Safer and healthier work at any age
Country Inventory: Finland
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Reviewed by Alice Belin and Claire Dupont (Milieu Ltd)

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Abbreviations

ENWHP: European Network for Workplace Health Promotion
ETK: Finnish Centre for Pensions
EU: European Union
Eurofound: European Foundation for the Improvement of Living and Working Conditions
EU-OSHA: European Agency for Health and Safety at Work
FIOH: Finnish Institute for Occupational Health
GP: General Practitioner
HR: Human resources
ILO: International Labour Organization
KELA: Social Insurance Institution of Finland
MSAH: Ministry of Social Affairs and Health
MSD: Musculoskeletal disorder
NGO: Non-governmental organisation
OECD: Organisation of Economic Cooperation and Development
OSH: Occupational Safety and Health
P.p.: Percentage points
RTW: Return to work
THL: National Institute for Health and Welfare
TTK: Centre for Occupational Safety
TVL: Federation of Accident Insurance Institutions
WHO: World Health Organisation
Introduction

This report is part of the project ‘Safer and healthier work at any age’, initiated and financed by the European Parliament. The objective of the European Parliament was to further investigate possible ways of improving the health and safety of older people at work.

The project, which started in 2013,

- reviewed state of the art knowledge on ageing and work;
- investigated EU and Member States policies, strategies, and programmes addressing the challenges of an ageing workforce in the field of occupational safety and health (OSH) and policy areas that affect OSH, such as employment and social affairs, public health, and education;
- investigated EU and Member States policies, strategies, and programmes in relation to rehabilitation/return-to-work;
- and collected information on related workplace-level practices.

To review policy developments and initiatives taken in Europe to tackle the demographic change, country reports were prepared, with a specific focus on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting rehabilitation/return to work.

Methodology

The country reports were prepared in each of the 28 European Member States and EFTA countries (Iceland, Switzerland, Lichtenstein and Norway). In eight countries (Austria, Belgium, Denmark, Finland, France, Germany, the Netherlands and the United Kingdom), the research was carried out at a more in-depth level including additional resources and the consultation of relevant stakeholders via the organisation of expert workshops.

The information used to prepare the reports was collected between September 2013 and June 2014 and comes from international, European and national sources, referenced in the report’s bibliography.

The indicators presented in the first section of the reports have been selected taking into account:

- Relevance to the topic: In addition to data on working conditions and health, indicators related to general contextual factors such as the demographic development, labour market and employment have also been included.
- Availability of data by age groups: As the focus of this work is to investigate activities in the context of an ageing workforce, it is central to the project to collect data by age groups.
- Geographical coverage: In order to be able to compare results across the Member States, it is important to use the same indicators in all country reports. For this reason, European and international sources were favoured.

National expert workshops took place in the eight countries subject to in-depth review as well as in two additional countries, Poland and Greece between March and June 2014.

The objectives of the workshops were to:

- Confirm the findings and interpret the results of the desk research;
- Stimulate discussions between intermediaries and experts in the field of occupational health and safety and rehabilitation/return-to-work, in order to collect additional information and examples of good practices;
- Exchange views and ideas on what works well, what could be improved, and what are the drivers, needs and obstacles to address the challenges of an ageing workforce.

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2 The activities carried out for the European Parliament’s pilot project are coordinated by the European Agency for Safety and Health at Work (EU-OSHA) and implemented by a consortium led by Milieu Ltd (other consortium partners include: COWI, IOM, IDEWE, FORBA, GfK, NIOM).
Finally, in order to validate the findings of the desk research, EU-OSHA’s network of focal points reviewed the country reports.

In Finland, the national expert workshop “The ageing workforce and health and safety at work”) took place on 5–6 May 2014, with 26 participants over the two days. The Finnish Ministry of Health and Social Affairs, EU-OSHA’s focal point, provided extensive support for the organisation and execution of the workshop.

On the first day, the workshop focussed on the topic of OSH and older workers, and on the second day, on rehabilitation and return-to-work. Representatives from the European Agency for Safety and Health at Work (EU-OSHA), the Ministry of Social Affairs and Health, the Finnish Institute for Occupational Health (FIOH) and from the social partners (businesses and workers) gave presentations to introduce the topics for discussion. Experts and policy makers discussed the implementation and effectiveness of policies and strategies (at national level and within companies) addressing the challenges of an ageing workforce.

Although participation in Finland was rather low, the different groups and stakeholders were well represented. A summary of the stakeholders’ views is provided in the conclusions of this report.

Structure of the report

The first section of the report provides background information on demographic developments, the labour market, working conditions and the health status of the older working population. The institutional and legal framework for occupational health and safety in Finland, as of June 2014, is also described.

The second section of the report describes strategies, policies, programmes and activities initiated by the government or government-affiliated organisations, social partners and non-governmental organisations to tackle the challenges related to demographic change, and more specifically to the ageing of the workforce. These initiatives were identified primarily in the area of occupational health and safety but also in the areas of employment and public health and any other relevant policy areas.

The third section of the report focuses on the issue of the rehabilitation and return to work of workers following a health problem (accident or disease). The section starts by introducing the national system for the rehabilitation of workers following a long-term sick leave or work incapacity and considers the legal and policy framework, the actors involved and the main steps of the rehabilitation process. The second part of the section describes specific activities, programmes or strategies implemented by the government or government-affiliated organisations, social partners and non-governmental organisations for the rehabilitation of workers.

The present report describes policies and strategies in Finland, addressing the ageing of workforce. Specifically, it focuses on initiatives to improve the health and safety of an ageing workforce and on those aiming at promoting the rehabilitation/return to work of workers following a health problem.
1 General context

Section I of this report starts with an overview of the most relevant facts and figures on the current situation in Finland with regard to demographics, the labour market, working conditions and the health status of the older working population. It then provides background information on the institutional and legal frameworks in Finland that pertain to safe and healthy work in the context of an ageing workforce. Finally, it provides a brief overview of the pension system, looking specifically at legal and actual retirement ages, early retirement opportunities and ongoing or upcoming reforms that would affect older workers.

1.1 Facts and figures

In this sub-section on facts and figures, a number of indicators introduce the current situation in Finland with regard to demographic factors, the labour market, working conditions and health status of the older working population.

The following definitions aim to provide clarity on a number of terms used frequently in this section:

- **“Median age”** is the age that divides a population into two groups that are numerically equivalent.
- **“Old age dependency ratio”** is the ratio of the number of elderly people at an age when they are generally economically inactive (i.e. aged 65 and over), compared to the number of people of working age (i.e. 15-64 years old)
- **“Old age pension”** is payment to maintain the income of a person after retirement from employment at the standard age or at payment made to support the income of elderly persons.
- **“Anticipated old age pensions”** are periodic payments intended to maintain the income of beneficiaries who retire before the legal/standard age as established in the relevant scheme.
- **“Survivors' pension”** is payment to a person whose entitlement derives from their relationship with a deceased person protected by the scheme (widows, widowers, orphans and similar).
- **“Healthy life years”**, also called disability-free life expectancy (DFLE), is defined as the number of years that a person is expected to continue to live in a healthy condition.

Table 1 provides a quick snapshot of selected indicators, some of which are further described in the rest of the section.

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3 Definitions extracted from the Eurostat glossary (unless stated otherwise):


5 Definition according to Eurostat Methodology Paper on ESSPROS, p. 51

6 Ibid, p62.

7 This indicator is compiled separately for men and women, both at birth and at age 65. It is based on age-specific prevalence (proportions) of the population in healthy and unhealthy condition and age-specific mortality information. A healthy condition is defined as one without limitation in functioning and without disability.
Table 1: Overview table of main indicators

<table>
<thead>
<tr>
<th></th>
<th>Finland</th>
<th>EU-28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age&lt;sup&gt;a&lt;/sup&gt; 2013 (2060)</td>
<td>42 (44)</td>
<td>41.9 (46.3)</td>
</tr>
<tr>
<td>Share of population aged 55 to 64 years (2013)</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Share of population aged 65+ (2013)</td>
<td>19%</td>
<td>18%</td>
</tr>
<tr>
<td>Old age dependency ratio&lt;sup&gt;a&lt;/sup&gt; 2013 (2060)</td>
<td>30% (45%)</td>
<td>27.5% (50.2%)</td>
</tr>
<tr>
<td>Employment rate of 55 to 64-year-olds (2013) (∆ since 2003)</td>
<td>58.5% (+9 p.p.)</td>
<td>50.2% (+10.3 p.p.)</td>
</tr>
<tr>
<td>Official Retirement age (2012)&lt;sup&gt;10&lt;/sup&gt;</td>
<td>63-68</td>
<td></td>
</tr>
<tr>
<td>Effective retirement age (2012)&lt;sup&gt;11&lt;/sup&gt;</td>
<td>62</td>
<td>60.9(f)/ 62.3(m)*</td>
</tr>
<tr>
<td>Share of pensioners (50-69) who quit working for health or disability reasons (2012)</td>
<td>31%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Pension expenditures (% of GDP) (2011*)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All pensions</td>
<td>12.5%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Old-age pensions</td>
<td>8.9%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Disability</td>
<td>1.9%</td>
<td>0.9%</td>
</tr>
<tr>
<td>Life expectancy at 65 years, in years (2011)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>20</td>
<td>19.7</td>
</tr>
<tr>
<td>Men</td>
<td>21.7</td>
<td>21.3</td>
</tr>
<tr>
<td>Healthy life years at the age of 65 (and 50) (2011)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>8.6 (17.3)</td>
<td>8.6 (17.9)</td>
</tr>
<tr>
<td>Men</td>
<td>8.4 (16.7)</td>
<td>8.6 (17.5)</td>
</tr>
<tr>
<td>Employed persons aged 55 to 64 years reporting one or more work-related health problems in the past 12 months in 2007 (% from all employed aged 55 to 64 years)</td>
<td>31.7%</td>
<td>11.4%&lt;sup&gt;12&lt;/sup&gt;</td>
</tr>
<tr>
<td>Share of employed people aged 55-64 yrs who perceive their health as in being in a bad or very bad status (and 45-54 yrs)</td>
<td>2.8% (2.3%)</td>
<td>5.7% (3.8%)</td>
</tr>
<tr>
<td>Share of employed people aged 55-64 yrs who have a long-standing illness or health problem (and 45-54 yrs)</td>
<td>49.3% (39.4%)</td>
<td>33.3%&lt;sup&gt;13&lt;/sup&gt; (24.2%)</td>
</tr>
<tr>
<td>Share of people aged 55-64 yrs who report MSDs as their most serious work-related health problem during the past 12 months</td>
<td>68.4%</td>
<td>59.9%&lt;sup&gt;14&lt;/sup&gt;</td>
</tr>
<tr>
<td>Women</td>
<td>72.6%</td>
<td>64.4%&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Men</td>
<td>62.6%</td>
<td>56%&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Share of workers above the age of 50 who think they could do their current job at the age of 60&lt;sup&gt;15&lt;/sup&gt;</td>
<td>81.7%</td>
<td>71.4%&lt;sup&gt;16&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

---

<sup>a</sup> “Median age” means that around 50% of the population are younger and around 50% of the population are older than this age.

<sup>b</sup> The “old age dependency ratio” is the share of persons aged 65 years and above from those aged 15-64 years; inversed, it shows how many younger persons there are for one older person.

<sup>10</sup> See section 1.4 on Pension system


<sup>12</sup> This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.

<sup>13</sup> Flagged “e” (estimated by Eurostat)

<sup>14</sup> This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends to use the aggregate figures without France.

<sup>15</sup> Source: European Working Conditions Survey 2010

<sup>16</sup> This Figure refers to the EU-27
Safer and healthier work at any age – Country inventory: Finland

European Agency for Safety and Health at Work – EU-OSHA

11

- Share of employed people with working experience who report that measures to adapt the workplace for older people have been put in place at their workplace\textsuperscript{17}  

<table>
<thead>
<tr>
<th></th>
<th>Finland</th>
<th>EU-28</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>35%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Sources: All figures are as published by Eurostat, unless mentioned otherwise. Sources used by Eurostat include: Eurostat population statistics, Eurostat population projections, the European Labour Force Survey (EU-LFS), the European Survey on Income and Living Conditions (EU-SILC), the European System of Integration Social Protection Statistics (ESSPROS)  
*figure refers to 2011; **estimated figures only (by Eurostat)

\textbf{1.1.1 Demographic developments}

Finland’s population has been ageing since 1960, and more strongly since 1980. In 1960 the \textit{median age} of the Finnish population was 28 years, in 1980 it was 33 years, in 2000 39 years and in 2013 42 years (Table 2). This was the same as the median age of the total EU-28 population, which was around 42 years in 2013, too.

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline
\hline
Finland & 28 & 33 & 36 & 39 & 42 & 42 & 43 & 44 & 44 \\
\hline
EU & : & : & 35 & 38 & 42\* & 42\** & 44 & 46 & 46 \\
\hline
\end{tabular}
\caption{Median age (actual and projections) of population in Finland and for EU, 1960-2060 (in years)}
\end{table}

Source: Eurostat population statistics: Population on 1 January: Structure indicators [demo_pjanind];  
*figure for EU-27 for this year is flagged “estimated”; **figures from 2013 onwards are for the EU-28 aggregate.

This ageing is also reflected in the \textit{distribution of the population across the different age groups} and their development between 1990 and 2013. The share of the oldest age group (65 years and above) increased from 13\% to 19\%; the share of the age group of 55 to 64-year-olds increased from 10\% to 14\%.

Compared to the EU average, the increase in the older population was higher in Finland and the share of older people in 2013 is slightly higher than EU average (19\% and 14\% for the two higher age groups compared to 18\% and 13\%, respectively). Furthermore, the decrease in the share of the population of 15 to 54- year-olds was comparatively high (decrease of 6 percentage points (p.p.) compared to a decrease of 2 p.p. on EU average); in 2013, the share of this age group in Finland (51\%) was lower than on EU average (54\%).

As shown in figure 1 above, the population ageing is predicted to continue. Between 2010 and 2050, the age group of around 40 to 65-year-olds is said to decrease while the age group of 65+ is said to increase, meaning that the difference in size between the group of people of working age and the older age group will be much less pronounced in 2050 than in 2010. This is reflected in the old-age dependency ration, as explained below.

The **old age dependency ratio** (OAD ratio of ‘dependants’ – aged 65 and above – and working-age population – aged 15 to 64 years) is also predicted to increase until 2060 (table 3). The increase will be strongest between now and 2030 and then slow down. This means that while in 2005 there were still around 4 people of working-age per old person (65 years and above), in 2030 there will be less than 3 people of working-age per old person and this will stay approximately the same until 2060.

<table>
<thead>
<tr>
<th>Table 3: Old-age dependency ratio (65+ year olds/15-64 year olds) (actual and projections), 1990-2060</th>
</tr>
</thead>
<tbody>
<tr>
<td>OADR</td>
</tr>
</tbody>
</table>

Source: Eurostat, Old dependency ratio 1° variant (population 65 and over to population 15 to 64 years), population on 1 January: Structure indicators [demo_pjanind], 1990-2010; the same ratio was calculated for 2015-2060 with figures from Eurostat population projections, [proj_10c2150p]

The population ageing in Finland is also reflected in the increase of the total numbers of **old-age pension beneficiaries** (table 4). Between 2006 and 2011, the number of beneficiaries of all old age pensions increased by around 170,000. In 2011, old age pension beneficiaries made up almost one quarter (21.7%) of the whole population in Finland.

---

Table 4: Number of beneficiaries of old-age pensions in Finland 2006-2011, in thousands

<table>
<thead>
<tr>
<th>Year</th>
<th>Total old age pension beneficiaries</th>
<th>As % of total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>1,005</td>
<td>19.1%</td>
</tr>
<tr>
<td>2007</td>
<td>1,018</td>
<td>19.3%</td>
</tr>
<tr>
<td>2008</td>
<td>1,043</td>
<td>19.7%</td>
</tr>
<tr>
<td>2009</td>
<td>1,084</td>
<td>20.4%</td>
</tr>
<tr>
<td>2010</td>
<td>1,129</td>
<td>21.1%</td>
</tr>
<tr>
<td>2011</td>
<td>1,168</td>
<td>21.7%</td>
</tr>
</tbody>
</table>

Source: Eurostat ESSPROS Pensions beneficiaries at 31st December [spr_pns_ben], figures include beneficiaries of means-tested and non-means-tested pensions.

Not only the number of pension beneficiaries but also pension expenditures have increased over the past decade. Between 1990 and 2011, the expenditure on all pensions increased from 10.3% to 12.5% of GDP and more particularly the expenditure on old age pensions increased from 5.9% to 8.9% of GDP (table 5).

Table 5: Expenditures on all pensions and old-age pensions, Finland and EU, as % of GDP, 1990, 1995, 2000, 2005 and 2011*

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>FI</td>
<td>10.3</td>
<td>12.7</td>
<td>10.6</td>
<td>11.2</td>
</tr>
<tr>
<td>EU-27**</td>
<td></td>
<td>12.1</td>
<td>13.0*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Old age pension</td>
<td>FI</td>
<td>5.9</td>
<td>7.3</td>
<td>6.3</td>
<td>7.0</td>
</tr>
<tr>
<td>EU-27**</td>
<td></td>
<td>8.5</td>
<td>9.5*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anticipated old age pension***</td>
<td>FI</td>
<td>0.2</td>
<td>0.4</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>EU-27**</td>
<td></td>
<td>0.7</td>
<td>0.7*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability pension</td>
<td>FI</td>
<td>2.3</td>
<td>2.6</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>EU-27**</td>
<td></td>
<td>0.9</td>
<td>0.9*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Survivor's pension</td>
<td>FI</td>
<td>0.9</td>
<td>1.1</td>
<td>0.9</td>
<td>0.9</td>
</tr>
<tr>
<td>EU-27**</td>
<td></td>
<td>1.7</td>
<td>1.6*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: Eurostat ESSPROS Expenditures on pensions [spr_exp_pens], 1990-2011.

- * figures for 2011 are provisional; ** figures for 2011 are for EU-28; *** ‘anticipated old age pension’ are periodic payments intended to maintain the income of beneficiaries who retire before the legal/standard age as established in the relevant scheme.19

1.1.2 Labour market participation

Retirement age

The official retirement age in Finland is in general 65 years for both gender groups. However, the average effective retirement age between 2007 and 2012 was around 62 years for men and for women (OECD estimates).20 This is also reflected in the employment rates of 55 to 64-year-olds: in 2012, 59% of 55 to 64-year-olds were still employed, but 37% claimed to be inactive (fig. 2, all green shades). When asked why they do not seek employment, the largest share of these inactive claimed to have retired (22% of the total population in this age group), while 9% stated “own illness or disability” and 2.6% think no work is available. Only very small shares gave family responsibilities or caring as a reason.

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19 Definition according to Eurostat Methodology Paper on ESSPROS, p. 51
20 OECD estimates on the “average effective age of retirement versus the official age, 2007-2012”, as above. Explanation on calculation: “The average effective age of retirement is defined as the average age of exit from the labour force during a 5-year period. Labour force (net) exits are estimated by taking the difference in the participation rate for each 5-year age group (40 and over) at the beginning of the period and the rate for the corresponding age group aged 5-years older at the end of the period. The official age corresponds to the age at which a pension can be received irrespective of whether a worker has a long insurance record of years of contributions.”
Among inactive persons aged 50 to 69 years who receive a pension, around one third (30.6\%) indicated that the main reason for them to quit working was their own health or disability (table 6). Another third (34\%) indicated that the main reason was that they had reached eligibility for a pension.

Table 6: Main reason for economically inactive persons who receive a pension to quit working, as shares from all persons receiving a pension aged 50 to 69 (%), 2012

<table>
<thead>
<tr>
<th>Main reason</th>
<th>Finland (%)</th>
<th>EU-28 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Favourable financial arrangements to leave</td>
<td>2.5</td>
<td>7.2</td>
</tr>
<tr>
<td>Lost job and/or could not find a job</td>
<td>16.0</td>
<td>7.5</td>
</tr>
<tr>
<td>Had reached the maximum retirement age</td>
<td>3.4</td>
<td>9.8</td>
</tr>
<tr>
<td>Had reached eligibility for a pension</td>
<td>34.2</td>
<td>37.0</td>
</tr>
<tr>
<td>Other job-related reasons(^{21})</td>
<td>4.8</td>
<td>4.0</td>
</tr>
<tr>
<td>Own health or disability</td>
<td>30.6</td>
<td>20.9</td>
</tr>
<tr>
<td>Family or care-related reasons</td>
<td>2.0</td>
<td>3.9</td>
</tr>
<tr>
<td>Other reasons</td>
<td>6.2</td>
<td>5.3</td>
</tr>
<tr>
<td>No answer</td>
<td>:</td>
<td>4.3</td>
</tr>
</tbody>
</table>

Source: Eurostat, EU-LFS ad-hoc module 2012 'transition from work into retirement', main reason for economically inactive persons who receive a pension to quit working (lfso_12reasnot)

Some persons aged 50 to 69 years who receive a pension also decided to continue working (table 7). Among the population in Finland a lower share does this to provide sufficient personal or household

\(^{21}\) Other job-related reasons not included above like inconvenient working hours, tasks, health and safety at the job place, job stress, job too demanding, and skills not adequate or not valued, employer’s attitude.
income than across the EU-28. On the contrary, a much larger share continues working due to non-financial reasons, such as work satisfaction.

Table 7: Main reason for persons who receive a pension (50-69 years) to continue working (%), 2012

<table>
<thead>
<tr>
<th>Main reason</th>
<th>Finland (%)</th>
<th>EU-28 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To establish or increase future retirement pension entitlements</td>
<td>5.9</td>
<td>6.8</td>
</tr>
<tr>
<td>To provide sufficient personal/household income</td>
<td>22.9</td>
<td>37.3</td>
</tr>
<tr>
<td>To establish/increase future retirement pension entitlements and to provide sufficient personal/household income</td>
<td>25.9</td>
<td>14.5</td>
</tr>
<tr>
<td>Non-financial reasons, e.g. work satisfaction</td>
<td>42.2</td>
<td>29.1</td>
</tr>
<tr>
<td>No answer</td>
<td>3.1</td>
<td>12.3</td>
</tr>
</tbody>
</table>

Source: Eurostat, EU-LFS ad-hoc module 2012 ‘transition from work into retirement’, Main reason for persons who receive a pension to continue working (%), Ifso_12staywork

**Employment rate**

Although around one fifth of 55 to 64-year-olds in Finland seemed to have effectively retired early in 2013, the employment rate of this age group has increased since 2000 (fig. 3). From 49% in 2003, it increased to around 59% in 2013. This increase is stronger than for the employment rates of the other age groups, among which employment has either decreased compared to 2008 or stagnated.

Compared to the EU-27 average, the employment rate among 55 to 64-year-olds in Finland was already much higher in 2002 (48% in Finland compared to 39% for the EU-27). In 2013, this employment rate was still higher (59% compared to 50%, respectively).

Figure 3: Employment rates per broad age groups, trend 2000-2013, residents in Finland (in %)

Source: Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]
As can be seen in the graph below (fig. 4), around 40% of workers in Finland aged 15 years and above are working in three sectors: health and social work, manufacturing and wholesale and retail (above 10% of workers work in each of those).

This ranking of sectors by percentage of workers is about the same for older workers (55 to 64 year-olds). However, a larger share of older workers can be found in health and social work (20% of older workers compared to 16% of all age groups), and a lower share can be found in wholesale and retail (9% of older workers and 12% of all ages) making it the second most popular sector in which older people work.

As shown in fig. 5, the distribution of employed persons across different occupations is very similar between all workers and older workers – with a few exceptions, in particular older workers are more represented in skilled agricultural work, among managers and among clerical support workers and they are slightly underrepresented in service and sales and craft and among professionals.
Gender gap

In Finland, gender gap in employment is significantly lower than in other EU Member States and has not followed the same pattern as other countries. Gender gap for the 55-64 year-olds age group has reversed in the favour of women in the past decade: in 2003 the gender gap for the 55-64 year-olds age group was 3p.p (in favour of male workers) and in 2013 is 4p.p (in favour of female workers). On the contrary, among the 25-54 year-olds age group the gender gap has increased in favour of male workers from 4p.p 2003 to 6p.p 201322.

1.1.3 Working conditions

Based on the Fifth European Working Conditions Survey (5th EWCS), carried out by the European Foundation of the Improvement of Living and Working Conditions (Eurofound) among a sample of EU employees in 2010,23 the following conclusions can be drawn with regard to the working conditions of older workers in Finland24:

- In Finland, the exposure to carry heavy loads at work (at least a quarter of their working time) decreases significantly with age (51% of young workers, and 30% of older workers; EU average: 32%).
- The share of older workers whose job involves working in tiring or painful positions almost all of the time is slightly lower than on EU-average (10% and 16%, respectively).
- The share of workers reporting that they work shifts decreases considerably with age: from 33% among the young workers (EU-27: 21%) to 18% among older workers (EU-27: 14%). This difference

22 Eurostat 2013, EU-LFS, annual detailed survey results, Employment rates by sex, age and nationality (%) [lfsa_ergan]
24 The term “older workers” in this section refers to workers aged 50 years and above, the term “young workers” refers to workers below 30 years.
Safer and healthier work at any age – Country inventory: Finland

is not as pronounced for night work (25% for young workers, 25% of 30 to 49-year-olds and 21% of older workers report working at night once a month or more – 17%, 189% and 16% on EU level, respectively).

- In Finland, the share of older workers who think their working hours fit well or very well with their private life increased between 2000 (83%) and 2010 (89%). It is also slightly higher than the EU-average (85%).
  - As in most other EU Member States, the number of people reporting three or more external constraints on their work pace (such as demands from people or production/performance targets) decreases with age in Finland: 40% of young workers report that at least three external factors determine their work pace against 31% of older workers (slightly higher than the EU-27 average of 27% of older workers) 25.

- The number of older workers in Finland that have undergone on-the-job training during the past 12 months is 52% - this is twice the EU average (26%).
- In Finland, the share of workers who thinks that their work affects their health negatively rises with age – mainly after the age of 30. While 15% of young workers think that, 26% of workers aged 30 to 49 years and 28% of older workers think the same (27% of older workers on EU average).
- In Finland, a higher share of older workers is satisfied or very satisfied with their working conditions (92%) than on EU average (84%).
- The shares of older workers who think they will still be able to do their current job at the age of 60 is higher in Finland (81.6%) compared to the EU average (71.4%).
  - In Finland, 35% (EU-28: 31%) of employed people and people with working experience said that measures to adapt the workplace for older people had been put in place, while 54% (EU-28: 62%) said these measures had not been put in place and 11% (EU-28) reported they didn’t know26.

1.1.4 Health

The general life expectancy in Finland at the age of 65 was around 20 years in 2011 (21.7 years for women and 17.7 years for men) 27. This was very similar to the EU-28 average 28. Between 2005 and 2011, life expectancy increased by around 0.7-0.9 years (for both gender groups) 29.

The number of healthy life years women and men could expect at the ages of 50 years (around 17 years) and at 65 (around 8 to 9 years) were approximately the same as the EU average in 2011. Since 2007, the number of healthy life years among the Finnish population has more or less stayed the same 30.

This indicates that while life expectancy increased slowly over the past year, the number of healthy life years at the age of 65 did not (or, for women, even decreased slightly), which in return indicates that old people possibly pass more and more time with moderate or severe health problems.

General health status

The health status among employed people in Finland deteriorates slightly with age as shown in table 8. However, the share of older workers who consider their health to be in a bad or very bad status is quite low (2.8%, compared to 3.8% on EU level).

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25 The index measures if any of the following factors determine the worker’s pace of work: work done by colleagues, demands from people, production or performance targets, speed of a machine, direct control of a boss; shares refer to workers reporting that their work is determined by three or more of these factors.
26 European Commission, Flash Eurobarometer on Working Conditions – Fact sheet for Finland, 2014, as above.
28 Eurostat 2013 Life expectancy by age and sex [demo_mlexpec]
29 Comparability to figures before 2007 may be limited, as 2011 figures are flagged ‘break in time series’; however, Eurostat figures for both years (age 65) correspond to figures from OECD, which ensures a certain reliability.
30 Comparability to figures before 2007 is not possible due to methodological limitations, see http://ec.europa.eu/eurostat/cache/metadata/Annexes/hlth_hlye_esms_an2.pdf (Accessed December 2014)
Safer and healthier work at any age – Country inventory: Finland

Table 8: Self-perceived health among employed in different age groups, 2012; shares of age group reporting “very bad” or “bad” health status (in %)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>16-44 years</th>
<th>45-54 years</th>
<th>55-64 years</th>
<th>65 years and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>0.7%*</td>
<td>2.3%</td>
<td>2.8%</td>
<td>1.3*</td>
</tr>
</tbody>
</table>

Source: EU-SILC Self-perceived health by sex, age and labour status (%) [hlth_silc_01], for some age groups, data is missing due to unreliability; *figure for ‘very bad’ status not available

- On the other hand, a much higher share reports long-standing illnesses or health problems (49%, table 9). Self-reported long-standing illnesses or health problems also increase with age. However, they decrease after the age of 65, which is most likely due to the fact that persons with those illnesses leave the labour market at that age.

Table 9: Long-standing illness among employed persons, by age group, 2012 (in %)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>25-34 years</th>
<th>35-44 years</th>
<th>45-54 years</th>
<th>55-64 years</th>
<th>65 years and above</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>21%</td>
<td>28%</td>
<td>39%</td>
<td>49%</td>
<td>46%</td>
</tr>
</tbody>
</table>

Source: EU-SILC, People having a long-standing illness or health problem, by sex, age and labour status (%) [hlth_silc_04], 2012.

- Work-related health

The share among Finnish workers between 55 and 64 years who reported that they suffered from work-related health problems was twice as high than the EU average in 2007 (LFS ad-hoc module) (table 10). Furthermore, work-related health problems among workers in Finland increase across the age groups until the 45 to 54-year-olds. However, they do not increase a lot in the age group 55 to 64 years.

Table 10: Self-reported work-related health problems by workers in Finland and EU-27, by age group and gender, 2007 (in %)

<table>
<thead>
<tr>
<th>Share</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>FI 25-34 yrs</td>
<td>18%</td>
</tr>
<tr>
<td>FI 35-44 yrs</td>
<td>26%</td>
</tr>
<tr>
<td>FI 45-54 yrs</td>
<td>31%</td>
</tr>
<tr>
<td>FI 55-64 yrs</td>
<td>32%</td>
</tr>
<tr>
<td>FI 55-64 yrs men</td>
<td>27%</td>
</tr>
<tr>
<td>FI 55-64 yrs women</td>
<td>36%</td>
</tr>
<tr>
<td>EU-27* 55-64 yrs</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting one or more work-related health problems in the past 12 months, by sex, age and education - % [hsw_pb1]
*this figure is for EU-27 excluding France, since in France, the question wording was slightly different, causing a bias. Eurostat suggests to use the aggregate without France.

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31 EU LFS ad-hoc module 2007 on accidents at work and work-related health problems “Persons reporting one or more work-related health problems in the past 12 months, by sex, age and education - % [hsw_pb1]”; shares from all employed in the respective age group; a work-related health problem is defined as covering all diseases, disabilities and other physical or mental health problems, apart from accidental injuries, suffered by the person during the last 12 months, and caused or made worse by the work. This is a broad concept that covers much more than the recognised occupational diseases.
In 2007, the vast majority of 55 to 64-year-old workers reported that their most serious work-related health problems were musculoskeletal disorders, followed by stress, depression and anxiety (table 11). Pulmonary disorders were also a frequent serious health problem in this age group, as well as cardiovascular disorders but mostly for men. The remaining types of health problems (hearing disorders, infectious diseases, skin problems and headache and eyestrain) were much less prevalent among the respondents (men and women).

While younger respondents reported stress, depression and anxiety more frequently than older respondents as a serious health problem, older respondents reported cardiovascular and pulmonary disorders more often. The share of musculoskeletal disorders as the most serious work-related health problem remained similarly high across the younger and older age group with a slight increase for the middle-age group (45-54).

Table 11: Most serious work-related health problem in the past 12 months, % of all employees who reported a work-related health problem; by gender and most prevalent types of diseases, 2007

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Cardiovascular disorders</th>
<th>Musculoskeletal disorders</th>
<th>Stress, depression, anxiety</th>
<th>Pulmonary disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>35-44 yrs</td>
<td>Total (EU-27*)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>2.9%</td>
<td>67.1%</td>
<td>13.1%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Men</td>
<td>0.9%</td>
<td>68.5%</td>
<td>11.8%</td>
<td>8.6%</td>
</tr>
<tr>
<td>45-54 yrs</td>
<td>Total (EU-27*)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>4.6%</td>
<td>67.8%</td>
<td>9.6%</td>
<td>7.4%</td>
</tr>
<tr>
<td>Men</td>
<td>1.7%</td>
<td>71.8%</td>
<td>11.8%</td>
<td>6.4%</td>
</tr>
<tr>
<td>55-64 yrs</td>
<td>Total (EU-27*)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>2.7%</td>
<td>72.6%</td>
<td>5.7%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Men</td>
<td>7.2%</td>
<td>62.6%</td>
<td>6.6%</td>
<td>12.8%</td>
</tr>
</tbody>
</table>

Source: EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5], the module distinguishes 8 different problems in total; according to Eurostat, ‘minor wording, conceptual, or cultural differences were identified’ for data from this country; therefore, comparability with other countries has to be interpreted with caution.

*This figure is for the EU-26 without France. Due to different wording in the French version of the questionnaire, the results were very different in France and Eurostat recommends using the aggregate figures without France.

32 EU LFS ad-hoc module 2007 on accidents at work and work-related health problems, Persons reporting their most serious work-related health problem work in the past 12 months, by type of problem - % [hsw_pb5]; the module distinguishes 8 different problems in total.

Mental health

Although psychological illnesses are not seen as the most serious work-related health problem (and their prevalence is much lower than in the overall EU population), their prevalence has dramatically increased among employees over the past 20 years. While the number of employees in rehabilitation due to musculoskeletal disorders increased until 1998 to over 35,000, but then decreased again to around 25,000, the number of employees in rehabilitation due to mental disorders continuously increased from around 5,000 in 1990 to around 15,000 in 1998 to almost 40,000 in 201234.

1.1.5 Definition of older workers

In Finland, there is currently no single definition in the legislation or otherwise for ageing workers (ikääntyvä työntekijä). In many studies, however, an “ageing worker” has been considered to be 55+ years old. This “definition” has recently been reinforced by a draft legislation proposing to implement measures to provide higher protection against dismissal for employees who are 56 years or older. The draft legislation is discussed further in the last paragraph of section 1.3 below.

Persons who are older than the official retirement age (63-68) are defined in the legislation as a specific group i.e. the elderly population (ikääntynyt väestö)35. On the other hand, in the same piece of legislation, an elderly person (iäkäs henkilö) is defined as any person whose physical, cognitive, psychological or social capabilities have diminished due to illness or injury that has started, increased or worsened due to old age or that has been caused by the general degradation resulting from old age. Although this definition is less prescriptive in terms of age, it is interpreted to imply persons who are no longer part of the workforce.

1.2 Institutional structure for health and safety at work

The following section presents the overall institutional structure related to occupational health and safety in Finland.

Overall organisation

In Finland, the institutional framework for health, safety and well-being at work is composed of the following entities and stakeholder groups:

Ministries develop strategies and policies and propose regulatory change:

- The Ministry of Social Affairs and Health, MSAH (Sosiaali- ja terveysministeriö), through its Department for OSH and Department for Promotion of Welfare and Health, is the highest Government body for OSH administration in Finland. The MSAH is responsible for legislation and policy concerning the development of social protection, social welfare and health, including the development and enforcement of occupational safety and health. These include monitoring, steering and financing the state administrative apparatus, policy development and coordinating research and development. In 1998, the MSAH played a leading role in developing the Finnish Occupational Health and Safety strategy. The Department for OSH supervises independent Labour Inspectorates. The Department for Promotion of Welfare and Health is responsible for the development of occupational health service legislation and also formulates the national strategies for the occupational health services. The activities of the two Departments are supported by tripartite councils. Cooperation with social partners is fostered at all levels (see below).

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35 Act 980/2012 on Supporting the Elderly Population and on the Social and Health Services Provided for Elderly Persons.
The MSAH cooperates with several other ministries, the Ministry of Employment and the Economy (Työ- ja elinkeinoministeriö) being the most relevant in respect of OSH. One of the main tasks of this Ministry is to prepare labour legislation together with the labour market organisations.

Enforcement Authorities responsible for inspections against regulatory requirements:

- Legal enforcement and its monitoring is performed by the OSH Administration (formerly the regional OSH Authorities), which is a subordinate of the MSAH. Since January 2010, the OSH Administration has been operational in OSH districts corresponding to the territories of the five Regional State Administrative Agencies, i.e. South Finland, Southwest Finland, East Finland, West and Inner Finland and North Finland (Aluehallintovirasto: Työsuojelun vastuualueet). The regional OSH authorities ensure that regulations concerning working conditions and employment are enforced in workplaces. The OSH authorities also provide employers and employees with instructions and advice on how to apply the regulations.

Independent Public Offices administer and organize, for example, social security benefits and pensions:

- The Social Insurance Institution of Finland (KELA, Kansaneläkelaitos) administers and organises social security benefits in Finland, such as family benefits, health insurance, rehabilitation, basic unemployment security, housing benefits, financial aid for students and basic pensions. In addition, Kela provides disability benefits, conscripts' allowances and assistance for immigrants. Kela's tasks include:
  - informing the public about benefits and services
  - carrying out research contributing to the development of social security
  - issuing statistics, projections and estimates necessary to advance planning and continuous monitoring of benefit schemes and other operations
    - proposing improvements to the legislation governing social security
  - The Finnish Centre for Pensions (ETK, Eläketurvakeskus) administers and organises pensions in Finland. ETK's tasks include:
    - Provision of research reports, statistics and background studies for the evaluation and development of pension provision and the monitoring of reforms
    - Planning, training and communication services, as well as support in the preparation of regulations
      - Services relating to the implementation of the pension provision, including information logistics, liability distribution and actuarial services

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37 Ibid.
The research institutes, training and information centres carry out research and provide expert advice and services:

- The **Finnish Institute for Occupational Health** (FIOH) (TTL, *Työterveyslaitos*),\(^{40}\) which is a research and specialist organisation in the field of occupational health and safety. All work is based on cross-scientific research and development. The findings of research projects are disseminated among workplaces by means of consultancy, training and communications.

- The **National Institute for Health and Welfare** (THL, *Terveyden- ja hyvinvoinninlaitos*)\(^{41}\) is a research and development institute operating under the Ministry of Social Affairs and Health. THL was formed on 1 January 2009, with the merger of the National Public Health Institute of Finland (KTL) and the National Research and Development Centre for Welfare and Health (STAKES). It is the biggest expert organisation under the ministry and its most important source of consultation regarding scientific knowledge.

The MSAH is responsible for performance guidance of the activities of the FIOH and THL. In addition, several **universities** are involved in carrying out research in specific fields that are directly and indirectly related to health and safety at work.

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Funding Institutes provide funding to relevant projects based on an application procedure:

- The Finnish Funding Agency for Technology and Innovation (TEKES, Teknologian ja innovaatioiden kehittämiskeskus) is part of the Ministry of Employment and the Economy and is the most important public funding agency for research funding in Finland.
- The Finnish Work Environment Fund (Työsuojelurahasto). The purpose of the Finnish Work Environment Fund is to fund research and development work which improves working conditions and promotes the safety and productivity of workplaces.
- The Research, development and training institute (TTS, Työtehoseura) is a research, development and training institute. It was established in 1924 and operates in six localities (Rajamäki, Helsinki, Vantaa, Hämeenlinna, Kouvola and Sammatti).
- The VTT Finland’s Technical Research Centre is a global multi-technological applied research organization, which carries out research in the areas of sustainable development, employment and well-being.

Insurance companies play an important role for OSH in Finland as the employer is responsible for insuring employees against occupational accidents and occupational diseases.

- Occupational accident insurance is offered by 12 private accident insurance companies under the supervision of the Ministry of Social Affairs and Health. The accident insurance system is financed through premiums paid by the employers.
- The Federation of Accident Insurance Institutions (TVL – Tapaturmavakuutuslaitosten liitto, TVL; Olycksfallsförsäkringsanstalternas förbund) is a liaison organisation for the insurance companies and coordinates the statutory accident insurance. It compiles statistics on occupational accidents and diseases together with their causes and consequences, and helps prevent these in the future. An occupational safety and health committee, with representatives from the labour market organisations and the insurance sector, directs TVL’s OSH activities and co-ordinates the insurance sector.

Finally, rehabilitation foundations and services providers provide services related to rehabilitation and return to work:

- The Rehabilitation Foundation (Kuntoutussäätiö) is an independent non-profit organisation that is an expert on developing rehabilitation for the Finnish working age population. The Foundation is partially funded by Finland’s Slot Machine Association and its partners and customers comprise a large and diverse group of organisations. The objectives of the Foundation are to:
  - develop new operating models for rehabilitation work and respond to the needs of various population groups
  - study and assess the effectiveness of current practices
  - study and assess the effectiveness of the rehabilitation system as a whole
  - provide up-to-date information on rehabilitation to both experts and the general public
  - organise further training and education in the field of rehabilitation
- The Insurance Rehabilitation Association of Finland (VKK) is a non-profit association created in 1964 by the non-life insurance companies insurance (insurances for work-related accidents and diseases and road traffic accidents) in order to coordinate the rehabilitation efforts of its members. VKK’s members include the Finnish Motor Insurers’ Centre, the Federation of Accident Insurance Institutions and the Finnish Pension Alliance (TELA) and it is funded solely by the insurance institutions.
- Independent rehabilitation service providers offer individual or group treatments.

Social dialogue

Social partners have significant influence in national politics in Finland, especially in all issues related
to labour relations. There is a policy to strive for consensus among all stakeholders when it comes to key decisions that have an impact on labour relations. This implies tripartite agreements between the state and the employee and employer confederations.

**Employee Confederations** represent employee trade unions in collective bargaining and in drafting binding collective labour agreements, influencing policy and regulatory change:

- The Central Organisation of Finnish Trade Unions (SAK, Suomen Ammattiliittojen Keskusjärjestö)
- Finnish Confederation of Professionals (STTK, Toimihenkilökkeskusjärjestö STTK)
- The Confederation of Unions for Professional and Managerial Staff in Finland (AKAVA, Korkeasti koulutettujen työmarkkinakeskusjärjestö)

It is noteworthy that Finland was in 2012 the OECD country with the second highest trade union density after Iceland (although it has decreased from 80.7% in 1993), showing the importance of trade unions in the Finnish world of work. As a comparison, the OECD average in 2012 was 17.1%.

- **Employer Confederations** represent employer trade unions in collective bargaining and in making binding collective labour agreements, influence policy and regulatory change:
  - Confederation of Finnish Industries (EK, Elinkeinoelämän keskusliitto)
  - Local government employers (KT, Kuntatyönantajat)
  - The Ministry of Finance/ The Office for the Government as an Employer (VTML, Valtion työmarkkinalaitos)
  - The Office for the Church as an Employer (KiT, Kirkon työmarkkinalaitos)

Two tripartite bodies, under the jurisdiction of the Ministry of Social Affairs and Health appointed by the Government Council, are particularly important for OSH:

- **The OSH Advisory Committee** is responsible for implementing and evaluating the OSH strategy;
- **The Advisory Committee on Occupational Health Services**.

The members of the committees are appointed to represent the most significant organisations of the social partners as well as other important stakeholders. They help in the development of OSH policy and in the coordination of measures that aim to maintain and promote people's ability to work.

**Research institutes, Training and Information Centres**, affiliated to the social partners:

- **The Centre for Occupational Safety** (TTK, Työturvallisuuskeskus) aims to improve well-being and productivity at work by promoting occupational safety and health, cooperation and good leadership. The TTK is a collaborative organ of employers and salaried workers. It promotes the development of safety, health, cooperation and good management at workplaces and within work communities. The Centre helps managers to understand their responsibilities and obligations as well as the importance of work communities in improving well-being at work and productivity. The services of the Centre are targeted at private service and industrial sectors, the construction sector, transport services, the local government sector and churches across Finland. The workplaces may be small, medium or large corporations, including international businesses.

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42 Trade union density corresponds to the ratio of wage and salary earners that are trade union members, divided by the total number of wage and salary earners (OECD Labour Force Statistics). Density is calculated using survey data, wherever possible, and administrative data adjusted for non-active and self-employed members otherwise (OECD).

1.3 Labour, OSH and antidiscrimination legislation

The following section provides a brief overview of the main pieces of legislation in the fields of occupational health and safety, labour and employment and anti-discrimination and whether they contain any provisions in relation to older workers.

**Occupational health and safety legislation**

The main regulatory framework covering occupational health, safety and well-being is composed of the following together with reference to key differentiating elements (i.e. elements additional to those found in European health and safety directives):

- **Act 738/2002 on Occupational Health and Safety**: The Act refers to improving the working environment and working conditions in order to ensure and maintain work ability of employees. It also refers to preventing harmful physical as well as psychological impacts arising from work. In 2004, the Ministry of Health and Social affairs recommended in its programme “Health in 2015” that an assessment of psycho-social strains should be included in the risk assessment procedures.\(^44\)

- **Decree 577/2003 on Occupational Health and Safety Requirements**: The Decree follows closely the requirements found in European health and safety directives relating to workplace conditions. In addition, the Decree refers to the mandatory cooperation between employers and employees and which is regulated in more detail in Act 334/2007 (see below).

- **Act 44/2006 on Occupational Safety and Health Enforcement and Co-operation on Occupational Safety and Health at Workplaces**: The Act refers to mandatory co-operation between employers and employees which includes discussing targets and programmes to improve and maintain work ability, measures aimed at keeping employees employed as well as the organization and design of work according to employee needs.

- **Act 334/2007 on Co-operation within Companies**: The Act requires workplaces with 20 or more employees to select employee representatives who participate in meetings in which the employer is obliged to provide certain information and allow the representatives to participate in decision-making related to the company. The aim is to provide employees with the possibility to influence their working conditions as much as possible in co-operation with employers as well as to get support from the employer in terms of improved employability in the event of significant structural changes within the company.

- **Act 1383/2001 on Occupational Health Care**: the Act makes it mandatory for all employers to arrange professional occupational health care services to employees either by contracting a public health centre or a private clinic that has staff qualified in occupational health care. Occupational health care services are required to conduct workplace assessments and related action plans, implement health inspections including work ability assessments and ergonomic assessments, arrange for professional rehabilitation, plan and implement programmes to improve and maintain work ability and monitor the work ability of employees with reduced capacity to work. The Act specifically aims at improving work ability at all stages of a career.\(^45\) The primary purpose of occupational health care is preventive care and all employees are familiarized with the system due to an initial health assessment at the start of employment. Any actual and potential illnesses suffered by employees are generally investigated and treated in the first instance by the occupational health care provider or their partner. Employers are invoiced for the services and can apply for refund for certain treatments from the Social Insurance Institution of Finland (KELA).

- **Decree 708/2013 on the Good Principles of Occupational Health Care**: the decree specifies that when the occupational health care services work to monitor and maintain the work ability of employees with reduced capacity to work, improvement measures are focused on: type of work, work equipment used, the physical and social work environment, the professional qualifications of


the employee, the health of the employee and, where necessary, work arrangements. It highlights co-operation between occupational health care providers and workplaces, high quality and effectiveness of services as well as promotes a multidisciplinary approach (more details in Section 3).

**Antidiscrimination legislation**

- **Act 21/2004 on Equality**: The Act specifically prohibits discrimination based on age, ethnical origin, nationality, language, religion, personal principles, opinions, health status, disability, sexual orientation or any other issue related to the person. Alternative treatment of an aged individual is not considered to be discriminatory when it is justified objectively by the labour market situation, the need for vocational training or other similar reasons or when the alternative treatment results from the age limits set in legislation on retirement or disability pension. In addition, positive discrimination is not prohibited.

- **Act 609/1986 on the Equality of Men and Women**: The Act specifies that employers have a duty to enhance equality between men and women at the workplace specifically by developing workplace conditions so that they are suitable for both genders and by altering work arrangements so that employees can more easily balance work and private life. A written equality plan must be prepared at workplaces where there are 30 or more employees.

**Employment and labour legislation**

The main regulatory framework related to labour relations that can be considered to have a direct impact on occupational health, safety and well-being is composed of the following, together with reference to key elements:

- **Act 55/2001 on Employment Contracts**: The Act specifies that employers have a duty to promote the professional development of employees considering the capabilities of each individual. The Act also specifically prohibits discrimination based on age.

- **Act 436/1946 on Collective Agreements**: The Act prohibits companies who have entered into collective agreements from acting in contravention to the conditions set out in those agreements. Collective agreements can include specific provisions on work organisation, working time, contractual arrangements etc. Collective agreements have been concluded for all sectors.

Relevant legislative proposals recently adopted and/or pending adoption include:

- Acts related to **Financially Supported Occupational Training** were adopted in December 2013: The Acts include provisions to provide employers with a financial incentive via tax breaks to ensure that employees are provided with the opportunity to participate in occupational training. In the original legislative proposals, occupational training was envisaged for three days a year in order to maintain and enhance professional qualifications and skills in a changing working environment. In the case of employees over 55 years of age, these three training days were envisaged to be able to be swapped for activities to promote work ability and general occupational well-being. The Acts adopted in December 2013 include Act 1136/2013 on Financially Supported Occupational Training and Act 1140/2014 on Compensation for Training. Four other consequential amending Acts were adopted. All the Acts entered into force 1 January 2014. Despite the more concrete proposals at the draft stages of the legislation, the only obligation laid down by the new Acts are that employers are required to discuss occupational training plans with their staff, regardless of their age, when requested to do so. Those companies that have written training plans as prescribed by the law, have the opportunity to gain tax rebates or other similar financial support.

- **Draft Act amending the Act 1290/2002 on Unemployment Security**: The amendment, if adopted, would raise the costs incurred on employers when laying off employees who are 56 years or older. Depending on the size of the company, the employer could become responsible for paying up to 90% of the unemployment costs of older ex-employees if they fail to get re-employed before their retirement.
1.4 Pension system

Old age pensions

According to Act 395/2006 on Employees’ Income-related Pensions, workers have the right to retire and gain income-related old age pension between 63 and 68 years of age. Workers who wish to defer retirement until after they have turned 68 gain a 0.4% increase to their pension each month. In certain circumstances, employees who have moved to part-time work between the ages of 61-67 are entitled to part-time pension which amounts to 50% of the difference between what was the normal income prior to moving to part-time work and the income from part-time work. According to statistics from the Finnish Centre for Pensions, in 2012 and 2013, the average age for old age pension was 60.9 (i.e. 0.4% higher age than the previous year). There has been a clear trend towards people retiring later in life especially in the last 10 years.

According to Act 568/2007 on State Pension, employees are entitled to state old age pension as of 65 years. State old age pension can be requested as of 63 years of age but the amount is reduced by 0.4% for each month prior to the 65th birthday. In case of delayed retirement, the state pension is increased by 0.6% for each month after the 65th birthday. Separate pension regimes in the private sector apply to seamen, the self-employed and farmers. These are not discussed further in this report. Public sector pension schemes are also not discussed further in this paper.

Information about disability pension is provided in Section III of the report on rehabilitation/return to work.

Pension reform

A high level working group composed of representatives also from both the employer and employee confederations, is expected to finalize concrete proposals for an extensive pensions reform by the end of 2014. Several proposals introduced already in 2012 have been approved by Parliament. These include removing the possibility for early retirement and raising the age threshold for entering into part-time retirement to 61 for those born in 1954 or thereafter. Other proposals have also been tabled with the aim to make the pension system more efficient and to promote longer working careers. Once the work is complete, detailed proposals will be put forward to the legislature. The reformed pension system is expected to become effective around 2017.

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46 Statistics published by the Finnish Centre for Pensions (Eläketurvakeskus-ETK): http://www.elakeuudistus.fi/aikataulu.html (Accessed December 2014). The OECD states that the average effective retirement age in Finland in 2012 was 62 (see table 1)
2 Overview of policies, strategies and programmes in relation to the occupational health and safety of older workers

As life expectancy rises, it is important to create working conditions that enable healthy and active ageing and ensure that workers reach pension age in good health. The following chapter provides an overview of the various policies, programmes and initiatives put in place by governmental and non-governmental organisations in Finland to address the issue of work sustainability and healthier working lives.

2.1 Initiatives from government/ government-affiliated organisations

2.1.1 National level

- Programmes and initiatives aiming to enhance work ability and to lengthen careers started already in the early 1990’s. The early programmes implemented at national level are listed below:
  - Well-Being at Work Programme (2000–03)
  - Veto Programme (2003–07)
  - KESTO programme (2004–07)
  - Noste Programme (2003–09)
  - European Social Fund programmes (1995–)
  - Pension reform (2005–)

OSH within health and social policies

In 2010, the Ministry for Social Affairs and Health published a strategy entitled “A社ially Sustainable Finland for 2020”47. The strategy highlights four main targets, including that: health and well-being should be included in all decision-making; working careers should be lengthened by increased workplace well-being; different aspects of life should be better balanced; and social security funding should be made more sustainable. In order to achieve these targets, the Ministry has, in its action plans for 2012 as well as 2013, committed to continue to develop proposals for legislative change and work on relevant topic specific assessments and programmes. The policies presented in this document, which have been further described in the publication “Policies for the work environment and well-being at work until 2020” 48, specify the ministerial strategy.

The National Development Programme for Social Welfare and Health care (Kaste)49 is a strategic steering tool that is used to manage and reform social and health policy. The Kaste programme is reformulated every four years, and currently runs from 2012 until 2015. It implements the strategy of the Ministry of Social Affairs and Health and defines the key social and health policy targets, priority action areas for development activities and monitoring as well as essential legislation projects, guidelines and recommendations that enhance the realisation of the programme.

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In 2011, the **Ministry of Social Affairs and Health** also issued the National Action Plan for Finland called *"Every Age is the Right Age"*[^50], which was prepared for the European theme year 2012 on active ageing and intergenerational solidarity. The main aims of the national action plan was to increase understanding of the importance to overall well-being of intergenerational cooperation, to promote the dissemination of knowledge and methods to public and private bodies on how to enhance such cooperation and to generate positive attitudes towards such cooperation. Responsibility for the implementation of the actions during that theme year rested with the Finnish Institute for Occupational Health (FIOH).

In 2011, the **Ministry for Education and Culture** together with the **Ministry of Social Affairs and Health** published a *"The National Policy Programme for Older People’s Physical Activity"*[^51]. The aim of the programme is to enhance the opportunities available for older people to do exercise thus promoting health and participation in society. The target group for the programme is people who are 60+ and do not exercise enough. The aim was to implement the programme at all levels, including national, regional and local. Funding is arranged through the Finnish Slot Machine Association- RAY. The programme has the intention to work in conjunction with a previously established similar programme called "Power into Old Age" (2005-2014)[^52] and proposed that the already established national exercise forum for older people be held on a regular basis.

In 2011, the **National Institute for Health and Welfare** (THL, Terveyden ja hyvinvoinnin laitos) issued a strategy for 2011-2020 entitled *"Health brings welfare - 2020 - Welfare brings health"*[^53]. The THL has a legislative mandate to promote the health and well-being of the population, develop social and healthcare services and prevent illness and social problems. The THL operates under the direction of the Ministry for Social Affairs and Health. The strategy for 2011-2020 sets out six main aims for the coming years. The first is to enhance the health, capabilities and well-being of the population. This is to be achieved by preventing so-called “national diseases” i.e. illnesses that are prevalent in the Finnish population as well as strengthening overall well-being. The strategy specifically mentions that achieving this aim will work towards lengthening working careers.

**OSH within employment policies**

In spring 2012, the **Ministry of Employment and the Economy** published the “**National Working Life Development Strategy to 2020**”[^54]. The Strategy was prepared through a broad tripartite collaboration led by the Ministry of Employment and the Economy, with the participation of the Ministry of Social affairs and health, the Ministry of Education and culture, the social partners and other stakeholders. The overarching aim of the strategy is to make working life in Finland the best in Europe by 2020 by way of creating well-functioning, profitable workplaces that generate new employment. The core elements of the strategy involve deepening trust and cooperation, reinforcing innovation and productivity, ensuring a skilled workforce and ensuring the health and well-being of people and workplace communities. The strategy was drawn up as a joint effort between representatives from a variety of ministries and labour confederations. The national strategy issued in 2012 is being implemented according to an implementation plan which includes the launching of the following ongoing national level initiatives and networks:

- **The Liideri- Business, Productivity and Joy at Work** programme (Liideri - Liiketoimintaa, tuottavuutta ja työniltoa)[^55] offers public and private sector companies, aiming to grow their business


by way of innovating new methods of working and new models of management, an opportunity to apply for government funding. The programme is run by TEKES, an organisation that is entrusted to allocate government funds to vetted projects with the aim of supporting the development of industry, commerce and services. The Liideri-programme specifically supports two key purposes: 1) to promote employee participation in the renewal of products, services and their generation and 2) encouraging new methods of working (e.g. active age management at work which involves making work arrangements and the organisation fit each individual employee better) and how to manage those methods. The programme is continuously open to funding applications. It also arranges targeted thematic research calls for method development and integration of research and development. The programme promotes the development of networks and peer support, for example, through action groups, morning coffee events/ workshops and as well as networking possibilities through social media such as their own “InnoTyö”. The programme will run between 2012-2018.

- The Forum for Well-being at Work (Työhyvinvointifoorumi)\(^56\) is a collective group of stakeholders working together to support projects and programmes for promoting cooperation and sharing of good practices between companies, increasing the availability and visibility of networks and services for well-being at work, awarding successful well-being at work practices and disseminating information on well-being at work. The Minister of Social Affairs and Health directs the Forum for Well-being at Work. The FIOH organizes the activities in practice and ensures that the tasks defined in the action plan are carried out. The Forum has its own website where information on the programme, its aims and tasks and projects are described. It organizes two national workshops (VAPA) annually together with various actors such as labour market organizations, entrepreneur organizations, other networks for promoting well-being at work, ministries and political decision-makers and providers of services related to well-being at work and occupational health care. The workshops aim to define every actor’s role in well-being at work, to create a uniform direction, and to find solutions for raising the level of well-being at work activities. One way to raise the level of well-being at work is to implement good age management practices which take account of individual needs. The Forum also works to define operating models to define the level of workplace well-being and ways to promote it. Information, models, methods and tools that are generated are shared on the Forum website.

- The Leadership Development Network (Johtamisverkosto)\(^57\) is a collective group of actors working together to support projects and programmes for promoting good management and supervisory work practices as well as their implementation, create quality standards for good management in the public sector and promote their implementation, promote and strengthen the principles of age management in everyday management practices and to develop the quality of and equal access to management training in different employer sectors throughout Finland together with bodies organizing management training. The Network is open to all interested organisations. The Leadership Development Network is directed by the Minister of Social Affairs and Health. The actual coordination of tasks is carried out by the FIOH. The Network organizes and is involved with many projects and events throughout Finland related to developing new leadership models that will promote improved well-being at work. The website for the network website includes information on all the projects that are supported and the tools that are available.

In 2013, a working group composed of representatives from the Ministry of Social Affairs and Health and the National Institute for Health and Welfare (THL, Terveyden ja hyvinvoinnin laitos) published a working paper entitled “A Good Finland for All Age Groups”\(^58\). The working paper presents over 40

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Safer and healthier work at any age – Country inventory: Finland

suggestions for achieving 9 main aims. These aims include, for example, the need to make the pension system more sustainable and to enhance opportunities for more flexible work arrangements in order to accommodate employees’ needs for caring for children as well as older relatives.

In 2010, the Finnish Institute for Occupational Health (FIOH) published a strategy for 2011-2015 entitled “Well-being from Work”59. The FIOH has a legislative mandate to promote occupational health and safety in terms of carrying out research, providing training and offering related services. The FIOH operates under the direction of the Ministry of Social Affairs and Health. The strategy for 2011-2015 presents four main aims. These are to help create a) safe and interesting jobs b) an encouraging organization c) an occupational health care system that has an impact and d) a flourishing worker. According to the strategy, achieving these aims will lead to increased participation in working life at all stages of life.

The FIOH has developed a number of tools and programmes as part of the implementation measures developed to push forward its strategy as part of the government policy on lengthening working careers:

- **“Age Power to Work” (Ikävoimaa työhön)** – is a training programme developed by FIOH for supporting better age management at workplaces60. The programme is designed to be tailored to individual companies and their needs. The aim is to support companies in maximising the resources and potential of all aged staff by enabling them to work towards keeping everyone motivated and happy at work. The training involves developing an understanding of age-related challenges and opportunities at workplaces and of different practical approaches.

- **“Age-key (IKÄ-avain)”** – an initial assessment for developing age management at workplaces61 is a tool in the form of a questionnaire which can be presented to staff for feedback. The aim of the tool is to gain an understanding of how employees view age management and its implementation at the workplace, identify the methods that could be developed at the workplace to improve age management and to collect all the ideas from staff related to how best to utilise the resources of differently aged workers. The assessment provides a baseline on which to make recommendations for new strategies and actions and involves all the interested parties.

- **“CAREER PIONEER (TYÖURAN UURTAJA) ®”** - a tool for enhancing workplace well-being62 is a tool developed and marketed by FIOH for use by human resources professionals in companies as well as for occupational health care professionals. The tool is intended to be used at workplaces by persons who have been trained to use it. The tool aims to support companies in identifying their existing level of well-being and ways to increase it by improving careers management of employees in different stages of life. FIOH can implement the method at any workplace using their own trained leaders or FIOH can train company personnel to become internal leaders.

- **“Duunitalkoot”**63 is a website containing guidance, best practice examples and self-assessment and measurement tools related to workplace well-being. The aim of the website is to help workplaces prepare for the main challenges that workplaces are going to increasingly face in the future. These are 1) the ageing workforce, 2) the retention of skills in a rapidly changing working climate, 3) effective management of workplaces with employees from multicultural backgrounds and 4) maintaining the work ability of employees. The website and its tools were developed as part of the KESTO-programme (2004-2007) launched by the FIOH and funded by the Ministry of Social Affairs and Health and the Finnish Work Environment Fund.

From 2009 to 2012, the Ministry of Social Affairs and Health funded the PUNK programme, with support from the European Social Fund (ESF). The programme was implemented by a grouping of

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organisations including the Rehabilitation Foundation, the Tampere University, the Research and training centre Synergos and the Kiipula Foundation (as well as numerous occupational health care providers). It aimed at improving well-being and retention of work ability in small companies. Under the framework of PUNK, the web-based tool "Työkyvyntuki.fi" was developed. The tool allows registered users to tailor-make a handbook for their own company to support work intended to improve and retain employee’s work ability.

Others

In terms of developing workplace well-being and promoting longer careers in state-run organisations located across Finland, the State Treasury has adopted and administers the ‘Kaiku’ services. These services include consultation services as well as funding for projects aimed at developing well-being and age management in state-run organisations. The ‘Kaiku’ website also provides guidance and good practice examples.

The Finnish Centre for Pensions (Keva) adopted and administers the ‘Kaari’ services. Kaari services are aimed at developing workplace well-being and promoting longer careers for those working in the municipal sector and parts of the church organisation. The ‘Kaari’ website also provides guidance and good practice examples.

2.1.2 Regional/local level

Regional

Strongly linked to the national Forum for Well-being at Work and the Leadership Development Network is the Workplace Well-being Network (Tyhy-verkosto) which aims to reach out to all the regions of Finland. Currently, activities are administered from nine regions: Etelä-Savo (Mikkeli), Satakunta (Pori), Lappi (Rovaniemi), Pohjanmaa (Kokkola), Pohjois-Karjala (Joensuu), Etelä-Pohjanmaa (Seinäjoki), Pohjois-Savo (Kuopio), Pirkanmaa (Tampere) and Uusimaa (Helsinki). The Network is open to all actors interested in developing workplace well-being and prepared to commit to the principles of the network. The FIOH organizes the activities and acts as the link between the regions and national entities. A regional contact person is appointed to be in charge of planning and implementing themed activities in the region. The Network also functions as the regional link to the European Network for Workplace Health Promotion. The Network organises regional seminars and workshops related to workplace well-being themes and participates in the national workshops, seminars, exhibitions etc. organised by the various national entities including, for example, the Forum for Well-being at Work. One of the main themes for the 2013 activities organised by the region of South-Savo has been age management at workplaces and understanding the needs of differently aged employees.

Local

At the local level, in response to government policy on ageing and the requirement set out in Act 980/2012 on Supporting the Older Population, municipalities have been working on strategies to implement public health activities in relation to the older population (active ageing). In implementing the strategies for ageing, municipalities have launched a wide variety of services aimed at promoting the health and well-being of persons of all ages and especially the ageing. Such services include, for example, regular checks by medical professionals, the organisation of community activities, providing access to sports facilities at heavily reduced rates or free of charge and providing opportunities to carry out voluntary work or paid service work, for example, as child minders, gardeners and domestic handymen etc. As an example, the strategy for the city of Espoo includes a prioritisation in the coming

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64 The web-based tool can be accessed at: https://www.tyokyvyntuki.fi/ (Accessed December 2014)
67 The website of the Network is accessible here: www.ttl.fi/tyhyyverkosto (Accessed December 2014)
years on provision of services aimed at promoting health and well-being and preventing illness at all stages of life.

2.2 Initiatives from social partners

Joint Initiatives

In 2007, the Round Table for Productivity\(^{68}\) was established as a high level entity within the labour market confederations with the specific aim to improve productivity, quality of working life and cooperation and to disseminate this information on a national level. One of the actions to come out of the round table has been the creation of an expert group which has been tasked with monitoring and promoting research in the topic area, creating practical models that are then implemented at workplaces, planning training and publications as well as web-based services. The expert group is composed of seven individuals representing both employees and employers.

In 2009, the Round Table launched the PALJE-programme\(^{69}\). The programme was built on three main themes - a) future personnel management b) developing the quality of working life and c) new opportunities arising from cooperation- immaterial capital. Under each of these three themes, a total of 18 research projects were launched. Half of them were funded by TEKES and the other half by the Finnish Work Environment Fund (Työsuojelurahasto).

In 2008, the labour market confederations launched a programme entitled “Improving Working Life – TYKES”. The programme had the aim of financially supporting Finnish companies who wished to develop new ways to improve working conditions. In 2010, a report was published on the results of one of the subprogrammes entitled “Senior citizens – a resource for the workforce” that had the aim of helping ageing workers to remain in working life as part-time workers in their retirement. The report on the programme entitled “Seniors Flexibility at Work”\(^{70}\) provides examples from the private sector (Finnish Entrepreneurs Association and Gasum Oy) and public sector (City of Mikkeli) on how retired people have been successfully integrated into work as part time employees.

In 2011 and 2012, the labour market confederations adopted a Policy Framework Agreement (Työurasopimus)\(^{71}\) stating that in order to maintain the Finnish welfare state, actions need to be taken to lengthen careers and gain a higher percentage of employment overall. The basis for the policy was the agreement reached already in 2009 that the target for expected retirement age should be increased from 60.5 (average in 2011) to at least 62.4 by 2025. Several proposals and initiatives have been made in line with this policy, some of which have moved forward to the legislative stage or otherwise implemented. Below is a description of implemented initiatives:

- The guide “Towards Longer Careers – a Guide to Preparing an Age Programme for Workplaces” (Työkaarimallilla kohti pidempää työuria –opas ikäohjelman laatimiseen),\(^{72}\) published in May 2013, provides a description of different elements that can be included in whole or in part in a workplace age programme. Preparing a workplace age programme is not mandatory but workplaces are increasingly encouraged to take up such a programme in order to be able to better define and manage the varying needs of differently aged employees. The main elements described in the guidance include the following: a) age management b) career planning c) training and qualifications d) working time e) work design f) health surveillance g) promoting healthy life styles and overall life management. These elements are suggested to be considered in the context of the specific conditions at a particular workplace and, where possible, incorporated into existing programmes such as mandatory health and safety action plans, mandatory occupational health care action plans, equality programmes, training programmes etc. The guidance includes examples of

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\(^{68}\) Information on “The Round Table for Productivity” (Tuottavuuden Pyöreä Pöytä) available at: [http://www.tuottavuustyo.fi/luottamus_ja_yhteistyo/tuottavuuden_pyorea_poyta](http://www.tuottavuustyo.fi/luottamus_ja_yhteistyo/tuottavuuden_pyorea_poyta) (Accessed December 2014)


\(^{71}\) Labour market confederations, *Policy Framework Agreement of the Labour Market Confederations (Työmarkkinakeskusjärjestöjen Työurasopimus)*, 2012. Available at: [http://t1ad5bhszu44.cloudfront.net/materials/tyurasopimus20121_5fb1.pdf](http://t1ad5bhszu44.cloudfront.net/materials/tyurasopimus20121_5fb1.pdf) (Accessed December 2014)

workplace age programmes as implemented in both the private sector (Nordkalk, Abloy, Berner, Saarioinen, Oras) and public sector (City of Helsinki).

- As part of the model for developing knowhow, four amending Acts and two new Acts were adopted in December 2013 related to Financially Supported Occupational Training. Despite relatively concrete proposals with a set number of training days and options to swap them in case of aged workers\(^3\), the adopted Acts simply require employers with 20 or more employees to prepare training plans for the staff as a whole. These plans must specifically consider the needs of ageing employees as well as employees who are at risk of becoming unemployed due to incapacity or structural change within the organization. Where plans are written, the employers have the opportunity to gain tax rebates or similar financial support. The new Acts do lay down the fundamental principles behind the model for developing knowhow and emphasize the need to focus on maintaining and developing qualifications that may be needed in a changing working climate including the qualifications of young employees as well as ageing employees. The Acts entered into force from the start of 2014.

The Centre for Occupational Safety (TTK, Työturvallisuuskeskus), the research institute of the social partners in Finland, has developed a number of tools as part of the implementation measures developed to push forward government policy on lengthening working careers:

- The Well-being at Work Card (Työhyvinvointikortti)\(^4\) is a card gained after completing an 8h training course and passing an exam on workplace well-being. The aim of the training is to start up development initiatives at workplaces, enhance cooperation and the understanding of what well-being means and to help develop roles and responsibilities at the workplace to take initiatives forward. The Well-being at Work Card concept follows the Occupational Safety Card concept which was an earlier industry-led initiative aiming to become a de facto requirement on industrial sites thus ensuring that all workers including contractors have at least a baseline understanding of safety requirements in an industrial setting. The training course content and training course providers are controlled and registered by the Centre for Occupational Safety which also audits training providers to ensure an appropriate standard and quality is maintained. To date there over 6000 Well-being at Work cards have been issued.

- “sykettätyöhön.fi”\(^5\) is a free of charge web forum for information exchange on good practices for well-being and age management in companies of all sectors. The forum has been established and is administered by the Centre for Occupational Safety. The site also includes use of a personalised tool to help manage projects at workplaces. Registered users have access to the tool as well as a wealth of further information to promote better age management and general well-being at work. A company that is prominently spreading their good practice example on the website is Abloy Oy. Others that have provided good practice examples of good age management include Nakkila Goup, Saarioinen Oy, Sampo Pankki Oy, Pensions company Varma and the city of Naantali.

- “Steps to Workplace Well-being” (Työhyvinvoinnin portaat)\(^6\) is a handbook developed to help individuals and companies to improve their workplace well-being. The initial step involves a preliminary assessment, followed by identification of existing challenges and strengths and finally the setting down of targets and an action plan. The concept is based on the fundamental needs of people which should all be in balance.

The Federation of Finnish Technology Industries (Teknologiateollisuus) has developed a programme called “Good Work – Longer Career” (Hyvä työ – pidempi työura)\(^7\) (2010-2015) on the basis of a collective agreement between the Federation of Finnish Technology Industries, the Metalworkers' Union, the Federation of Professional and Managerial Staff YTN, the Trade Union Pro and Union of Professional Engineers in Finland. In 2011, during the pilot phase of the project, 19 technology companies participated. Between 2012-2013, the programme aimed to include a further 100 companies. The programme, which is part of the broader Working Life 2020 Programme, aims at creating tools to

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\(^4\) More information can be found on the website of TTK: [http://www.työhyvinvointikortti.fi/](http://www.työhyvinvointikortti.fi/) (Accessed December 2014)

\(^5\) The website can be accessed at: [http://sykettatyohon.fi/](http://sykettatyohon.fi/) (Accessed December 2014)


\(^7\) The website of the programme is accessible at: [http://www.tyohyvinvointi.info/](http://www.tyohyvinvointi.info/) (Accessed December 2014)
improve age management at work. The tools developed as part of the programme include the following:

- “Yksilö-tutka” / “Individual-radar”: The Individual-radar is a questionnaire for staff (based on Professor Juhani Ilmarinen’s work ability house model), which aims to establish the current level of well-being at the workplace and results in a “well-being index”, called THI (työhyvinvointi indeksi).
- “Työpaikka-tutka” / “Workplace-radar”: The Workplace-radar is a tool to identify which priority areas require most immediate improvement actions.
- A guide to design an age plan called “Longer careers with the Job Life Cycle Model”78: the guide provides information to help organisations (industry, private companies, municipalities and government agencies) to prepare an age plan that takes into account all age groups (not only older workers). It focuses on seven areas: age management; career-planning and extending careers; managing competence and professional skills; flexible working hours; re-defining a job; health assessment at the workplace; and promoting healthy habits and life management.

The Central Organisation of Finnish Trade Unions (SAK, Suomen Ammattiliittojen Keskusjärjestö) is pushing to include the implementation of age management programmes at workplaces into the industry sector specific collective labour agreements (työehtosopimukset) currently being negotiated between employee and employer confederations. The basis for the initiative comes from results of a study carried out by SAK in September 2013 on the implementation and the perceived need for the implementation of age management programmes at workplaces79. The study was based on a questionnaire and received responses from over 1000 company trade union representatives and occupational health and safety representatives. According to the study, 69% of respondents and 74% of respondents from the transport sector felt that an age management programme should be established at their workplace. The study indicated that age management programmes have currently being implemented most in organisations employing over 250 persons (17%) and the public sector (13%). According to the study, only 8% of employees currently fall under such a programme.

2.3 Initiatives from other organisations

The Varma Mutual Pension Insurance Company, which is the largest earnings-related pension insurer and private investor in Finland, produced in 2006 “A Good Age” (Hyvä Ikä),80 a guidance document on how to create and implement an age management programme at workplaces. The guidance document introduces the different methods available to build such a programme and the elements that need to be considered to make it successful. The guidance also introduces the rehabilitation programmes that are offered by Varma to support occupational health care providers.

In 2011, Varma has also developed the “Good Work Ability Model” (Hyvä työkyky – Työkyvyn tukemisen mälli)81 and has published a guide to help companies implement it. The model involves identifying work ability related problems at an early stage, finding solutions to those problems, having clear procedures for recording and monitoring absenteeism, showing how to take active measures to reduce unnecessary absenteeism and supporting the return to work of employees who have been on prolonged sick leave. The occupational health care services play an important role in all of these areas.

Opteam Nestor is a service provided by the private human resources company Opteam.82 The service includes hiring out retired professionals either to the companies they used to work for or to other companies. Opteam Nestor also offers to set up an employment bank model within a given company to allow them to develop a system to easily make use of retired staff when the need arises.

3 Overview of policies, strategies and programmes in relation to the rehabilitation/return to work of workers

Extending working lives in healthy, safe and sustainable working conditions also means ensuring that people who suffer from an illness or an accident that leads to prolonged sick leave have the necessary support to return to work in safe and adapted conditions. As can be seen from the data presented in Section 1.1, in 2012 30.6% of Finns who have retired report that they quit working for health or disability reasons (10 p.p. higher than the EU average). By promoting the return to work of those who are suffering from a health problem, and specifically in the older age group, a number of people who may otherwise have chosen early retirement or needed a disability pension will remain employed.

The effectiveness of the rehabilitation process is therefore another important factor related to prolonging healthy working lives. Although the issue of rehabilitation and return-to-work is particularly relevant for older workers, as they are more likely to suffer from work-related health problems than younger age groups, the chapter looks at rehabilitation for all workers.

In Finland, rehabilitation is an integral part of the compensation policy for sickness absence (whatever the cause of the sickness absence, work- or non-work-related). In this context, socio-vocational rehabilitation is both a right and an obligation, i.e. no earning compensation is awarded until rehabilitation possibilities have first been assessed. In 2008, 86,320 persons used rehabilitation services, 66% of them suffering from musculoskeletal disorders or mental health problems.83

The following chapter first describes the institutional system in Finland for the rehabilitation/return to work of workers suffering from a health problem and then looks at specific initiatives from governmental and non-governmental organisations to promote rehabilitation and return-to-work.

3.1 The national system for the rehabilitation/return to work of sick or injured workers

Legal and policy framework

Legislation

As mentioned in Section 1.3, Act 1383/2001 on Occupational Health Care makes it mandatory for all employers to arrange professional occupational health care services to employees either by contracting a public health centre or a private clinic that has staff qualified in occupational health care. Occupational health care services are required to conduct workplace assessments and related action plans, implement health inspections including work ability assessments and ergonomic assessments, arrange for professional rehabilitation, plan and implement programmes to improve and maintain work ability and monitor the work ability of employees with reduced capacity to work.

Decree 708/2013 on the Good Principles of Occupational Health Care specifies that when the occupational health care services work to monitor and maintain the work ability of employees with reduced capacity to work, improvement measures are focused on: type of work, work equipment used, the physical and social work environment, the professional qualifications of the employee, the health of the employee and, where necessary, work arrangements. Where sufficient support for work ability cannot be gained by these measures, the occupational health care provider must advise the employee on rehabilitation options or refer them either to medical care or professional rehabilitation arranged by the Social Insurance Institution of Finland. Decree 708/2013 replaced Decree 1484/2001 as of 1 January 2014. The new Decree aims to make it even clearer that occupational health care providers must have strong cooperation with other entities including rehabilitation providers in order to support employee work ability as required. Occupational health care has a coordinating role between health care, rehabilitation and the workplace when it comes to the work ability of an employee.

Act 608/1948 on Accident Insurance makes it mandatory for employers to take an accident insurance policy for all employees who work more than 12 days per year. Employers can choose which insurance company they wish to contract with. Costs arising from an occupational accident are then covered by the insurance company. Occupational accidents that may occur to employees of the state are covered by the State Treasury (Valtiorikonttori). According to Act 1343/1988 on Occupational Disease, the insurance company for occupational accidents also covers the costs of any diagnosed occupational disease. The insurance company covers any costs incurred from treatment, prescribed medicine, travel expenses and any required aid equipment. The insurance also pays a daily rate for a maximum of one year for a temporary incapacity due to an accident. After a year, the insurance company pays accident pension. A disability allowance is also paid after one year in the event that the accident leads to a permanent disability. The insurance company also pays for any medical rehabilitation and vocational retraining, where required.

The Act 566/2005 on the Rehabilitation Benefits and Financial Benefits (Rehabilitation Act) assigns the organisation of rehabilitation and payment of compensation to the Social Insurance Institution (KELA), which has to secure the livelihood of the individual being rehabilitated. Occupational rehabilitation can include vocational education and training, and training to maintain and improve work ability. The goal is to allow the individual to continue in work or training, taking into account sickness, defects and handicaps relevant to the occupation. 84

Act 395/2006 on Employees’ Income-related Pensions lays down the rules for the provision of income-related pensions, including disability pensions based on an assessment of the person's work ability (see below 'compensation').

Act 738/2009 on Promoting the Return to Work of Employees on Disability Pension lays down rules for cumulating a disability pension and work-related income (see below 'compensation'). The aim of the Act is to allow people to return to work without fear of losing their pension.

Policy

The Social Insurance Institution of Finland (KELA – Kansaneläkelaitos) has published a “Development Programme for Rehabilitation 2015” 85 which sets four main targets for improving rehabilitation services by 2015. These targets are: 1) to ensure that individual rehabilitation processes a functional and produce results 2) to strengthen KELA’s role as the national provider and developer of rehabilitation services 3) to improve the flexibility, efficiency and customer-focus of the procurement process for rehabilitation service and 4) to develop a reporting system to inform the development of rehabilitation services and to monitor the effectiveness of provided rehabilitation services. The Development Programme goes further to describe specific actions that are planned in order to achieve the set targets.

Main actors for occupational and non-occupational health problems

Non-work-related accidents or diseases

The Social Insurance Institution of Finland, KELA (see section 1.2), covers the costs for loss of income (through full or partial sick payment – see below) and the costs that arise from any rehabilitation required as a result of any other reasons than occupational accident or disease (or traffic accident), e.g. sickness, ageing and an existing disability.

KELA administers the National Health Insurance Fund and the National Pension Insurance Fund. The health insurance system comprises an earned income insurance component and a medical care insurance component. Earned income insurance includes sickness, parenthood and rehabilitation allowances as well as occupational health care. Medical care insurance includes reimbursements for medicine expenses, doctors’ fees, examination and treatment charges, travel expenses and rehabilitation services. The system is financed by statutory contributions from the insured and employers and with funding from the public sector. In 2011, the state's share of funding was about 69%, with

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contributions accounting for about 26% and local government payments for about 5%. The national pension insurance system is funded entirely by the state. Benefit expenditures consist of pensions and disability benefits.

Under the mandate given by the Rehabilitation Act, KELA arranges various types of rehabilitation to people who have decreased work ability due to an illness, injury or other impediment which has diminished their opportunity to work or continue in work. KELA starts envisaging rehabilitation options when the person has been on sick leave for at least three months. However, people can also apply for rehabilitation programme based on a recommendation from their general practitioner or medical specialist. In that case, the person can apply for rehabilitation support with KELA providing the doctor’s recommendation, on the basis of which KELA makes an assessment of the person’s need for rehabilitation (see below). The rehabilitation is aimed at keeping persons who have an incapacity or risk of incapacity to remain in working life and to support persons in returning to work. The overall aim of the rehabilitation is to lengthen working careers and reduce the number of people on disability pension. The decision to offer paid occupational rehabilitation is based on the risk of becoming incapacitated in the next five years and an assessment that rehabilitation would reduce this risk. The different types of rehabilitation services offered by KELA include the following:

- Rehabilitation assessments (Kuntoutustarveselvitys/-tutkimus): 66 KELA can arrange for an assessment of an individual person’s need for rehabilitation and type of rehabilitation. The assessment generally takes place over three days. In more complicated cases this assessment involves the preparation of a rehabilitation plan together with a number of experts and generally lasts for 12 days.
- Vocationally-oriented medical rehabilitation (ASLAK): 67 Vocationally oriented medical rehabilitation is a form of early rehabilitation created by KELA. It is suitable for workplaces and occupations in which workers are subjected to considerable physical, mental or social strain that may easily lead to health problems and a deterioration of work capacity.
- Rehabilitation for maintaining work ability (TYK-kuntoutus): 68 KELA can provide planned rehabilitation for maintaining work ability to those who are employed but are at risk of becoming unemployed due to reduced work ability or disability. The programme involves the preparation of an individual plan (1-12 days) for training which will then last at most 19 days. After training, the rehabilitation programme is started and can be implemented in short bursts (a few days at a time) to allow for continued work. The rehabilitation programme can last between 1-2 years in total.
- Provision of aid equipment to enable continued work or the return to work (Apuvälineet): 69 KELA can financially support the acquisition of equipment, for example, special seats and lighting, in the event that the employer does not provide these to the employee. KELA does not cover service and maintenance costs of aid equipment.
- Financial support for individual entrepreneurs/self-employed workers (Elinkeinotuki): 89 KELA can approve financial aid for a person who is ill or has a disability and wishes to start up a company or needs to acquire special equipment for his/her company. The maximum financial aid that can be gained is EUR 17,000.
- Work trials and training trials (Työ- ja koulutuskokeilut): 91 KELA can arrange 1-2 month work trial periods in different occupational settings including workplaces, work clinics and other approved rehabilitation units in order to help persons find a suitable profession. Training trials are similarly intended to help persons identify suitable educational facilities but usually last only from a few days to a few weeks.
- Occupational rehabilitation courses (Ammatilliset kuntoutuskurssit): 89 KELA can offer rehabilitation due to specific illnesses but some courses are also arranged for ageing persons (65+) who are no

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89 KELA website introducing Financial support for an entrepreneur or other professional: [http://www.kela.fi/tyoikaisille_elinkeinotuki](http://www.kela.fi/tyoikaisille_elinkeinotuki) (Accessed December 2014)
longer at work but who have multiple disorders as well as for home carers. Specific illnesses for which occupational rehabilitation is organized on a large scale include stroke, pulmonary disorder, hearing disorder, physical disability, mental illness, MS-disease, impediments in vision, rheumatism, cardiac disorder, cancer, muscular-skeletal disorder and disorders of the nervous system. Courses include physical as well as psycho-social rehabilitation, courses on adaptation to new levels of workability and courses to prepare family members to support in the rehabilitation process.

- Work ability helpdesk service (Työkykyneuvonta): KELA operates a work ability helpdesk service called “Työkykyneuvonta” which can be contacted, for example, by the occupational health care services. Työkykyneuvonta is open to those people who receive sick payment from KELA and require rehabilitation. The service aims to provide individual advice at an early stage to those who are at risk of staying out of work for a long time in order to support their rapid return to work. Advisors have the opportunity with the permission of the person in question to contact a wide range of networks including social and welfare services, employment offices, pension providers and rehabilitation providers in order to provide the best means for the return to work.

Work-related accident or diseases

When an employee suffers from an occupational accident or disease (or a traffic accident), the main actors intervening in compensation and rehabilitation are the private insurance companies. They cover the costs that arise from loss of income and from any rehabilitation required as a result of an occupational accident and/or occupational disease. They also cover the cost of disability pensions for workers with prolonged reduced capacity to work (by at least 3/5) (see below). However, as mentioned before, prior to making a decision on disability pension, an assessment is carried out to determine possible rehabilitation options. Private pension providers cover the cost of this type of occupational rehabilitation (työeläkekuntoutus). The private insurance companies make use of public and private rehabilitation service providers, either for medical rehabilitation (physiotherapists, spas, wellness centres, etc.) or for occupational rehabilitation (training centres).

The Federation of Accident Insurance Institutions (TVL – see section 1.2) is the umbrella organisation for all private insurance companies that offer workplace accident insurance that employers are required to take out for their employees.

TVL is a member of the Insurance rehabilitation association of Finland (VKK – see Section 1.2), which coordinates the rehabilitation efforts of the non-life insurance companies. VKK plays an intermediate role between the non-life insurance companies (for workers’ compensation and motor liability) and the person in need of rehabilitation. It assists insurance companies in planning rehabilitation programmes for their clients and implementing their rehabilitation services. It provides advice, guidance and support to the rehabilitee with a view to promote his/her return to work. Traditionally two-thirds of VKK’s beneficiaries have suffered an occupational accident or disease, the other third has suffered a road accident. Within workers’ compensation and traffic insurance scheme, VKK plans both vocational rehabilitation and rehabilitation for improving and sustaining functional capacity. Vocational rehabilitation aims to support the rehabilitee to go back to/ stay at their current workplace or to find a different job while rehabilitation focusing on improving and sustaining functional capacity is about helping the rehabilitee regain independence in their daily life.

At the workplace

After 90 days of sick leave (continuously or over a two-year period), the sick or injured worker should meet with the occupational physician in order to make an assessment of the remaining capacity to work and determine, in coordination with the employer, whether adaptations are possible to allow the person to come back to work. Such adaptations can include flexible working arrangements or physical adaptations to the work station (for which employers can receive financial support from KELA).

Upon returning to work after a long period of time, the occupational health care services have a key role to ensure that the employee is reintegrated in a suitable manner and considering any limitations they

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94 For more information about VKK’s activities, see the detailed case study carried out in the framework of the project “Safer and Healthier Work at Any Age”.

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may have sustained.

Proposals have been tabled recently by the social partners, which would provide further support to workers with partial disabilities returning to work. The proposal would include the appointment either by the employer or the employment office of a work ability coordinator to the worker with partial disability. The coordinator would be tasked with tailoring an individual solution for the employee.95 This suggestion was taken up in 2013 by the working group established by the Ministry for Social Affairs and Health to prepare an action plan to promote the employment of persons who have partial incapacity/disability (see section 3.2).

Compensation system

Compensation system for sickness absence

When a person is ill for more than 10 days and unable to participate in working life for a pro-longed period of time, full sick payment (paid by KELA for non-work-related accidents or diseases and by private insurance companies for occupational accidents and diseases) covers the cost of loss of income during the time of the illness. Full sick payment is paid for a maximum of 300 working days. Partial sick payment (Osasairauspäiväraha)96 is an option when incapacity to work has lasted more than 10 days but the employee would have the possibility to do some work and the employer is able to offer part-time work (40-60%) to accommodate for this. Partial sick payment is paid for a minimum of 12 days and maximum of 120 days. The employee is required to return to full-time employment with the previous employer.

Compensation system for disability or reduced work capacity

According to Act 395/2006 on Employees’ Income-related Pensions, employees who have a more reduced capacity to work (3/5) over a period longer than a year, are eligible for full disability pension. According to the same Act, a person under the age of 63 is entitled to a partial disability pension if their work ability has been reduced by 2/5 over a continuous period of 12 months. To be eligible, the employee must have been in full time employment prior to the disability. 97 The disability pensions are paid either by KELA (through the National Pension Insurance Fund) or by private pension providers for those who are entitled to employee pension insurance.

However, as mentioned before, prior to making a decision on disability pension, an assessment is carried out to determine possible rehabilitation options. To be eligible to the paid occupational rehabilitation, the worker under the age of 63 must have had a total income in the last five years of at least EUR 33,930.09 (2014 index). 98 Partial disability pension can be paid during the period of occupational rehabilitation.

Act 738/2009 on Promoting the Return to Work of Employees on Disability Pension (Laki 738/2009 työkyvyttömyyseläkkeellä olevien työhönpaluun edistämisestä)99 provides workers with the possibility to earn a maximum of EUR 733,80 (in 2013) per month without losing their disability pension. The Act also allows for a person on disability pension to discontinue their disability pension temporarily for a period of 3 months minimum and 2 years maximum while they re-enter employment. Once employment ceases, the disability pension is provided again without a renewed assessment. The aim of the Act is to allow people to return to work without fear of losing their pension. In 2011, the average age of a person ending up on disability pension was 52,1 years old. The Act is in force only until the end of 2016.

95 Information collected during the stakeholder workshop organised in the context of the project “Safer and Healthier Work at Any Age” on 5-6 May 2014 in Helsinki.
97 Website of the Pension Providers introducing full and partial disability pension: http://www.tyeelaake.fi/eritasiaelakkeita/tyoelakekuntoutus (Accessed December 2014)
3.2 Specific initiatives or programmes

3.2.1 Governmental initiatives

Ministry for Social Affairs and Health

In 2012, the Ministry for Social Affairs and Health established a working group to prepare an action plan to promote the employment of persons who have partial incapacity/disability or are otherwise difficult to employ. The working group was tasked with assessing the factors that prevent partially incapacitated persons from getting employed or maintaining employment, disseminate information relating to found best practices and to prepare a communication programme that would make it easier for people with disabilities to get employed. The working group has put in place an operational programme to reintroduce people with partial work ability into the labour force. The programme introduces a model aimed at ensuring that there is a seamless chain of services for people with partial work ability that helps them to continue working or to find employment. The responsibility for making use of the range of tools developed within this model rests with the employer or the local Employment and Economic Development Office. The model suggests assigning a workability coordinator for persons that are identified as having partial work ability. The coordinator could be assigned either by the employer or by the employment office, depending on the situation. The coordinator would be tasked to tailor an individual solution for the individual in question. Such a solution could include the offering of certain services including rehabilitation, training and benefits that would make it possible for the person to participate in working life at some level and according to their capacity. The model also foresees the development of a public electronic portal containing up-to-date information about all services and benefits available. The operational programme will first be tested in pilot projects to evaluate its effectiveness and adaptability to different circumstances and to identify any weaknesses. The programme is supported by a research project studying the practical effects and the success of the new model of activity.

Supporting the rehabilitation of unemployed workers at regional/local levels

In addition to KELA, rehabilitation programmes are organised on a more regional/local level also by municipalities, municipal health centres, hospitals, pension providers and employment offices. For example, municipalities and local employment offices are obliged under legislation to work together to prepare an activation plan (aktivointisuunnitelma) for persons who find it hard to find employment due to an incapacity or who have been unemployed for a prolonged period of time for other reasons (e.g. age-related reasons). Where necessary, an activation plan can involve so-called "rehabilitative work activities" (kuntouttava työtoiminta) which the municipality arranges, for example, by way of workplace trials within community organisations. The aim of such activities is to find suitable tasks for an incapacitated person or to help a person become better accustomed to working life in general (as part of an overall aim to improve a person’s capacity to manage their own life). Rehabilitation can also involve, for example, provision of education/training, physiotherapy or psychological support from experts working at the municipal health centre.

In 2012, the Ministry of Employment and the Economy also launched a trial initiative including 61 out of a total of 320 municipalities around Finland. The trial is aimed at developing and implementing structures for enabling even more integrated interdisciplinary services within municipalities to support persons who have been unemployed for a prolonged period and who are at risk of permanently dropping out of the labour market. The results of the trial will also help to clarify how responsibilities related to employment support would be optimally divided between national and local level entities. The trial is set to run between 1 September 2012 and 31 December 2015.

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100 Act 189/2001 on Rehabilitative Work Activities
101 The cooperation and interaction between different authorities as regards rehabilitation activities and service provision is regulated under Act 497/2003 on Client Cooperation for Rehabilitation.
3.2.2 Initiatives from other organisations

Given the national policy to lengthen working careers, support for the return to work and the retention at work of employees is a key priority of many different actors (see section 3.1):

- One such actor is the Varma Mutual Pension Insurance Company which has developed the “Good Work Ability Model” (Hyvä työkyky – Työkyvyn tukemisen malli)\(^{102}\) (see section 2.3) and has published a guide to help companies implement it. One important way to provide support to returnees, according to the model, is the preparation of a return-to-work plan together with the employee in question. The plan should include specific support measures that may be necessary such as reduced working time, alternative work arrangements, provision of mechanical aids or the need to enter into further rehabilitation/retraining where no suitable work is available.

- “Kuntoutusportti.fi”\(^{103}\) is a web-based portal with information collected on the history of rehabilitation programmes in Finland, a database of related research projects, potential future research topics, current events, educational opportunities and a listing of organisations conducting or administering rehabilitation programmes both at national and international level.

- The Rehabilitation Foundation (Kuntoutussäätiö – see section 1.2) regularly publishes reports related to improving the rehabilitation system in Finland.\(^{104}\) It has developed a number of tools such as:
  - Kuntoutusportti, a web portal which contains materials and links related to rehabilitation. The service also features a research database with information on studies and publications in the field of rehabilitation.
  - The Scientific-professional journal Kuntoutus (Rehabilitation), which releases up-to-date information on the research, methods and new innovations in the field of rehabilitation. The publication also follows up on related social debate and serves as a discussion forum for professionals in the field. 4 issues annually.
    - The rehabilitation library and information service which is a a public scientific library of publications in the field of rehabilitation.

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\(^{103}\) The website is accessible at: http://www.kuntoutusportti.fi/portal/fi (Accessed December 2014)

\(^{104}\) Rehabilitation Foundation website (in English): http://www.kuntoutussaatio.fi/en (Accessed December 2014)
4 Conclusions

General context

Facts and figures

- Finland’s population will continue to become older: The share of the oldest age group was slightly higher in Finland (19%) than across the EU-27 (18%) in 2013 and the share of the working-age population (51%) was lower than the EU average (54%). The old-age-dependency ratio will continue rising, from around 30% in 2013 to around 40% in 2030 and then remain more or less stable.

- Pension expenditures keep rising: All pension expenditures in Finland (as % of GDP) slightly rose already between 1990 and 1995, then decreased until 2000 and then rose again until 2011. Compared to the EU average pension expenditures (in % of GDP), the Finnish expenditures in 2011 were slightly higher for overall pensions and for disability pensions and slightly lower for old age pensions, anticipated old age pensions, early retirement benefits and survivor’s pensions.

- …but so does the employment rate of 55 to 64-year-olds: Compared to the EU-27 average, the employment rate among 55 to 64-year-olds in Finland was already much higher in 2002 (48% in Finland compared to 39% for the EU-27). In 2013, this employment rate was still higher (59% compared to 50%, respectively).

- Retiring for health reasons: The average effective retirement age in Finland between 2007 and 2012 was 62 years for men and women, while official retirement age since 2005 has been from 63-68 years for both gender groups. In Finland, a much higher share of pensioners aged 50 to 69 years than on EU average stated that they quit work because lost their job and/or could not find a job (16%; 7.5% for EU-28) and because of their own health or disability (31%; 21% for EU-28). On the contrary, quitting work due to favourable financial agreements and having reached the maximum retirement age were less wide-spread than on EU average.

- Less painful working conditions but more work-related health problems: Exposure to carrying heavy loads, the number of constraints on a worker’s work pace, exposure to night, to tiring or painful positions and to shift work decreases with age in Finland. Nevertheless, the share of workers who thinks that their work affects their health negatively rises with age – mainly after the age of 30. A much larger share of older employees have reported work-related health problems in Finland (32%) than on EU average (11%), the most serious work-related health problem being musculoskeletal disorders (68%).

Legal and institutional framework

In terms of the institutional framework related to the OSH (for all workers as well as specifically for older workers) and to rehabilitation and return-to-work, the Ministry of Social Affairs and Health has played a key role in coordinating the development and implementation of policies, programmes and strategies, supported by the Ministry of Employment and the Economy as well as other publicly funded organisations, and in coordination with the social partners. Social dialogue is very strong in Finland, in particular in relation to OSH and working conditions and most policies put in place by the Finnish government on these issues is discussed and agreed with the social partners.

An important contribution to the government’s work on OSH has been made by Professor Juhani Ilmarinen, whose insight and long career at the Finnish Institute for Occupational Health and Safety permitted the development and launch of a number of practical tools related to the concept of work ability, which continue to be used as framework models for enhancing workplace well-being, both in public and private sector organisations. Workplace well-being is seen as the main factor affecting an individual’s health and motivation and subsequently interest and ability to remain in working life up until the retirement age.

Finland has a very well-developed legal framework for OSH and return-to-work. The Finnish approach is holistic, focusing on all workers rather than specific groups of workers, although, as per the EU requirements, risk assessments should take into account vulnerable groups of workers. One important aspect of the Finnish OSH legal framework is its emphasis on work ability and its overall objective to
prevent the deterioration of the work ability of employees. This overall objective trickles down to the way occupational health services, heavily regulated in Finland, work. All employers are obliged to contract a qualified occupational health care provider, who has responsibility to co-operate with the employer as regards carrying out risk assessments, preparing occupational health and safety action plans and providing medical care.

**Views of the stakeholders**

Most stakeholders consider the occupational health care service system successful in helping to prevent the development of physical disabilities and reduce occupational exposures. How successful it is in addressing psycho-social issues is less clear (e.g. mental health issues remain a common cause for persons ending up on disability pension). Although the occupational health care system in Finland is arguably one of the most developed of its kind, certain stakeholders mentioned that it has its limitations when it comes to considering workplace well-being as a whole.

**OSH and older workers**

Finland has been a pioneer in Europe in establishing programmes and strategies in the area of occupational health and safety of older workers. The first directly relevant programmes at national level were launched already in the early 1990’s in response to the increasing awareness of the projected changes to the demographics of the workforce. With the expectation of a large proportion of the workforce, i.e. the post-war baby-boom generation, retiring in the early 2000’s, the initial national programmes were developed primarily in order to enhance the health of ageing workers and to ensure that the knowledge and skills of the retiring workforce are transferred to the next generation. During the Presidency of EU in 1999, Finland focused on the ageing workforce and their work ability and gained significant support in the EU. The work led to a positive development in older workers' employment rate, due to a multi-stakeholder approach involving government, the social partners, research institutes, and society. The Finnish Institute of Occupational Health (FIOH) for instance has been a key actor in Finland in the development of age-related OSH policies and programmes as well as practical tools for workplaces.

Later, national programmes have started to focus on the concept of general workplace well-being, which affects workers of all ages and aims to prolong working careers in safe and healthy conditions. Age management is a core principle of general workplace well-being as promoted by the Finnish state. Prolonging working careers is seen as an important part of the strategy to maintain the model of the Nordic welfare state as it has been established in Finland.

One of the strength of the Finnish approach is to mainstream OSH into different policy areas such as health, social policy and employment. In particular, the “Policies for the work environment and well-being at work until 2020” part of the 2010 ministerial strategy “A socially sustainable Finland for 2020” address the overall objectives that health and well-being should be included in all decision-making and that working careers should be lengthened by increased workplace well-being. From an employment perspective, the 2012 “National Working Life Development Strategy to 2020” aims to make working life in Finland the best in Europe by 2020 by way of creating well-functioning, profitable workplaces that generate new employment and has launched a number of national and regional networks and initiatives focused on workplace well-being, including through improved well-being and age management at the workplace.

The social partners are also very active in this area, mainly because they are involved in the development of most of the government policies related to OSH, well-being and sustainable work. In addition, to support their overall Policy Framework Agreements of 2011 and 2012, the workers and employers confederations have been working together to launch a number of programmes which aim to lengthen working careers with the overall objective to maintain the Finnish welfare state. The Centre for Occupational Safety, the training institute of the social partners in Finland, has launched a number of innovative activities related to training, exchange of good practices and guidance to promote well-being at the workplace. Other actors involved in the promotion of well-being at the workplace in Finland

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105 These views were expressed during the national expert workshop on “Safer and Healthier Work at Any Age”, which took place on 5-6 May 2014 (more details provided in the introduction to this report).

are the pension insurance companies, with an increasing number of initiatives related to age and sustainable work. The pension insurance companies provide directly well-being services, including age management, to a large number of their client companies. Those activities have grown in recent years.

Overall, it can be said that Finland had relatively early understood the challenges that demographic change will present and has taken a proactive, solutions-based approach to tackling the issues this change will potentially bring. However, it would seem that the momentum has waned in recent years and little progress has been made since 2009, mostly due to the economic downfall of businesses. Despite a large number of launched programmes, the limited life-time of these programmes has led to the situation where actions are taken during the years the programme runs but lack evaluations and follow-up actions. The new programmes do not build upon the previous ones. One way to address this shortcoming would be to embed the implementation of specific action plans into the collective agreements made between employer and employee confederations. This would make the launch of specific actions essentially mandatory at workplaces but without the need for developing prescriptive, inflexible regulations which could be open to a wide range of interpretations.

Views of the stakeholders

The stakeholders agreed that for a programme to be successful at workplace level, it needs to enjoy the unequivocal commitment of all interested parties, especially the management team, and be systematic and continuous. The actual content of programmes i.e. the action plans need to stem from the bottom up in any type of organization and not be too ambitious. It is important that something, even if only something small, is done on a continuous basis. There is also widespread agreement that more training is needed at management level to better understand the issues related to ageing, its impact on workers as individuals, on workplaces as social environments and society as a whole. Although age management as a concept has gained ground, there is still a long way to go especially with regards the level of knowledge in small to medium-sized organisations. Whether all managers should have minimum qualification requirements which include knowledge of occupational health and safety including age management is a matter of debate.

Rehabilitation / Return to work

In Finland, rehabilitation is an integral part of the compensation policy for sickness absence (whatever the cause of the sickness absence, work- or non-work-related). In this context, socio-vocational rehabilitation is both a right and an obligation, i.e. no earning compensation is awarded until rehabilitation possibilities have first been assessed. Rehabilitation and support for a successful return to work are also essential components of the occupational health care system in companies. In particular, the Finnish system puts a focus on the concept of work ability and return-to-work interventions, whether at workplace level or by the Social Insurance Institution of Finland (KELA), aim at restoring a worker's ability to work through various instruments (vocationally-oriented medical rehabilitation, adaptation of workplace, provision of equipment, flexible working arrangements, retraining for a different job, etc.) Contrary to many other EU Member States, rehabilitation and return-to-work interventions in Finland are not only for workers with a recognised disability or workers who have suffered an occupational injury or disease. It is available to all workers who are suffering from a health problem and require support to go back to work.

KELA's approach to rehabilitation is multidisciplinary and work-oriented. This approach is also used by private insurance organisations, in charge of rehabilitation in cases of occupational accidents or diseases (and also in some cases traffic accidents). One of the shortcomings with the private insurance system is that they can only start their interventions once the person has finished medical treatment, which in complex cases can be quite late in time. KELA’s interventions usually start when a worker has been on sick leave for more than three months, which may also hinder early intervention. However, KELA, through its vocationally-oriented medical rehabilitation, is also working on prevention and early intervention at workplaces, in particular with workers subjected to considerable physical, mental or social strain.

KELA's work also extends at the regional and local levels, for instance to support municipalities and

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local employment offices, which are legally obliged to work together to prepare an individualised plan for persons who find it hard to find employment due to health-related incapacity to work. 

In addition to promoting the work ability concept for the past 20 years, the Finnish government has developed policies to prevent the exclusion from the labour market of people at risk, in particular people with reduced work capacity and people with disabilities. One of the recent proposals of the government is to assign a work ability coordinator for persons that are identified as having partial disability.

Views of the stakeholders

Some of the stakeholders remarked that the system for rehabilitation and return-to-work in Finland has been developed to support mainly workers who are either in employment or have recently been in employment. For example, as mentioned in Section 3.1, KELA has a mandate to offer full or partial sick payment provided the employee returns to full-time employment with the previous employer. Pension providers have the mandate to offer occupational rehabilitation but only to those who are assessed to be at risk of becoming incapacitated in the next five years and for whom rehabilitation can be shown to reduce the risk. These provisions have been criticized for their too strict criteria to access rehabilitation programmes and for not providing rehabilitation at an early enough stage to prevent disability. Many stakeholders are of the opinion that the assessment criteria stated in the legislation relating to the possibility of becoming incapacitated in the next five years should be removed.

The possibility for workers who have a reduced ability to work to receive a partial disability pension while staying at work has been commended by the stakeholders for providing needed flexibility and making partial participation in work an alternative to going on full disability pension.

Finally, the proposal to appoint a work ability coordinator to workers with partial disability returning to work has been well received but many stakeholders are of the opinion that a successful return to work is still highly dependent on the managers at the workplace, their level of knowledge in general workplace well-being and interest in supporting a returnee in integration back into working life as well as interest in ensuring adequate adjustment of working conditions to suit the returnee.

General conclusions

Finland has been looking at the question of the working conditions of its older workforce for several decades now, having understood early the necessity to prolong working lives and, for that, to adopt a sustainable approach to work and working conditions. In recent years, it has increasingly focused on general workplace well-being in order to ensure that all workers benefit from good working conditions from the early stages of their career. It has also developed a very solid framework for rehabilitation whereby financial compensation for sick leave and disability is closely linked to rehabilitation and return-to-work with a view to avoid prolonged incapacity to work potentially leading to disability. The concept of work ability, central to the Finnish legislation and policies on health and safety at work, illustrates the idea that age and health status should be part of the factors taken into account in good OSH prevention policies.

As with many other policies, the key to the good implementation of the policies and programmes described in the report is their take-up at company level. The level of well-being at any given workplace is highly dependent on the level of skill, knowledge and commitment of its management. Many workplaces in Finland have implemented excellent programmes which have resulted in notable results such as reduced sick rate, reduced disability pension rate, committed and motivated workforce, reduced early retirement, better intergenerational cooperation, increased productivity and finally prolonged working careers. A common denominator in these successful programmes has been the systematic training of management who in turn have been able to gain the commitment of all their staff to take ownership of the programmes and to see to it that the related actions become a continuous part of everyday working life i.e. part of the culture of the working environment. One of the challenges for Finland will therefore be to instil this culture of workplace well-being and sustainable work in all workplaces, in particular small and micro ones.
5 References and further information

European and international sources

EU-OSHA – European Agency for Safety and Health at Work, OSHWIKI, “OSH system at national level – Finland”. Available at: http://oshwiki.eu/wiki/OSH_system_at_national_level_-_Finland


Meggender O., Boukal C., Healthy Work in an Ageing Europe – A European Collection of Measures for Promoting the Health of Ageing Employees at the Workplace, 5th initiative of the European Network for Workplace Health Promotion, Mabuse-Verlag, Frankfurt am Main, 2005.


National sources


Andersson, B. et al., Työkaarimalilla kohti pidempää työuria - opas ikäohjelman laatimiseen, 2013.


Barr, N., The pension system in Finland: Adequacy, sustainability and system design, Finnish Centre for Pensions, 2013.


Kansaneläkelaitos (KELA), Kuntoutus – tie parempaan elämään – kuntoutuksen kehittämishjelma 2015.

Karvinen, E. et al., Ikäihmisten liikunnan kansallinen toimenpideohjelma, Opetus- ja kulttuuriministeriö, 2011.


Sosiaali- ja terveysministeriö & Kuntaliitto, Laatusuositus hyvän ikääntymisen turvaamiseksi ja palveluiden parantamiseksi, 2013.

Sosiaali- ja terveysministeriö, Osatyökyystisten työllistymisen edistäminen, Toimintaohjelma valmistelevan työryhmän välimieltäintö, 2013.


Safer and healthier work at any age – Country inventory: Finland


Työterveyslaitos, TYÖURAN UURTAJÄ® brochure, 2013.


Työterveyslaitos, 'Ikävoimaa työhön' training, 2011.

Työterveyslaitos, Työterveyshuollon hyvä sairaanhoitokäytäntö, 2010.


Uusitalo, H., Työurat pidemmäksi – selvityksiä työuraryhmäle, Finnish Centre for Pensions (Eläketurvakeskus), 2011.


Valtion konttori, 'Kaiku' website.

The European Agency for Safety and Health at Work (EU-OSHA) contributes to making Europe a safer, healthier and more productive place to work. The Agency researches, develops, and distributes reliable, balanced, and impartial safety and health information and organises pan-European awareness raising campaigns. Set up by the European Union in 1994 and based in Bilbao, Spain, the Agency brings together representatives from the European Commission, Member State governments, employers’ and workers’ organisations, as well as leading experts in each of the EU Member States and beyond.

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