Finland has made moderate progress over the past years in delivering early childhood development (ECD) policies and supporting families with young children. Specifically, there is a national law or act guaranteeing access to basic ECD services in Education, Health, Nutrition, and/or Social and Child Protection for all children under six. In Finland, there is a nationwide social security system. Yet, there are regional disparities that concern access to services. In addition, there is a lack of coordination of child policies at the national level and a lack of coordination of services for young children and families at the local level.

Country PRIORITIES

- Track data across ECD domains for children under the age of three.
- Track data about poverty in families with young children, prioritising single-parent families and families with low educational attainment.
- Monitoring the extent to which the requirements for early childhood education and care (ECEC) professionals are fulfilled.
- Reconsider the group sizes and the adult-child ratio in ECEC services.
- Standardise ECEC services and social security for undocumented children.
- Strengthen the coordination of services for young children at the local level so that all the children and families get the help and support they need.
- Collect internationally comparable data on ECD that are available free of charge.
In Finland, there is a lack of data on child poverty and social exclusion for children from birth to three years. Data available indicate that the percentage of children aged zero to 17 years at risk of poverty and social exclusion was 14.9% in 2019, whereas the percentage of children under six years of age suffering from severe housing deprivation was 1.3% in 2020 as opposed to 0.6% in 2017. In addition, 2019 data suggests that single parents are at higher risk of poverty. Data from 2020 indicate that the risk of poverty is far higher for children under six years of age whose parents have completed less than primary education.

Access to medical services in public health outpatient care is free of charge for all children under 18 in Finland. Services offered by Maternity Clinics are free of charge for all residents. According to the National Institute for Health and Welfare, in 2019, between 99.7 and 99.8% of pregnant women and women who gave birth used antenatal care services. The services of Child Health Clinics are also free of charge for all residents. According to the National Institute for Health and Welfare, in 2019, 99.6% of families with children under seven years old used the services. Mothers need a certificate from the post-natal check-up after five weeks and up to 12 weeks from birth so that they can receive a parental allowance. This is part of the free medical services available for all residents.
In Finland, all children are registered at birth. The Medical Birth Register contains data on all mothers who gave birth in Finland and on all newborn infants up to the age of seven days. In case of deliveries taking place at home, the form is to be completed by the midwife or the physician who assisted in the delivery.

Moreover, according to a 2018 study by the National Health and Welfare Institute, as reported by parents, 44% of four-year-old children had experienced at least once one form of mental abuse by a parent or other close person, and 14% had experienced at least one form of physical abuse. According to another study conducted by the National Health and Welfare Institute (2017), three percent of babies aged three to four months had experienced abuse. As far as undocumented children are concerned, only estimations are available. It is said that there could be tens or maybe some hundreds of undocumented families in Finland. The reported number of undocumented persons varied before the COVID-19 crisis from 3,000 to 8,000-10,000 depending on the source (i.e., the police estimated that they meet yearly around 3,000 undocumented persons, whereas organisations helping undocumented persons estimated 3,000 to 10,000).

It is the duty of social services to help children and families who need support. The aim is to offer help and support as early as possible, before problems arise. According to the Child Welfare Act, child protection is mainly organised by means of the support measures provided by open care. In Finland, in 2019, 0.8% of children under five years of age were placed in alternative care.

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1 Support measures in open care are services provided for a family to help and support children and parents in their own living environment. Support measures in open care are voluntary and based on co-operation with the family. They are always planned individually to respond to children’s and family’s specific needs. The support measures can be organised exclusively for the child or the parents or for the whole family. The need for support measures is recorded in a client plan and an authority issues a decision granting those measures for which the family can apply.
In Finland, there is a guaranteed place in early childhood education and care (ECEC) services, which can be accessed as soon as the parental leave period ends. During the first year of life, most Finnish children are cared for by their parents thanks to parental leave. As a result, in 2019, 37% of birth to two-year-olds participated in ECEC services, whereas 63% of children under three were cared for only by their parents or attended open ECEC services, such as clubs, etc.

The participation of children under three was disrupted by the closure of ECEC services during the COVID-19 pandemic. In March 2020, the government recommended that where conditions allow, parents should take care of their children at home. In April 2020, the percentage of children who participated in ECEC services (under six years of age) was 22%. Following the trend from week 15 - one week after the recommendation was made - to week 21 (after the end of the recommendation), the participation rates in municipal and private ECEC settings increased significantly.

Regarding ECEC staff qualification, teachers are required to hold a Bachelor’s degree, social pedagogues a Bachelor’s degree from a university of applied sciences, and childminders a vocational upper secondary qualification (ISCED 3). Currently only one third of staff in ECEC centres are required to have a higher education degree but the staff structure is gradually changing. From 2030, at least two-thirds of the ECEC centres’ staff must have a Bachelor level qualification and one of them must be an ECE teacher. There are no available statistics, however, about how well these requirements are fulfilled, whereas the percentages of qualified and non-qualified staff vary regionally.

Types of policies available to facilitate ECEC access for children from vulnerable families:
After the parental leave period, all children (nine to 10 months and up to school-age) have a legal entitlement to full-time ECEC in a centre or a family day care setting. Parents decide whether or not their child participates in ECEC. After the parental leave period, when the child is usually nine or 10 months, parents have several options to choose from. Municipalities have a statutory duty to provide ECEC services according to local needs.

Finnish ECEC is based on an integrated approach to care and education, the so-called “educare” model, with a particular emphasis on pedagogy. The content of ECEC is regulated by the Act on Early Childhood Education and Care and National Core Curriculum (NCC) for ECEC. The NCC for ECEC is a quality handbook that determines the framework for the implementation of universal and equal ECEC. Compliance with the core curriculum ensures every child receives the same quality of ECEC regardless of where they live. In Finnish ECEC, support for the child’s development and learning is considered part of high-quality ECEC activities; each child in need of support has a right to receive it.

Furthermore, in the Finnish ECEC, children with foreign language skills and plurilingual children are supported in the development of their linguistic and cultural identities and self-esteem. Pre-primary education is considered to have important significance in recognising early the needs for support in growth and learning, providing support, and preventing difficulties.

However, there are some regional differences. In addition to that, children do not always receive the support they need.
**PARENTING AND FAMILY SUPPORT**

In Finland, Kela (The Social Insurance Institution of Finland) pays child benefit for each child who is a permanent resident in Finland. The benefit continues until the end of the month when the child turns 17 years old.

Although parents have various benefits at their disposal, and policies support families balancing work and family life, fertility rates have dropped dramatically in the last ten years, with the country now ranking among the lowest in the EU. The causes are unclear though the difficulty in reconciling work and family life is one of the possible reasons behind this drop.

**Types of policies available regulating work and family life balance**

- Kela offers financial assistance to families starting from pregnancy and during various types of family leave. Family leaves are based on the Employment Contracts Act. When the payment of parental allowance ends, the child is approximately nine months old.
- There are many ways of arranging day care for the child after the period of parental allowance, e.g., municipal or private ECEC, or the child can be looked after at home. A flexible or partial care allowance can be granted if parents’ working hours are 30 hours per week, maximum, and the other entitlement criteria for the benefit are met.
- According to the Employment Contracts Act, when a child under 10 years of age suddenly gets ill, parents can take a maximum of four working days of temporary care leave to stay home and take care of the child. Kela does not pay benefits during temporary care leave.
- Family leave reform is underway and will improve the work and family life balance.

**Benefits available to parents with young children (child allowance/benefits)**

- Parental allowance
- Child benefit
- Child care allowance
- Disability allowance for children
- Child maintenance allowance
- Kela reimburses part of a private doctor’s and a private dentist’s fees and part of the costs of examinations and treatments prescribed by the doctor and also pays part of the cost of medicines prescribed by a doctor.

**Percent of social protection benefits going to the poorest families with young children**

Note on the above figure: Data for 2020 and 2019 include only the benefit and reimbursement payments for families with children made by the Social Insurance Institution of Finland (Kela). 2018 data reflect social protection expenditure by function, family and children, percentage shares.

*Not representative data*
In Finland, there is an explicitly stated national multi-sectoral ECD strategy but not a coordinating body overseeing cross-sectorality in ECD policies, funding and spending at the country or municipality level. Thus, there are some formal mechanisms in place for collaboration and coordination between services:

- The local family centres - a pilot project, but not yet a permanent structure. According to 2021 data from the Finnish Institute for Health and Welfare, in 2021, there are more than a hundred (116) family centres and 473 open, low-threshold meeting places. The family centres bring services and professionals “under the same roof”, including NGOs.

- Child budgeting - a cross-sectoral budgeting effort - is planned to become part of the development of the annual public budgets. The government has set up a working group to prepare a proposal to start child budgeting in the overall state budget development process. Child budgeting is to be piloted in the 2022 budget and consolidated in the 2023 budget. The proposal is expected to be published soon. The group is also tasked with proposing how to promote regional child budgeting.
Centrally funded, this resource provides information on the FirstYearsFirstPriority campaign, under the leadership of Dr. Agata D'Addato as campaign coordinator. It highlights the partnership among several organisations: Eurochild, International Step by Step Association (ISSA), European Public Health Alliance (EPHA), Roma Education Fund (REF), among others, working towards a society that respects children's rights.

The information and data are sourced from various contributors, including those from Central Union for Child Welfare, and are valid as of May 2021. The campaign and its partners are committed to ensuring quality education for Roma children, supporting policies, and combating social inequalities.