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OMBUDSMAN FOR CHILDREN IN FINLAND

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Contribution from the Ombudsman for Children in Finland  
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Dear OHCHR- office

The Ombudsman for Children in Finland appreciates the possibility to provide information about our view on the health challenges and possibilities of children in Finland.

We enclose here our answers. We have answered here only on questions on assessment and evaluation of the children's health in Finland. We assume that the Ministry of Social and Health Affairs provides the necessary information about the state of the legislation and national programs on the health promotion and services in Finland.

Yours sincerely

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**Subject: OHCHR Study on children's right to health – Human Rights Council resolution 19/37**

Answers from the Ombudsman for Children in Finland

1. Please provide information on the main health challenges related to children that your country is facing.

- The socioeconomic differences in health and well-being in Finland are a major problem for health and social policy. The impact that those differences have is already evident in early childhood, and reflected in health problems in adulthood. Parent's socioeconomic status and level of education clearly seem to be a determining factor in the health and well-being of their children, even though Finnish society has endeavoured to ensure that there are equal opportunities, by promoting equality by means of family and social benefits, a comprehensive system of day care, a diverse range of free educational services, and health care services.<sup>1</sup>
- Studies suggest that attention needs to be paid to the following: children's sleep, their physical exercise, their use of the entertainment media, and preventing young people from using alcohol and drugs.
- Studies show that obesity and being overweight are major public health problems. More than one in five children of school age is overweight or obese.
- Other challenges include children's and young people's diet and exercise. They tend to eat too few vegetables and far too many sugary foods. And not enough has been done to encourage older children to attend school meals and eat the food served there.
- Some studies have found children to be less active and less inclined to take physical exercise or enjoy outdoor pursuits. The older the schoolchildren were, the less frequently the recommendations for children's exercise were followed. According to this study, some of the children exercised less frequently than what was recommended and spent a lot of time with entertainment media.
- Studies suggest that children on average slept for one hour less at night than children of the same age in Central Europe, and that fatigue is quite a common symptom among children of school age.
- Alcohol and tobacco products continue to be a problem with children and young people. Although the incidence of drunkenness among Finnish schoolchildren has decreased substantially in the past ten years or so, it is still above the European average. Children and young people start experimenting with alcohol and tobacco in Finland at an early age.
- The number of children and young people receiving treatment for mental health disorders is clearly rising. There has been a considerable increase in the number of outpatient visits for specialist medical care provided by children's or young people's psychiatrists, as well as in medical treatment for mental health disorders, and the upward trend is particularly dramatic in the case of pubescent and teenage girls. The number of mental health patients trebled for adolescents and teenagers between 1990 and 2007.

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<sup>1</sup> Differences in health and well-being between children and families with children. THL  
<http://www.thl.fi/thl-client/pdfs/b79b33f7-e767-4a74-ab5d-40e9b60a1fe8>

- The surveys suggest that, in recent years, there has been no decline in the number of cases of serious violence, the threat of violence and bullying. A large-scale study of child victims was conducted in Finland in 2008. In it, children spoke of the violence against them in the home, at school and in institutions. Over the long term, there has been a fall in the incidence of mild violence, but barely any change in that of serious violence. The study in question needs to be repeated in the next few years.
- There are inadequate arrangements for health care services for underage asylum seekers.
- There are regional variations in Finland in the quality and availability of health services for disabled children and young people. More specialist knowledge is needed for basic health care in connection with the needs of disabled children and their families.
- Increasing the amount of time that parents spend with their families is also a challenge, partly related to the well-being of children and young people (reconciliation of work and family).

2. Please indicate the current status of the child's right to health under your country's legal framework. Please include information on legal provisions (including Constitutional provisions) which explicitly recognize the child's right to health. Also provide information on legal recognition of key determinants to children's health, including access to safe and adequate nutrition and housing, to water and sanitation, and to health-related education and information.

We assume that the Ministry of Health and Social Affairs will give more details of Finnish legislation on children's health care in their reply.

Finnish legislation and the guidelines based on it in matters of children's health care should be revised and updated.

- An issue of particular concern is the problems connected with the autonomy of minors (Finnish Act on the Status and Rights of Patients, section 7).

Section 7(1) of the Act states that if a minor patient, owing to his/her age and stage of development, can decide on the treatment given to him/her, there has to be mutual agreement between the two parties.

Under the law, it has been left to a doctor or other health care staff to assess the stage of development and maturity of a child, referred to in section 7 of the Act. When a doctor has taken the decision that the child is able to make up his/her own mind, minor's consent is virtually the same as that of an adult in terms of its content and scope.

A particular problem in connection with the autonomy of young people is situations where they disagree with their parents about their treatment or do not want their parents to be told about it. The Act on the Status and Rights of Patients is unequivocal on this matter, in that if minors are deemed mature enough to decide on their

treatment, there has to be mutual agreement between the two parties. They may therefore prohibit provision of information to their guardians (section 9(2) of the Act).

This can lead to a conflict with the guardians' general authority regarding children under the age of 18. Generally, it is the guardians' opinions that should be taken into account as far as possible in the treatment of minors. If the rights of a child come into conflict with those of the family, and especially the parents, the situation should first and foremost be resolved in a way that is in the child's interests.

The rules and guidelines on this issue need to be re-evaluated. Health care staff in such a situation have an immense responsibility, because their decision concerning the child's age and stage of development in practice also has an impact on the parents' prospects as the child's guardians.

Health care staff have also mentioned that there are problems applying current law as regards these matters.

- There should be better cooperation between the various professional groups in health care and social welfare, as well as more resources available to them and improved communications.
- Health care staff should have a duty to notify the police in cases of suspected assault or physical abuse which is identical to that duty in a case of suspected sexual exploitation of a child (Finnish Child Welfare Act, section 25: duty to notify). Investigations into crimes involving assaults on children should be financed entirely out of state funds, as in cases of sex crimes. We are urgently calling for the piloting of the 'children's house' model, to improve multisectoral collaboration in the investigation of sex crimes and violence against children, and to make the work child friendly.
- The use of legal remedies in health care, where it concerns minors and their autonomy, needs to be clarified. Children should be given more information on the work of local patient ombudsmen and opportunities to assess the quality of the health care and medical treatment that they are receiving.

3. Please provide information on national policies, strategies and plans of action for addressing the priority concerns and challenges identified in question 1. Please include information as to whether the child's right to health, including the right to health care, is explicitly referred to in existing policies, strategies and plans of action.

We assume that the reply given by Ministry of Social Affairs and Health will include details of such programmes.

4. Please indicate what role schools have in promoting children's right to health. Is health promotion included in the school curricula?

- Both physical education and health education are included in the school curricula, and the latter is a subject in its own right for upper comprehensive school pupils.
- There is also support for children's and young people's health and well-being through rewarding programmes of exercise and sport in break times, a well-designed and structured school yard environment, and good quality school meals. School meals are free in Finland, which is an excellent thing. Children's feedback should be taken better account if school meals, school yards and break time activities are to be improved.

A school health survey, in which almost all the local authorities take part, provides an excellent knowledge base for monitoring the health of schoolchildren. The aim of the School Health Promotion (SHP) Study is to strengthen the planning and evaluation of health promotion activities at local authority and school level. While the National Institute for Health and Welfare is involved in data collection and reports, the responsibility for the interpretation and practical use of data lies with local authorities and schools. The main emphasis is on the need to process and report the data promptly and to do more to encourage local authorities and schools to use new information to plan and evaluate health promotion,

<http://info.stakes.fi/kouluterveyskysely/EN/index.htm>

Crucial to the development of schools is strengthening the communal culture, where everyone must be involved in preventing school bullying. The criteria for the national curriculum must be based on the notion that schools should comprehensively work towards children's well-being and not merely provide knowledge and skills. The criteria for the curriculum are being revised at present. Getting the children themselves involved, and letting them have a say, do much to promote their well-being and enjoyment. There is still room for improvement in this area in Finland, although a good deal of progress has been made in the last few years.

The government has financed a good number of projects run by organisations in the development of schools and early childhood education. One example is the 'Health Promotion School Checklist', which is a tool for self-assessment for comprehensive schools. Another more recent example is the Nuori Suomi ry (Young Finland Association) project to draw up a nationwide physical exercise and well-being plan for early childhood education.

**5. Please provide examples of good practices undertaken by your Government to protect and promote children's right to health, particularly in relation to children in especially difficult circumstances.**

In Finland, the government provides funding for the work of organisations to promote children's health. There are a lot of projects in this field, three examples of which are the following:

- Finnish Central Association for Mental Health: Princess School Campaign. The campaign's target group is young comprehensive schoolchildren upwards: pupils of upper secondary schools and students at universities of applied sciences and other colleges. Its aim is to inform them about mental health problems and reduce prejudice.

[http://www.mtkl.fi/liiton\\_toiminta/hankkeet/prinsessa-koulukampanja/](http://www.mtkl.fi/liiton_toiminta/hankkeet/prinsessa-koulukampanja/)

- Finnish Association for Mental Health: Feel Good School – Keys to mental well-being at school.

This project, which ran in the period 2010–2011, served to strengthen the mental health skills of student welfare teams and support cooperation within school.

[http://www.mielenterveysseura.fi/hankkeet/lapset\\_nuoret\\_ja\\_perheet/hyvan\\_mielen\\_koulu](http://www.mielenterveysseura.fi/hankkeet/lapset_nuoret_ja_perheet/hyvan_mielen_koulu)

- Finnish Association for Mental Health: Mental Health Skills in Lower Comprehensive School 2012–2014.

Mental Health Skills in Lower Comprehensive School began as a pilot project in spring 2012. The project is developing a teaching module aimed at supporting personal growth and life skills in years 1-6 in comprehensive school. Models and tools will be sought and established to boost well-being and reserves of strength during those years.

[http://www.mielenterveysseura.fi/hankkeet/lapset\\_nuoret\\_ja\\_perheet/mielenterveystai\\_dot\\_alakouluun\\_2012\\_2014](http://www.mielenterveysseura.fi/hankkeet/lapset_nuoret_ja_perheet/mielenterveystai_dot_alakouluun_2012_2014)

6. Please indicate what the main barriers your Government finds when are trying to implement children's right to health.

- The Ombudsman for Children in Finland is of the view that socioeconomic differences in health are the biggest challenge in Finland. Parents' socioeconomic status and level of education have a huge impact on children's health: the children of better educated parents are healthier and have healthier lifestyles (exercise, diet, etc.).
- The differences in the quality and availability of services across the various local authorities are another challenge. The new Finnish Decree on Children's Clinics and School Health Care and other tightening of norms are attempts to keep the problem under control. Nevertheless, there is a need for further measures in this area.
- It is important for schools to function as multi-professional communities that support children's well-being in a comprehensive manner. There is still work to be done here in terms of national guidance, teacher training and school practices. Schools, the health services, the social welfare services, youth work and the cultural services should all work closer together as one entity.