

Rehabilitation as a means of prolonging working careers

Raising the employment rate and prolonging working careers are key objectives set by the Finnish Government. The current Government Programme (22 June 2011) aims to prolong working careers in their early, middle and late stages. Life expectancy is increasing all the time, and part of these extended lives should, according to the Government Programme, be spent working in order to ensure sustainable funding for the welfare state in the future. In 2011 a disability pension was received by 260,000 persons, of whom 236,000 received a permanent disability pension and the rest a fixed-term pension, i.e. cash rehabilitation benefits. The number of unemployed persons was 209,000.

The audit focused on rehabilitation maintaining capacity to work. Rehabilitation maintaining capacity to work results in annual costs for central government and national economy amounting to €140–170 million. The audit examined the risk factors relating to incapacity to work and assessed the impacts of rehabilitation maintaining capacity to work on the incidence of disability pensions. The audit also examined the national steering of the use of funds for rehabilitation. The main audit question was: How efficiently has central government managed to maintain and improve citizens' capacity to work through the means of rehabilitation and thus prolong working careers?

According to section 29 of the Health Care Act (1326/2010), medical rehabilitation is ultimately always the responsibility of local authorities. The Ministry of Social Affairs and Health is responsible for the preparation of health care legislation and information guidance and, in this respect, also for legislative and other guidance relating to rehabilitation. Appointed by the Government and operating in conjunction with the Ministry of Social Affairs and Health, the Advisory Board for Rehabilitation steers and develops rehabilitation at the national level and harmonises rehabilitation administered by different administrative sectors. There are also regional

cooperation committees and groups for client services within rehabilitation, which are tasked with evaluations of clients' rehabilitation needs.

The purpose of rehabilitation as defined in legislation is to prevent incapacity to work and improve capacity to work. The objective set in the Government Programme is to prolong working careers by an average of three years by 2025. The role played by rehabilitation as regards the objective is not, however, specified in detail.

The audit assessed the impacts of vocationally oriented medical rehabilitation (ASLAK) and rehabilitation aimed at maintaining capacity to work (TYK) organised by the Social Insurance Institution of Finland (Kela) on the incidence of disability pensions at the regional level. Weak statistical evidence was obtained on the role of statutory rehabilitation maintaining capacity to work in the prevention of incapacity to work. Falling under discretionary rehabilitation, vocationally oriented rehabilitation did not, on the other hand, have an impact towards reduced incapacity to work. The risk factors for incapacity to work are morbidity, overweight, poor linguistic ability and high alcohol consumption. On the basis of the data it appears that early referral can considerably reduce the risk of incapacity to work. This observation underlines the importance of regular age-related checkups to the prevention of incapacity to work.

The impacts of vocational rehabilitation on retirement on disability pensions should, however, be studied further. The problem is how to enable long enough monitoring periods in experimental designs. The monitoring period should be at least five years. Threat of incapacity to work anticipated within five years is one of the criteria set in legislation for rehabilitation.

To prolong working careers and raise the employment rate, both incapacity to work and unemployment should be addressed. The Finnish rehabilitation system is complex from the perspective of those who need services because the division of rehabilitation responsibilities between rehabilitation providers is not clear. There is also evidence of rehabilitation in many cases commencing too late. In line with the policies adopted in the Government Programme, the Ministry of Social Affairs and Health is launching a project aimed at clarifying referral to rehabilitation, its targeting and objectives

from the client perspective. This development can be regarded as being along the right lines.

The national steering, coordination and monitoring of rehabilitation is the statutory task of the Advisory Board for Rehabilitation operating in conjunction with the Ministry of Social Affairs and Health. On the basis of the audit, there has been hardly any national steering or coordination of rehabilitation in recent years.

According to visits carried out during the audit, regional cooperation committees and groups for client services within rehabilitation have not in all respects acted in compliance with the Act on Cooperation on Client Services within Rehabilitation. Instead, there has been a focus in the activities of groups for client services within rehabilitation on clients' disability pension assessments instead of the evaluation of clients' rehabilitation needs as required by legislation.