

Socialbarometer 2020

Conclusions and Discussion

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The consequences of the corona epidemic raised new social issues

ACCORDING TO BRIITTA KOSKIAHO (2015), a social question describes the kind of needs social policy addresses and how it should be implemented. The spill-over effects of the measures taken in spring 2020 to mitigate the coronavirus epidemic highlighted new and unforeseen challenges, which will once again lead to a review of the issue of social policy implementation.

The launch of the first phase of the coronary epidemic led to unprecedentedly rapid and targeted measures in Finland to limit the progression of the virus. Quite unexpectedly, it became apparent how much damage was caused by well-meaning restrictive measures. As the situation in Finland and in the whole of the world progressed very quickly, there was no time to think properly about the consequences of restrictive measures. We therefore ended up in a situation where the measures caused the greatest damage to people who were already in a disadvantaged position. These included the most vulnerable children who did not receive appropriate support from parents, the elderly, people in a disadvantaged labour market position, mental health and substance abuse rehabilitees and those who are economically disadvan-

taged. Due to restrictive measures, the need for food aid increased. Loneliness and isolation aggravated mental health and substance abuse problems when services were closed, cancelled or converted into remote services. The functional capacity of the elderly was at risk of being reduced as a result of being still for a long time.

From the perspective of social issues, taking responsibility for the consequences of restrictive measures becomes interesting. Who is responsible for remedying damage that was clearly the result of state intervention restrictions?

According to the Socialbarometer, public services only partially reached and were able to respond to these consequences. Third sector services, such as assistance from organisations and parishes also came to help. For people in difficult situations, the situation also activated informal help and support. Neighbours, friends and family helped the weaker as far as they could. However, the provision of assistance was often hampered by the imposed restrictive measures, such as the recommendation not to meet persons of a risk group in the same room, for example people over 70 years of age.

The 2020 Socialbarometer highlighted issues that should be taken into

account in the event of a recurrence of a similar exceptional situation or the re-activation of the corona epidemic.

Divisive lines of the society escalated further

Although the experts estimate that the well-being of the population as a whole has improved compared to previous years, the responses did not, however, describe a decrease in the welfare gap between different population groups, but even an increase in the differences in some cases. The need for support was estimated to have increased for mental health rehabilitees, families with children in need of support and people with many problems in their life situation (see also Salomäki 2020b; Rissanen et al. 2020; Honkatukia et al. 2020a; Save the children 2020).

The corona epidemic and the state of emergency suddenly increased lay-offs and unemployment. This was reflected in the fact that the management of health and social services, TE and Kela emphasised the indebtedness of households and long-term unemployment more than in 2019 as a risk of increasing inequality in the next few years. According to the results, the professionals seemed to fear that the corona epidemic may increase inequality along the same routes as the recession of the early 1990s 30 years ago. In open-ended responses, social workers were worried about the development, in which people with poor functional capacity are at one extreme and healthy people able to cope in the other.

Especially during the corona epidemic, loneliness was suffered by those whose freedom of movement and interaction with other people were restricted.

Remote service worked when the client's unique situation was taken into account

During the corona epidemic, many changes in services became mandatory when face-to-face interaction was abandoned due to the isolation measures of the epidemic.

A lot of positive experience was gained in the use of remote services in social work, services supporting employment, multidisciplinary services and supporting informal carers. Reaching clients over the telephone became important. New instant messaging applications and digital remote communication were also increased.

However, the new digital remote services alone introduced under exceptional circumstances were not enough to support clients. According to social workers, some of the clients would have benefited more from face-to-face service. According to the results, the elderly, unemployed people aged over 50, persons with partial work ability, long-term unemployed, immigrants and some mental health and substance abuse rehabilitees found it most difficult to use new remote services. These groups did not necessarily have sufficient financial or linguistic prerequisites or competence to use the services in question. It was estimated that the users of the services included persons who were also excluded from the services in situations where remote service would have been available. The measures to limit the epidemic also resulted in the closure of, for example, low-threshold meeting places, libraries and residents' houses, i.e. many places where people had previously access to computers and the Internet.

In the future, the development of both remote and telephone services must take into account that they cannot replace the personal support and assistance of all client groups, but are one

part of multi-channel communication and support. Users of remote services must always have the possibility to face-to-face services and encounters as well as feel that they are taken care of. Other forms of support can also be linked to remote services, such as meeting a client outside the office, for example when walking together or as groups in connection with nature excursions (see also Samuelsson 2020; Salonen & Karjalainen 2020, 51). In addition to the remote service, assistance in service use or network work can be offered to improve the efficiency of client support.

At the beginning of the epidemic, there was no tradition of using digital remote services in social work, whereas Kela had developed these remote services for a long time. Existing services could also be utilised in TE Services. In social work, electronic remote services were introduced in many municipalities on this scale at a very fast pace, even though there was little previous experience of applying them to client work.

Regional differences in concerns and ability to respond to service needs

Regionally, the respondents were concerned about different client groups. Social workers in the population base of large people, over 200,000, were more concerned about those living on basic security benefits and asylum seekers than social workers in smaller areas. In the areas with between 50,000 and 200,000 inhabitants, the social workers were especially concerned about the situation of mental health rehabilitees. These municipalities were also more concerned about low-income pensioners than other regions. On the other hand, the areas with less than 20,000 inhabitants demonstrated slightly more concern about families with children in need of support than larger areas.

The loneliness of the elderly was more worrisome elsewhere in Finland than in Uusimaa.

Regional differences also emerged in the assessment of how clients' needs could be met. In the early stages of the epidemic, it was estimated that large cities and cooperation areas would have better opportunities to carry out personnel planning that supports the crisis situation and resource planning at the strategic level already in the first phase of the epidemic, for example by transferring personnel from one task to another (cf. Rissanen et al. 2020, 24). However, in the light of the results of the Socialbarometer, representatives of regions with large populations did not estimate that they had performed better during the corona epidemic than areas with a smaller population. Instead, social work and some services for the elderly from small areas demonstrated more positive assessments of responding to service needs than areas with a larger population. Representatives of regions with a smaller population could also better assess how the needs of persons with memory disorders, informal carers and elderly people in need of support had been met in the area. According to social workers working in small areas, it had also been possible to meet the service needs of mental health rehabilitees better than according to social workers in large areas.

Regional differences were also visible in responding to service needs between Uusimaa and the rest of Finland. According to the social welfare and health-care management and social workers, enabling personal face-to-face services was better elsewhere in Finland than in Uusimaa. According to estimates, the service needs of basic social assistance clients had also been better met elsewhere in Finland than in Uusimaa.

In areas with large population bases, there was less awareness of meeting the

needs of clients outside their own sector than in areas with a smaller population. A similar situation was also visible in Uusimaa: Social workers had somewhat more difficult to assess, for example, how the service needs of mental health and substance abuse rehabilitees were met.

There are several explanations for different regional assessments. In large municipalities, where homelessness, for example, is much greater than in small municipalities, it was understandably more difficult to respond to the difficulties caused by the expense of living. There are more people living on basic social security in the areas with large population bases, so there was also, of course, more concern and dissatisfaction in these areas. The same applies to assessments of asylum seekers' situations.

Those working in Uusimaa's social and health care services felt that the availability of social services, health and employment services, the low level of basic social security and the expense of living were considered more important issues that will lead to inequality in the next few years than in other parts of Finland.

In responding to the needs of social work clients, it is slightly more difficult to find the reasons for the satisfaction of those working in areas with a smaller population base. The observed satisfaction in small areas may be due to the fact that in smaller municipalities clients and other services and actors supporting clients in the area are better known and their situation is easier to monitor than in large municipalities.

Regional differences in the resourcing of services may also explain the differences. Respondents from smaller regions may also be less critical than respondents from larger regions. On the other hand, concerns are expressed about children and young people in

need of support in smaller areas.

In any case, there were geographical differences in the assessment of the social impact of the corona epidemic. Experts' possibilities to assess client situations also varied between regions of different sizes. As a result, future reviews should monitor whether views are balanced between different regions or whether this is a more permanent phenomenon.

Flexibility in services and benefits

The Finnish social security system is being reformed. According to the Social Security Committee (2020), social security benefits and services, among other things, are poorly targeted. The services and benefits do not support each other and the status of the benefits is overemphasised compared to the services. As a problem, the Social Security Committee (STM 2020, 4) also mentions that benefits are not always tied to the services that people need most. This would require more flexibility and tailoring in social security, but without compromising the equality of clients.

The results of the Socialbarometer often included wishes for targeted and tailored actions to help and support people. Some of the elderly needed help and support from many different sectors to cope at home during the corona epidemic. Some municipalities responded quickly to the changed situation and, for example, decided to make calls to the elderly and increase service use and shop assistance. Support would also have been needed to alleviate loneliness and maintain functional capacity and mood, but less of that was offered. For example, organisations could play an even stronger role in this.

A large part of TE management called for tailored measures in the services of vulnerable groups. The concern was, for example, the prolongation of un-

employment among newly graduated or unskilled young people, jobseekers with partial work ability and immigrant clients in the changed labour market situation. Securing support for job-seeking, supporting new business activities and ensuring that groups at risk of exclusion from the labour market are better taken into account was considered important. The TE Services wanted to support employment, especially through pay subsidies and by improving the skills of jobseekers.

When considering the flexibility of social security, it must be taken into account that social and health care services are different in nature from Kela's benefits and employment services. In social and health care services, the client is usually encountered more comprehensively, which means that the number of factors affecting the situation is usually also higher. In addition, more consideration is used in client work in social services than in Kela and employment services.

Resilience refers to a flexible ability to cope with unexpected changes and threats (see Hynes et al. 2020). This was reflected during the epidemic in that the necessary support and services had to be quickly brought into line with the changed situation. For example, due to the sudden increase in the number of clients in Kela, additional social assistance reviews were rarely requested and new epidemic benefits were quickly introduced, such as epidemic support and labour market support for entrepreneurs. The entrepreneurs' need for unemployment security has been known for a long time, and the need was now clearly seen in a crisis situation. TE services, in turn, changed practices by aiming to focus on ensuring that people quickly receive an unemployment security decision.

In order to facilitate the situation of informal carers, more support would

have been needed during the corona epidemic. The situation was difficult, as digital remote services tailored were not very suitable for older informal carers, for example.

In social services, working methods were also changed flexibly. The proliferation of remote work and remote meetings between authorities was mainly considered a good change in social work. The work was seen to be more efficient and accelerated as disruptions and movement between places decreased. Different forms of remote work were considered so positive that their continuation should also be considered during the post-epidemic period.

Experience of the overall well-being of the population during the corona epidemic

The respondents' assessment of the overall well-being of the population was a surprise to the researchers. In May 2020, overall well-being was considered better than ever before in the Socialbarometer.

One reason for the positive outcome of overall well-being was probably that the peak of the epidemic had already been passed at the time of the survey. This was why positive phenomena related to restrictive measures could be highlighted in the responses, such as remote working, closer family ties and the decrease of rush. At the time of the survey, respondents could also estimate that the situation had developed in a positive direction since the threat scenarios in March and April.

However, the observations also differed regionally to some extent. The social welfare and healthcare managers and social workers' assessments of the overall welfare situation were weaker in Southern and Western Finland, which was more affected by the corona pandemic, than in Eastern and Northern

Finland.

Social workers also described their surprising client experiences. When society halted, everyone was kind of in the same situation: out of workplaces. People were no longer embarrassed to walk out alone during the day or to stay home all day because everyone else did so too.

Some social workers said that clients became active in helping others, even though their own situation was poor. They had taken care of their own loved ones, for example by helping their elderly parents and demonstrating their willingness to help neighbours and acquaintances within the limits of their abilities and possibilities.

However, the respondents' estimate was weaker than in the previous year on the development of overall well-being during the coming year. In addition, the difference between the current estimate and the estimate of next year was greater and more negative than in a decade. This may be because, according to their assessment, the potential adverse effects of the corona epidemic on the economic situation and well-being will only become apparent with delay or when the epidemic spreads more evenly across the country.

Responsibility for social risks in emergency conditions

The corona epidemic highlighted the vulnerability of the Finnish social security in emergency conditions. For example, the question of whether public services are responsible for last-resort support and security has been questioned for a long time. The responses of the Socialbarometer indicate a serious increase in economic problems as a result of the corona epidemic. In Finland, social assistance is a last-resort subsidy that guarantees the livelihood required for a decent life referred

to in the Constitution of Finland. It is therefore worrying that so many social workers reported on problems in cooperation with Kela, which is responsible for basic social assistance.

The enormous number of people using the last-resort social assistance, the increase in debt problems and the continuous increase in the need for food aid have highlighted the weaknesses of the state social security system. According to Juho Saari (2019, 13), social assistance clients should not be, for example, ill or unemployed. Social assistance should be last-resort support, which is only needed in exceptional cases. According to the Socialbarometer, this mindset has not been realised in Finland. Responsibility for the failure of the last-resort safety net has had to be borne by organisations as well as the parishes' diaconal work.

The corona epidemic illustrated this change very concretely. Where the public sector failed, the third sector compensated what it could. However, the restrictive measures taken as a result of the corona epidemic showed that even this cooperation, which was thought to be almost normal, was not enough. We also needed the so-called fourth sector: volunteering, neighbourhood assistance and independent support for those who were no longer able to handle their own affairs.

The situation of the elderly, in particular, was difficult in the exceptional situation: while the informal help and support of the loved ones had gone down or had been reduced, the assistance provided by the municipality was also reduced. The situation became particularly difficult because the service needs of the elderly increased as a result of increasing loneliness and insecurity and reduced functional capacity.

According to Saari (2019), the welfare state is only worth the concept if it has a proven positive impact on pro-

moting standard of living, quality of life and lifestyles, especially within vulnerable groups. Based on the results of Socialbarometer 2020, there is reason to be particularly concerned about how the welfare state maintains its promise to look after these vulnerable people.

The comprehensive reform of social security, which was launched in 2020, will also have to take a stand on the share of responsibility for social risk-taking among public actors – the state, municipalities and employers – and on the extent to which the risks are transferred to civil society.

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