

INTERNATIONAL LABOUR OFFICE

REPORTS ON
UNRATIFIED CONVENTIONS
AND RECOMMENDATIONS

*(Article 19 of the Constitution of the
International Labour Organisation)*

REPORT FORM FOR THE FOLLOWING INSTRUMENTS:

NURSING PERSONNEL CONVENTION, 1977 (No. 149)

DOMESTIC WORKERS CONVENTION, 2011 (No. 189)

NURSING PERSONNEL RECOMMENDATION, 1977 (No. 157)

DOMESTIC WORKERS RECOMMENDATION, 2011 (No. 201).

Article 19 of the Constitution of the International Labour Organization relates to the adoption of Conventions and Recommendations by the Conference, as well as to the obligations resulting therefrom for the Members of the Organization. The relevant provisions of paragraphs 5, 6 and 7 of this article read as follows:

5. In the case of a Convention:

.....

(e) if the Member does not obtain the consent of the authority or authorities within whose competence the matter lies, no further obligation shall rest upon the Member except that it shall report to the Director-General of the International Labour Office, at appropriate intervals as requested by the Governing Body, the position of its law and practice in regard to the matters dealt with in the Convention, showing the extent to which effect has been given, or is proposed to be given, to any of the provisions of the Convention by legislation, administrative action, collective agreement or otherwise and stating the difficulties which prevent or delay the ratification of such Convention.

6. In the case of a Recommendation:

.....

(d) apart from bringing the Recommendation before the said competent authority or authorities, no further obligation shall rest upon the Members, except that they shall report to the Director-General of the International Labour Office, at appropriate intervals as requested by the Governing Body, the position of the law and practice in their country in regard to the matters dealt with in the Recommendation, showing the extent to which effect has been given, or is proposed to be given, to the provisions of the Recommendation and such modifications of these provisions as it has been found or may be found necessary to make in adopting or applying them.

7. In the case of a federal State, the following provisions shall apply:

(a) in respect of Conventions and Recommendations which the federal Government regards as appropriate under its constitutional system for federal action, the obligations of the federal State shall be the same as those of Members which are not federal States;

(b) in respect of Conventions and Recommendations which the federal Government regards as appropriate under its constitutional system, in whole or in part, for action by the constituent states, provinces or cantons rather than for federal action, the federal Government shall:

.....

(iv) in respect of each such Convention which it has not ratified, report to the Director-General of the International Labour Office, at appropriate intervals as requested by the Governing Body, the position of the law and practice of the federation and its constituent states, provinces or cantons in regard to the Convention, showing the extent to which effect has been given, or is proposed to be given, to any of the provisions of the Convention by legislation, administrative action, collective agreement, or otherwise;

(v) in respect of each such Recommendation, report to the Director-General of the International Labour Office, at appropriate intervals as requested by the Governing Body, the position of the law and practice of the federation and its constituent states, provinces or cantons in regard to the Recommendation, showing the extent to which effect has been given, or is proposed to be given, to the provisions of the Recommendation and such modifications of these provisions as have been found or may be found necessary in adopting or applying them.

In accordance with the above provisions, the Governing Body of the International Labour Office examined and approved the present report form. This has been drawn up in such a manner as to facilitate the supply of the required information on uniform lines.

REPORT

to be made no later than 28 February 2020, in accordance with article 19 of the Constitution of the International Labour Organization by the Government of Finland, on the position of national law and practice in regard to matters dealt with in the instruments referred to in the following questionnaire.

Workers' and employers' organizations may send comments no later than 30 June 2020.

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Context and scope of the questions

The questionnaire has been prepared in the light of the ILO Declaration on Social Justice for a Fair Globalization and its follow-up. Account has been taken of the fact that “[t]his follow-up seeks to make the fullest possible use of all the means of action provided under the Constitution of the ILO to fulfil its mandate. Some of the measures to assist the Members may entail some adaptation of existing modalities of application of article 19, paragraphs 5(e) and 6(d), of the ILO Constitution, without increasing the reporting obligations of member States”. For instance, by grouping and focusing on instruments related to a specific strategic objective, General Surveys may provide an overview on the law and practice in ILO member States concerning certain instruments and feed into the recurrent discussions with relevant information on the trends and practices in relation to a given strategic objective.

At its 334th Session in October–November 2018, the Governing Body requested the Office to undertake a General Survey on the instruments related to decent work for care economy workers in a changing economy: the Nursing Personnel Convention, 1977 (No. 149), and its Recommendation (No. 157), and the Domestic Workers Convention, 2011 (No. 189), and its Recommendation (No. 201).¹ The General Survey will provide a comprehensive overview of the current situation in ILO member States with respect to care workers, as relevant to Conventions Nos 149 and 189, which may be useful for the next recurrent discussion on labour protection in a transforming world of work, which will take place at the 111th Session of the International Labour Conference in 2022.

The General Survey will examine the different categories of care workers covered by the four instruments in both the formal and informal economies, which may take the form of direct care (nursing services, child care or personal care for ill persons or those with disabilities, as well as the elderly) or indirect care (which may include cooking, cleaning and other services). Both direct and indirect care services may be provided in a range of settings, including hospitals, clinics, or in or for private households. Direct or indirect care work provided in or for a private household or households can fall within the scope of the definition of domestic work as per Convention No. 189. In addition, special attention will be paid to the gender dimension of these forms of work.

The inclusion of the nursing personnel and domestic worker instruments in a General Survey is particularly timely. The Working for Health five-year action plan for health employment and inclusive economic growth (2017–21) launched by the ILO, the Organisation for Economic Co-operation and Development and the World Health Organization in 2017 focuses on implementation of the recommendations of the United Nations (UN) High-level Commission on Health Employment and Economic Growth and seeks to stimulate investment in health employment and the care workforce in support of the achievement of the UN Sustainable Development Goals (SDGs). Conventions Nos 149 and 189 are relevant to the achievement of the SDGs, particularly Goals 3 (good health and well-being), 5 (gender equality), 8 (decent work and economic growth) and 10 (reduce inequalities). This General Survey will also coincide with the tenth anniversary of the adoption of Convention No. 189.

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The following questions relate to issues covered by Conventions Nos 149 and 189 and Recommendations Nos 157 and 201.

As appropriate, please give a specific reference (weblink) or include information relating to the provisions of the relevant legislation, regulations and policies, as well as electronic copies thereof.

¹ [GB.334/LILS/PV](#), para. 69.

ARTICLE 19 REPORT FORM CONCERNING DECENT WORK FOR CARE ECONOMY WORKERS IN A CHANGING ECONOMY

Notes:

1. Governments of countries which have ratified one or several of the Conventions and from which a report is due under article 22 of the Constitution will use the present form only with regard to the Conventions not ratified, if any, and the Recommendations. It will not be necessary to repeat information already provided in reports under article 22 in connection with the Conventions ratified. *The questions contained under the title "Possible need for standards-related action and for technical assistance" are addressed to all member States.*
2. When reference is made to "national laws and regulations" or "provisions", this should be understood as including laws, regulations, policies, collective agreements, court decisions or arbitration awards.
3. Where the national legislation or other provisions do not cover issues raised in this questionnaire, please provide information on current and emerging practices.

NATIONAL POLICY ON NURSING PERSONNEL AND THE PROMOTION OF ADEQUATE QUALITY HEALTH SERVICES		
1.	Please indicate whether, and if so, how the term "nursing personnel" has been defined in law or practice. Please indicate whether there are special rules concerning nursing personnel who provide care and services on a voluntary basis. If so, please provide information regarding such rules.	Art. 1 of C.149. Paras 1–3 of R.157.
<p>In Finland, nursing personnel consists of nurses, public health nurses, midwives and paramedics. The practice of these professions is restricted to licenced professionals only and they are registered as nurses in the central register of health care professionals maintained by the National Supervisory Authority for Welfare and Health (Valvira). Public health nurses and midwives are also registered as public health nurses and midwives. In addition, practical nurses for social and health care entitled to use a protected occupational title are entered into the central register of health care professionals.</p> <p>Some tasks of professionals with a protected occupational title can also be performed by other persons with adequate training, experience, skills and knowledge even if they are not allowed to use the protected occupational title. In recent years, caring assistants have been trained and recruited particularly in care of older persons. However, training and the title of the caring assistant have not yet been officially defined.</p> <p>For further information, see link: https://www.valvira.fi/web/en/healthcare/professional_practice_rights.</p> <p>Act on Health Care Professionals (559/1994) English translation (not up to date): https://www.finlex.fi/en/laki/kaannokset/1994/en19940559_20110312.pdf</p> <p>Decree on Health Care Professionals (564/1994)</p> <p>See also answer to question 6.</p>		
2.	Please indicate whether there is a national policy concerning nursing services and nursing personnel aimed at providing the quantity and quality of nursing care necessary for attaining the highest possible level of health for the population. If so, please provide information regarding the content of the policy and the extent to which it has been or is being implemented, as well as in relation to any consultations held with the social partners in this respect. Please also indicate whether such policy, if it exists, applies to nationals and non-nationals.	Arts 1(1) and (2) and 2(1) and (3) of C.149. Paras 4(1) and (2)(d) and 19(1) of R.157.
<p>In Finland, the development of nursing services and nursing personnel has traditionally been integrated into national social and health policy programmes. Municipal authorities are granted state subsidies for development projects based on these national policy programmes.</p>		

In the late 2010s, the Ministry of Social Affairs and Health published an action plan on increasing the effectiveness and attraction of nursing care. The action plan was prepared in line with the National Development Programme for Social Welfare and Health and drawn up by a national nursing steering group set up by the Ministry. The steering group consisted of nurses representing the government, social and health services, education and research as well as patient organizations and professional organizations. Based on this action plan, e.g. a general action model of expertise in nursing (see also item 20.) and a planning model for staffing nursing personnel were developed.

Furthermore, nurse consultations were developed and legislation on nurse prescribing (limited right to prescribe medicines) was prepared on the basis of the national social and health policy programme adopted by the Government (see also item 5.). The implementation of the advanced roles of nurses has also provided successful results in terms of improved access to care and health service provision by nurses in health centers and emergency care units. Currently, nurses are managing 50 percent of the patient visits for acute and chronic conditions in primary health care. Respectively, 42 percent of health centers apply nurse prescribing.

Currently, the targets for developing nursing services and nursing personnel are defined as part of a national development programme the *Future Social and Health Center*. This programme is based on the Programme of Prime Minister Sanna Marin's Government and will be implemented by means of 18 regional projects covering the entire country. The Ministry of Social Affairs and Health will allocate state subsidies for these regional projects. The consultation on the draft decree regarding the state subsidies was open for everyone via the Internet.

The above-mentioned national development programme includes several targets focusing on nursing services and nursing personnel. These targets concern multiprofessional social and health care teams, redividing professional responsibilities between professional groups, ensuring patient-centered care and continuity of services, improving access to care and services, strengthening health promotion and early interventions, developing evidence-based practices, integrating research based development into work of professionals, knowledge management as well as supporting wellbeing at work.

In addition, the Nursing Research Foundation (NRF), non-profit research and development organization, promotes effectiveness of nursing by developing evidence-based practices in accordance with national and international policies. Drawing up evidence-based clinical practice guidelines for nursing is coordinated and the guidelines are published by the NRF. Since 2018, funding from the state budget has been earmarked for these activities of the NRF.

3.	Does the policy or the national law and practice on nursing services and personnel cover professional nurses, including midwives (birth attendants), and/or other categories of nursing personnel, such as auxiliary nurses and nursing aides? Are other categories of care workers covered by Conventions Nos 149 and 189 covered under national law, practice or policy, such as personal care workers, healthcare assistants, nursing aides, community health workers, or home-based personal care providers? Please explain.	Para. 5(2)(a)–(c) of R.157.
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Yes, see answer to question 1.

4.	Have measures been taken in consultation with the social partners to establish a rational nursing personnel structure which classifies nursing personnel in a limited number of categories determined by reference to education and training, level of functions and authorization to practice? If so, please explain.	Para. 5 of R.157.
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Yes, see answers to questions 1 and 6.

5.	Please indicate whether and in what manner it is ensured that the national policy on nursing services and personnel is coordinated with policies and programmes relating to other aspects of healthcare and to other categories of workers in the field of health.	Art. 2(1) and (4) of C.149. Para. 4(2)(a) of R.157.
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In Finland, the development of nursing services and nursing personnel is integrated into national social and health policy programmes (see also item 2.). For example, nurse/public health nurse consultations for patients with acute health problems and non-communicable diseases have been developed and disseminated since 2002 as part of national social and health policy programmes adopted by the Government. Nurses and

public health nurses provide consultations within multiprofessional teams or work in pairs with physicians in health centers, emergency care units and outpatient hospital clinics.

Furthermore, nursing sensitive indicators are included in the inter-disciplinary national development project by the Finnish Institute for Health and Welfare. This project aims to create a model for national quality registers in health care. The project is currently focused on seven quality registers: diabetes, prostate cancer, HIV, ischemic heart disease, psychosis, spinal surgery and rheumatic disease. In the future, the registers will provide comprehensive opportunities to assess and improve patient safety as well as quality and effectiveness of patient care.

NURSING EDUCATION AND TRAINING

6.	If a national policy on nursing services and nursing personnel has been declared and pursued, please specify whether, and if so, what measures have been taken to provide nursing personnel with education and training appropriate to the exercise of their functions.	Art. 2(2)(a) of C.149. Para. 4(1) and (2)(b) of R.157.
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National Supervisory Authority for Welfare and Health (Valvira) grants, upon application, the right to practice as a licenced or authorised professional and authorises the use of the occupational title of healthcare professional in Finland. Education and training leading to these occupations is provided at universities of applied sciences and providers of vocational education and training.

Vocational qualifications are developed in co-operation with the world of work and other key stakeholders and the assessment is based on criteria defined in the national qualification requirements.

Universities of applied sciences are responsible for the education of nurses (Bachelor of Health Care, 210 ECTS). The degrees conferred by universities of applied sciences and the degree titles associated with them (educational responsibility) are laid down in the education licence of each university of applied sciences. Finland has implemented the Directive 2005/36/EC. Therefore universities of applied sciences are obliged to follow the minimum requirements of subject areas (nursing in general care) and minimum duration of training when they arrange degree programs in nursing. For the rest, universities of applied sciences decide on the curricula and teaching methods used in degree education. Universities of applied sciences develop the training in co-operation with the working life.

Under section 18 of the Health Care Professionals Act, health care professionals must maintain and improve their professional knowledge and skills required to carry on their professional activity and familiarise themselves with the provisions and regulations concerning them.

Employers of health care professionals shall monitor the professional development of health care professionals and create opportunities for participation of the latter in necessary further training for the profession and for maintaining and developing their knowledge and skills by other methods of professional development in order to practice their profession in a safe and appropriate manner.

The Health Care Professionals Act also lays down provisions on the language skills required from health care professionals. According to section 18a of the Act, a health care professional shall have a knowledge of languages necessary for managing his or her duties.

Employers of health care professionals shall ensure that the knowledge of languages of health care professionals is adequate for managing their duties.

More information on language requirements:

https://www.valvira.fi/web/en/healthcare/professional_practice_rights/language_requirements

7.	Please provide detailed information regarding any laws, regulations and other measures in place which establish the basic educational and training requirements for the practice of nursing and limit the practice of nursing to persons who meet the requirements established. Please also provide information on the manner in which compliance with such requirements, if these exist, is supervised and enforced and the authorities, if any, mandated to regulate education, training and practice.	Arts 3 and 4 of C.149. Paras 7(3) and (4) and 13(a) and (b) of R.157.
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See previous answer to question 6.

8.	Please indicate whether any measures have been taken to promote education and employment of nursing personnel in rural areas and remote communities, with a view to ensuring adequate healthcare coverage in such areas. If so, please describe the nature and impact of such measures and the scope and outcome of any consultations held with the social partners in this respect.	Art. 2(1) and (3) of C.149. Para. 4(2)(c) and (d) of R.157.
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Nurse consultations have been increased at health care centers to improve the availability of services especially in sparsely populated areas, which suffer from shortage of doctors. In addition, measures have been taken to develop remote consultation (digital services) and mobile services. Nurses have also been trained in limited prescribing. Nurses may prescribe, for example, pain killers and extend prescriptions in accordance with a

treatment plan.		
9.	Please indicate the measures taken, if any, to offer nursing personnel reasonable career prospects through a varied range of possibilities for career development. These could include measures to promote the advancement of women and men in leadership positions in the field of nursing on the basis of equitable criteria, taking into account experience and demonstrated ability, bearing in mind the gender dimension.	Preamble of C.149. Preamble and Para. 21 of R.157. Para. 2(3) of the Annex to R.157.

See answers to questions 6 and 10.

The vast majority of the nursing personnel are women with the exception of paramedics of whom almost 40% were women (see answer to question 49 below). In 2014 women accounted for 88% of the entire workforce in the social welfare and health care sector.

WORKING CONDITIONS

10.	Please indicate whether measures have been put in place to ensure employment and working conditions – including career prospects and remuneration – that are likely to attract women and men to the nursing profession and retain them, bearing in mind the gender dimension. If so, please provide detailed information on the nature and extent of such measures, and their impact, if known.	Art. 2(2)(b) of C.149. Paras 21(1) and (2) and 25(1) of R.157.
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In respect of the tripartite Equal Pay Programme, we refer to the latest report on ILO Convention No. 100 submitted in 2018.

During the past decade, a few development and research projects targeted especially at the social and health sector personnel were implemented from the gender equality perspective:

A project called Empowering Care II, financed by the European Social Fund (ESF), was implemented between 2011 and 2013. It developed and produced a male mentoring model and male-specific pedagogic and counselling solutions. The project was aimed at dissolving the myth of Florence Nightingale in the nursing sector. The project sought to influence attitudes and brought up aspects of nursing sector that men are particularly interested in. The project developed new ways of taking men into account in the education and working life in the sector. The objective of the male mentoring activities to be developed was to support the participants' professional growth and commitment to studying and working in the nursing sector. The methods and models developed within the project contributed to alleviating the shortage of labour in the nursing sector and dissolving the segregation still persistent in the field. The project was managed by the Diakonia College of Helsinki, and one of the project partners was the Helsinki City College of Social and Health Care. Other partners included the Helsinki Deaconess Foundation, the Confederation of Finnish Industries, the Union of Health and Social Care Professionals in Finland (Tehy), the Finnish Union of Practical Nurses (Super) and workplaces in the social and health care sector.

A research project was carried out between 2017 and 2019 to investigate the personnel impact of the regional government / social and health care reform on persons working in the social and health care sector from the gender equality perspective. The final report of the research project will be published at the beginning of 2020.

Projects generally targeted at dissolving segregation have also been carried out. One of the most recent ones was a project called *Breaking Down the Barriers*. The Breaking Down the Barriers project (2017-2019) implemented by the Youth Research Network and the Research Foundation for Studies and Education Otus under the Government's analysis, assessment and research activities aimed at alleviating gender-based segregation in education and working life by producing information on how young persons choose their education and on factors influencing this process. The research report was published in autumn 2019 in the series *Publications of the Government's analysis, assessment and research activities*. The project actors recommend that (1) long-term funding should be allocated to developing counselling and the related education in the future. (2) The existing instruments at schools, such as work practice programmes, should be used more actively in introducing different fields and in dismantling gender-based conceptions of professions. (3) Guardians and schools should engage in close cooperation in respect of work practice programmes and joint

selection procedures. (4) Different life paths should be introduced to young persons through cooperation between schools, youth work and working life. (5) Social media channels should be used more efficiently for producing information on education and career options for young persons. The wrap-up seminar of the project was organized on 12 September 2019 at the Ministry of Education and Culture.

The attached Table 1 provides further information on students and new students in vocational education and training and at universities of applied sciences in the fields of social welfare, health care and physical education, broken down by gender.

11.	Please provide detailed information regarding whether, and if so, how levels of remuneration are fixed for the different categories of nursing personnel, as well as the periodicity of adjustments to their salary scales. Please also indicate whether and to what extent the remuneration is fixed by collective agreement and, if so, provide copies of such agreements. In addition, please provide detailed information regarding whether, and if so, what measures have been taken to ensure that the remuneration of nursing personnel is fixed at levels commensurate with their socio-economic needs, qualifications, duties and experience, taking account of the constraints and hazards inherent to the profession, and without discrimination on the basis of sex.	Preamble of C.149. Preamble and Paras 25(1)–(5), 26 and 27 of R.157. Para. 12(1) of the Annex to R.157.
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Finland has no act on minimum pay, meaning that the remuneration of nursing personnel is in principle determined in accordance with the provisions of collective agreements. If the work of nursing personnel in exceptional cases falls outside the scope of application of collective agreements, the employer and the employee shall agree on remuneration. However, the employee shall be paid a reasonable normal remuneration for the work performed. (Employment Contracts Act, Chapter 2, section 10).

The level of remuneration under collective agreements is defined in negotiations between the collective bargaining parties. The remuneration schemes under collective agreements are based on the assessment of the complexity of work/task. In other words, the employee's competence and experience are taken into account in remuneration. For further information on remuneration schemes under collective agreements see the statements by the Confederation of Finnish Industries and the Local Government Employers in Finland.

The Act on Equality between Women and Men prohibits direct and indirect gender-based discrimination. An equal pay shall also be paid for the same work or work of the same value.
([Act on Equality between Women and Men \(609/1986\)](#))
For information on the Equal Pay Programme see the previous question.

Examples on collective agreements on public and private health care sector regarding nursing personnel can be found here (unfortunately only in Finnish):

Municipal general collective agreement:
<https://www.kt.fi/sopimukset/kvtes/2018>

Collective agreement for the health care sector covering the private sector, see Annex 1 and the following link:
<https://www.finlex.fi/fi/viranomaiset/tyoehto/paatokset/2017/1603>

Collective agreement for the private social service sector:
<https://www.finlex.fi/fi/viranomaiset/tyoehto/paatokset/2017/3742>

Collective agreement for social sector organizations:
<https://www.finlex.fi/fi/viranomaiset/tyoehto/paatokset/2017/2542>

Collective agreement for the emergency medical service sector:
<https://www.finlex.fi/fi/viranomaiset/tyoehto/paatokset/2017/1582>

12.	Please indicate whether and in what manner it is ensured that nursing personnel enjoy conditions that are at least equivalent to those of other workers in relation to: hours of work, weekly rest, paid annual holidays, educational leave, maternity leave and sick leave.	Art. 6(a)–(g) of C.149. Paras 32(1), 39(1) and 42(1) of R.157.
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The rights of workers are regulated by national laws and representative collective agreements. There are no exceptions

that would decrease the rights of nursing personnel.

The hours of work and the weekly rest are prescribed [in the Working Time Act](#) (872/2019).

Paid annual holidays are regulated by the Annual Holidays Act (162/2005).

<https://www.finlex.fi/en/laki/kaannokset/2005/en20050162.pdf>

Educational leave is regulated by its own law: Study Leave Act (273/1979).

https://www.finlex.fi/en/laki/kaannokset/1979/en19790273_20110482.pdf

Maternity leave and sick leave are prescribed in the Employment Contracts Act, Chapter 2 and 4.

<https://www.finlex.fi/en/laki/kaannokset/2001/en20010055.pdf>

13.	Please provide detailed information on any measures taken in relation to the protection of nursing personnel with respect to current and emerging working time arrangements, meal breaks, rest periods and sick leave. In addition, please provide information on any measures taken to limit recourse to overtime work, work at inconvenient hours (including shift work) and on-call duty, as well as the conditions under which on-call duty hours of nursing personnel may be counted as working time.	Paras 30–43 of R.157.
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Working time and stand-by duty are defined in the Working Time Act. It further lays down provisions on general working time, shift work, period-based working time, night work and overtime as well as on daily breaks and on daily and weekly rest periods. The Act applies to nursing personnel working as employees or in a corresponding public-law employment relationship.

According to the provision of the Working Time Act concerning **general working time**:

Regular working time shall not exceed eight hours per day or 40 hours per week.

Regular weekly working time may be organised in such a way that it averages 40 hours over a period of no more than 52 weeks without exceeding the regular daily working time of eight hours.

The regular working time may also be agreed on in a collective agreement or in a contract between the employer and the employee, considering the restrictions laid down in the Working Time Act for the working time adjustment to a certain maximum level provided by the Act.

According to section 4 concerning **stand-by duty**:

An employer and an employee may agree on stand-by duty and the compensation paid therefor. During stand-by duty, the employee shall be available to the employer such that the employee can be called in to work. Time spent on stand-by duty shall not count as working time unless the employee is required to remain at the place of work or in its immediate vicinity. Stand-by duty may not unduly hamper the employee's leisure time.

The employee shall be aware of the amount of compensation for stand-by duty or the grounds for the determination of the compensation as well as of the terms of the stand-by duty when agreeing on stand-by duty. The restrictions imposed by stand-by duty on the employee's leisure time shall be taken into consideration in the amount of the compensation.

When stand-by duty is essential due to the nature of the work and for extremely compelling reasons, a public servant and officeholder may not refuse it.

According to section 6 concerning **shift work**, regular working time may be organised in the form of shift work. In shift work, the shifts must change regularly and at intervals agreed upon in advance. Change is considered regular when a shift does not coincide for more than an hour with the shift immediately following or the shifts are no more than an hour apart.

Section 7 of the Working Time Act lays down provisions on **period-based working time**. According to the provision, by way of derogation from the provisions laid down in section 5, regular working time may be organised so that it does not exceed 120 hours over a period of three weeks or 80 hours over a period of two weeks. Period-based working time may be used, for example, in social and health services operating for most of the day.

In order to organise work in a practicable way or to avoid shifts impractical for employees, regular working time may, however, be organised so that it does not exceed 240 hours during two consecutive three-week or three consecutive two-week periods. Regular working time may not exceed 128 hours during either of the three-week periods or 88 hours during any of the two-week periods.

According to section 8 concerning **night work**, work performed between 23:00 and 06:00 shall constitute night work.

Night work shall be permitted in, for example, period-based work and in shift work. In period-based work and in continuous shift work, an employee may, according to the work schedule, work no more than five consecutive shifts where at least three of the working hours fall between 23:00 and 06:00, after which the

employee shall be given uninterrupted leave of at least 24 hours. Two additional shifts as referred to above may be worked consecutively when the employee consents separately to both additional shifts.

In general, working **overtime** requires the employee's consent. When working general working time, daily overtime consists of working time that exceeds eight hours per day. Weekly overtime consists of working time that exceeds 40 hours per week without being daily overtime. Furthermore, separate provisions on night work apply, for example, to persons working average regular working time and persons engaged in period-based work.

However, the general rule is that the working time of an employee, including overtime, may not exceed an average of 48 hours per week over a period of four months.

In addition, the Working Time Act lays down provisions on **remuneration payable for overtime**. According to the Act, pay plus 50% for the first two hours worked and pay plus 100% for each subsequent hour shall be payable for daily overtime. Pay plus 50% shall be payable for weekly overtime. The Act also contains separate provisions on remuneration payable for overtime in the case of period-based work.

Provisions on **rest periods** (including daily breaks, daily rest period and weekly rest period) are laid down in Chapter 6 of the Working Time Act.

For example, according to section 24 concerning daily breaks, when the employee's daily consecutive working time exceeds six hours and the employee's presence at the workplace is not essential to the continuity of the work, the employee shall be given during the shift a regular break of at least one hour's duration during which the employee is free to leave the workplace. This break may not be placed at the start or end of the workday. A collective agreement notwithstanding, the employer and the employee may agree on a shorter break having a duration of at least thirty minutes, however. When the daily working time exceeds 10 hours, after eight hours of work, the employee shall additionally have the right to take a break of no more than thirty minutes' duration.

When working time in shift work or period-based work exceeds six hours, the employee shall be given a break of at least thirty minutes' duration or the opportunity to have a meal during working time.

According to section 25 concerning daily rest periods, during the 24 hours following the start of each shift, employees shall be given an uninterrupted rest period of at least 11 hours' duration except for work performed during stand-by time. Derogations from the duration of daily rest period are permitted the conditions laid down in the Act. In this case, the employee must in general be given compensatory rest periods.

More detailed provisions on working time and even divergent provisions within the limits laid down in the Act are very common in collective agreements (see e.g. the attached statements by the Confederation of Finnish Industries and the Local Government Employers in Finland).

Sick Leave

Employment Contracts Act, Chapter 2, section 11

Employees who are prevented from performing their work by an illness or accident are entitled to pay during illness. If the employment relationship has lasted for a minimum of one month, the employee is entitled to full pay for the period of disability up to the end of the ninth day following the date of falling ill, but only up to the point at which the employee's right to national sickness allowance under the Sickness Insurance Act (1224/2004) comes into effect. In employment relationships that have continued for less than one month employees are correspondingly entitled to 50 per cent of their pay.

14.	Please describe whether, and if so, how it is ensured that the normal weekly hours of nursing personnel do not exceed those set in the country for workers in general and any provisions made to ensure that nursing personnel are informed of their working hours in advance to enable them to better balance their work and family responsibilities. In addition, please provide detailed information on the rest periods and meal breaks afforded to nursing personnel and the manner in which shift work and work at inconvenient hours is minimised and how overtime hours are compensated.	Paras 32, 33, 34, 35, 37 and 38 of R.157.
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See answer 13. The Working Time Act applies to nursing personnel as well as to other work covered by the scope of application of the Act. Further regulations on working time are included in collective agreements governing the sector.

Work schedule:

According to section 30 of the Working Time Act, a work schedule indicating the start and end time of employees' regular working time and the times of the breaks referred to in section 24 shall be prepared for each workplace.

The minimum requirement of the Act is that employees shall be informed in writing of the work schedule well in advance and no less than one week prior to the start of the period covered by the work schedule. Thereafter the work schedule may only be changed with the employee's consent or for a compelling reason relating to the organisation of the work.

15.	Please indicate whether and the manner in which it is ensured that nursing personnel, without distinction based on civil status, are assured the benefits and protection provided for in the ILO instruments on maternity protection.	Para. 42 of R.157.
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The nursing personnel have the same right to maternity protection, family leaves and family allowances as other employees or persons in a public-law employment relationship. Finland has implemented the EU maternity protection Directive (Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers and workers who have recently given birth or are breastfeeding).

See e.g. Employment Contracts Act, Chapter 4, [Health Insurance Act](#) (1224/2004), Chapter 9 (only in Finnish), [Occupational Safety and Health Act](#) (738/2002), sections 11 and 48.

16.	Please provide information on any measures taken or envisaged to improve existing laws and regulations on occupational health and safety by adapting them to the special nature of nursing work and the working environment in which it is carried out. ² In particular, please provide detailed information on any measures taken to ensure the access of nursing personnel to occupational care services. In addition, have any measures been taken to avoid or minimize special risks to nursing personnel – including emergency service personnel? ³ Have any measures been taken to seek the collaboration of nursing personnel and organizations representing them in ensuring effective occupational safety and health protections for nursing personnel? If so, please describe.	Art. 7 of C.149. Paras 44–52 of R.157.
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Nursing personnel work in an employment relationship or in a corresponding public-law employment relationship, which means that they are subject to the Occupational Safety and Health Act (738/2002) and other occupational safety and health provisions. The health care personnel, in particular, are protected by EU Directive 2010/32/EU (Council Directive 2010/32/EU implementing the Framework Agreement on prevention from sharp injuries in the hospital and healthcare sector concluded by HOSPEEM and EPSU). This Directive has been implemented in Finland by a Government Decree on protecting workers from risks arising from biological agents (933/2017). The Decree lays down provisions on, for example, protective gear, training and guidance, information provision and vaccinations for protecting employees from health risks that may arise from biological agents. Section 14 of the Decree is specifically based on the above-mentioned Directive, laying down provisions on measures to eliminate or reduce risks arising from biological agents in connection with sharps in the health care sector. According to the Decree, unnecessary use of sharps is forbidden. The employer must use instruments incorporating safety-engineered protection mechanisms. The employer shall ban the practice of recapping needles if the risk of an accident cannot be

effectively reduced by using an appropriate device, tool or other instrument. Workplaces must apply safe procedures for disposal of sharps and contaminated waste. There must be clearly marked and technically safe containers for disposal of disposable sharps. The containers must be placed as close as possible to the premises where instruments are handled.

The Occupational Health Care Act (1383/2001) lays down provisions on the duty of an employer to arrange occupational health care. According to section 4 of the Act, the employer shall arrange occupational health care at their own expense in order to prevent and control health risks and problems related to work and working conditions and to protect and promote the safety, working capacity and health of their employees. Occupational health care shall be organized and implemented to the extent required by the work, working arrangements, personnel and workplace conditions, and any changes in these, as provided in the Act. The Occupational Health Care Act also applies to nurses and guarantees them access to occupational health care. The Government Decree on medical examinations in work that presents a special risk of illness (1485/2001) imposes obligations on the employer that exceed the extent of standard occupational health care. It lays down provisions on medical examinations of workers in work presenting a special risk of illness. Working conditions contain a special risk of illness where there is a physical, chemical or biological factor that is likely to lead to illness, undue exposure or a risk to reproductive health. Night work and a specific threat of violence at work may also present a special risk of illness. The work of many nurses involves, for example, biological risks and night work, in which case the employer may be obligated to regularly arrange special medical examinations for them.

17.	Please indicate whether and to what extent nursing personnel enjoy social security protection that is at least equivalent to that enjoyed by other public- and private-sector workers or self-employed persons.	Art. 6(g) of C.149. Para. 53 of R.157.
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Nursing personnel in employment relationships in Finland are equal to all other wage earners as regards social security, and the same general provisions regarding social security apply to them.

Nursing personnel are entitled to residence-based social security and public health services just like all other persons permanently resident in Finland. The social security agreements that Finland has signed stipulate that all workers arriving in Finland shall be treated equally.

MIGRANT WORKERS

18.	Are any bilateral or multilateral arrangements in place to facilitate the recognition of the qualifications and skills of all categories of foreign nursing personnel, as well as those of national nursing personnel who acquired such qualifications and skills abroad? If so, please describe. In addition, please indicate whether any bilateral or	Para. 62(a)–(d) and 66(1) of R.157.
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² Care work occupations such as nursing, personal care work and domestic work carry with them special occupational risks, including the risk of violence and harassment at work, or exposure to occupational accidents and illnesses. For example, workers in the health sector face a range of occupational risks associated with biological, chemical, physical, ergonomic and psychosocial hazards (ILO: [Improving employment and working conditions in health services](#), Report for discussion at the Tripartite Meeting on Improving Employment and Working Conditions in Health Services (Geneva, 24–28 April 2017), para. 102).

³ For example, such risks could include the risk of occupational HIV transmission and transmission of other infectious diseases, such as Hepatitis B and C and tuberculosis, or special risks of violence and harassment at the workplace. Similarly, special risks could include burnout or depression, or risks due to climate change, such as exposure to heat stress.

	multilateral measures have been taken to harmonize education and training programmes for nurses, including lower-skilled groups such as nursing aides or personal carers, as well as to harmonize the requirements for authorization to practise in order to promote exchanges of personnel, ideas and knowledge.	
<p>See answer to question 6.</p> <p>The Health Care Professionals Act lays down provisions on, for example, the right of a national of another Nordic country to practice as a health care professional in Finland as well as on the preconditions under which persons educated in the EU/EEA or outside the EU/EEA may practice as professionals in Finland.</p> <p>The National Supervisory Authority for Welfare and Health acts as the competent authority referred to in the professional qualifications Directive and in the Act on the Recognition of Professional Qualifications in respect of health care professionals.</p> <p>More information can be found here: https://www.valvira.fi/web/en/healthcare/professional_practice_rights/qualified_in_eu_eea_member_state</p>		
19.	Have measures been taken to safeguard the labour rights of nursing personnel working abroad, as well as to ensure that foreign nursing personnel with equivalent qualifications enjoy conditions of employment as favourable as those of national personnel in positions involving equivalent duties and responsibilities? If so, please explain.	Para. 66(1)–(3) of R.157.
<p>Foreign nursing personnel who have the right to practice as licenced or authorised professional in Finland shall have the same working conditions as those of national personnel. Discrimination e.g. on the grounds of ethnic or national origin or nationality is forbidden.</p> <p>In the case of work practiced in Finland by an employee seconded by another state under a contract on cross-border service provision under subcontract, internal transfer within a group of companies or temporary work for a limited period, the provisions of the Act on Posting Workers Act on Posting Workers (447/2016) shall apply. The Act lays down provisions on, for example, the minimum terms applied to employment relationships (Chapter 2).</p>		
SOCIAL DIALOGUE		
20.	Please indicate whether measures have been taken to promote the participation of nursing personnel in the planning and classification of nursing services as well as in consultations with nursing personnel in relation to decisions that concern them.	Art. 5(1) of C.149 Para. 19(1) and (2) of R.157.
<p>In Finland, there are several national mechanisms to involve nursing personnel in the planning and classification of nursing services as well as social welfare and health care services. These mechanisms include national working groups focusing on both nursing and inter-disciplinary topics. The consultations organized by the Ministry of Social Affairs and Health are open to everyone via the Internet. At the same time, consultations may be addressed to specific groups representing nurses.</p> <p>As an example of these mechanisms, a national working group appointed by the Ministry of Social Affairs and Health has developed a general action model of expertise in nursing in order to facilitate evidence-based health care. The action model consists of nursing roles for four different types of experts, their core competencies, emphasis on competency and actions in implementation of evidence-based practice. Particularly, hospitals apply the action model in developing the roles and career tracks for nurses. The action model also supports the development of postgraduate studies. (See also item 2.)</p> <p>Another example of the involvement of nurses is an Advisory Board which is appointed by the Government for a period of three years. The Advisory Board issues statements and takes initiatives regarding the training and professional activities of health care professionals and co-operation between authorities. The composition and tasks of the Board are laid down in the Health Care Professionals Act (559/1994) and there are nurses as members of the Advisory Board. The Advisory Board has traditionally set up a nursing</p>		

division. The previous Advisory Board appointed a nursing division to prepare proposals on developing structures and practices for knowledge management as part of the future social and health service system.

Furthermore, nurses are involved at the Skills Anticipation Forum set up by the Ministry of Education of Culture. The tasks of the Forum include not only anticipation of skills needs but also quantitative anticipation of educational needs. The groups work over the borders of industries and educational fields and consider the development of education as larger wholes.

21.	Please indicate whether and to what extent conditions of employment of nursing personnel are determined through negotiations between employers' and workers' organizations. Please also indicate the manner in which any disputes that may arise are settled.	Art. 5(2) and (3) of C.149. Paras 19(2)(b) and (c), and 43 of R.157.
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See answers to questions 11 and 13.

The conditions of employment of nursing personnel are largely determined by collective agreements. Collective agreements are negotiated by workers' organizations with public sector employers' organizations and private sector employers' organizations. Collective agreements may be declared as generally applicable if they are nationwide and considered as representative in the sector. General applicability means that a collective agreement shall be applied in respect of its terms and conditions of employment also in companies that are not members of the employers' union that concluded the collective agreement. (Employment Contracts Act, Chapter 2, section 7).

Any disputes over collective agreements are solved according to the procedure under the [Collective Agreements Act](#) and the collective agreement (local negotiation-> union level ->Labour Court). Another option is to settle a dispute at a general court.

DOMESTIC WORKERS⁵

22.	Does your national legislation contain a definition of the terms “domestic worker” and “domestic work”? If so, please explain.	Art. 1(a)–(c) of C.189.
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23.	Are domestic workers excluded from the scope of general labour legislation? If so, please provide information regarding the legislation, regulations, policies or other measures, if any, applicable to domestic workers. Please also indicate the scope and nature of any exclusions from the definition of “domestic worker” and the extent to which these excluded categories of workers enjoy labour protections equivalent to those enjoyed by other domestic workers.	Art. 2 of C.189.
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⁴ A significant proportion of nursing personnel, domestic workers and other care workers are also migrants.

⁵ For the purposes of this questionnaire, the terms “domestic work” and “domestic workers” are used in accordance with the definitions set out in Article 1 of Convention No. 189, which provides that: (a) the term “domestic work” means work performed in or for a household or households; (b) the term “domestic worker” means any person engaged in domestic work within an employment relationship; (c) a person who performs domestic work only occasionally or sporadically and not on an occupational basis is not a domestic worker.

The definition of the term “domestic worker” set out in the Convention excludes only those who perform domestic work sporadically and not on an occupational basis. According to the preparatory work in relation to the Convention, this clarification was included to guarantee that day labourers and other precarious workers in similar situations would be included in the definition of “domestic worker” (see ILO: *Decent work for domestic workers*, [Report IV\(1\)](#), International Labour Conference, 100th Session, Geneva, 2011, p. 5). The definition within the meaning of the Convention would therefore include a person engaged in domestic work on an occupational basis for more than one employer, and would also include persons engaged in domestic work employed by a household, public or private organization or through an intermediary.

24.	Are there any categories of domestic workers, within the meaning of Convention No. 189, that fall outside of the scope of the national definition of domestic worker, if such a definition exists? If so, please explain, in particular indicating the extent to which these excluded categories of workers enjoy labour protections equivalent to those enjoyed by other domestic workers. Please also provide information on any consultations held in this regard with organizations of employers and workers and organizations representative of domestic workers and those representative of employers of domestic workers, where these exist, in relation to any such exclusions.	Art. 2(2)(a) and (b) of C.189.
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FUNDAMENTAL LABOUR RIGHTS

25.	Have specific measures been taken to promote and effectively protect the right of national and migrant domestic workers and their employers to establish and join organizations, federations and confederations of their own choosing? If so, please describe, and provide information regarding any organizations representative of domestic workers and of employers of domestic workers, where these exist. In addition, please provide information on any measures taken to ensure the effective recognition of the right of domestic workers to collective bargaining. Please also indicate whether there are any collective bargaining agreements in place, and if so, please provide details in this respect.	Art. 3(1), (2)(a) and (3) of C.189. Para. 2(a) and (b) of R.201.
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Finnish legislation safeguards the human rights of domestic workers just as it does those of all other workers. Finland has ratified all ILO Conventions governing workers' human rights: the Freedom of Association and Protection of the Right to Organise Convention No. 87 (Treaty Series 45/1949) and the Right to Organise and Collective Bargaining Convention No. 98 (Treaty Series 32/1951); the Forced Labour Convention No. 29 (Treaty Series 44/1935) and the Abolition of Forced Labour Convention No. 105 (Treaty Series 17/1960); the Discrimination (Employment and Occupation) Convention No. 111 (Treaty Series 63/1970); the Equal Remuneration Convention No. 100 (Treaty Series 9/1963); and the Minimum Age Convention No. 138 (Treaty Series 87/1976) and the Worst Forms of Child Labour Convention (Treaty Series 16/2000).

The rights referred to in the Article are safeguarded by provisions in the Constitution, the Associations Act, the Non-discrimination Act, the Employment Contracts Act, the Young Workers' Act and other legislation, and all these provisions also apply to domestic workers.

Examples of collective agreements governing domestic work:

The members of the Confederation of Finnish Industries include several employers' unions whose members comprise companies offering services for households. These include

1. The Real Estate Employers
 - Generally applicable collective agreement for the real estate service sector governing, for example, cleaning services provided for households and real estate maintenance services
2. The Finnish Hospitality Association Mara
 - Generally applicable collective agreement for travel, restaurant and leisure services governing, for example, catering services for households
3. The Finnish Association of Private Care Providers
 - Generally applicable collective agreement for the private social service sector governing, for example, care and nursing services for households
4. The Confederation of Finnish Construction Industries
 - The construction sector has several generally applicable collective agreements governing, for example, construction and renovation services, HPAC services, plumbing services, etc. for households
5. Service Sector Employers Palta
 - Generally applicable collective agreement for the electrification and electrical installation sector governing, for example, electrical installation services for households
6. Technology Industries of Finland
 - Generally applicable collective agreement for the information technology service sector governing, for example, information technology services for households

Companies and corporations may join the employers' unions of their sector in accordance with the rules of each employers' union.

The member unions of the Confederation of Finnish Industries do not include any domestic work employers.

26.	Please indicate whether measures have been taken to prevent and prohibit all forms of forced or compulsory labour for national and migrant domestic workers, taking account of the particular characteristics of domestic work, especially in the case of live-in domestic workers, who may be working alone and in isolated conditions. If so, please explain.	Art. 3(1) and (2)(b) of C.189.

27.	Is there a minimum age established for domestic workers under national legislation or regulations? If so, please provide information in this respect. Please also provide information on whether any measures have been adopted to ensure the effective abolition of child labour in relation to domestic work.	Arts 3(1) and (2)(c) and 4(1) of C.189. Para. 5 of R.201.
<p>The protection of young workers is guaranteed in the Young Workers' Act (1993/998). According to section 2 of the Act, a person may be admitted to work if he has reached the age of 15 and is not liable to compulsory school attendance. The Act applies to any work done by a person under 18 years of age in an employment relationship in the private or public sector.</p> <p>A person under the age of 18 must produce reliable evidence of his/her age before commencement of work. The employer shall keep a list of all young workers who are recruited until further notice or for at least two months.</p> <p>The Occupational Safety and Health Administration in Finland is responsible for the oversight of the use of under-aged workforce.</p> <p>https://www.finlex.fi/en/laki/kaannokset/1993/en19930998_20091571.pdf</p>		
28.	Please provide information on any measures adopted to ensure effective protection against discrimination in employment and occupation in relation to domestic workers, including migrant domestic workers.	Arts 3(1) and (2)(d) of C.189. Para. 3 of R.201.
<p>According to the Non-Discrimination Act nobody may be discriminated against on the basis of e.g. ethnic or national origin or nationality. The prohibition of discrimination based on gender is covered by the provisions of the Act on Equality between Women and Men. Provisions on privacy in working life are laid down in a separate act.</p> <p>https://www.finlex.fi/fi/laki/kaannokset/2004/en20040021.pdf</p> <p>https://www.finlex.fi/en/laki/kaannokset/1986/en19860609_20160915.pdf</p> <p>https://www.finlex.fi/fi/laki/kaannokset/2004/en20040759.pdf</p>		
29.	What measures, if any, have been adopted to ensure that work performed by young domestic workers under the age of 18 and above the minimum age of employment, as defined by national legislation, does not deprive them of access to compulsory education or interfere with their ability to participate in further education or vocational training? Please describe.	Art. 4(2) of C.189. Para. 5(2)(a) of R.201.
<p>See answer to question 27. The Young Workers' Act also includes, among other things, provisions on regular working hours of a young worker. For example during the school year, the daily working hours of a person of school age shall not exceed seven hours on days when there is no school and two hours on school days. The total length of the school day and working hours cannot, however, exceed eight hours or the weekly working hours 12 hours (section 4).</p> <p>https://www.finlex.fi/en/laki/kaannokset/1993/en19930998_20091571.pdf</p>		

30.	<p>Have any measures been taken to protect domestic workers under the age of 18 and above the minimum age of employment, as defined by national laws and regulations, including by:</p> <ul style="list-style-type: none"> (a) strictly limiting their hours of work to ensure adequate time for rest, education and training, leisure activities and family contacts; (b) prohibiting night work; (c) placing restrictions on work that is excessively demanding, whether physically or psychologically; and 	<p>Art. 4(2) of C.189. Para. 5(2)(a) of R.201.</p>
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	(d) establishing or strengthening mechanisms to monitor their working and living conditions.	
<p>a-b) Yes, see the Young Workers' Act Chapter 2, section 2.</p> <p>c) Section 9 of the Young Workers' Act (998/1993) provides that the employer shall see to it that the work is not hazardous to the physical or mental development of a young worker, and that it does not require more exertion or responsibility than can be considered reasonable with respect to his or her age and strength. The Government Decree on work that is especially harmful and dangerous to young workers (475/2006) lays down provisions on the conditions under which workers under 18 years of age may perform work classified as particularly harmful or dangerous to young workers. The Decree also lists particularly harmful tasks that persons under 18 years of age may not perform under any circumstances. Tasks classified as dangerous to young persons are listed in a separate Ministry of Social Affairs and Health Decree on a non-exhaustive list of work tasks dangerous to young workers (188/2012). Young persons may perform the tasks mentioned in the Ministry of Social Affairs and Health Decree if it has, through protective techniques or otherwise, been ensured that the equipment or substances intended to be used by a young worker or the working conditions do not pose a particular risk of accident or injury to health to the young worker himself or herself or to others because of his or her work. The Act and Decrees apply to all work performed by young persons, including domestic work. The Ministry of Social Affairs and Health Decree mentions, for example, physical overload in lifting heavy loads, maintenance, cleaning and repair tasks that pose risks and work with dangerous animals.</p> <p>A young person may perform especially harmful work mentioned in section 3, subsection 1, paragraphs 3 to 5 of the Government Decree in a workplace in connection with practical tasks (e.g. tasks in caring for psychiatric patients) carried out in the context of vocational education and training and apprenticeship training under the constant supervision of an experienced and skilled person. An account of the organization of supervision and necessary introduction training must be included in a contract between the employer and the education provider and submitted for information to the appropriate occupational safety and health authority. The duty to notify also applies to dangerous work tasks. The employer, or the education provider together with the employer in the case of education-related work, shall inform the appropriate occupational safety and health authority of dangerous work referred to in the Ministry of Social Affairs and Health Decree before the work starts. The notification must be supplemented if the circumstances affecting safety substantially change during the work. The notification must include the following information on workers, planned work and measures adopted to prevent risks in the workplace that indicate the suitability of the workplace for dangerous work: the general capacity of a group of workers or a worker for the intended work, identification and assessment of risks, nature and duration of exposure to physical and biological risk factors, selection of tools and their safe use, exceptional working hours and their justification, organization of guidance and counselling and other measures adopted to ensure safety at work. In the case of a young person of compulsory education age, his or her guardian must be informed in advance of engagement in dangerous work and of its justification. According to section 6 of the Government Decree, which lays down provisions on consulting the occupational health care service, the occupational health care service available in the workplace shall be requested to assist in the assessment of the risk posed by the work and working conditions to the health of the young worker as separately provided by law.</p> <p>d) The occupational safety and health authority monitors the observance of the Young Workers' Act. For further information on monitoring see answers to questions 31 and 32.</p> <p>https://www.finlex.fi/en/laki/kaannokset/1993/en19930998_20091571.pdf</p>		
31.	Have any measures been taken to ensure effective protection of domestic workers from abuse, harassment and violence in the workplace? If so, please describe such measures and the manner in which they are given effect.	Art. 5 of C.189. Para. 7(a)-(c) of R.201.
The Employment Contracts Act and other generally applicable labour legislation apply to domestic work as		

well as any collective agreement governing domestic work. Domestic workers are also governed by the Occupational Health Care Act and the Occupational Safety and Health Act. The Occupational Health Care Act lays down provisions on, for example, the duty of an employer to arrange occupational health care and on its content. The employer shall ensure the occupational safety and health to protect the employee from accidents and health risks as laid down in the Occupational Safety and Health Act. Pursuant to section 27 of the Occupational Safety and Health Act, the work and working conditions in jobs entailing an evident threat of violence shall be so arranged that the threat of violence and incidents of violence are prevented as far as possible. Accordingly, appropriate safety arrangements and equipment, an opportunity to summon help and procedural instructions shall be provided at the workplace. According to section 28 of the Occupational Safety and Health Act, if harassment or other inappropriate treatment of an employee occurs at work and causes hazards or risks to the employee's health, the employer, after becoming aware of the matter, shall by available means take measures for remedying this situation. Section 5 of the Occupational Safety and Health Act provides that regarding fulfilment of certain obligations laid down in the Act, the employer's restricted ability to influence the work performed in the employer's home or on the employer's assignment in some other person's home are taken into account.

It is the duty of the occupational safety and health authority to monitor the employer's actions. The occupational safety and health authority gives advice to employees and employers on dealing with harassment matters at workplace. Authority-initiated monitoring includes inspecting whether the employer has complied with the obligations to prevent and avoid harassment in the workplace. Authority-initiated monitoring does not usually cover the harassment experiences of individual employees but it focuses on the functioning of a work community. Client-initiated monitoring focuses on inspecting whether the employer, after having received information on harassment at work, complies with their obligation under the Occupational Safety and Health Act to adopt measures to eliminate harassment. The objective is to make the employer comply with their harassment-related obligations in the future. A client-initiated inspection concerning harassment is usually conducted on the basis of documents. A matter concerning the harassment of an individual employee may reveal shortcomings in the employer's actions that require more extensive monitoring measures in the workplace and carrying out a workplace inspection.

An occupational safety and health inspection assesses the threat of violence from the perspective of safety preparation and management. The assessment primarily concentrates on the identification, recognition and evaluation of risks conducted by the employer, i.e. how the risks affect the workers' safety and health, as well as on measures adopted in the workplace as a result of the evaluation. The inspector will assess whether the employer has identified and evaluated the risks of work in a systematic, comprehensive and up-to-date manner.

The assessment of safety management is based on the following three issues:

1. identification, recognition and evaluation of risks conducted by the employer
2. the measures adopted
3. observation and follow-up of activities.

If the threat of violence is evident, the inspection shall investigate the measures adopted, procedures and procedural instructions for situations of violence, introduction to procedures and how the employer follows the occurrence of the threat of violence. In addition, the opportunities to obtain help and an alarm system installed at the workplace will be charted. The inspection also investigates how the occurrence of violent situations or threat of violence is observed and followed in the workplace as well as whether procedural instructions for violent and threatening situations have been introduced to employees, whether the instructions are observed and whether appropriate technical and structural measures have been implemented in the workplace.

The implementation of occupational safety and health monitoring in the context of domestic work is described in more detail in the answer to question 32.

The Non-Discrimination Act and the Act on Equality between Women and Men prohibit direct and indirect gender-based discrimination. According to section 14, subsection 2 of the Non-Discrimination Act, an employer's actions are to be considered discrimination if the employer, after having been informed that an employee in their employment was subjected to harassment, neglects to take action to remove the harassment. The Gender Equality Act contains a corresponding provision.

Labour crimes are penalised under the Criminal Code of Finland (Chapter 47).

CONDITIONS OF EMPLOYMENT

32.	Are there any measures in place to ensure that domestic workers enjoy fair terms of employment and decent working conditions, like workers generally and, if they reside in the household, decent living conditions that respect their privacy?	Art. 6 of C.189. Para. 17(a)–(d) of R.201.
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The generally applicable labour legislation and collective agreements apply to domestic work under the same conditions as to other workers, and consequently, the terms of employment and working conditions of domestic workers correspond at least to the statutory minimum level.

Provisions on domestic work are laid down in section 5 of the Occupational Safety and Health Act, in particular, which provides that the Act also applies to work which an employee by agreement performs in his or her home or some other place he or she has chosen, in the employer's home or on the employer's assignment in some other person's home or under related conditions. Regarding fulfilment of the obligations laid down in sections 9, 10 and 12 and Chapters 3 and 5 of the Act, the employer's restricted ability to influence the work and working conditions are taken into account. Also in that case the employer shall comply with the provisions of the Act governing the use of machinery, work equipment, personal protective equipment and other devices as well as substances harmful or hazardous to health in the workplace.

Occupational safety and health authorities also monitor the work carried out by domestic workers. The Act on Occupational Safety and Health Enforcement and Cooperation on Occupational Safety and Health at Workplaces provides for a procedure to be followed by occupational safety and health authorities in monitoring compliance with occupational safety and health provisions as well as for cooperation on occupational safety and health between employers and employees in the workplace. According to section 3 of the Act, occupational safety and health authorities inspect workplaces and other locations of supervision and take other actions required by legislation. According to section 9 of the Act, an inspection may be carried out in premises within the sphere of domiciliary peace if there is a reasonable cause to suspect that the work performed on the premises or the working conditions cause danger to an employee's life or obvious harm or hazards to an employee's health and enforcement actions otherwise cannot be satisfactorily carried out. Section 10 of the Constitution of Finland guarantees the inviolability of home. For example, the employee's own home where he or she may carry out telework or other work is within the sphere of domiciliary peace. Work carried out at the employer's or his or her client's home or at the home of another person, such as various domestic services or farm helper services, constitute work carried out at premises covered by domiciliary peace.

The Occupational Safety and Health Act applies to all above-mentioned forms of work performed at home as further provided in section 5 of the Act. Notwithstanding domiciliary peace, the occupational safety and health authority must be able to monitor the observance of occupational safety and health provisions also in respect of this kind of work. In the case of domestic work, the employer and the employee have specifically agreed that work will be performed at a person's residence. For example, in the case of work carried out by a health visitor or farm helper or in the case of repair and installation work performed at home, the resident has requested or agreed on work performed at his or her residence. In practice, this already limits the protection of domiciliary peace. The protection of domiciliary peace also extends to other premises used as residence but at farms, for example, the barn or other farm building is not automatically covered by domiciliary peace.

The consent of the person concerned does not automatically broaden the mandate of the occupational safety and health authority to extend inspection to premises covered by domiciliary peace. In most cases, enough information for monitoring purposes can be obtained on work and working conditions without carrying out an inspection at a residence. An inspection may be carried out if it is necessary in order to prevent a danger to the employee's life or a significant risk or harm to his or her health. For example, an industrial accident or denunciation may justify an inspection of a residence. The table below shows the total number of occupational safety and health inspections in sectors where the work is mainly domestic work. In respect of other sectors, domestic work cannot be separated from work carried out elsewhere on the basis of the sector and neither is it possible to estimate the extent of monitoring targeted at domestic work; furthermore, some work performed in the context of domestic services is included in broader job descriptions as the same companies also provide other services.

Sector	2017	2018	2019
01620 Support activities for animal production	14	15	16
88101 Domestic services for the elderly and persons with disabilities	195	213	156
88991 Domestic services for other persons than the elderly and persons with disabilities	15	7	7
T Activities of households as employers; undifferentiated goods- and services-producing activities of households for own use	1	0	0

Provisions on living conditions and respect for privacy required in the Convention are laid down in the Health Protection Act and in the Act on Residential Leases.

Section 26 of the Health Protection Act lays down provisions on the health-related requirements of a residence. Section 27 lays down provisions on health hazards found in a residence. The municipal health protection authority may require a person whose conduct or actions are the reason for such a shortcoming to take measures to eliminate or limit the health hazard or prohibit or restrict the use of the residence.

The Act on Residential Leases governs the date when a rental apartment is handed over to a tenant and the conditions under which the lessor has the right to enter the apartment. Under section 16 of the Act, the lessor shall make the apartment available to the tenant on the date on which the tenant is entitled to take possession. Section 22 of the Act provides for the lessor's right of entry into an apartment. Whenever necessary for supervision of the condition or upkeep of the apartment, the tenant shall immediately provide the lessor with access to the apartment at a suitable time.

In the case of a foreign worker, both the terms of employment and the living conditions of a domestic worker are taken into account in considering a residence permit for the worker, even though it is in practice difficult to ensure that the living conditions are appropriate.

33.	Please indicate whether and in what manner it is ensured that domestic workers are informed of their terms and conditions of work in an appropriate, verifiable and easily understandable manner.	Art. 7 of C.189. Para. 21(1)(f) and (2) of R.201.
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Under Chapter 2 section 4(2) of the Employment Contracts Act, the employer shall present an employee whose employment relationship is valid indefinitely or for a term exceeding one month with written information on the principal terms of work by the end of the first pay period at the latest, unless the terms are laid down in a written employment contract. If an employee repeatedly concludes fixed-term employment relationships of less than one month with the same employer on the same terms and conditions, the employer must provide information on the principal terms of work within a maximum of one month from the beginning of the first employment relationship. If the employment relationships continue to be repeated, the information does not need to be provided repeatedly, unless otherwise provided in subsection 3. In work carried out abroad for a minimum of one month, the information shall be provided in good time before the employee leaves for the working location. Such information may be given in one or several documents or by a reference to legislation or a collective agreement applicable to the employment relationship. The employer shall also present the employee as soon as possible with written information on any changes in the terms of work, though not later than the end of the pay period following the change, unless said change derives from an amendment in the legislation or a collective agreement.

Under section 3 of the Young Workers' Act, at the request of a young worker or the person having care and control of him, the employer shall supply the young worker with the terms of the contract of employment in writing prior to conclusion of the contract, unless the contract itself is in writing or the work only consists of one day's domestic work at the employer's home.

The Employment Contracts Act does not stipulate that an employment contract must be made in writing; a contract may be made orally, in writing or electronically.

34.	<p>Please indicate whether employers are required to inform domestic workers of their conditions of work, particularly by specifying one or all of the following elements:</p> <ul style="list-style-type: none"> the name and address of the employer and worker; the address of the usual workplace(s); the starting date and duration of the contract; the type of work to be performed; the remuneration, method of calculation and periodicity of payments; the normal hours of work; paid annual leave and daily and weekly rest periods; the provision of food and accommodation, where applicable; the period of probation, where applicable; the terms of repatriation, where applicable; and the terms and conditions relating to termination of the employment relationship, including any period of notice to be given by either the employer or the worker. If so, please indicate the manner in which this is ensured, and whether the law or practice contemplates that the employer should provide the domestic worker with a written contract. 	<p>Art. 7(a)–(k) of C.189. Paras 6(1) and (2)(a)–(g) and 18 of R.201.</p>
<p>According to the Employment Contracts Act (Chapter 2, section 4, subsection 2), the information given by the employer regarding the employment relationship must include at least the following:</p> <ol style="list-style-type: none"> 1) the domicile or business location of the employer and the employee; 2) the date of commencement of the work; 3) the date or estimated date of termination of a fixed-term contract and the justification for specifying a fixed term, or notification that the contract is a fixed-term employment contract with a long-term unemployed person as referred to in chapter 1, section 3a; 4) the trial period; 5) the place where the work is to be performed or, if the employee has no primary fixed workplace, an explanation of the principles according to which the employee will work in various work locations; 6) the employee's principal duties; 7) the collective agreement applicable to the work; 8) the grounds for the determination of pay and other remuneration, and the pay period; 9) the working hours to be observed; for variable working hours agreed at the employer's initiative, documentation must also be submitted indicating the circumstances in which and the extent to which the employer will have a need for labour; 10) the manner of determining annual holiday; 11) the period of notice or the grounds for determining it; 12) in the case of work performed abroad for a minimum period of one month, the duration of the work, the currency in which the monetary pay is to be paid, the monetary remunerations and fringe benefits applicable abroad, and the terms for the repatriation of the employee. <p>The employer shall also present the employee as soon as possible with written information on any changes in the terms of work, though not later than the end of the pay period following the change, unless said change derives from an amendment in the legislation or a collective agreement.</p> <p>The rest periods are regulated in the Working Hours Act.</p>		
35.	<p>Is there guidance available for employers and workers in the domestic work sector, such as model contracts, guides, manuals, public outreach services, legal assistance, social services, specialized consular services and other information regarding the domestic employment contract? Please describe.</p>	<p>Art. 7 of C.189. Paras 6(3) and (4) and 21(1)(a) and (f) and (2) of R.201.</p>
<p>There are no separate advice services or guides available specifically for domestic workers in Finland. The website of the Ministry of Economic Affairs and Employment includes information and guides on labour legislation. Occupational safety and health authorities give advice and guidance as well as exercise monitoring in issues falling within their competence. Advice is also available at employers' and workers' organizations.</p>		

36.	Please indicate whether, and if so, what measures are in place to ensure that domestic workers who reside in the household are: free to reach agreement with their employer or potential employer on whether or not to reside in the household; not obliged to remain in the household or with household members during periods of daily and weekly rest or annual leave; entitled to keep their travel and identity documents in their possession.	Art. 9 of C.189.

37.	Please describe in detail any measures adopted to ensure equal treatment between domestic workers – including live-in domestic workers – and workers generally in relation to normal hours of work, overtime compensation, periods of daily and weekly rest and paid annual leave.	Arts 3(2)(d) and 10(1) of C.189.

38.	Please indicate whether there are any measures in place to ensure that domestic workers enjoy a period of weekly rest of at least 24 consecutive hours.	Art. 10(2) of C.189. Para. 11(1)–(3) of R.201.
<p>According to the Working Time Act, the main rule is that working time shall be organised in such a manner as to give the employee once in every seven days an uninterrupted rest period of at least 35 hours' duration. Whenever possible, this rest period shall occur around a Sunday (section 27).</p>		
39.	Please indicate whether, and if so, to what extent measures have been taken through laws, regulations, collective agreements, or any other means consistent with national practice to provide that periods during which domestic workers are not free to dispose of their time as they please and are required to remain at the disposal of the household in order to respond to possible calls are considered as hours of work. If any such measures are in place, please provide detailed information on their scope and content and the manner in which they are enforced.	Art. 10(3) of C.189. Para. 9(1) and (2) of R.201.
<p>Stand-by duty is stipulated in section 4 of the Working Time Act:</p> <p>An employer and an employee may agree on stand-by duty and the compensation paid therefor. During stand-by duty, the employee shall be available to the employer such that the employee can be called in to work. Time spent on stand-by duty shall not count as working time unless the employee is required to remain at the place of work or in its immediate vicinity. Stand-by duty may not unduly hamper the employee's leisure time.</p> <p>The employee shall be aware of the amount of compensation for stand-by duty or the grounds for the determination of the compensation as well as of the terms of the stand-by duty when agreeing on stand-by duty. The restrictions imposed by stand-by duty on the employee's leisure time shall be taken into consideration in the amount of the compensation.</p> <p>When stand-by duty is essential due to the nature of the work and for extremely compelling reasons, a public servant and officeholder may not refuse it.</p>		
40.	Have minimum wage rates been established for the domestic work sector? If so, please indicate the manner in which minimum wage rates have been established (for all categories of domestic work). In addition, please indicate whether any measures have been taken with a view to ensuring that the remuneration of domestic workers is established without discrimination based on sex. If so, please provide information on the scope and content of such measures and the manner in which minimum wage protections for domestic workers are enforced.	Art. 11 of C.189.

41.	Do national laws and regulations provide that domestic workers should be paid in cash and at regular intervals of at least once a month? If so, please explain. In addition, are there measures in place to ensure the protection of wages of domestic workers, including in respect of wage deductions? If payments in kind are permitted, please specify whether there are limits on the proportion of the remuneration that can be paid in kind (including deductions for food and lodging) that are not less favourable than those applicable to other categories of workers. If so, please provide information in this regard.	Art. 12(1) and (2) of C.189. Para. 14(a)–(e) of R.201.
<p>Labour legislation applies equally to domestic workers and other categories of workers. The same obligations under the Employment Contracts Act and other labour legislation apply to the payment of remuneration and to domestic workers' employers as to other categories of workers.</p> <p>Payday and pay period as well as payment of pay are stipulated in Chapter 2, sections 13 and 16 of the Employment Contracts Act.</p>		

42.	Have any measures been taken to ensure the occupational safety and health of domestic workers, taking into account the particular characteristics of domestic work? If so, please describe. Please also indicate the scope and content of any consultations held in respect of any such measure, with organizations of employers and workers as well as with organizations representative of domestic workers and those representative of employers of domestic workers, where these exist.	Art. 13 of C.189. Para. 19 of R.201.
<p>The Occupational Health Care Act and the Occupational Safety and Health Act apply to domestic workers. Section 5 of the Occupational Safety and Health Act provides that regarding fulfilment of certain obligations laid down in the Act, the restricted abilities are taken into account in respect of work in the employer's home or on the employer's assignment in some other person's home.</p> <p>Occupational safety and health authorities also monitor the work carried out by domestic workers. Occupational safety and health enforcement is described in more detail in the answer to question 32. Like other workers, domestic workers may, where necessary, contact the authorities and ask for advice and assistance if, for example, there are shortcomings in their working conditions or treatment. Information on occupational safety and health has also been collected to the website of the Occupational Safety and Health Administration in Finland (https://www.tyosuojelu.fi/web/en/), where information is available in Finnish, Swedish and English. If necessary, the occupational safety and health authority uses interpretation services.</p> <p>On the basis of monitoring observations, an information campaign was carried out between 2017 and 2018 in relation to the workload of domestic care workers as, according to the observations made in occupational safety and health enforcement, domestic care workers experience a high workload and often the associated harmful effects have not been evaluated. On the other hand, monitoring has also brought up promising examples of how some workplaces have succeeded in reducing the workload.</p> <p>In addition, the OSH authorities have in 2017 and 2018 carried out an information campaign in the context of the private social and health sector supervision, which focused on the work of personal assistants. There are several challenges related to OSH in the personal assistants' work. It is often the case that the risks of work are not evaluated, the work involves threat of violence, there is no occupational health care and necessary personal protective equipment is missing. The aim of the campaign is to inform employers to identify the special features of domestic work and to avoid the risk of a health hazard.</p>		
43.	Have any measures been taken to ensure social security protection for domestic workers? Have any special measures been adopted to facilitate the payment and recognition of social security contributions made, including in respect of domestic workers working for multiple employers, as well as in respect of migrant domestic workers? If so, please provide information in this regard.	Art. 14 of C.189. Para. 20(1)–(3) of R.201.
<p>Domestic workers in employment relationships in Finland are equal to all other wage earners as regards social security, and the same general provisions regarding social security apply to them.</p> <p>Domestic workers are entitled to residence-based social security and public health services just like all other persons permanently resident in Finland. The social security agreements that Finland has signed stipulate that all workers arriving in Finland shall be treated equally.</p>		
44.	Have the conditions for the operation of private employment agencies in the domestic work sector been determined under national law and practice? If so, please provide information on measures that may have been adopted to prevent and address abuses of domestic workers, including migrant domestic workers, recruited by or through such agencies. In addition, please indicate if provisions are in place which ensure that fees charged by private employment agencies are not deducted from the remuneration of domestic workers. Please also indicate the scope and content of any consultations held in respect of the abovementioned issues with organizations of employers and	Art. 15 of C.189. Para. 23 of R.201.

	workers as well as with organizations representative of domestic workers and those representative of employers of domestic workers, where these exist.	
<p>Finland has ratified the ILO Private Employment Agencies Convention No. 181 (Treaty Series 21/2000).</p> <p>Private employment services are governed by Chapter 12, sections 4–5 of the Act on Public Employment and Business Services. ‘Private employment services’ are defined as employment services provided by a private or legal person, independent of employment and economic development authorities, and other services related to jobseeking, as well as labour force leasing. These provisions are based on ILO Conventions concerning private employment services and on the EU Directive on Temporary Agency Work. Under the Act, providers of private employment services must not charge fees from individual clients for services provided that correspond to employment exchange services distribution of information and giving advice on vacant jobs and jobseeking or registration as a jobseeker. No charge may be collected from a temporary agency worker who, after the termination of an assignment, transfers to the employment of a user enterprise, referred to in Chapter 1, section 7 of the Employment Contracts Act. The sanction for violating the prohibition of charges for employment exchange is provided for in Chapter 47, section 6 of the Criminal Code.</p> <p>There are prohibitions on discrimination in the Employment Contracts Act, the Non-discrimination Act and the Act on Equality between Women and Men. These prohibitions on discrimination are binding also upon providers of private employment services.</p>		
MIGRANT DOMESTIC WORKERS		
45.	Please indicate if there are any laws or regulations requiring that migrant domestic workers who are recruited in one country for domestic work in another receive a written job offer or contract of employment that is in a language they understand, that is enforceable in the country in which the work is to be performed, and that establishes their terms and conditions of employment, prior to crossing national borders for the purpose of taking up the domestic work to which the offer or contract applies.	Art. 8(1) of C.189. Para. 21(2) of R.201.
<p>Under section 73 of the Aliens Act, issuing residence permits for employed persons is based on consideration in order to: establish whether there is labour suitable for the work available in the labour market within a reasonable time; ensure that issuing a residence permit for an employed person will not prevent a person referred to in subsection 1(1) from finding employment; and ensure that a residence permit for an employed person is only issued to persons who meet the requirements, if the work requires specific qualifications or an accepted state of health. When considering the issue of residence permits for employed persons, account shall be taken of the guidelines referred to in section 72.</p> <p>Under section 72 of the Aliens Act, an employer shall attach to an application for a residence permit for an employed person: written information on principal terms of work referred to in Chapter 2, section 4 of the Employment Contracts Act; an assurance that the terms comply with the provisions in force and the relevant collective agreement or, if a collective agreement is not applied, that the terms correspond to those applied to employees in the labour market doing similar work; and upon request by an employment office, a statement confirming that the employer has met and will meet his or her obligations as an employer.</p> <p>The provision of Article 8 does not need to be complied with in situations where free movement of labour under regional agreements is concerned, such as the free movement of labour within the European Union and the European Economic Area (EEA). Finland is a member of the EU and the EEA.</p> <p>The cooperation stipulations in Article 8 are satisfied by the agreements concerning social security to which Finland has acceded, EU provisions on the free movement of labour and the coordination of social security, and EU directives on migrant workers.</p>		
46.	Please indicate whether there are any laws, regulations or other measures that specify the conditions under which migrant domestic workers are entitled to repatriation on the expiry or termination of their employment contract.	Art. 8(4) of C.189. Para. 22 of R.201.
<p>Foreign workers in Finland are free to leave the country. Under section 9, subsection 2 of the Constitution, everyone has the right to leave the country. Limitations on this right may be provided by an Act, if they are necessary for the purpose of safeguarding legal proceedings or for the enforcement of penalties.</p>		

EQUALITY OF OPPORTUNITY AND TREATMENT

47.	<p>Are there any measures in place that provide for effective protections for all categories of domestic workers, which take into account the high proportion of girls and women in the care economy, and which may include:</p> <ul style="list-style-type: none"> (a) young women and men; (b) older workers; (c) migrant workers; and (d) workers employed in the informal economy. <p>If so, please provide detailed information in this regard.</p>	Arts 1(b), 2(1) and 3(1) and (2)(d) of C.189.
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48.	<p>Does the national policy address the elimination of discrimination in respect of employment and occupation, taking into account the high proportion of girls and women, particularly female migrant workers, engaged in all nursing and domestic work? If so, please provide detailed information in this regard.</p>	Art. 2 of C.149. Art. 3(2)(d) of C.189.
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STATISTICS

49.	<p>Please provide any statistical data that may be available, including data disaggregated by age and sex, on the nature, size and characteristics of the care workforce in your country. In this regard, please also provide any information that may be available on changes in the patterns and structure of care work at the national and sectoral levels, including all categories of nursing personnel and domestic workers,⁶ taking into account age, the distribution of men and women and other relevant factors.</p>	Arts 1(2) and 2(1) of C.149. Paras 2 and 4(1) of R.157. Para. 25(2) of R.201.
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Recommendation 157:

Statistics on nursing personnel are from 2014 and published by the Finnish Institute for Health and Welfare THL. The data in the THL report are based on the Employment Statistics compiled by Statistics Finland. The THL report uses the Classification of Occupations 2010 as it is relevant for health and social services. (http://www.julkari.fi/bitstream/handle/10024/135915/TR_01_18.pdf?sequence=1&isAllowed=y.)

The proportion of nurses was almost 40% and practical nurses comprised about half of the nursing personnel. (Table 1.) About 80% of nurses worked in health services while almost 70% of practical nurses worked in social services. The number of nurses, public health nurses and midwives employed in health care and social welfare services increased by 22% between 2010 and 2014. The corresponding change in practical nurses was 3%. However, the share of the nursing personnel who have completed the vocational qualification “practical nurse” has increased (<https://eperusteet.opintopolku.fi/#/en/kooste/3689879>). In addition, the number of paramedics has increased in the public health care services since the provision of emergency medical services was transferred to the joint municipal authorities for hospital districts in 2010 (Health Care Act 1326/2010).

Nurses and midwives were mainly employed by the public sector, while about half of the paramedics were employed by the private sector. About one in three practical nurses and about one in four public health nurses were employed by the private sector and NGOs. (Table 2.)

The vast majority of the nursing personnel were women with the exception of paramedics of whom almost 40% were women (Table 2.). The distribution by gender has not changed much during the years. Women accounted for 88% of the entire workforce in the social welfare and health care sector.

The mean age of the nursing personnel ranged between 37.6 years and 44.1 years. (Table 2.) The mean age of the entire workforce in the social welfare and health care sector was 43.0 years. In the early part of this century the mean age rapidly increased but since 2010 the growth turned to a slight decline with the growth of the new young staff (http://www.julkari.fi/bitstream/handle/10024/129581/Tr26_15.pdf?sequence=4&isAllowed=y).

Table 1. The number of nursing personnel in health care and social welfare services in Finland in 2014. (Official Statistics of Finland. Finnish Institute for Health and Welfare, 1/2018.

http://www.julkari.fi/bitstream/handle/10024/135915/TR_01_18.pdf?sequence=1&isAllowed=y

Occupation	Code ^a	Hospital services	Health centers, physician services	Other health services	Health services, total	Social services for elderly	Social services for disabled people	Other social services	Number ^d	
Nurse	32211	33 699	10 985	1 110	45 794	6838	738	2002		
Public health nurse	32212	241	7 606	142	7 989	417	35	288		
Midwife	3222	2 195	40	36	2 271	11	2	5		
Ambulance worker ^b	3258	554	176	1123	1 853	14	4	6		
Practical nurse ^c	5321	11 482	10 248	1 191	22 921	35 965	9 191	6 323		
Total		48 171	29 055	3 602	80 828	43245	9970	8624		

^a Classification of Occupations 2010. Statistics Finland, <https://www.stat.fi/en/luokitukset/ammatti/>.

^b Paramedic.

^c 5321 Health care assistant.

^d Child day care services excluded.

Table 2. The employment sector, sex and mean age of nursing personnel in Finland in 2014. (Official Statistics of Finland. Finnish Institute for Health and Welfare, 1/2018.

http://www.julkari.fi/bitstream/handle/10024/135915/TR_01_18.pdf?sequence=1&isAllowed=y

Occupation	Code ^a	Number ^d	Public sector	Private sector	NGO	Women	Mean age
			%	%	%	%	Years
Nurse	32211	55 393	87,2	9,4	3,4	91,9	41,9
Public health nurse	32212	8 735	76,0	20,0	4,0	99,5	44,1
Midwife	3222	2 289	96,4	2,9	0,7	99,8	40,5
Ambulance worker ^b	3258	1 877	43,2	51,2	0,7	37,3	37,6
Practical nurse ^c	5321	74 481	64,7	22,8	12,4	90,2	41,8

^a Classification of Occupations 2010. Statistics Finland, <https://www.stat.fi/en/luokitukset/ammatti/>.

^b Paramedic.

^c 5321 Health care assistant.

^d Child day care services included.

Nursing personnel in the government sector:

In October 2019, the number of nursing personnel working at government agencies and institutes was 951. The nursing personnel mainly consisted of nurses (63%) and practical nurses (24%).

The total share of public health nurses, head nurses and senior nursing officers was 13%. 59% of the nursing personnel were women and 41% men. The number of nursing personnel increased slightly (2.5%) from 2014 but decreased from 2010 (-6.3%). Further information on the number and development of nursing personnel in the government sector is available in the attached Table 2.

Recommendation 201:

There are no reliable statistics on how many people are employed in traditional domestic work in Finland.

However, some indication of how common domestic work is and what kind of work it involves may be found in the Tax Administration's statistics concerning persons who have been awarded a tax credit for household expenses under section 127a of the Income Tax Act (1535/1992). According to this provision, a taxpayer may deduct part of payments made for work done in his/her home or leisure home in taxation (tax credit for household expenses). The tax credit is granted for ordinary household work, care work, nursing work and maintenance or repairs on a home or leisure home. The section also covers work done in the home or leisure home of the parents, adopted parents, foster parents or their antecedents of the taxpayer or his/her spouse or his/her late spouse, or of the spouse of any of the above. According to a report published by the Tax Administration for 2011, the most common type of domestic work was maintenance on a home or leisure home, which does not fall within the scope of application of the ILO Convention. A tax credit for cleaning and cooking

work was granted to more than 135,000 taxpayers. A tax credit for care work and nursing work was granted to about 10,000 taxpayers. The number of employment relationships or domestic workers cannot be directly deduced from these figures.

The work of a personal assistant may fall within the scope of application of the Convention if this work is done principally in the home of a disabled person. It is estimated that there are some 11,500 people employed in this field (2014).

⁶ Paragraphs 103 and 104 of the [resolution concerning statistics on work relationships](#) adopted at the 20th International Conference of Labour Statisticians (Geneva, 10–19 October 2018) provide a general statistical definition of domestic work and domestic workers for use in statistics on employment that is intended to allow the provision of comprehensive statistics on the various circumstances in which domestic work is performed, including when such work is mediated through agencies or internet applications, or through independent domestic service providers. See also ILO: [Statistics on work relationships](#), Report II, 20th International Conference of Labour Statisticians (Geneva, 10–19 October 2018), ICLS/20/2018/2, para. 171.

ENSURING COMPLIANCE

50.	What measures, if any, are in place to promote compliance with labour protections for all categories of nursing personnel and domestic workers, for example, through preventive measures and employer incentives, awareness-raising campaigns and dissemination of guidelines and educational materials for both employers and workers in these sectors? In addition, please provide detailed information, including statistical data, on whether, and if so, in what manner enforcement of labour protections is ensured through labour inspection or other compliance mechanisms, such as judicial proceedings. Please also indicate the conditions under which access to inspect household premises where domestic workers or other care workers are employed may be granted, having due respect for privacy.	Art. 8 of C.149. Arts 16, 17(2) and (3) and 18 of C.189.
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51.	Please provide information on whether national laws and regulations, collective agreements, or court judgments have addressed the working conditions of all categories of nursing personnel and domestic workers. If so, please provide copies.	Art. 8 of C.149. Arts 17 and 18 of C.189. Para. 70 of R.157.
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As mentioned above.

IMPACT OF ILO INSTRUMENTS/PROSPECTS OF RATIFICATION

52.	Please indicate whether any modifications have been made or are envisaged to national laws, regulations or practice, with a view to giving effect to all or some of the provisions of the Conventions or Recommendations that are the subject of this questionnaire.	
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A new Working Time Act entered into force at the beginning of 2020. The Act applies to all kinds of workers and public officials who fall within the scope of the Act.

53.	Please provide information regarding any prospects of ratification and identify any challenges or obstacles with regard to the possible ratification of Conventions Nos 149 and 189, where these exist.	
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54.	Please indicate the representative employers' or workers' organizations to which copies of the present questionnaire have been communicated in accordance with article 23(2) of the ILO Constitution and indicate whether you have received observations from such organizations concerning the effect given, or to be given, to any of the instruments to which this questionnaire relates. If so, please communicate a copy of the observations received together with any comments that you may consider useful.	
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Before finalising the report following labour market organizations have been consulted:

- Confederation of Finnish Industries (EK)
- Central Organisation of Finnish Trade Unions (SAK)
- Finnish Confederation of Professionals (STTK)
- Confederation of Unions for Professional and Managerial Staff in Finland (Akava)
- Office for the Government as Employer (VTML)
- Local Government Employers (KT)
- Federation of Finnish Enterprises (SY)

Statements of labour market organizations are attached to this report (annex 1).

A copy of this report has also been sent to the above mentioned labour market organizations.

POSSIBLE NEED FOR STANDARDS-RELATED ACTION AND FOR TECHNICAL ASSISTANCE

55.	Are there any existing gaps or inconsistencies that should be addressed by future standard-setting discussions in regard to the instruments to which this questionnaire relates, in particular with regard to the protection of care economy workers not covered by the four instruments?
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56.	Has your country formulated any requests for technical assistance by the ILO to assist it in giving effect to all or some of the provisions of the instruments covered by this questionnaire? If so, please explain. If not, please indicate the manner in which the ILO could best provide appropriate assistance within its mandate to support country efforts to ensure the effective promotion of decent work and protection for care economy workers covered by the instruments that are the subject of this questionnaire.
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