

Rehabilitation

Questionnaire on Rehabilitation scheme that Social Insurance gives for victims of accidents at work and occupational diseases in Finland



Author and Institution: Finnish Workers' Compensation Center (TVK)

1. General regulation of rehabilitation in the Social Insurance

Do(es) the Accident Insurance carrier(s) of your country provide this? Precise the name of the organization(s) responsible for it.

Yes, the Finnish Workers' Comp insurance covers the rehabilitation costs.

2. What does "Rehabilitation" mean in your country:

Does it involve: health care? Social, vocational, medical measures? Reintegration? Reeducation of people? Other...

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Finnish workers' compensation insurance covers the rehabilitation costs of employees if

- the employee's ability to work, functional ability or opp ortunities to earn a living have deteriorated as the result of the injury or illness, or
- it is likely that the employee's ability to work, functional ability or opportunities to earn a living may substantially deteriorate in the future as the result of the injury or illness.

Vocational rehabilitation

The insurance covers reasonable costs of vocational rehabilitation that enable the employee to continue in their former line of work or occupation or transfer to new duties or occupation from which they can earn their main income.

An injured person who studies for a new job or occupation after an occupational accident or occupational disease is compensated for costs arising from the studies and study equipment.



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Assisted livingThe insurance of

The insurance compensates for additional costs arising from assisted living in accordance with the statutory compensation rate. Compensation for additional cost arising from assisted living is paid to the municipality offering the facility, provided that the municipality has issued a decision on assisted living. The employee is paid care allowance to compensate for the costs arising from the need to employ outside help.

Assistive devices

The insurance may compensate for assistive devices which a severely injured employee requires for necessary mobility and for coping in daily functions at home or during leisure time. Such aids may include alterations and additional equipment required for the car, and sports-specific assistive devices for exercising.

Home alterations

After a severe injury sustained in an occupational accident, the employee may require home adaptations in order to live independently. These include, among others, widening doorframes and alterations to the kitchen and bathrooms.

The insurance covers necessary home alteration work due to functional limitations caused by a severe injury. Ordinary home modernisations related to maintaining a standard of housing are not covered. The need for alterations must arise from a compensable claim event and the functional limitations caused by the injury.

Interpreting services

If the occupational accident or occupational disease causes a severe visual, auditory or speech defect, the injured person may require the assistance of an interpreter. The insurance covers interpreting services up to the amount which the Social Insurance Institution of Finland provides under the Act on interpretation services for persons with disabilities.

Adaptation training

Adaptation training refers to the guidance and training given to the employee and his/her family after the injury. Training courses are held by disability organisations and rehabilitation providers. Adaptation training courses are covered by workers' compensation insurance on a case-by-case basis.

Medical rehabilitation

Medical care compensated by workers' compensation insurance includes:

- · necessary medical treatment for the injury and medical rehabilitation,
- examination costs and compensation for pay for the period of examination, if it is found in the examination that the claim does not meet the criteria for a claim event covered by workers' compensation insurance.
- · compensation for pay for a period of physiotherapy.

Workers' compensation insurance covers the following medical procedures

- · Treatment given or prescribed by a physician;
- · Medication prescribed by a physician and the necessary health care supplies; and
- · Medical rehabilitation provided as medical treatment.

The insurance company has the right to redirect the employee to another medical care provider, such as a contractual partner. In this case, compensation is paid in accordance with the payment commitment issued by the insurance company.

Despite the insurer's right to redirect to a different facility, the employee is always entitled to receive treatment at a public health care provider. In this case, the employee is compensated for the amount of client fee charged.

The insurance covers the costs of medical rehabilitation aids. The aids must be standard-level appliances, supplies, programs or other similar solutions that support, maintain or improve



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the employee' ability to work or functional ability in the activities of daily living, or prevent deterioration of the ability to work or functional ability. Compensable medical rehabilitation aids include such assistive devices as elbow crutches, wheelchairs, orthoses and prostheses.

Income compensation for a period of physiotherapy

If the employee receives physiotherapy as the result of an injury or disease, compensation for loss of income is paid for the period of therapy.

If the treatment is given during a period of incapacity for work or outside the working hours, for example, no separate compensation is paid. Compensation is paid for up to thirty calendar (30) days per year.

Increased need for care, assistance, supervision or guidance

The insurance pays a care allowance if the injury or illness reduces the employee to such a state of helplessness that s/he cannot manage without another person's help. The Workers' Compensation Act providers for three care allowance categories. The description of the injury or illness determines the allowance category.

Costs arising from the employment of a personal assistant are not compensable, as the compensation is paid as a care allowance. The allowance is a tax-exempt compensation. Care allowance is, however, not paid for a period during which the employee is treated in a hospital or other institution.

Wear and tear of clothing

Clothing supplement is paid under workers' compensation insurance if, due to the compensable claim event, the injured person uses a prosthesis or support bandage which causes exceptional wear and tear on clothing. The clothing supplement can be paid if the injured person uses the assistive device for a minimum of three months.

The Workers' Compensation Act specifies two categories of clothing supplement. The payment category depends on the type of assistive device used. The clothing supplement is a tax-exempt compensation.

Additional housekeeping costs

Housekeeping refers to cleaning, laundry, childcare, grocery shopping and similar housekeeping tasks, such as clearing snow in winter. However, walking pets is not included in housekeeping.

Compensation is paid if the family cannot manage the household themselves. Outside help is covered only if the injured person does not have a family, or the children are too young to participate in housekeeping tasks. Compensation may be paid when, for example, a single parent is hospitalised due to an accidental injury and requires outside assistance. Another possible situation is when a person living alone cannot clean the house due to an injury.

Compensation for housekeeping costs may be paid for up to one year after the claim event. Only necessary and reasonable costs are covered. This means tasks such as basic cleaning, where the amount of compensation is determined in accordance with the rate specified by local authorities.

An injured person who needs personal assistance due to injury or illness, e.g. help with washing and mobility, is entitled to a care allowance.

Vocational rehabilitation

The Finnish workers' compensation insurance compensates for the injured person's vocational rehabilitation, if the injured person's ability to work or functional ability or opportunities for earning a living have deteriorated or if it is probable that they could deteriorate later materially.

The insurance company must determine the injured person's need for vocational rehabilitation if the disability due to the injury is prolonged. The assessment must be done no later

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than three months after the beginning of the disability and thereafter at least once every three months. The insurance company must ensure that the investigation of rehabilitation needs and opportunities is carried out expeditiously.

The insurance compensates for reasonable costs of vocational rehabilitation involving measures required because of the injury to help the injured person continue in his or her previous work or occupation, or to transfer to a new work or an occupation which can become the injured person's main source of earnings despite the limits imposed by the injury or illness.

The assessment of the need for rehabilitation considers the injured person's age, occupation, previous activities, education, housing conditions, limitations caused by the injury or illness and the injured person's chances of securing work or an occupation in the labour market at the end of the rehabilitation under generally accepted terms.

Vocational rehabilitation measures consist for example of education and training appropriate for the work or occupation.

During vocational rehabilitation the injured person is paid rehabilitation allowance in compensation for the loss of earnings. Rehabilitation allowance corresponds to the full amount of the daily allowance for one year from the date of the claim event. After that, the rehabilitation allowance corresponds to the full amount of a workers' compensation pension, irrespective of any deterioration of the ability to work. However, if rehabilitation does not prevent the injured person from engaging in gainful employment, the rehabilitation allowance is determined based on loss of earnings. Rehabilitation allowance is based on annual earnings.

If the vocational rehabilitation measure taken is re-education/training, then rehabilitation allowance is paid during this re-education/training and during the holiday time included in the curriculum of the training.

After re-education/training rehabilitation allowance is also paid for a maximum of 6 months. Then it is paid if the injured person's annualized earnings are less than his or her annual earnings. By annualized earnings is meant the earnings that the person actually has from work he/she has acquired after training. During the 6 months period the amount of the rehabilitation allowance can be the relative proportion of the full allowance corresponding to the reduction in earnings that took place.

The insurance company must ensure that all the documents necessary for deciding on the claim and benefits are at its disposal as soon as possible. The insurance company must issue the decision on the claim/benefit promptly, and no later than 30 days from the date when it has received adequate information to resolve the matter.

Usually a vocational rehabilitation case starts when the insurance company receives a doctors statement that the injured person has some kind of permanent disability to continue working in the work/occupation he did at the time of the occupational accident and the disability is due to the injury. The insurance company must determine the need for vocational rehabilitation and ensure that the investigation of rehabilitation needs and opportunities is carried out expeditiously. The insurance company contacts the employer and employee and obtains all necessary clarifications regarding the employer's possibilities to arrange work that the employee is still able to perform and the employees own clarifications regarding his occupation, previous activities, education, housing conditions and limitations caused by the injury or illness.

If the employer is not able to arrange work that the employee can still perform, then usually the insurance company gives the vocational rehabilitation case to a service provider that is specialized in vocational rehabilitation services. (For example, Verve https://www.verve.fi/in-english.html).



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Vocational rehabilitation measures compensable according to the Workers' Compensation Act are:

- Investigations to establish the need and opportunities for rehabilitation.
- · Work and training trials.
- · Job coaching in the former or new work.
- Education and training (also costs of studying and learning tools) appropriate for the work or occupation, and the basic training to complete such education and training.

The insurance company pays for both costs of vocational training and compensation for loss of income to the injured.

Provisions (standards, limits) on the compensation for costs arising from training and education and learning tools are given by a government decree.

Vocational rehabilitation is a right and a possibility for the injured person. Compensation for the costs of rehabilitation is paid to an injured person, whose ability to work or functional ability or opportunities for earning a living have deteriorated because of the damage. Compensation is also paid if it is probable that the injured person's ability to work or functional ability or opportunities for earning a living could deteriorate later.

The insurance companies are private non-life companies that also offer ordinary, private insurances. The insurance must be taken from an insurance company with a legal right to issue the insurance in Finland. In issuing workers' compensation insurance, the companies carry out a public administrative duty and function as public authorities. In this context, the companies' activities are governed by the Administrative Procedure Act and the Language Act, among other legislation. The companies' activities are supervised by the Parliamentary Ombudsman and the Financial Supervisory Authority. These companies are members of the Workers' Compensation Center (TVK). The State Treasury pays out compensation to State employees affected by occupational accidents and diseases from state funds. The State does not need to take out separate insurance for its employees.

The assessment period for the need for rehabilitation depends on the type of injury. The law states only that the determination must be done the first time after three months from the beginning of the disability. Thereafter it must be done at least once every three months. With this regulation there was a need to shorter the timespan when vocational rehabilitation begins. Prior to the new regulation it was customary that vocational rehabilitation started quite late and the investigations to establish the need and opportunities for rehabilitation could take one year.

This was quite expensive for insurance companies and the employers who pay the premiums. It is estimated that an employees' disability costs the employer 350 € per day.

Vocational rehabilitation does not necessarily guarantee the same level of earnings as the injured person had before an accident at work or an occupational disease. In such a situation, a partial compensation pension must be paid in the same way as the earnings-related reduction.

If the injured person is not employed, or he or she does not find employment in a job corresponding to education or training, the loss of earnings is calculated over the first three years by comparing the annual earnings with the statistical starting salary in the new occupation. Starting salary refers to wages that would be paid immediately after graduation in the work corresponding to the training.

After three years, a revision calculation is carried out and the annual earnings are compared with the statistical three years' earnings in the new occupation. The three-year level of earnings refers to the salary that would be paid to a person who has completed the corresponding training and has worked in the field for three years.



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If the earnings-related decrease remains, the injured person is entitled to a partial pension in accordance with the reduction.

In these cases, the decision on the accident pension will be issued after vocational rehabilitation within the next five years on a fixed-term basis. After five years, the accident pension decision can be issued as permanent. Even after the permanent decision has been issued, the monitoring of employment and earnings can continue at the discretion of the case-by-case basis.

TVK does not have any recent evaluations or reviews of the scheme. No such reviews or analyses has been made under the new Workers´ Compensation Act.

TVK has statistical information on how many injured persons have taken part of vocational rehabilitation.

Year 2020: 926 persons received rehabilitation allowance (attended some kind of vocational rehabilitation measure) and 57 persons received rehabilitation allowance after vocational education and training. Year 2019: 762 / 26. Year 2018: 535 / 16

TVK has a statistical analysis of the factors that affect returning to work after a serious occupational injury. The analysis was published in 2017 in Finnish and it analyses statistical information of serious injuries that happened in 2008.

3. Does the term "rehabilitation" refer to specialized centers dedicated to victims of accidents at work and occupational illnesses? Is it shared with the health insurance scheme?

Not quite like that. There are many public and private operators in Finland that offer rehabilitation to people who have suffered accidents at work or have contracted an occupational disease.

4. How is it financed? (Within the general contribution for occupational injuries? Special contributions?...)

Rehabilitation is paid by the Workers' Comp Insurance and the employers pays the insurance.

5. Which cash benefits and benefits in kind are included in the process of rehabilitation?

See the answer to question 2



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6. What do you think is special about rehabilitation in your country? (e.g. support in returning to work? Home improvements? Special programs? Case manager? D-Artz as in Germany?...)

Vocational rehabilitation processes may vary in each insurance company. Some might have a comprehensive service provider network, others provide the services themselves with a good case manager system. The insurance premium (tariff/experience rating) can act as an incentive for the employer to be active with return to work -programs.

8. What could be improved in the communication of the provision of rehabilitation measures between the countries?

How does it work if a worker insured in a foreign country (EU, EWR, Switzerland) has to be rehabilitated in your country? Competent Institution sends DA002 (Declaration of cost coverage). You are the institution of the place of residence or stay. What can you do?

If the person has the DA002 or the PD DA1, then we can compensate those rehabilitating costs that are seen as benefits in kind in Finland. Most common costs we compensate as the institution of place of residence or stay are assistive devises and medical rehabilitation. In general rehabilitation in these cross border situations works well, but of course there can be some challenges also (e.g. language issues).

Co-operation in rehabilitation situations works as good as co-operation in cross border cases in general. Biggest problems are the slowness to get answers from other countries / competent institutions and sometimes unclear SEDs sent in EESSI system. But in general if we have gotten the DA002 or the PD DA1 from the competent institution, the co-operation is seamless.

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