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3 Finnish welfare service system from the standpoint of women in vulnerable life situations

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Abstract

In this chapter, the authors analyse how the Finnish welfare service system, as it consists of different institutions and professionals, meets or fails to meet the needs of women in varying vulnerable life situations. The participants are women with severe substance abuse problems, women sentenced for committing a crime and poor lone mothers living on basic social benefits. The findings show that women's experiences of encounters with welfare professionals as well as their access to and use of the services share a number of characteristics. They described several barriers and problems related to the complexity of the service system. These included receiving only limited support for basic needs combined with the experiences of stigmatisation and the lack of trust in professionals and problems with face-to-face interaction with them. There is a moral stigma on these women, who have failed both as 'active citizens' and as 'decent women'. The welfare system does not recognise their specific needs as women. The guiding principle of the Finnish welfare service system is gender equality rather than a feminist or gender-sensitive approach, and women-specific welfare services are rare.

Introduction

The Nordic welfare state has been described as a woman-friendly state (Hernes 1987).

Historically, it has been an important ally for women, and their needs and interests have been taken into account in welfare policymaking and developing the service system. In Finland, woman-friendliness has primarily referred to the extensive public care services for children

and older people, which have freed women from informal care responsibilities and given them access to the labour market and economic autonomy (Anttonen 1997).

However, the Finnish welfare service system itself is rather gender-blind. Its aim to treat service users equally has turned into sameness, where gender differences and the specific needs of women have been disregarded. For example, until recently, violence against women has been seen as ‘family violence’, and professionals in health care and social services have often failed to recognise it or found it difficult to intervene (Virkki et al. 2015; Virkki 2017). Furthermore, there are few women-specific services, and feminist social work has never properly arrived in Finland (Kuronen et al. 2004).

In this chapter, we analyse how the Finnish welfare service system, its different institutions and its professionals meet or fail to meet the needs of women in varying vulnerable life situations. In this study, they are women with severe substance abuse problems, women sentenced for committing a crime and poor lone mothers living on basic social benefits. What these women share are the problems they face with the welfare service system.

By using the concept of vulnerable life situations, instead of referring to these women as vulnerable individuals or groups, we want to turn the attention towards the society and its institutions, including the welfare service system, which compensate for, but possibly also generate and (re)produce vulnerability in these women’s lives (Virokannas, Liuski and Kuronen 2020). We use institutional ethnography as our theoretical and methodological framework (Smith 1987, 2005). Within this framework, individual experiences are seen as being bound up in ‘ruling relations’ that organise these experiences and people’s local actualities (Smith 1987, 157–158; Campbell 1998; Grahame 1998). By ruling relations, Smith (2004, 79) refers to the “internally coordinated complex of administrative, managerial, professional and discursive organization that regulates, organizes, governs and otherwise controls our societies”. Institutional ethnography allows us to focus on the service system

without losing the standpoint of women and the connection with their experiences as its service users (Kuronen 2020).

The data were collected mainly using ethnographic interviews. The interviews were not used to reveal informants' inner experiences but to investigate institutional processes (DeVault and McCoy 2006). The data concerning women with substance abuse problems come from seven group discussions and three individual meetings with 13 women aged 25–55. Participants had engaged in heavy drug use during some period of their lives, and most of them were still using drugs weekly or even daily. The data of women sentenced for committing a crime was gathered through interviews with 25 women, aged 23–55, who were in prison at the time or had been recently released. Women in both data sets had multiple problems in several areas of their lives and needed a range of medical, financial and social services. The third data set was gathered through face-to-face interviews with 16 low-income lone mothers aged 20–58. They were either unemployed, students or on maternity or child-care leave, while some of them had chronic diseases and were on sickness leave or pension. All of them had experiences of financial hardship and had applied for basic social benefits.

On the basis of our previous studies (Virokannas 2017, 2019; Salovaara 2019), the life situations of these women and the problems they face in their daily lives differ. In this chapter, however, we will focus on similarities in their experiences concerning encounters with the welfare service system and its professionals, in their access to and use of the services.¹ These experiences are positioned in a time and place where the Finnish welfare state and its service system have for some time been undergoing a process of major transformations.

The transforming Finnish welfare service system

In recent years, researchers in different countries have critically analysed changes in social policies and welfare service systems with terms such as neoliberalism, austerity measures, activation policies and increasing private responsibility (e.g. Martinelli, Anttonen and Mätzke 2017; Kamali, Jönsson and Alseth 2018). Finland is no exception to this trend.

Finland has been described as one of the Nordic welfare states, meaning that it features a universal social security system and extensive public social care services that provide support in and protection from social risks throughout an individual's life course and which reduce social inequalities (Anttonen 2002; Kangas and Palme 2009). Increasingly, however, these principles have been put into question. The transformation that the Finnish welfare state has undergone since the 1990s has reversed the emphasis from expanding and improving the welfare state to tightening social spending and increasing individual responsibility for social risks (e.g. Kokkonen, Närhi and Matthies 2018). The marketisation of public services is a strong trend (Anttonen and Karsio 2017). The reform of the basic social assistance system in 2017 has, since its inception, caused additional problems with financial security for many low-income people (Blomberg, Kroll and Kallio 2018; Blomgren and Saikkonen 2018; Chapter 8, Krok in this book). Overall, services and benefits for people living in poverty have weakened, and food bank lines have become a permanent phenomenon in Finnish society since the 1990s (Silvasti 2015).

For more than ten years, several Finnish Governments have tried to launch a massive social and health service reform, sometimes described as the biggest reform ever in the world. The political parties in power have had their own ambitions concerning the reform and have failed to find a compromise to implement it. The original aim of the reform was to improve the quality, regional availability and cost-effectiveness of the services by restructuring local and national responsibilities in their funding and provision. It also aims at the integration of social and health care services to provide better services for those using both, but the focus has

strongly been on health service reform (Saltman and Teperi 2016; Kangas and Kallioma-Puha 2018). To date, all of these efforts have failed, most recently in spring 2019.

Meanwhile, the local governments, which currently carry the main responsibility for providing social and health services, have made their own decisions in reforming and privatising services.

The reform project, but also other transformations in the service system, has been criticised for ignoring the complicated needs of the most marginalised and ‘heavy’ service users (Hiilamo 2015; Hellman 2019). Service users are increasingly seen as consumers who are expected to choose and purchase the services and be aware of their legal rights (e.g. Rajavaara 2014; Toikko 2014). This requires knowledge, social and economic resources that people in vulnerable situations often lack. These transformations might make the access to, availability and use of the services even more difficult for women in vulnerable life situations with multiple needs.

Women’s welfare service experiences

The problems women in vulnerable life situations face when seeking services seem to be quite similar regardless of time and place (Taylor 2010; Hines 2013; Lavee 2017; Virokannas 2019). Our findings also show that, in certain aspects, women’s experiences concerning encounters with welfare professionals and access to and use of the services have similarities. Women with a criminal background, histories of drug use, as well as low-income lone mothers described several barriers and problems. These problems are related to the complexity of the service system, receiving only limited support for basic needs combined with the experiences of stigmatisation, and the lack of trust in and problems with face-to-face interaction with professionals.

Complexity of the welfare service system

The welfare service system is complex and fragmented, consisting of different institutions, services, professional groups and benefit forms. It requires knowledge and resources to determine where to obtain services and how to apply for social benefits. Women said that they would need more guidance and information in operating within the system. To them, it was hard to understand and looked like a jungle with arbitrary rules.

In the case of low-income lone mothers, the social assistance system felt complex and inflexible after its move to the National Social Insurance Institution (Kela). Previously, the social assistance was dealt with in the local social welfare office. The women were not only unfamiliar with the new system, but now many of them had to apply for financial support from several places. They first had to apply for the basic support from Kela. If that support failed to cover their needs or their application was rejected, they had to apply for additional assistance from the local social services. Maria describes how applying for income support is a difficult and confusing process.

That's exactly what they said in the child welfare services that first you apply for this and then it comes back like a boomerang from the basic social assistance and not until then can you really apply for it. [laughs]

After that, it goes to the municipality and then you might ask to meet a social worker. And now I should apply, but, I mean, it is the thing that I cannot take care of my business right now. That's why we made the supplementary application over a week ago. And I was supposed to check from Kela's website and everywhere those attachments when I am at home. And I have not done that yet. I mean, it takes several days to do that, you know, to be able to do that in my situation in which I have other things to worry about [—]... the supplementary benefit application, you should point out there that you want to

meet the social worker. Well then, I suppose I must go there to make the third application about the same issue.

(Maria)

Maria describes how the system that requires several applications with different documents for each benefit looks absurd from her standpoint. There are several steps in the application process, and the applicant can only wait and fear for the outcome. Maria finds her life situation as a mother who is solely responsible for her children burdensome enough without these bureaucratic procedures. It takes a lot of strength, and that is why she hasn't managed to complete the application, which means that she has to wait even longer and find other means to support herself and her children while waiting.

Women with a criminal background and a long history of substance abuse require help and guidance in many aspects of their everyday life. They were either unaware of where to get help or unable to get any. They discussed getting help as if it were like a stroke of luck. It was coincidental and occasional, not systematic or planned and rarely recognised their specific needs as women. Being released from prison is an extremely crucial moment when integration into society may or may not succeed. The most problematic issues are related to housing, coping with the authorities and substance abuse problems (Salovaara 2019; also Chapter 7, Salovaara in this book). Susanna describes the difficulties she had after being released from prison:

And we know what it is. Like when you are released and you just have to take care of everything. Bills for example. And you just haven't paid anything. Like throwing them in garbage bin, if there are some. That just wasn't part of your everyday life then. Not to mention cooking, or doing laundry, cleaning. Those just were not part of your life before. Or socialising with people. You go to offices and try to solve your things... It's just

impossible. Like filling out some forms. Just a simple form to fill out, you just can't understand it!

(Susanna)

The contrast between controlled and structured life in prison and civilian life with freedom and responsibility to take care of ordinary daily tasks seems huge to Susanna. Along with everyday tasks she was not used to manage, she needed to deal with the welfare service system. Seeking help and filling out applications was the most difficult part because she did not understand what she was expected to do.

In the next extract, women with drug problems also discuss the difficulties they have had in understanding the requirements of the service system. Previously, women had discussed how hard it is to receive housing services while having drug problems.

PAULA Well, you just wonder who do you want to or who you should please?

[The other women agree with Paula.]

ANNA What should you be?

PAULA You are not good enough for anyone.

KAISA Do you have to be sober or do you have to relapse, use drugs? I mean, you never really know what they want.

PAULA Yeah, that's what I was asking them, should I start right here to use something or, you know, mess around to get that dormitory room? Or... If I am in too good shape for them, my head is too clear, you know I guess I have to change my way of living totally. I mean, if I am not good enough like I am.

The women shared the experience that it is hard to know what the requirements to get the services they needed are. For them, it seemed that the decisions concerning their life were made somewhere in the system, and they were powerless to be involved in those processes.

Furthermore, the rules might arbitrarily change. Occasionally, their problems seemed to be too serious to receive certain services, while at other times, those problems were defined as too minor to be entitled.

Limited support for basic needs and feelings of stigmatisation

In addition to the complexity of the system, women face other problems in availability of and access to the services, such as long distances, long queues and waiting times for decisions. Even if they managed to meet a social worker or another professional, they were often offered only minimal support without assessment of their life situation as a whole. Feelings of being stigmatised when seeking support for basic needs were common and might lead to withdrawing from the services entirely.

Women did not expect much from the authorities. For example, from social work, they usually only expected that their social benefits were correct and came on time. However, they reported several problems even in getting minimal support. In the next extract from the group of women with drug problems, Irene has just explained her situation after losing her apartment. Her social worker was supposed to support her with practical matters, but Irene felt that she did not receive any help.

IRENE She [the social worker] was so bitchy. She did not take care of anything. I mean, all my business, I did not get a moving van, she just did not do anything, I mean, I got some 20 euros to my account and like this and I did not get anything.

[A few lines removed]

IRENE But then there was an even worse bitch in the Asso [housing service]. I had to go there after, you know, I lost my stuff, all my stuff, because they did not give me any financial support, you know, any place to store my things.

JAANA You mean a storage space

IRENE Yeah, a storage space [changes her voice and imitates social worker's talk:] *it is not our duty*, not their duty and I wondered why they arrange storage for everyone else

JAANA You would have the right to get it

IRENE I lost everything. All my stuff was gone, you know. And then, they really can make your life like hell and I think I was on some black list for several years after that.

In Irene's story, basically quite a small neglect from the social worker led her life into chaos. From Irene's standpoint, the authorities limited their responsibility to the minimum, which caused **her to lose not only** her home but also all her belongings.

Women with a criminal background also have problems with housing. Especially women having severe problems with substance use and other difficult life situations are often released from prison and receive only minimal help with housing.

RESEARCHER The last time you got released here you said that you didn't have a home. Did you have something already done here for you release, like an appointment at the social welfare office?

SANNA I had the money in my bank account.

RESEARCHER Well, that was that.

SANNA I didn't have to go stealing as soon as I got out. But nothing much though, like I tried to get an apartment but didn't get it. Then I went and complained in the social welfare office. They seemed to have a picture of me that I'm a junkie and that's the only thing I'm going to be, so leave her be. Like I have no value in society anymore, not in any office or anywhere really. Like I have already screwed up my things. It's like really difficult to get back.

Just like Irene before, Sanna describes that she received no help with housing and she spoke about the stigma she felt as a service user. Integration back into society begins from having somewhere to live, a home, but Sanna felt the only safety net she had was some money in her

bank account. She also combines her description of seeking support from the social welfare office with feelings of being stigmatised: from the authorities' viewpoint, she is not worth supporting because she has already screwed up her life. Feelings of stigmatisation were also present in the experiences of low-income lone mothers when applying for social benefits.

I applied for the income benefit last autumn and it was a shocking and a humiliating experience. I was there at Kela, I had a sort of officer who I visited and it went quite well. But then I began to receive those letters they sent, I mean requests for clarification. Those phrasings and how they express their requests were so awful, that I have not applied for income benefits since. And won't do it anymore.

(Sini)

For Sini, the face-to face encounter with Kela's official went fine, but she was confused about the clarification requests that came afterwards. She felt the expressions of Kela's letters were so humiliating that she gave up applying because she no longer trusted its procedures. Another mother felt that applying for income support was so stigmatising that she preferred standing in the food bank line instead (see also Linnavirta, Kroll and Blomberg 2019).

We are struggling financially. I experienced it as a salvation, when I realised that I would get food aid. After that day, during the last year, I have been applying from the church food bank line for bread and a bag of food.

(Miina)

In the Finnish welfare state, seeing the food bank line as 'salvation' cannot be anything else than a sign that the system has failed. Women described applying for basic social benefits as frustrating, 'soul destroying' and a 'shocking and humiliating experience'. The shame and stigma related to social assistance are deeply embedded in the history of classifying people into 'deserving' and 'undeserving' poor, and lone mothers still easily face moralistic blame.

In the UK context, Mary Evans argues that in the current political climate, “pathologisation of those living in poverty increases the pressure on women to be ‘respectable’ employed citizens” (Evans 2016, 450).

Lack of trust – face-to-face interaction with professionals

Women reported difficulties in face-to-face interaction with the professionals. They were tired of explaining their situation to changing authorities and felt that nobody was interested in their life situation as a whole. These assumptions were based on their previous experiences. In the social benefit office, the encounters were experienced as rather bureaucratic and neutral, but in the case of women with drug problems and a criminal background, there was deep distrust and negative experiences.

In the next extract, three women with drug use history share their experiences of the encounters where they had trusted the authorities and been honest about their substance use. Previously, Niina’s therapy had been ended as soon as she told the therapist about her occasional recreational drug use. She describes how she was again honest and once more did not receive help:

NIINA And then I went to the XX’s emergency treatment because I did not feel well and, and then they started to ask if I have used any drugs, you know. I wondered if I should this time lie but then I thought that no, I will be honest and once more also there it felt, kind of, well, you have to first go to the drug tests and you must do this and that before you can come back to these. I mean, to the mental health services

[A few lines removed]

IRENE It is just like you said, I have been punished so many times for being honest [Irene tells about her friend who has have similar experiences.]

KAISA Yeah, it does not help anyway, or it might help but then you start to doubt you know.

Would it still be better to lie, just tell huge lies.

All three women had experiences that it is better not to trust authorities. Talking honestly about one's drug use in one service created barriers to receiving other services. In Niina's case, she was bothered by mental health problems while her drug use was a minor issue.

However, giving clean drug tests was set as a condition for receiving any services.

Women also described how social workers' or health professionals' behaviour changed in face-to-face interaction as soon as their drug use was revealed. Women with criminal background had similar experiences. Next, Laura describes how a social worker was suspicious and even scared of her and her husband as they tried to seek support from social welfare office after their release.

LAURA We went there once, got in, it was the only time. And then there was a young girl, you know. Goddamn she was so scared when we told her that we have been in prison. She was like panicking in the room. You know, I felt kinda bad. I felt a bit sorry for her. But we weren't. All our history and every detail were in our papers. That we are loud, that when we get nervous in the office we might get loud. Well of course she had read all the papers, so that's why she was even more scared. There was the security guard all the time walking in the background. Like they had gotten the information about what we might be like.

RESEARCHER How did it feel?

LAURA It felt kind of stupid and like a bit weird. I kind of got the feeling like I'm not a normal citizen anymore, because I've been to some prison for nine or eleven months. Like does that make me a really violent person immediately?

Laura begins by emphasising that she has visited the social welfare office only once and will not go again. She and her husband had been in prison for violent crimes, which could be seen in their files. The young social worker had obviously read the files and that was the reason for

her reactions and security arrangements. Laura felt that she was treated as a violent and dangerous woman who was not able to get any support. It was widely shared among women with criminal backgrounds that the encounters with social workers were stressful and frightening. Social workers have the power to support or reject their requests, and face-to-face encounters contained significant tension.

Social work is expected to take an ethical stand and empower as well as advocate for people in marginalised and powerless positions within society. In particular, feminist social work practice emphasises recognition of women's specific needs and an equal relationship between social workers and their female clients (Dominelli 2002). Instead, the women in our study would rather avoid social workers and other professionals. They do not trust the Finnish social welfare system and want to reveal their personal life to the authorities.

Conclusion

From the standpoint of the women in this study, the Finnish welfare service system presents itself as a complex and complicated entity with arbitrary rules that are difficult to understand and predict. Encounters with the system and its professionals often left these women with feelings of frustration, stigmatisation and even anger for being treated and categorised as poor, drug-using or criminal, even violent women. Thus, they felt that the service system and its professionals cannot be trusted, and it is even wiser to avoid it if possible and seek help from other sources.

Women's expectations of the service system and its authorities were modest. They expected support mainly in basic needs related to their poor financial situation as well as housing and health problems, but even in these, they were often disappointed. Especially living without a home due to a lack of support and services was fatal. Having a home means a return to society for women released from prison. It provides privacy and safety from violence that

homeless and drug-using women face on the streets. It also provides a place where one can look after one's hygiene and clothing in order to feel more like a woman. For those women who are mothers, it also offers better chances to have their children returned to them from foster care (Salovaara 2019).

Women's experiences of the service system were often personified by certain professionals, most of them women as well, whom they blamed for not understanding their situation and rejecting their requests for benefits or services. These experiences often have negative concrete consequences in women's lives, worsening their already vulnerable situations.

However, both service users and professionals are embedded within the same relations of ruling (Smith 1987, 3) of the welfare service system and are part of its organisational order (Hicks 2009; Høgsbro 2017; Kuronen 2020). These include national policies and legislation, local procedures and organisational guidelines as well as practices structuring the welfare service provision. Due to tightening economic conditions and the changes in the Finnish welfare state, professionals have been shown to suffer from 'moral distress', with an accompanying emotional burden, when they are not able to behave according to their professional code of ethics (Mänttari-van der Kuip 2016). Thus, instead of focusing on the actions or attitudes of individual professionals, it is important to ask how the welfare system should be developed to better meet the needs of these women and whether more women-specific services and interventions would be needed.

At least in principle, these women would benefit from better integration of different parts of the welfare service system, including social benefits, because they often have multiple needs and would require strong and long-lasting support to improve their situation. This is one of the original aims of the Finnish social and health service reform in progress, but there are doubts whether the system will be developed according to the requirements of those needing it most. Instead, the service system, especially after the changes it has undergone, is

increasingly built for those who are capable of making their voice heard, searching for and demanding services, and knowing their rights; in other words, for those who work within the system as expected.

The welfare system does not consider women's situation and their specific needs as women, but it also seems that women rarely mention these needs in their encounters with professionals. The guiding principle of the Finnish welfare service system, as well as the whole society, is gender equality or neutrality rather than a feminist or gender-sensitive approach. Women-specific welfare services are rare. They are something 'additional', available only occasionally and locally as specific fixed-term projects, often organised by NGOs (Haahtela 2014). There is still a moral stigma on these women, who have failed both as 'active citizens' and as 'decent women'. They are aware of this status and have to cope with it in their daily lives unless they receive the professional help and services that take their needs seriously and treat them respectfully as women.

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