

Main audit findings and opinions

Integration of immigrants in social and health care

At the end of 2012, there were a total of 195,511 foreign citizens living in Finland. This was 3.6 per cent of the Finnish population. Nearly five per cent of the country's residents have languages other than Finnish or Swedish as their mother tongue. The main reasons for moving to Finland are family, studying or work. Nowadays, only a small fraction of the immigrants are refugees. It is estimated that in 2014 a total of 8,866 refugees are supported in the form of integration.

Public authorities take measures aimed at promoting the integration of immigrants. Provisions on integration are contained in the Act on the Promotion of Immigrant Integration (1386/2010), which entered into force on 1 September 2011. The purpose of the act is to support and promote integration and make it easier for immigrants to play an active role in Finnish society. The state spends about 200 million euros on the promotion of integration each year.

Integration comes within the purview of the Ministry of Employment and the Economy. However, the responsibility for integration is divided between several ministries. At practical level, integration is the responsibility of municipalities, TE Offices, ELY Centres and a large number of organisations.

In the audit, integration was examined from the perspective of the provision and steering of social and health care services. Social and health care has not been in the focus of the central government's integration policy even though adequate social and health care services would promote the integration and employment of immigrants and prevent social exclusion. The main question on which the audit focused was the following: Does social and health care help to promote the integration of immigrants?

There are not enough social and health care services for immigrants

The audit showed that in the development of social and health care, integration and social and health care programmes and strategies give ample consideration to the special needs of the immigrants. However, in practice, there is a great deal of variation in how the special needs of the immigrants are considered in municipalities and in municipal social and

health care units. For example, refugees are often the only immigrant group that are provided the benefit of extended consultation hours and interpreters even though the majority of the immigrants also need these aids.

Large immigrant groups that have spent many years in Finland are well integrated into Finnish society and know how to use social and health care services. However, many immigrants suffer from social and health problems. Groups that are particularly at risk are refugees, asylum seekers, ageing immigrants and women among whom there are many single parents and mothers who have stayed at home for many years.

The main question in the organisation of social and health care services for immigrants is whether the basic services can meet the service needs or whether immigrants should be provided with special services. The audit findings indicate that the basic services are not adequate for the treatment of mental health problems affecting immigrants. Traumatized immigrants in particular are in need of expert care. Mental health problems may prevent an immigrant from learning a new language, finding work and acquiring citizenship. They may also prevent successful integration of the immigrant and his/her family. TE Offices have plenty of experience of these matters.

The skills of the social and health care staff are essential to successful integration. However, there is still plenty of room for improvement in the field of skills, especially in regions where there are only a small number of immigrants. There is also a great need for guidelines concerning the use of interpreters in social and health care.

Access to social and health care services is hampered by the lack of information on the Finnish service system. The service system is fragmented and the public authorities do not have enough time to provide immigrants with advice. Moreover, the audit findings indicate that the public authorities and organisations working with immigrants are not sufficiently aware of the different service and treatment paths.

Guidance and advice for refugees is on a more systematic basis than similar services provided for other immigrants. Moreover, more initial assessments and integration plans are prepared for refugees than for other immigrants. Under the Act on the Promotion of Immigrant Integration, these are the main tools for integration. The act has not worked as expected with other immigrants, such as spouses and immigrants arriving in Finland to seek work.

In most of the initial assessments and integration plans made at TE Offices the emphasis is on language training and employment history. TE Offices do not always have time to examine the need for social and health care services. The effectiveness of the integration plans is also weakened

by the fact that immigrants do not consider the plans important and are not committed to observing them. At the same time, the relationship between the initial assessment and the integration plan on the one hand and other surveys and plans on the other is unclear to many public authorities applying the Act on the Promotion of Immigrant Integration.

Under the act, the measures that are set out in the integration plan are carried out as multi-sectoral cooperation, if necessary. In practice, the aims laid out for the cooperation have not become reality even though many integration programmes contain objectives concerning the cooperation. Because of a lack of resources, many municipalities have ended regular cooperation with TE Offices during the period of validity of the new act. There is also room for improvement in the flow of information between reception centres and social and health care. The problems concerning cooperation between public authorities and service steering may significantly weaken the chances of immigrants to get the social and health care services that they need. In the long term, adequate services and ensuring access to them will reduce the risk of social exclusion and the costs arising from integration.

According to the integration programmes drawn up at central and local government level and in the view of the Ministry of Social Affairs and Health, organisations should play a major role in integration. However, organisations have limited resources. In practice, organisations respond to a broad range of different service needs. According to the organisations themselves, their most common task is to support immigrants in their daily life and provide them with information about the service system. At the same time, public authorities often see the organisations as intermediaries between them and the immigrants. However, organisations cannot manage the tasks of the public authorities. For this reason, the authorities should provide immigrants with services that are easily accessible and for which the threshold is low.

Steering of integration should be on a clearer basis

The audit showed that the steering of social and health care services is not adequate. Moreover, the responsibilities and roles of the Ministry of Social Affairs and Health, Regional State Administrative Agencies and ELY Centres in the steering of social and health care are unclear.

The steering of integration is also negatively affected by the fact that there has been little cooperation between the Ministry of Employment and the Economy and the Ministry of Social Affairs and Health in integration matters. One example of the lack of cooperation is the fact that the most important official guidelines have not been prepared jointly by the two

ministries, which means that the social and health care perspective is missing from them. Unclear instructions make it more difficult to provide reimbursement for special costs in social and health care, to care for unaccompanied minors arriving in Finland and to supervise family group homes. The supervision is the responsibility of ELY Centres even though they do not possess any expertise in child welfare.

In practice, ELY Centres are the only bodies steering integration. ELY Centres have provided training on the Act on the Promotion of Immigrant Integration and provide municipalities with guidelines in matters concerning refugees and reimbursement for costs. Under the act, Regional State Administrative Agencies should also provide steering in integration at local government level. However, it seems that their steering role and cooperation with ELY Centres are still in the formative stage. The division of labour between ELY Centres and Regional State Administrative Agencies also needs to be clarified.

The existing system of integration steering does not meet the needs that exist in social and health care. Social and health care actors feel that the steering that they receive is not unified, clear or adequate. In the view of municipalities, the Ministry of Social Affairs and Health and Regional State Administrative Agencies should provide more focused and integrated steering and updated information on the health and well-being of immigrants.

Finding out who is entitled to social and health care services and who pays for them gives a great deal of work and headache for social and health care actors. The Ministry of Social Affairs and Health has had two working groups examining the social security legislation pertaining to immigration. On the basis of the audit findings, the National Audit Office agrees with the views of the working groups that the current situation is complicated for individuals trying to make use of the social security and also allows conflicting interpretations by different public authorities.

The system of providing reimbursements for special costs in social and health care should be updated

The state reimburses the municipalities for the costs arising from refugees for a period of three years. Under section 49 of the Act on the Promotion of Immigrant Integration, municipalities are also reimbursed for substantial costs that have arisen from the provision of long-term social and health care required by a disability or an illness and costs that have resulted from child welfare and the placement of unaccompanied minors arriving in Finland to family group homes. In 2012, the reimbursements for these special costs totalled 26 million euros. Social and health care

costs accounted for 10.3 million euros and support measures arising from the care of minors for 15.7 million euros of the reimbursements.

According to the audit findings, because of shortcomings and inconsistencies in the monitoring of costs in ELY Centres it is difficult to get a comprehensive picture of the special costs. The complexity of the reimbursement system also makes it more difficult to examine the costs. A multi-stage reimbursement process also means a lot of work for municipalities, which collect cost information from different units and for ELY Centres, which spend a great deal of time on providing municipalities with advice and on making agreements on reimbursements.

The problems with the reimbursement process are accentuated by the fact that ELY Centres do not possess enough expertise to assess the grounds for providing reimbursement for special costs. Examining the costs arising from health care and child welfare is considered particularly difficult. The reimbursement guidelines leave a great deal of room for interpretation and there are contradictions in the document. In practice, the guidelines allow ELY Centres to freely interpret such issues as how reimbursements for child welfare costs should be paid. Because the guidelines leave room for interpretation, there are also differences in reimbursement practices between ELY Centres.

Many parties have urged the Government to harmonise the practices. In fact, the Ministry of Employment and the Economy is in the process of updating the special reimbursement guidelines. Based on the audit findings, the Ministry of Social Affairs and Health should be involved in the preparation of the new guidelines. Ministry of Social Affairs and Health guidelines are also needed to clarify which patient information may be included in the annexes to the reimbursement applications and how the information should be kept in the ELY Centres. The audit showed that ELY Centres receive a large number of documents that are classified as patient information as annexes to the applications.

A situation where municipal authorities and ELY Centres are not familiar with the social and health care legislation concerning customer and patient information is highly problematic from the perspective of customers' data protection. A number of acts (such as the Patient Act and the Act on the Openness of Government Activities) contain provisions on the processing of patient information and on the secrecy obligations on them. However, there are no direct references to the legislation steering the management of customer and patient information in the Act on the Promotion of Immigrant Integration or its rationale.

Recommendations of the National Audit Office

1. In its steering, the Ministry of Social Affairs and Health should pay attention to staff skills so that the service system would be better prepared to meeting the service needs of immigrants. Clear and up-to-date guidelines are also needed for using interpreters in social and health care.
2. The Ministry of Social Affairs and Health should examine whether the existing basic health care and specialised health care services are entirely in accordance with immigrants' needs. Based on the audit findings, the service system does not reach all customers in need of mental health services.
3. The Ministry of Employment and the Economy should provide more guidance and information on initial assessments and integration plans. The need for social and health care services should always be examined as part of the initial assessments and plans.
4. The initial assessments and integration plans should also be made for other immigrants than refugees and families should be taken into account in a comprehensive manner. Nationwide models for initial assessments and integration plans would facilitate cooperation between public authorities, surveying of the need for social and health care services among immigrants and guiding of individuals to the right services.
5. The ministries responsible for integration should jointly coordinate the responsibilities for the steering of integration and in a manner that also serves social and health care. The steering roles of Regional State Administrative Agencies and ELY Centres should also be clarified.
6. The Ministry of Employment and the Economy and the Ministry of Social Affairs and Health should jointly provide Regional State Administrative Agencies and ELY Centres with guidelines in special issues concerning social and health care. The social and health care expertise possessed by Regional State Administrative Agencies should be better available for the steering of integration.
7. The public authorities responsible for integration should increase cooperation with organisation and clarify the roles of different actors. The activities expected of organisations in the Government integration programme should be proportional to the funding received by the organisations.
8. Social security provisions connected with immigration should be clarified. The Ministry of Social Affairs and Health should provide adequate guidelines so that it can be ensured that the public authorities interpret laws in a uniform manner.

9. The Ministry of Employment and the Economy should clarify and simplify the process of providing reimbursement for social and health care special costs. The Ministry of Social Affairs and Health should be involved in the updating process and in the preparation and practical application of the guidelines. Data protection of the customers should also be ensured by providing ELY Centres and municipalities with guidelines on the processing of patient information.