

Guidelines for lobbying social welfare and health care policies – how you can help influence wellbeing services counties

This document provides an overview of the activities of Finnish wellbeing services counties and the division of responsibilities between them and the FSHS. It also provides instructions and guidelines for engaging students in influencing and lobbying the wellbeing services counties.

Our aim is to help each student union apply these instructions and guidelines according to its resources, objectives, and operating environment.

Jesse Häyhä, the member of the SYL Board responsible for student health care and well-being issues in 2024, and Henri Kontkin, Social Policy Adviser, participated in the preparation of this document.

Wellbeing services counties in a nutshell

Wellbeing services counties are self-governing regions that will be responsible for organising social welfare, health care and rescue services from the beginning of 2023. Finland has a total of 21 wellbeing services counties. In addition, the City of Helsinki is responsible for organising the social welfare, health care, and rescue services in its region, while in Uusimaa, the HUS Group – which is owned by four wellbeing services counties – is responsible for specialised medical care. In Åland, the organisation of health care, social welfare, and rescue services is the responsibility of its autonomous County Administration.

In addition to a county council, each wellbeing services county has a county executive and county audit committee. Provisions on the National Language Board (in bilingual wellbeing services counties) and the Sámi Language Board (in the Lapland wellbeing services county) have also been laid down by law.

Each region must prepare a **wellbeing services county strategy** that is updated at least once during a council term. The county council uses the strategy to decide on the long-term

objectives of the wellbeing services county's activities and finances. In addition, each wellbeing services county often has different programmes and strategic development plans under its wellbeing services county strategy that are related to, for example, the county's service network and the organisation of its services. The county council must also regularly review budgets, financial statements, and various other reports and accounts related to the county's activities.

The wellbeing services county's own **administrative regulations** are essential for defining the organisation of its decision-making process and how power is allocated between its different decision-making bodies, political decision-makers, and public officials.

Funding for wellbeing services counties: the law requires striving for balance

The funding for the wellbeing services counties comes from the state as a general coverage. The calculated funding received by each region is determined by a special funding model in which approximately 79% is allocated on the basis of the Finnish Institute for Health and Welfare THL's research-based health care and social welfare services need coefficient, and around 15% on the basis of population figures. The funding's distribution also takes into account other coefficients describing regional conditions, such as the number of speakers of Swedish, foreign languages, and Sámi, the archipelago-like nature of specific regions, and population density.

The funding for wellbeing services counties differs significantly from the resources available to Finnish municipalities, as the counties do not have the right to levy taxes. This lack of taxation rights also significantly restricts their ability to borrow funds. In practice, each county must make do with the state funding it receives, and this funding can be increased for future operation periods on the basis of observed **growth in service needs** and the **wellbeing services county index**.

The calculated funding allocations made according to the funding model will also be revised annually to correspond to the national total of the costs incurred by the counties. In the **national funding review**, the actual costs of all wellbeing services counties are added

together after each year of operation, and the total amount is compared to the calculated funding granted to them. The difference between these figures will be corrected to the general level of state funding for the following year. In other words, if a majority of counties post a deficit, their funding will automatically be slightly increased for the following years.

However, each individual wellbeing services county must constantly strive for balance in its financial planning, even if the state funding granted to the counties at the national level is increased according to the realised total expenditure.

If an individual wellbeing services county posts a deficit for a certain year of operation, it must use its **financial plans**, which are updated annually, to achieve a surplus that will cover this deficit in the following three years. If the county continues to post a deficit instead of a surplus in these following years, the deadline for covering these new deficits will be the same as for the first deficit. For example, if a wellbeing services county posts a deficit for the first time in 2023, it must be covered by the end of 2026. If it accrues an additional deficit in 2024, that too must be covered by the end of 2026.

If a county fails to manage its deficits in time, it will be subjected to an assessment procedure that may lead to the transfer of its financial decision-making power from regional decision-makers to the purview of the state and, ultimately, even to a regional division study, i.e. the possible unification of regions.

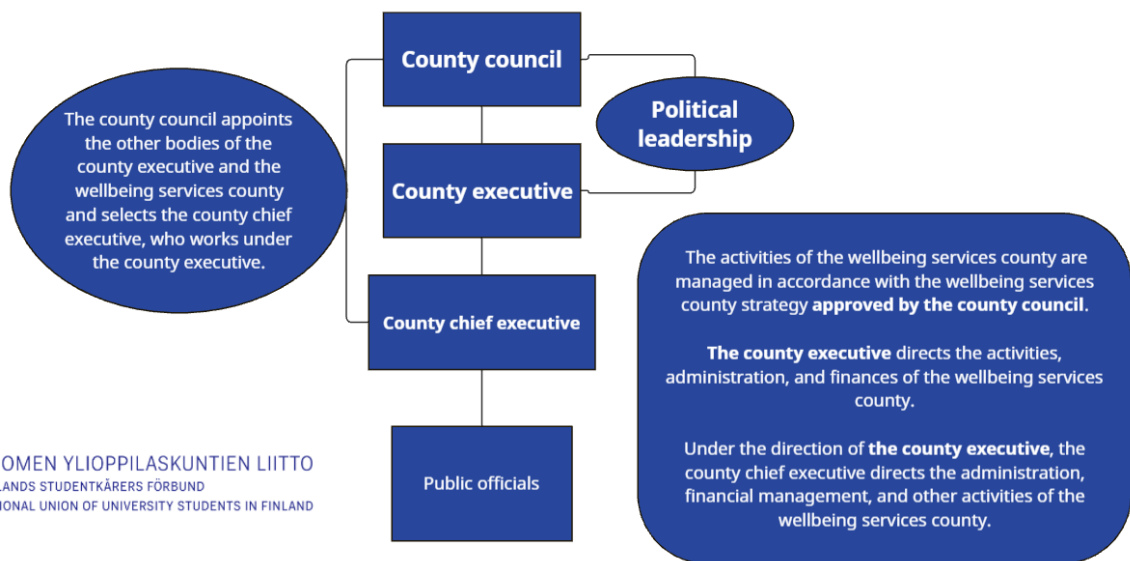
The special features of the funding model also have an impact on advocacy work. Once the funding of the regions has been determined for the operating year, they must cope with their allocated amounts. If a wellbeing services county proposes investments that require additional expenditure, it will be very difficult to pass that proposal if no corresponding reduction elsewhere can be made at the same time.

Political leadership: at the heart of the decision-making process

Residents of the wellbeing services counties have the right to vote in **county elections** where they elect representatives to the **county council**, the highest decision-making body in the county. These county elections are held every four years in connection with Finnish municipal elections. The **county council** appoints the **county executive** as well as the other

decision-making bodies of the wellbeing services county. In addition, the **county council** elects a **county chief executive** who directs the administration, finances, and activities of the county under the purview of the county executive.

Decision-making in a wellbeing services county in a nutshell



Public officials: significant holders of preparatory power

Each wellbeing services county has a management group led by the county chief executive which, depending on the wellbeing services county, includes managers with different job titles. The management group may include, for example, managers responsible for finances, administration, communications, facilities, strategy work, development activities and various sectors related to services (mental health services, children and young people, the elderly, persons with disabilities).

These leading public officials are responsible for the structure, development, and general administration of their respective sectors. They prepare matters for democratic decision-making (for the county executive and county council), much like the county chief executive. They can be contacted as part of, for example, the lobbying work carried out during the preparation phase of future decisions.

Division of responsibilities between the FSHS and the wellbeing services county

Tasks that are the responsibility of the FSHS

1) Study environment and student community work

- a) Regular stakeholder cooperation, especially with educational institutions and student organisations
- b) Expert activities
- c) Communications and advocacy that promote health
- d) Inspections of study environments every 3 years and annual monitoring

2) Health care services. Individual monitoring and promotion of health, well-being, and the ability to study

- a) Health counselling, individually and in groups
- b) Periodic health examinations 1) public health nurse and general practitioner, 2) oral health examination and treatment plan preparation
- c) Oral health, preventative measures
- d) Prevention of infectious diseases: health checks, vaccinations (national vaccination programme)
- e) Family planning
- f) Study-related examinations, certificates and statements as required by the Communicable Diseases Act and other legislation
- g) Travel advisory services, including student exchanges (students must acquire the vaccines they need for their destination, but they can be administered by student health care)
- h) Basic psychological examinations

3) Medical care services. Medical care and oral health services in primary health care

- a) Assessment of the need for treatment
- b) Non-urgent treatment, incl. medical care to be administered within 1–7 days
- c) Medical care that requires the competence of a specialist (psychiatrist) or specialist dentist but that does not fall under specialised medical care according to the progressive patient care model
- d) Laboratory and imaging services in primary health care related to the diagnosis and treatment of illnesses
- e) Physiotherapy
- f) Nutritional therapy

- g) Speech therapy related to the student's field of study (initial examinations of voice-related disorders in speech work graduates)

Tasks that are the responsibility of the wellbeing services county

1. Emergency medical services

2. Special examinations related to the diagnosis of diseases

3. Follow-up visits and examinations prescribed by specialised medical care for long-term illnesses, the care of which is the responsibility of specialised medical care

E.g. epilepsy, rheumatoid arthritis, long-term oncology monitoring, psychosis diseases.

4. Medical supplies needed for the treatment of long-term illnesses

5. Medical rehabilitation and assistive device services

6. Preparation of certificates not related to treatment or studies

E.g. driving licences, medical certificates required for firearm permits, certificates for students leaving on exchange.

7. Laboratory and imaging studies not related to the diagnosis or treatment of diseases or to statutory tasks

E.g. examinations related to student exchanges and work placements that are not based on legislation, such as the salmonella certificate for tasks that are not the tasks referred to in section 56 of the Infectious Diseases Act.

8. Coordination of psychosocial support between individuals and their communities in sudden, shocking situations

9. Rehabilitation services for illnesses caused by intoxicants

10. Implementation of rehab and substitution treatment for opioid addicts

11. Maternity counselling services

Students should be provided with maternity clinic services in the municipality where their studies take place.

Paths of influence in wellbeing services counties

Lobbying political leadership

In addition to the **chair of the county council**, the **members of the county executive** are also important wielders of power in the wellbeing services county, as practically all matters decided by the county council must first pass through the county executive. Many decision points never go before the council, which focuses on the most strategic and important issues, and are instead decided at the county executive (or committee) level.

The number and decision-making powers of different committees and other decision-making bodies, such as sub-committees, varies by each wellbeing services county. However, it is possible to contact the **members of the county executive** and, in particular, the **chairs of the committees** if the decision-making body in question is about to decide on themes that apply to students. The administrative regulations of some wellbeing services counties also permit the invitation of outside experts to the meetings of different decision-making bodies, where they can attend and discuss the issues at hand. While the decision to invite guests to meetings (for the duration that an issue will be discussed) is officially made at the meeting of the decision-making body in question, in practice the decision is usually made by the chair of that decision-making body.

Cooperative bodies and forums as channels of influence

In addition to directly contacting political decision-makers, you can also make use of pre-existing channels of influence in your county. For example, you can submit an initiative to your wellbeing services county on a matter that concerns your county (Act on Wellbeing Services Counties, section 30).

The wellbeing services counties are unlikely to have the resources to build separate forums for student lobbying, as primary health care and outpatient care for students are mainly the

responsibility of the FSHS. However, the counties have started developing inclusionary channels for different third-sector actors, such as various organisations.

The county council has a duty to ensure that the residents of the wellbeing services county are offered diverse and effective opportunities for participation. Participation and influence can be promoted especially by supporting the self-directed planning and preparation of matters by residents, organisations and other communities (Ministry of Finance).

On this basis, Finland's student unions should seek information on the channels created for third-sector actors that they can use to influence and lobby their wellbeing services counties. By using these channels – e.g. various cooperative bodies, forums, working groups, etc. – students can voice their concerns to their wellbeing services counties. This approach also presents opportunities for networking with third-sector organisations that are currently engaged in or seeking avenues for dialogue with their wellbeing services counties.

Student unions and the FSHS

The FSHS plays a central and unifying role in the network of well-being actors in higher education. It carries out its cooperation with student unions and higher education institutions in various ways, for example through its regional boards and higher education institution-specific health working groups.

The objective of study community work (SCW) is to strengthen the factors that promote the well-being of students and their operating environments, and to reduce the risks that may expose them to or cause well-being problems. The health working groups, which promote SCW work at the higher education level, are significant local-level actors with the best understanding of the health and well-being of students at their respective higher education institutions.

The FSHS has identified recent challenges related to the development of health working groups and problems related to their orientation training. In response to these challenges, the FSHS has made the development and support of SCW work a key priority in its new strategy. In the future, SCW work will be supported through various means, such as by

investing in in-depth orientation and by providing a manual containing the best practices of SCW work for national use.

It is SYL's opinion that the development of tripartite cooperation between wellbeing services counties, the FSHS, and student unions will require time and should be promoted with the help of pre-existing tools.

The health working groups already bring together local-level actors who are closest to students from student unions, the FSHS, and higher education institutions. The FSHS intends to strengthen its local SCW work and, as part of this, it will offer student unions the opportunity to play an increasingly active role in using this tool.

The health working groups can also approach wellbeing services counties and invite experts to their meetings to discuss, for example, the transitional issues that graduating students face as they move from the FSHS' services to those offered by their wellbeing services counties.

Other tips for influencing and lobbying work

County elections: highlight the themes related to students!

Municipal and county elections are held every four years. The timing of these elections offers an excellent opportunity for influencing the themes discussed in election debates and highlighting topics that are closest to students. The county election is still a relatively recent electoral phenomenon, which means that their most-debated themes are still taking shape.

In the run-up to the elections, it is vitally important for every student union to identify their key themes and objectives for each municipal and county election, and they must actively engage in dialogue with the candidates in their region.

In addition, the student unions should immediately contact any newly elected regional decision-makers after they have prepared for their new term of office and found their places in the different decision-making bodies and positions of trust within their wellbeing services counties.

Health and well-being coefficient: additional funding for success in preventative activities

The purpose of the health and well-being coefficient (HYTE in Finnish) is to encourage and support the well-being services counties in their implementation of versatile and systematic measures that focus particularly on:

- **Preventing national diseases**
- Promoting the functional capacity and reducing the accident rate of Finland's elderly population
- **preventing social exclusion**
- **promoting social well-being and employment.**

The health and well-being services coefficient is also used to allocate funding to wellbeing services counties. The size of the funding depends on the success of the county's preventative activities. The coefficient is used to determine around 1% of the total annual funding provided to the wellbeing services counties. The funds are not earmarked for specific purposes, but can be used for general activities in the county.

The indicators of the health and wellbeing services coefficient (=funding criteria) include the county's performance and success in child school health examinations, resourcing of school health care, **mental health services, and combating general exclusion**. If the county is able to increase the well-being of its residents at a level that exceeds the national development trend, it will receive more health and well-being coefficient funding for organising its services. The coefficient is also used in **municipal** central government transfers, which include different health- and well-being-related performance indicators to encourage the use of preventive services in municipalities.

Some indicators can be promoted through **cooperation between wellbeing services counties and municipalities**. These include indicators that are related to the promotion of physical activity and health as well as the prevention of exclusion. As a result, various wellbeing services counties and municipalities are forming – and have already formed – new channels for cooperation that will help them promote the well-being of their residents, together.

You can prepare and submit innovative proposals to your wellbeing services county or municipality that focus on how, for example, they should invest in new ways to reach the health and well-being coefficient's result and process indicators (which are available on the THL's website), or how they could otherwise better prevent and combat exclusion in the region. If successful, these measures will pay for themselves, as the wellbeing services county and municipality will receive more health and well-being coefficient funding from the state.

This is an excellent channel and incentive for piquing the interest of your local decision-makers to discuss and invest in the well-being of the students in their region.