compilation of statistics on primary health care visits concerning mental health and substance abuse problems was revised 2011.



Since 2006, the number of outpatients has increased by 68 per cent in adolescent psychiatry and by 37 per cent in child psychiatry. In a similar pattern to that seen among adult patients, there are differences between girls and boys in terms of diagnoses. Boys tend to become patients at a younger age than girls. The number of patients and outpatient visits in both child psychiatry and adolescent psychiatry has increased steadily since 2006 (THL 2014a, 43).

There were approximately 2300 patients aged 13-17 receiving inpatient care, of whom 67% were girls and 33% were boys. In this age group, depression was the most common diagnosis, and most of the depression patients were girls (79%). Eating disorders were the cause of inpatient care for 158 of the 2300 patients (7%), and girls accounted for 94 per cent of these cases. An equal number of boys and girls were in inpatient care due to behavioural or emotional disorders, with onset usually occurring in childhood and adolescence. Within the group, gender distribution varies according to the primary diagnosis. The majority of patients treated for hyperkinetic disorders or conduct disorders were boys, while 70 per cent of the patients treated for emotional disorders with onset specific to childhood were girls (THL 2014a, Table 8).

School and student health services

For young people, school and student health services play an important role in the prevention and detection of mental health problems and in providing support. At all levels of education – from compulsory education to upper secondary education, vocational colleges, university colleges and universities – free well-established, extensive and continual services are offered for children and young people. Schools generally have school counsellors, healthcare staff, school psychologists, and sometimes even doctors, one or more days a week. Forms of collaboration between the home and pupil healthcare staff have been developed. If the school's support is insufficient, the case is transferred to units with specialist expertise in the relevant area. Where the young person lives is significant, because although all young people are entitled to the same care services, in practice this is determined by what is offered at the local level. For example, in the Helsinki region, there is a TAK polyclinic (investigation, assessment and crisis polyclinic) for Swedish-speaking young people and an adolescent psychiatric polyclinic.

In addition to the permanent pupil healthcare staff in schools and educational establishments, a series of support functions are offered through municipal services or by private service providers. Other important service providers are the child welfare clinics, the church and various other third-sector organisations providing different kinds of mental health services, such as Folkhälsan and the Finnish Association for Mental Health. For some years, the Mannerheim League for Child Welfare has offered a telephone service to which children and young people from all over the country can ring for the price of a local call. Religious organisations also offer support services; for example, in the capital, Helsinki Mission arranges an emergency service aimed specifically at young people. These services are free, and young people do not need to register to get help. There are also support services or, at least information, available online; for examples of online services/information aimed at young people. For young people in employment, occupational health services support mental health and problem prevention.

In view of the growing concern for young people in the risk zone, various types of political recommendations and broad aims have appeared in Finland in recent years. Today the importance of local low-threshold activities is strongly emphasised. Young people who do not have a firm foothold in society are allocated support persons, and an individual plan is drawn up for them. Support should particularly be offered in the transition phases, when young people conclude an educational stage and are expected to progress to further studies or working life. When designing support functions, it is also recommended that a comprehensive approach be taken, where the young person is seen as a complex person, and where the goal is a rewarding future, rather than simply ensuring an income (e.g. Määttä & Määttä 2015). This requires a cross-sector and multi-professional approach (Young Persons Act, section 7). A good example of this is the Ohjaamo initiative⁸, which is a joint initiative involving several ministries. The initiative can be seen as a response to some of the criticism levelled at services aimed at young people at risk of marginalisation – that the service is fragmented, that various criteria must be fulfilled and diagnoses required in order to qualify for help, and that

8 Joint responsibility for the Ohjaamo initiative lies with the Ministry of Employment and the Economy, the Ministry of Education and Culture, and the Ministry of Social Affairs and Health. The project responsible for developing the Ohjaamo initiative is called Kohtaamo.

young people who eventually come into contact with the service providers often have several helpers but no one with overall responsibility.

Rehabilitative psychotherapy

The aim of rehabilitative psychotherapy is to support or improve the performance of people aged 16-67 who have a mental condition that jeopardises their capability for work or study. The number and proportion of young people undergoing rehabilitation psychotherapy have steadily increased over recent years.

In order to receive the benefit, the client must have a psychiatric diagnosis, completed at least three months of appropriate treatment with a healthcare provider involving a qualified psychotherapist, and a psychiatrist must issue a statement. The therapy can be given via the public healthcare system or a private institution, and may involve individual, couples, family or group therapy. For young people, music therapy is also offered. Rehabilitative psychotherapy is granted for one year at a time.

The Social Insurance Institution (Kela/FPA) reimburses the costs of both medicines and medically motivated rehabilitative psychotherapy. After 1 January 2011, it became easier for patients to be offered rehabilitation psychotherapy; before that date, the benefit was needs-tested. Under the new legislation, the annual benefit would no longer limit the possibility to be granted psychotherapy ([www.kela](http://www.kela.fi), accessed 21.9.2015).

In 2013, no less than 34% of young men aged 24 or younger used rehabilitation services, while the figure for young women was 17.7%. It is also clear that rehabilitation benefits relating to mental ill health are primarily aimed at younger recipients, and the benefits fall away rapidly among older citizens (FPA-rehabilitering www.fpa.fi/statistik).

Suicide prevention strategies

Despite the relatively high suicide figures in Finland, it is some time since national campaigns aimed at reducing and preventing suicides were carried out. The most recent campaign, *Valtakunnallinen itsemurhien ehkäisy Suomessa-projekti*, was conducted



between 1986-1996. The campaign had good results, and also led to the formulation of a number of strategies and recommendations for preventing suicide.⁹ The strategies were aimed at increasing resilience, social integration and creating safe environments. Initiatives were proposed both on a general level, in the form of, for example, telephone helplines, and online services, but also better training for journalists. The initiatives focused on particularly vulnerable groups, including minority groups and young people. The report also included a strategy for developing a prevention programme in schools. The strategy is based on four cornerstones: psycho-educational programmes; skills training; educational programmes for key people, and a screening programme. The Finnish Association of Mental Health arranges various events based on mental health.

⁹ For more information, see: <http://www.euregenas.eu/can-suicide-be-prevented-the-suicide-project-in-finland-1992-1996-goals-implementation-and-evaluation/>

YOUTH UNEMPLOYMENT AND EARLY SCHOOL LEAVERS

In December 2014 the unemployment rate for the whole population in Finland was 8.8%, according to Statistics Finland's Labour Force Survey. This is 0.9 percentage points higher than the previous year. The unemployment rate for men was 9.4% and for women 8.2%.

The economic recession and changes in the labour market have contributed to youth unemployment; the unemployment rate in the 15-24 age group is worryingly high. Of the approximately 650,000 young people in Finland aged 15 to 24, a total of 59,000 were unemployed, compared to 238,000 who were employed. In other words, the labour force (i.e. employed + unemployed) of young people totalled 297,000. The unemployment rate in this age group (i.e. the proportion of unemployed among the labour force) was 19.8%, which is 3.2% higher than the year before. However, this age group contains a high proportion of students, and the proportion of unemployed young people (15-24 years) among the population in the same age group was 9.0%, bringing the figure close to the general unemployment rate in Finland of 8.8% (Statistics Finland 2015b).

In February 2015, the relative unemployment rate for young people was 25.5%, which is 2.6 percentage points higher than the year before. However, it should be noted that the unemployment figure that perhaps gives the most realistic picture is the unemployment ratio, where, for example, full-time students are not counted as unemployed. The unemployment ratio shows the numbers of young people who are unemployed in relation to the total number of young people of the same age in the population. In February 2015, this was 11.6% (Statistics Finland 2015b).¹⁰

¹⁰ According to Statistics Finland's figures, there were 648,000 young people aged 15-24 in February in 2015. Of these, 220,000 were in employment and 75,000 were unemployed, so the labour force of young people (employed + unemployed) was approximately 295,000.

Source: Statistics Finland/ Downloaded 27-3-2015/ Labour Force Survey/February 2015.

The downturn in the global economy has reduced the number of jobs, which hits young people with poor levels of education or limited work experience hardest. However, there are other challenges. Approximately 110,000 young people have not completed upper secondary education or attained an occupational qualification¹¹ (e.g. Myrskylä 2011). If we look at the core group of marginalised young people, i.e. those who neither work nor study and who have ‘disappeared’ because they do not appear in registers, the group is estimated to be over 30,000 (Myrskylä 2012).

At the same time, it is important to remember that these young people are at a stage when they are undergoing various types of transitions, and some are facing challenges that, by nature, are temporary. Consequently, it is an oversimplification to state that these young people who, at a given point in time, are neither working nor studying, are at risk of being marginalised (Cf. Palola et al. 2012, 312). However, one particularly vulnerable group are those who lack basic skills of the type that are now taken for granted in working life. These young people are often facing challenges in several areas of life, such as inverted daily rhythm, mental ill-health and sometimes substance abuse. They need a broader spectrum of parallel support measures with regard to accommodation, substance misuse and education, as well as assistance with health issues and building up their social skills (Heponiemi et al. 2008; Sjögren & Svaleryd 2011). However, this group of young people – who are furthest from the labour market and in the risk zone for exclusion – is hard to reach.

Education is compulsory in Finland until the age of 16. It is both high quality and successful. Over 99.5% of compulsory school students leave school with approved grades (Statistics Finland 2015a). Difficulties tend to arise in the transition phases, when young people conclude an educational programme and are expected to take the step to the next level. There is a group of young people whom, when they complete compulsory school, do not apply to or start upper secondary education. Study counsellors in schools are responsible for following up what happens to this group when they leave school. The study counsellors send information to the outreach teams

11 The next stage after compulsory school comprises upper secondary school or vocational college.

about the young people who do not start upper secondary education. Similarly, study counsellors at upper secondary schools and vocational institutions send information about those young people under 25 who drop out of their studies. The Armed Forces and Civilian Service also send information to the outreach teams about young people under 25 who are either exempted from national service or who dropped out of it.

Organisation of support to unemployed young people in Finland

The Employment and Economic Development Offices (TE Offices), under the Ministry of Employment and the Economy, are responsible for providing services for unemployed people. TE Offices advertise jobs, help people find employment, and provide support services, such as counselling for young job seekers. Unemployed young people can also participate in labour market training. To qualify for unemployment benefit, unemployed people must make themselves available for work. They can apply for unemployment benefits when they have registered as job seekers at the TE Offices. Kela, the Social Insurance Institution of Finland, pays a basic allowance to those who are not members of any unemployment fund, if certain conditions are fulfilled. These conditions are different for young people aged 17-25. They need to have an educational qualification or vocational skills to receive the benefit. If they do not fulfil these requirements, they must participate in activation measures in order to receive the benefit. However, people aged 17 only receive the benefits during the time they undertake activation measures, not during the rest of their period of unemployment. Since January 2013, unemployed jobseekers younger than 25, or aged 25-29 if they recently have graduated, fall within the scope of the *Youth Guarantee*.

‘Nuorisotakuu’ - The Youth Guarantee

In order to tackle the high level of youth unemployment, several ministries agreed on launching the Youth Guarantee on 1 January 2013.¹² Alongside the Youth Guarantee, there are two sub-programmes, an educational guarantee and a skills programme for young adults. The Youth Guarantee is aimed at young people not in work or education. The aim is to raise the educational level and occupational skills of young people to

12 For more information see “Ungdomsgarantin” on <http://www.te-palvelut.fi>.

improve their chances of employment, and thereby strengthen their capacity to lead an independent life.

The Youth Guarantee is aimed at young people under 25 who lack an upper secondary qualification and new graduates under 30. This group of young people are offered a job, a work trial, a place on an educational programme, a youth workshop initiative, or rehabilitation place within three months of registering as an unemployed jobseeker at the employment office.

The needs of the target group are met through cross-sector collaboration. In accordance with the Youth Act, Section 7, all municipalities are expected to offer a coordinating network of guidance and services for young people. The aims are to improve information channels and to develop the services aimed at this target group. The Youth Guarantee also states that the target group will receive support in both life management and the process towards independence. The solutions must consider the young person's wishes and needs, and must be sustainable and long-term. The young people must be offered appropriate support and rehabilitation services at the right time. The key players are the municipalities' social and healthcare services, youth and educational services, study counsellors, outreach organisations, youth workshops and Kela's rehabilitation experts. The Youth Guarantee assumes that players in the third sector will play an active role in its implementation.

In autumn 2015 Ohjaamo, a new concept for low-threshold 'One-Stop Guidance Centres' that does not require a referral, opened in many parts of Finland to help implement the Youth Guarantee. As the Centres provide the basic services of various administrative bodies under one roof, and have a wide collaborative network, the young person can be offered guidance and advice in accordance with their own needs. The service is offered to young people under 30 and they do not need to be unemployed. Personalised guidance and advice can concern life management, career planning, social skills and abilities, education/training and employment, as well as support appropriate to their own situation. The first Ohjaamo unit was opened in Vantaa in June 2015. There are plans for a total of 31 Ohjaamo units, and more than 80 municipalities will participate.

There are already successful examples of the One-Stop Guidance Centre model, such as Byström House in Oulu.

As a supplement to face-to-face services at the One-Stop-Guidance Centres, a nationwide internet-based guidance service for young people is under preparation and will be commissioned at a later date.

The services described are a response to the missing elements identified in some reports that have examined youth services and the implementation of the Youth Guarantee. According to the reports, young people particularly want personalised guidance and easily accessible low-threshold services. There is also a clear need to intensify cooperation between different players and to increase information exchange (Nuorisotakuu 2015).

Service to unemployed young people: outreach youth work and youth workshops

Outreach activities are a specific aspect of youth work. The intention is to help young people who are not in education or work, or who need support, and guide them to services that meet their needs in their current situation. Outreach workers offer young people a safe and trusted adult contact, and work together with the young person in trying to find solutions to difficulties and questions. The outreach staff help the young person to find the services they need. When the outreach team is notified, they contact the relevant young person and offer them the opportunity to discuss their life situation; together they consider various options. The most popular measures include information about and participation in youth workshops.

The support is voluntary, and the outreach staff are not authorised to insist on collaboration, nor does the young person risk losing any benefits if they turn down the opportunity to work with the outreach team. The advantage of this arrangement is that the young person does not feel they are controlled or forced into something; instead, the collaboration is experienced as natural and takes place in informal situations, such as cafés. On the other hand, the voluntary nature of the initiative means that the young

person may choose not to participate, or may not even be reached. Critics argue that the initiative does not reach the most vulnerable young people who are most in need of support. The outreach staff, mainly employed by municipalities, have considerably increased in number in recent years, and today are found all over the country. In 2011, outreach activities were taking place in 223 municipalities or 65% of the country's municipalities (Häggman 2012, 18). In 2013, government grants were given to 283 or 90% of municipalities (Nuorisotakuu 2015). In 2013, outreach teams over the whole country tried to contact over 27,000 young people, and reached over 16,600 (Häggman 2014, 47-48). The young people that were reached were mostly aged between 16 and 20. Outreach youth workers contact young people after they have been contacted by the young people themselves, their parents, or friends (Nuorisotakuu 2015). In 2014, more than 340 youth workers in Finland were engaged in outreach activities (OKM 2015).

Since the 1980s, there have been workshops offering employment to unemployed people, and over the years the activities have changed. Today there are many workshops, aimed mainly at young unemployed people. Youth workshop activities are primarily aimed at boosting young people's life management skills and social independence, providing early support, promoting collective growth at the individual's own pace, and encouraging learning by doing. In workshops, young people can participate in work under guidance and support, attend a tailored education path, or find employment on the open labour market (Nuorisotakuu 2015b).

At the workshops, the young people work in groups, but are supervised individually. The aim is that the young people, with the help of the supervisors, will identify what they want to work with in the future. Possible study paths are then explored and applications submitted. In addition to the practical focus on studies and working life, the workshops increasingly work with social training. Social training means that the young person learns basic skills, such as ways to handle their life situation, getting their daily rhythm in order, looking after their health, and working with self-image and self-esteem.

Some workshops are only aimed at clientele of a certain age, while others take in trainees of all ages. Similarly, there are workshops that are specialised in terms of the programmes they offer; examples are car repair workshops, art and drama workshops, and media workshops. The workshops can be organised by both municipalities and third-sector players, so an exact figure of the numbers in operation are not available. A national network of workshops, the National Workshop Association (TPY), was formed by workshop employees in 1997. The association offers educational, development and information services for the workshops, and social activities for its member organisations and interest groups. The aim is to support the development of knowledge and professional skills of organisations and the people employed in the workshops (TPY 2015).

Most, but not all, of the workshops are affiliated to the network, which today comprises approximately 240 workshops. A smaller, Swedish-language network, ULA, comprising 12 of the country's 13 Swedish and bilingual workshops are also members of TPY.

TPY compiles statistics of the affiliated workshops and, in the most recent statistics available, Häggman (2012, 4) reports that the number of trainees in the workshops in the period 2004-2011 increased dramatically, from just over 8600 in 2004 to nearly 21,500 in 2011. However, because some of the workshops worked with very mixed-age trainees, and because some work exclusively with adult trainees, there is no exact information about how many young people are active in the workshops each year. According to Häggman's rapport (2011, 19), in 2010, the workshops had almost 21,000 trainees, of which 11,000 were under 25. According to the latest available statistics, in 2012 youth workshop activities were arranged in 270 municipalities and 14,100 young people under the age of 29 participated in workshop activities. After their workshop placement, over 80% of the youth workshop participants found a place in education, work or other activities (Nuorisotakuu 2015b). Co-financed by the Ministry of Education and Culture and the Ministry of Employment and the Economy, there are youth workshops all over the country (OKM 2015).

A Sanssi card¹³ is also offered to young people under 30 who are unemployed jobseekers and are registered with the TE Office. The Sanssi card gives the employer a subsidy for 30, 40 or 50% of the young person's payroll costs, depending on the duration of the unemployment.

Projects

Project based activities offer an opportunity for existing services to work innovatively outside the ordinary activities and bureaucratic frameworks. It may involve other actors and new methodological tools. It can focus on a new target group and can contribute to modernization and adaption of existing services, for example when it comes to supporting young people in vulnerable life situations. The projects mentioned below are examples of what is being done in the field, most of them with a primary target of helping young people to and through education and/ or into labour market.

Byström House in Oulu is a low-threshold activity centre primarily for young people aged 16 to 29, although the services are also offered to parents and professionals working with young people. The focus is on preventive services, the goal being that fewer young people subsequently move on to repairing services. The main idea is that all necessary services are delivered from one location, without an appointment. The clients are offered information and counselling, support for everyday life, career planning and help in finding a job, as well as other activities aimed at improving their employability. The service also includes issues concerning education, health and welfare, financial matters, accommodation, relationships, leisure time and addictions (drugs, alcohol). The employees come from various departments within the city.¹⁴

Kohtaamo, which coordinated the Ohjaamoprojekt (One-stop-shop)¹⁵ Kohtaamo is a project that coordinates and develops the Ohjaamo service model, which is a nationwide ESF-financed guidance service for people under 30.

13 http://www.te-services.fi/te/en/jobseekers/finding_job/young_people/sanssi_find_job/index.html

14 <http://www.ouka.fi/oulu/nuoret/bystromin-nuorten-palvelut>

15 <http://www.salpaus.fi/kohtaamo/Sivut/default.aspx>

Komet is a review of services for Swedish-speaking young people in the Helsinki region. The report considers the need for, and access to, support services in Swedish in the capital region, particularly for young people at risk of marginalisation.¹⁶

Kuntopaja: This ‘physical condition’ workshop is a pilot project within a youth workshop in Imatra, focusing on encouraging and stressing the importance of unemployed people looking after their physical health. The physical condition workshop introduces its participants to various sports, which they then try. The idea is that no special equipment or expertise is needed – everyone starts from scratch. The aim is that participants will realise the importance of daily exercise and make it a habit.¹⁷

Olkari in Mikkeli: Olkkarin (Finnish slang word for living room) is an organisation that anyone can contact who wants to talk about a young person’s situation or an issue they are worried about. The themes are often everyday issues, such as growing up and becoming independent, studies, accommodation, personal economy, relationships, drugs or leisure time activities. Olkkarn offers a great range of support, including counselling and help to overcome everyday challenges. Olkkarn also accepts suggestions for activities that young people would like to see organised in the town, in various life situations.¹⁸

Resurscentret Föregångarna (Verkstad i Vasa). Resurscentret Föregångarna is a Swedish-language workshop in Vasa that uses multi-professional individual guidance to help people of all ages to find their place in terms of work, studies and social situations. Föregångarna offers, for example, career training, job application courses and a RAMP activity for people who need support in study issues.¹⁹

Youth Workshop Sveps in Helsinki. This is a Swedish-language workshop aimed at young people aged 16-28 in the capital region. The aim is to help Swedish-speaking

16 http://unginfo.fi/assets/2014/06/Projektet-Komet_UI_Luckan_Lotta-Keskinen.pdf

17 <http://www.intopajat.fi/>

18 <http://mikkelinolkari.fi/> (information only in Finnish)

19 <http://www.foregangarna.fi>

young people into education and work, to counteract school fatigue, and to improve their chances of coping in the future. In addition to outreach youth work and job coaching, Sveps offers workshops, The Start and Non-Stop.²⁰

Time Out! (Life on the right track): The Time Out project works with young men who have not completed either their obligatory military or civilian service. The project has developed a model for supporting young men who have not been conscripted. This group, who are outside military and civilian service, differ noticeably from their peers in terms of background, life habits, life situation and psychosocial well-being.²¹

ULA-nätverket (Finn-Swedes youth workshops in Finland). The ULA project, which stands for Youth/Learning/Work, uses skills and quality-improving measures (further education, material production and follow-up and evaluation tools) to develop the 12 Swedish and bilingual workshops that are affiliated to the network. These include the Föregångarna Resource Centre and the Sveps Youth Workshop.²²

Ungdomsenheten Petra - this youth unit comprises a link between employers and young unemployed jobseekers. Petra offers young people personal guidance when they apply for jobs, information about educational agreements and programmes, and career guidance. The unit also offers advice on matters concerning health and personal finance.²³

Ungdomsenheten Respa (Helsinki). This unit provides career guidance for young people under 30 who are unemployed and who have been referred by the AN office. Respa offers a personal career coach who reviews various educational paths or other options to promote the young person's entry into working life. Respa also provides information

²⁰ <http://www.sveps.fi>

²¹ <http://www.julkari.fi/handle/10024/76859>

²² <http://www.ula.fi>

²³ http://www.nuorisotakuu.fi/files/39421/God_praxis_i_servicen_for_ungdomar_och_ungdoms_garantin_april_2014.pdf

about skills and knowledge needed in working life, such as Finnish language courses, data processing, or jobseeking skills (e.g. CV Workshop). Educational programmes can be tailored to the young person's needs at a company employing them. The Respa staff put a lot of emphasis on supporting and encouraging the young person throughout the process. Where necessary, Respa activities can be supplemented with advice on personal finances and debts, study counselling, educational agreements, accommodation, health, leisure time and sports activities.²⁴

Youth Guarantee/ Nuorisotakuu has been included in the programmes of the past two governments. The objective of the youth guarantee is to help young people gain access to education and employment, to prevent prolonged unemployment, to identify factors contributing to the risk of social exclusion and to offer support at an early stage, in order to prevent social exclusion and marginalisation of young people.²⁵

Vamos is an activity aimed at young people, helping them to strengthen their resources and find an educational programme or a job. The initiative supports young people in drawing up and realising a plan for the future and in finding the services they feel they need. Each young person is allocated a personal support person, and activities take place both in groups and individually. The service is based on voluntary participation, and is free.²⁶

Examples of EU-financed projects

Within the EU Structural Funding for Sustainable Development and Jobs 2014-2020, and its five prioritised areas, the EU has granted funding for a number of projects.²⁷

24 <http://www.hel.fi/www/Helsinki/sv/stad-och-forvaltning/naringar/sysselsattning/respa/>

25 "Youth guarantee" www.nuorisotakuu.fi

26 <http://www.vamosnuoret.fi> and www.hdo.fi/projektit-artikkelit/15-projektit-yleinen/140-suunnista-tulevaisuuteen-vamos (Information only available in Finnish/ Diakoniansalten in Helsinki)

27 <https://www.eura2014.fi/rrtiepa>

Siä päätät – Ratkaisuja nuorten osallisuuden tukemiseen peli-innovaatiolla ja palvelumuotoilulla: The aim of the *Siä päätät* project ('You Decide Yourself') is to provide support through various kinds of social participation, including developing action models for young adults aged 16-29 with special needs to help them become integrated in society. The project comprises different modules, including games and behaviour patterns in which the user perspective is central.²⁸

Nylands Marttor run the project *Elämä alkaa arjesta* (Life begins with everyday activities), in which young people are helped in coping with everyday activities like cooking, shopping, washing and cleaning. An advisory model is built up, which can then be used in the outreach work with young people. The project is run in collaboration with the Vamos services at Helsingfors Diakonianstalt.²⁹

Minun tulevaisuuteni! The aim of this project (My Future) is to support young people aged 17-30 with immigrant backgrounds in helping them identify their strengths in Finnish working life. Their work capacity is strengthened through various types of support and coaching. The project works on the basis of individual needs and tailored activities. For example, the participants become acquainted with the 'shadowing' model, and their own cultural background is compared with Finnish work culture.³⁰

Participation, support and services offered by associations comprise a considerable proportion of the welfare infrastructure. Associations are also a sector that actively promote work. The aim of the project *Järjestöjen palvelut osaksi hyvinvoinnin ekosysteemiä - työtä ja osallisuutta nuorille* (Services as a Part of the Welfare Ecosystem – Work and Participation) is to improve the chances of young people participating later in working life by introducing them to voluntary work and promoting activity in civil society.³¹

28 "Siä päätät" www.kyamk.fi

29 <https://storify.com/pirkkohaikkala/somekoulutuksen-perusteet>

30 <http://www.harjulansetlementti.fi/harjula/hankkeet/minun-tulevaisuuteni-my-future/>

31 <https://www.innokyla.fi/web/hanke1240354>

The aim of the project *Kohti unelmia – hanke* (Towards Our Dreams) is to promote greater activity among unemployed people by developing various forms of rehabilitation work and subsidised work. The long-term aim is to set up a central unit that offers various forms of support to jobseekers, improve their ability to take action, and strengthen their life management skills. The project puts emphasis on physical, mental and social forms of well-being. The project is aimed at people with weak links to the labour market who have previously been unable to benefit from other initiatives.³²

The project *Palvelu olen minä!* (I am a Service!) aims to reinforce young people's own resources and ability to take action, and to develop the availability of mental health services by investigating young people's user experiences. The target group comprises young people who are in a poor position psychosocially. The aim is to strengthen their own resources, and get them to start using existing services.³³

Shortage of accommodation makes it much more difficult for young people to find work and education, and has consequences for human relationships. The project *Oman muotoinen koti* (A home designed for me) is aimed at young people aged 16-25 who want to influence issues about the lack of accommodation in Helsinki. The project works together with homeless young people on the problem. The aim is to find an empty industrial premises.³⁴

The *Volume +6dB* project grew out of a previous project, and is aimed at young people aged 17-29 who are outside the labour market and are at risk of total exclusion. The aim is to improve the young people's ability to take action and their capacity for work and study through target-oriented and regular preparatory services, which supplement existing services.³⁵

32 <http://www.phklubitalot.fi/hanke/hanke-esittely/>

33 "Palvelu olen minä!" www.vantaa.fi

34 <http://www.toimivakaupunki.fi/fi/projektit/oman-muotoinen-koti/>

35 <http://www.keravannuorisopalvelut.fi/muut-palvelut/volume-6db/>

The aim of the project *Toimi! – Nuoren polku palveluihin toiminnallisen kuntoutumisen kautta* (Act - young people's paths to services through action-oriented rehabilitation activities) is to improve young people's social participation and ability to take action in Tavastehus and Hattula by using online services and action-oriented activities. The aim is to help the young people find paths to education and work. The project uses, for example, art, culture, sport and various forms of hobby activities.

The project *SoVa – Sosiaalinen Vahvistumisen Talo* (SoVa – The House for Social Reinforcement), run in Hyvinge, is developing a comprehensive guidance service based on multi-professional and cross-sector collaboration. The target group is young people aged 16-25 who need support in order to attain a place on an educational programme or a job.



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ANNEX 1 ONLINE SUPPORT SERVICES FOR YOUNG PEOPLE

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Nyman, H. (2014): Ungdomars attityder till arbete – en kvalitativ undersökning om arbetets betydelse. Helsingfors Universitet. <http://hdl.handle.net/10138/137621>

Other material

Nordens välfärdscenter (2015): Ungas röst www.nordicwelfare.org

Nordplus-projektet (Kartläggning av hur folkhögskolor i Norden kan integrera ungdomar) www.nordiskafolkhogskolor.com

The good practices for implementing the Youth Guarantee in the Turku region in South-West Finland, www.koulutustakuu.fi

Westerback, F. (2015): ”När det har brustit på många ställen i vuxenvärlden, i föräldraskapet, i skolvärlden, hos oss yrkesmänniskor” – professionellas perspektiv på unga i servicesystemet www.fskompetenscentret.fi



MINISTRIES AND ADMINISTRATIVE AUTHORITIES

Työ- ja elinkeinoministeriö/Arbets- och näringsministeriet/

Ministry of Employment and the Economy: www.tem.fi

- Nuorisotakuu/Ungdomsgarantin/The Youth Guarantee: www.nuorisotakuu.fi/
www.ungdomsgaranti.fi

Oikeusministeriö/Justitieministeriet/

Ministry of Justice: <http://oikeusministerio.fi>

- Riksentorjuntaneuvosto/Rådet för brottsförebyggande/Council for Crime Prevention: www.rikksentorjunta.fi/sv/index.html

Sosiaali- ja terveystieteiden ministeriö/Social- och hälsovårdsministeriet/

Ministry of Social Affairs and Health: www.stm.fi

- Lapsiasiavaltuutettu/Barnombudsmannen/Ombudsman for children:
<http://lapsiasia.fi>
- Kela/Folkpensionsanstalten (FPA)/Kela: Social Security Institution: www.kela.fi
- Terveystieteiden ja hyvinvoinnin laitos (THL)/Institutet för hälsa- och välfärd/National Institute for Health and Welfare: www.thl.fi

Opetus- ja kulttuuriministeriö/Undervisnings- och kulturministeriet/

Ministry of Education and Culture: www.minedu.fi

- Opetushallitus/Utbildningsstyrelsen/Finnish National Board of Education:
www.oph.fi
- Valtion nuorisosiain neuvottelukunta (Nuora) /Delegationen för ungdomsärenden (Nuora)/The national Advisory Council for Youth Affairs: <https://tietoanuorista.fi>

MUNICIPALITIES AND REGIONS

- Suomen Kuntaliitto/Kommunförbundet/Association of Finnish Local and Regional Authorities: www.kunnat.net /www.localfinland.fi
- Aluehallintovirasto/Regionförvaltningsverket/Regional State Administrative Agencies: www.avi.fi (5)

Kunnat/Kommuner/Municipalities (320)

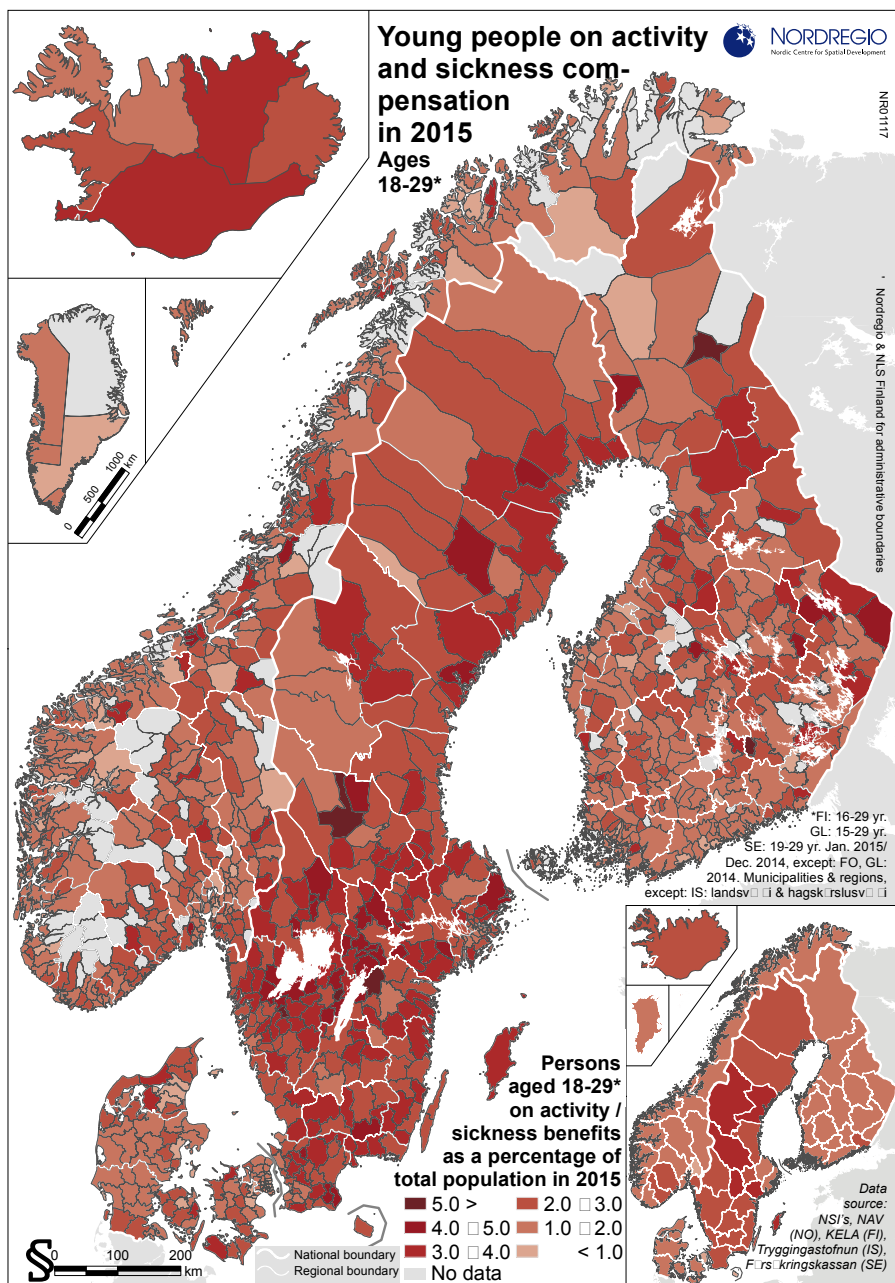
- Kouluterveydenhuolto/Skolhälsövrården/School Health Service: www.kunnat.net/www.stm.fi
- Sosiaalipalvelut/Socialtjänsten/Social services: www.stm.fi
- Erikoissairaanhoito/Specialistvården/Special Care Services: www.kommunerna.net

RESEARCH

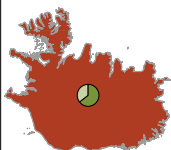
- Työterveyslaitos/Arbetshälsoinstitutet/Finnish Institute of Occupational Health: www.ttl.fi
- Det finlandssvenska kompetenscentret inom det sociala området/
The Finland-Swedish social research center (FSKC): www.fskompetenscentret.fi
- Suomenruotsalainen erityispedagoginen resurssikeskus (SPERES)/Finlandssvenskt specialpedagogiskt resurscentrum (SPERES)/The Finland-Swedish special needs education center: www.speres.fi
- Kansalaisjärjestö/Folkhälsan/Swedish-speaking NGO in the social welfare and health care sector in Finland: www.folkhalsan.fi
- Terveysten ja hyvinvoinnin laitos (THL)/Institutet för hälso- och välfärd/National Institute for Health and Welfare: www.thl.fi
- Nuorisotutkimusseura ry/Ungdomsforskningssällskapet/
The Finnish Youth Research Society: www.nuorisotutkimusseura.fi

CIVIL SOCIETY

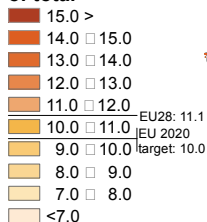
- Mielenterveysomaisten keskusliitto – FinFami ry/Anhörigas stöd för mentalvården centralförbund/NGO promoting mental Health: www.finfami.fi
- Mielenterveyden keskusliitto/Centralförbundet för Mental Hälsa/ Finnish Central Association for Mental Health: <http://mtkl.fi>
- Suomen ruotsinkielisten vammaliitto/Finlands Svenska Handikappförbund/The Finland-Swedish disability organisation: www.handikapp.fi
- Suomen Nuorisoyhteistyö - Allianssi/Finlands Ungdomssamarbete Allians rf/Finnish Youth Cooperation: www.alli.fi
- Mannerheimin Lastensuojeluliitto/Mannerheims Barnskyddsförbund (MLL)/The Mannerheim League for Child Welfare: www.mll.fi
- Pelastakaa Lapset/Rädda barnen/Save the Children: www.pelastakaalapset.fi/
- Samarbetsförbundet kring funktionshinder/Finland-Swedish Cooperation Association on Disability: <http://samsnet.fi>
- Youth Against Drugs (YAD): www.yad.fi



Early school leavers in 2014 by NUTS 2 regions Persons with at most lower secondary education, aged 18 to 24*



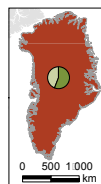
Early school leavers: percentage share of total



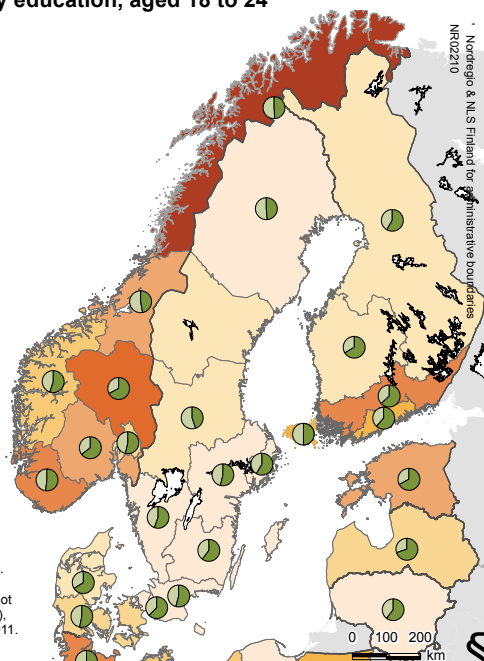
EU28: 11.1
EU 2020
target: 10.0

Early school leavers: gender shares

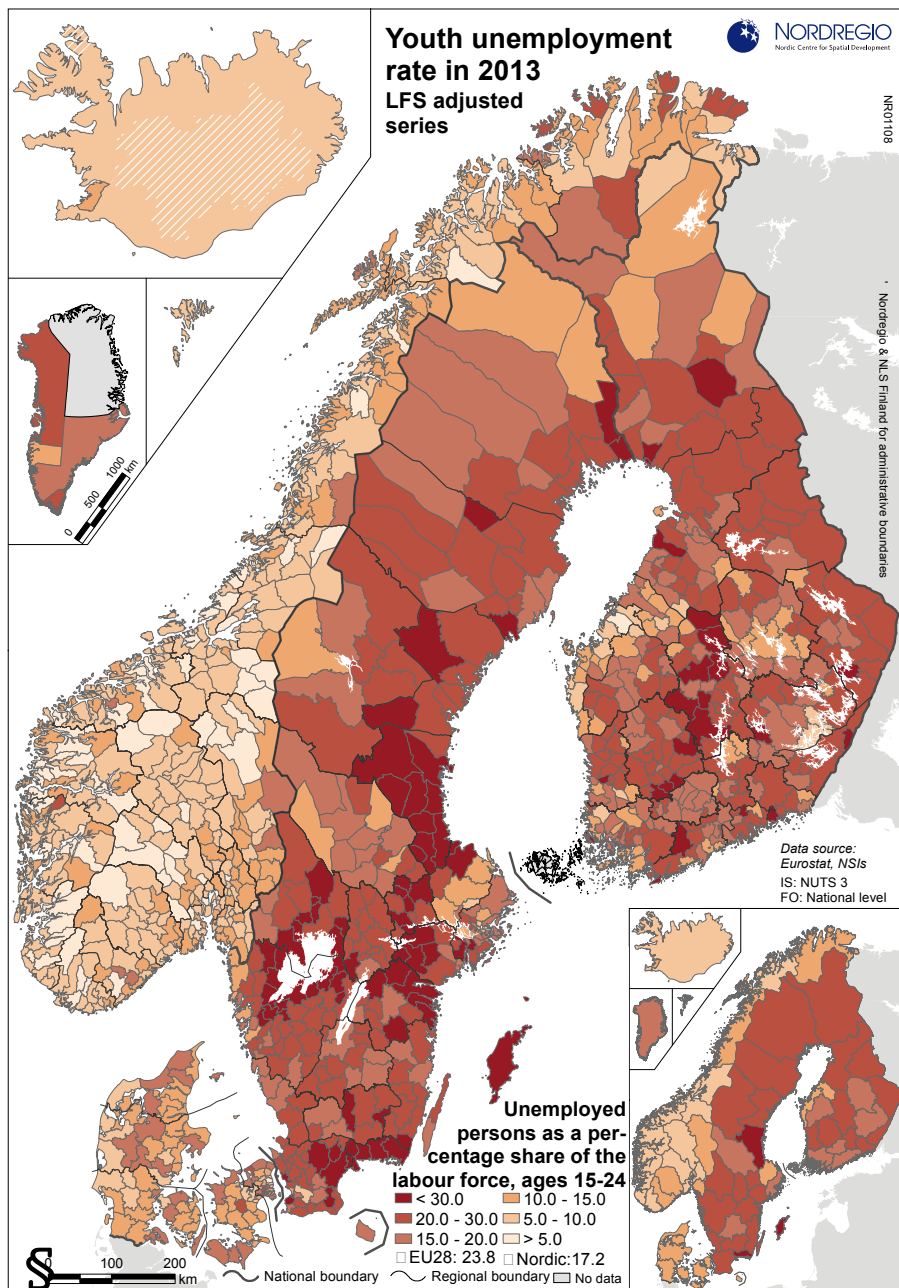
Females Males
EU28:



* Percentage of the population aged 18 to 24 having attained at most lower secondary education and not being involved in further education or training. Regional level: NUTS 2. In EE, IS, LT & LV, NUTS 2 equals national level. AX, GL: estimates. AX: Share of early school leavers probably over estimated, as students studying in Sweden are not included in estimates. SJ: Jylland, Nordjylland (DK), Mellersta Norrland (SE): No gender data. FO: 2011. Source: Eurostat & (for AX, FO, GL) NSI's.



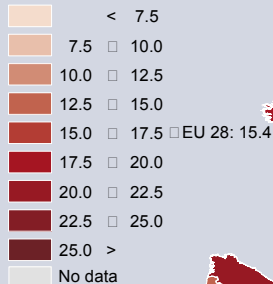
Nordregio & NLS Finland for administrative boundaries
NR02210



NEET rates in European countries in 2014

Young people neither in employment nor in education and training (NEET)

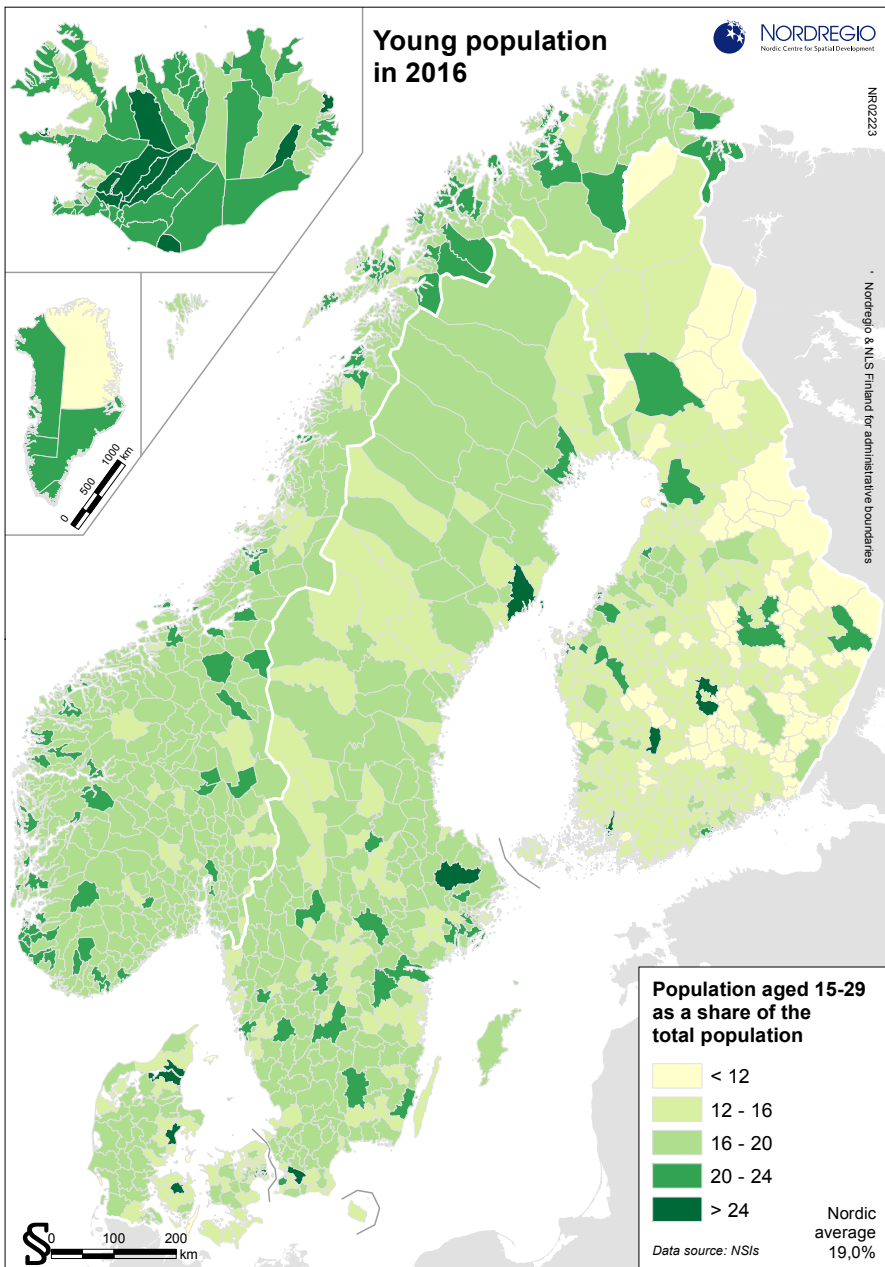
NEET percentage of total population, ages 15-29




FO: 2011
Source: Eurostat, NSIs

NR01116

Nordregio, NLS Finland & ESRI for administrative boundaries



A stylized map of the Nordic region, including Denmark, Finland, Iceland, Norway, and Sweden, set against a blue background. The map is white with black outlines for the coastlines and borders.

The Nordic co-operation involves Denmark, Finland, Iceland, Norway and Sweden, as well as the Faroe Islands, Greenland and Åland.

NORDIC CENTRE FOR WELFARE AND SOCIAL ISSUES – AN INSTITUTION UNDER THE NORDIC COUNCIL OF MINISTERS

Although there are some national differences in the Nordic welfare systems, there are also great similarities between the countries. National differences provide opportunities for comparison and learning from each other's experiences. The Nordic Centre for Welfare and Social Issues is a key-actor in explaining, supporting and developing the Nordic welfare model.

Our work aims at developing strategic input to politicians, compiling research findings and arranging Nordic and international conferences on current welfare issues.

Our focus areas are:

- Welfare policy
- Disability issues
- Labour market inclusion
- Alcohol and drug issues
- Welfare technology

Nordic Council of Ministers

The Nordic Council of Ministers is the official inter-governmental body for co-operation in the Nordic region. The ministers within each specific policy area meet a few times a year to collaborate on matters such as working life issues, social and health policy, and education and research.

Within each policy area, there is also a committee of senior officials, comprising civil servants whose task is to prepare and follow up issues.

Nordic Council

The Nordic Council is the official parliamentary body of the Nordic co-operation. Members of the Nordic Council are members of parliament in the individual countries.

The Nordic Council meets twice a year. The decisions taken at the meetings are implemented by the Nordic Council of Ministers and the Nordic governments. The day-to-day political work is carried out in committees and political party groups.



**NORDIC CENTRE OF WELFARE
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