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## **The role and position of the third sector in social and health care system? Reflections from Finnish Reform**

In Finland, a historical reform of social and health care service was launched in the beginning of 2023, after years of planning. As the Finnish members of the journal's editorial board, we use this opportunity to reflect on the reform from the viewpoint of the third sector. New regional bodies responsible for organizing healthcare, social welfare and rescue services are officially called wellbeing services counties (see, Ministry of Social Affairs and Health, 2023). These wellbeing services counties are governed by public law that is separate from municipalities and the state. Overall, the idea of the social and health care reform has been to offer “broader shoulders” for the costs and for the provision of social and health care services that were formerly offered by municipalities and federations of municipalities. The former municipality-based provision of healthcare, social welfare and rescue service by municipalities and federations of municipalities is now replaced by the 21 self-governing wellbeing services counties (Ministry of Social Affairs and Health, 2023).

To give some background, Finnish social and health care system has been siloed and fragmented, and the system has produced inequality for instance in terms of access to care. As the study of Tynkkynen et al. (2022) shows, a higher share of people reported unmet care needs in Finland compared to Sweden, for instance. Overall, the Finnish welfare system still relies heavily on trained public servants while at the same time the shortage of professionals is critical among social and health care professions worldwide and also in Finland (Boniol et al., 2022; Finnish Government, 2022). With the reform 173,000 social and health care professionals have now a new employer: these organizations need to create solutions to retain the current staff and to attract the new generations to work in the social and health care sector.

Against this backdrop, the aim of the reform has been to ensure equal services, reduce inequalities in health and wellbeing, and control the growth in costs, by reforming the structures of social and health care provision, and enhancing integration (Ministry of Social Affairs and Health, 2023; Paananen et al., 2023). These aims reflect the guiding principles of universal health coverage (UCH), which emphasize people's right to access high quality, person-centered health services. Similarly, it is easy to find the connection with UN's sustainable development goals (SDG), especially the goal number 3 on good health and wellbeing (World Health Organization, 2023).

The duties of the new wellbeing services counties are specified to cover primary and specialized healthcare, social welfare, services for children, young people and families, services for working-aged people, mental health and substance abuse services, services for

persons with disabilities, student welfare, rescue services and prehospital emergency medical services. Co-operation with municipalities is highlighted, at least on a rhetorical level, as municipalities are now focusing on promotive actions and the responsibility, for example, for children's day care, education, sports and culture, lies still in the municipalities. The co-operation with other key stakeholders, the private sector and third sector organizations is currently described as supplementary to public health and social services. (Ministry of Social Affairs and Health, 2023.)

The process of the reform has taken years, and accordingly, several different governments have been leading the process with different political goals, concerning especially the role of private social and health care markets, and the administrative organization of the social and health care system as multi-level governance (see, e.g. Vakkala, Jäntti & Sinervo, 2021). At the same time, the role of the third sector in the social and health care system has not been as actively discussed and debated. This is not to say that these organizations would not be essential for the social and health care system. In the past, the third sector in Finland has built the welfare state together with municipalities and the state, and they still play an important role as a producer and innovator of social and health services. The third sector, and civil society overall, has initiated many services that have evolved into core welfare state services, such as maternity clinics, maternity packages and social housing (Anttonen et al., 2012). Also, the current system strongly benefits from third sector collaboration (e.g., Tuurnas, Paananen & Tynkkynen, 2023).

Moreover, over the past decade, the operational logic of third sector organizations has changed, especially with regard to their core tasks: third sector organizations operate more professionally as service providers, and they are increasingly engaged in paid work. This is naturally not just a Finnish phenomenon but follows European trends in civil society developments (Brandsen et al., 2017), and the marketization trend (see, e.g., Rantamäki 2016). In Finnish context, the marketization shift can also be connected with the national interpretation of European Union regulations, especially competition law, which has forced third sector organizations to compete with private companies and has reduced the opportunities to realize their role as actors of and on behalf of civil society (Särkelä, 2016).

When it comes to the role and position of the third sector in the current reform, one can describe it, at the very least, as not ready. The ties between third sector organizations, municipalities and new wellbeing services counties are a messy construct. To demonstrate, a survey conducted by SOSTE, Finnish Federation for Social Affairs and Health (2023), showed that it is still unclear which government level in the new social and health care system is responsible for offering financial support for third sector organizations. This is due to the ongoing institutional unclarity of where to "locate" the collaboration with the third sector in the division of responsibilities between municipalities and wellbeing services counties, as the work of third sector organizations is both preventive, but also strongly linked with social and health care processes.

Reflections of this development could be seen for example in the field of mental health where many of the third sector organizations are providing different kinds of promotive and preventive activities, as well as trying to fill the gaps in the service system, not only for those seeking help, but for their families and networks (Creswell-Smith et al., 2021). The responsibilities of mental health care should lie with the public system in Finland, but when these services are not available, third sector organizations try to provide support from a human-to-human viewpoint, regardless of whether that is part of their objectives or competence area. While the number of people seeking help for their mental health challenges has increased (OECD 2020), third sector organizations are having difficulties facing the growing

need and engaging in new activities which might be beyond their everyday activities and resources. In the collaboration of the new wellbeing services counties and municipalities, it is therefore crucial to include third sector organizations in the co-design processes, to acknowledge every partner's role, tasks and resources, in order to ensure adequate support and care, when needed.

Overall, the third sector plays an essential role in organizing supportive tasks for social and health care services. This supportive role may be taken or given in the collaboration between third sector and social and health care organizations (Tuurnas, Paananen & Tynkkynen, 2023). At best, the third sector can offer their special knowledge to support recovery and gain a rather steady position in the service system. At worst, offering supportive tasks may turn into responsabilization. In collaboration, responsabilization can appear in a disguised form when the third sector has to take public service tasks in order to maintain collaboration (and funding) from the public service organization (Tuurnas, Paananen & Tynkkynen, 2023). Responsibilization can also mean that that public funding is reduced, with the expectation that the third sector organisations will fund themselves, for example, through fundraising (Koskiaho, 2015). This way, responsibility development is also part of broader international social policy trends, stemming especially from the UK. It is a “do less for more” ideology, in which public services are reduced, replacing its activities with contributions from citizens and civil society, using a policy of encouragement (Koskiaho 2015, p. 54). Responsibilization is not only limited to third sector but to individual citizens as service users or volunteers.

This is of course not just a black and white phenomenon, where civil society contributions to public services are either harmful or simply a right way to do things. For instance, Jaspers and Tuurnas (2023) note that amateurism and professionalism can coexist in co-production of services. Professionalism in public service delivery is thus not simply either present or absent if public servants still guide the process, and do not leave such responsibilities to citizen coproducers through responsabilization (see also Tonkens, 2016). As professionals are themselves also citizens, this “double role” gives them not only barriers and challenges, but possibilities for reflecting on the opportunities and benefits of participation and co-creation from several viewpoints (Cribb & Collins, 2021).

Reflecting this notion back to the current social and health reform, we would wish to see that there is space and time for creating new forms of collaborations and co-production with civil society in the new structures of social and health care provision. It would be short-sighted not to utilize the efforts, knowledge and energy of civil society. In all, the future will show how the government, the wellbeing services counties and municipalities are able to solve these many challenges. According to OECD policy brief on the state of wellbeing in Finland, there is a need to invest in education, social capital and the reduction of health inequalities to avoid the fall of wellbeing (OECD 2023). This OECD report provides information and guidance, but there is a need to transform policy-level observations and suggestions into practice, to ensure that Finland is ranked as the world's happiest country also in the future.

With this editorial, we hope to encourage our Finnish and international colleagues to share their reflections in the *Nordic Journal of Wellbeing and Sustainable Welfare Development*. Together we can discuss, learn and highlight the issues of wellbeing, sustainability and citizenship, to develop, maintain and strengthen our welfare in the Nordic countries and beyond.

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