

In accordance with the decision of Parliament, it is provided that:

Chapter 1 General provisions

Section 1

This Act provides for the provision of special care to a person whose development or mental functioning is hindered or disturbed due to a congenital or acquired illness or injury and who cannot receive the services they need under other legislation. [\(20.5.2016/381\)](#)

The social services required by the functional limitations caused by their disability shall be arranged for the person referred to in subsection 1 above primarily in accordance with the provisions of the Social Welfare Act. [\(1301/2014\)](#) and the Disability Services Act [\(675/2023\)](#) and health services under the Health Care Act [\(1326/2010\)](#) by. [\(14.4.2023/676\)](#)

The purpose of special care is to support the independent life and realization of the right to self-determination of the person referred to in subsection 1, and to ensure demanding, sufficient and high-quality multi-professional support referred to in section 16 of the Disability Services Act that is in accordance with his or her individual needs and interests. [\(14.4.2023/676\)](#)

Section 1a [\(20.5.2016/381\)](#)

The provisions of this Act concerning social care professionals also apply to persons who perform tasks equivalent to those of a social care professional and who have completed appropriate professional training in social care.

Section 1b [\(20.12.2022/1166\)](#)

Insofar as the provisions of this Act apply to the Åland Self-Government Act [\(1144/1991\)](#) [Section 27](#) The administrative interference with personal freedom pursuant to Section 24 shall apply, in the Åland Islands, to the municipalities of the Åland Islands, as provided for in this Act on welfare areas, and in the Åland Islands, to the corresponding expert groups of the demanding multidisciplinary support group and the decision-making expert group of the demanding multidisciplinary support group.

Section 2 [\(14.4.2023/676\)](#)

Special maintenance includes:

1)

demanding multidisciplinary support referred to in section 16 of the Disability Services Act, which is implemented in a demanding multidisciplinary support unit referred to in section 9 as part of 24-hour service housing referred to in section 21 c of the Social Welfare Act or institutional services referred to in section 22, or specialized medical care provided in a developmental disability psychiatry ward referred to in section 67, subsection 1 of the Health Care Act;

2)

medical, psychological and social examinations required for involuntary special care carried out in a demanding multi-professional support unit;

3)

The Social Welfare Act relating to demanding multi-professional support referred to in Section 16 of the Disability Services Act ([710/1982](#)) in [Section 27e](#) work activities referred to in section 25 of the Disability Services Act and day activities referred to in section 27 of the Disability Services Act.

Section 3 ([14.4.2023/741](#))

Section 3 has been repealed by Act No. [14.4.2023/741](#) .

Section 4 ([17.9.1982/702](#))

Section 4 has been repealed by Act No. [17.9.1982/702](#) .

Section 5 ([13.1.1984/26](#))

Section 5 has been repealed by Act No. [13.1.1984/26](#) .

Section 6 ([8.7.2022/609](#))

Section 6 has been repealed by Act No. [8.7.2022/609](#) .

Section 7 ([20.5.2016/381](#))

Section 7 has been repealed by Act No. [20.5.2016/381](#) .

Section 8 ([17.9.1982/702](#))

Section 8 has been repealed by Act No. [17.9.1982/702](#) .

Section 9 ([14.4.2023/676](#))

The welfare area must have a number of units providing demanding multidisciplinary support in line with the needs in the area.

Units for demanding multidisciplinary support include 24-hour service housing units referred to in Section 21c of the Social Welfare Act and institutional service units referred to in Section 22, as well as departments for mental retardation psychiatry referred to in Section 67(1) of the Health Care Act, which have sufficient medical, psychological and social work expertise available for the implementation and monitoring of demanding multidisciplinary support.

Section 10 ([17.9.1982/702](#))

Section 10 has been repealed by Act L. [17.9.1982/702](#) .

Section 11 [\(8.7.2022/609\)](#)

Section 11 has been repealed by Act No. [8.7.2022/609](#) .

Section 12

Section 12 has been repealed by Act L. [16.9.1988/797](#) .

Section 13

Section 13 has been repealed by Act No. [16.9.1988/797](#) .

Section 14 [\(8.7.2022/609\)](#)

Section 14 has been repealed by Act L. [8.7.2022/609](#) .

Section 15

Section 15 has been repealed by Act L. [14.4.2023/676](#) .

Section 16

Section 16 has been repealed by Act L. [14.4.2023/676](#) .

Chapter 2 [\(14.4.2023/676\)](#)

Chapter 2 has been repealed by L. [14.4.2023/676](#) .

Chapter 3Arranging special care

Section 27 [\(8.7.2022/609\)](#)

Section 27 has been repealed by Act L. [8.7.2022/609](#) .

Section 28 [\(30.12.1996/1369\)](#)

Section 28 has been repealed by Act L. [30.12.1996/1369](#) .

Section 29 [\(27.5.1983/484\)](#)

Section 29 has been repealed by Act L. [27.5.1983/484](#) .

Section 30 [\(30.12.1996/1369\)](#)

Section 30 has been repealed by Act L. [30.12.1996/1369](#) .

Section 31 [\(14.4.2023/676\)](#)

For decision-making related to the provision of special care, the welfare area must have a decision-making expert group for demanding multidisciplinary support, the members of

which are at least three officials from the welfare area, so that the expertise of medicine, psychology and social work is represented in the expert group.

An application for special care must be made to the decision-making expert group for demanding multidisciplinary support. The expert group decides on the provision and termination of special care.

Section 32 [\(20.5.2016/381\)](#)

A person may be assigned to a demanding multi-professional support unit referred to in section 9 against their will if: [\(14.4.2023/676\)](#)

1)

he is unable to make decisions regarding his care and treatment or understand the consequences of his behavior;

2)

he is likely to seriously endanger his own health or safety or the health or safety of other persons; and

3)

his/her care and attention cannot be arranged in any other way.

Paragraph 2 has been repealed by Act L. [14.4.2023/676](#).

A written application must be made to the decision-making expert group for the assignment of a person to a demanding multidisciplinary support unit, regardless of their will. The application may be made by the person's legal representative or by their family or other close relative. [\(14.4.2023/676\)](#)

If there are no persons entitled to make an application referred to in subsection 3 or if they do not agree to make an application, the application may also be made by the official designated for the position in the administrative regulations of the welfare area in whose area the person resides. Under similar conditions, the application may be made by the director of the institution in respect of a person in a penal institution. [\(8.7.2022/609\)](#)

Section 33 [\(14.4.2023/676\)](#)

If the decision-making expert group for demanding multidisciplinary support, based on the application referred to in section 32 and other necessary social and health care examinations and investigations, considers it obvious that the prerequisites for assigning a person to a demanding multidisciplinary support unit against their will exist, the expert group shall order the person to be sent for examination to the demanding multidisciplinary support unit. A written decision on the assignment to the examination shall be made without delay in urgent situations and otherwise no later than seven days after receipt of the application referred to in section 32. The person's own opinion shall be ascertained before the assignment to the examination. Provisions on hearing the person and their guardian or other legal representative are laid down in the Administrative Procedure

Act. [\(434/2003\)](#) If an adult person does not have a legal representative, the Act on the Status and Rights of Social Welfare Clients [\(812/2000\)](#) , hereinafter referred to *as the Social Welfare Clients Act* , in a situation referred to in section 9, subsection 1, a relative or other close person who participates in the planning and implementation of the person's services shall be given an opportunity to be heard. The provisions of the Administrative Procedure Act shall apply to the hearing. In addition, the parents of a minor and the person in whose care and upbringing the minor has been immediately before the minor was ordered to undergo investigation shall be given an opportunity to be heard. The provisions of the Administrative Procedure Act shall apply to the hearing.

A person may be held under investigation for a maximum of 14 days from the date of the decision to order the investigation. The investigation shall be terminated immediately if, during the investigation period, it becomes apparent that there are no conditions for the person to be placed in a multidisciplinary support unit, regardless of their will. A licensed physician, licensed psychologist and licensed social worker who are employed and familiar with care for people with intellectual disabilities, and, if necessary, other social or health care professionals, shall conduct an investigation of the person. When conducting the investigation, previous investigations carried out to assess the person's social or health care needs or functional capacity shall be taken into account. When conducting the investigation, the person's own opinion shall also be ascertained and the person and other parties referred to in subsection 1 shall be given an opportunity to be heard. The provisions of the Administrative Procedure Act shall apply to the hearing. A research report must be prepared from the study, signed by the doctor, psychologist and social worker who conducted the study, which must include a reasoned statement on whether the conditions exist for the person to be assigned to a demanding multidisciplinary support unit against their will.

Once the investigation has been completed, the decision-making expert group for demanding multidisciplinary support must decide whether the person will be assigned to a demanding multidisciplinary support unit against their will. The decision must be made in writing no later than 14 days after the decision on assignment to the investigation was made. The decision must include a reasoned statement on whether the conditions for assigning the person to a demanding multidisciplinary support unit against their will exist. The decision to assign the person to a demanding multidisciplinary support unit against their will must be submitted to the administrative court for confirmation immediately, but no later than 14 days after it was made. The administrative court must handle the matter as a matter of urgency.

Section 34

Section 34 has been repealed by Act L. [14.4.2023/676](#).

Section 35

Section 35 has been repealed by Act L. [14.4.2023/676](#).

Section 36

Section 36 has been repealed by Act No. [14.4.2023/676](#).

Section 37 [\(14.4.2023/676\)](#)

If, during the examination of a person who has been involuntarily assigned to a demanding multidisciplinary support unit or when arranging their care and care, it becomes apparent that the conditions for assigning the person to a demanding multidisciplinary support unit against their will are lacking, the decision-making group of experts on demanding multidisciplinary support or the Mental Health Act [\(1116/1990\) Section 19](#) In the situation referred to in subsection 2, the National Institute for Health and Welfare must, upon the proposal of the expert group requiring multidisciplinary support, immediately make a decision to terminate involuntary special care.

Section 38 [\(14.4.2023/676\)](#)

A person may be kept in a demanding multi-professional support unit for a maximum of six months on the basis of a decision on involuntary special care. If, before the end of this period, it appears obvious that the conditions for the person to be involuntarily placed in a demanding multi-professional support unit still exist, the person shall be subjected to a new examination in the manner referred to in section 33(2) without a separate decision on the placement for examination and a new examination report shall be issued. The continuation of involuntary special care in a demanding multi-professional support unit for a maximum of six months shall be decided in accordance with section 33(3) by a written decision before six months have passed since the placement involuntary special care. Section 33(3) shall apply to the submission of the decision to an administrative court. Thereafter, the conditions for the continuation of involuntary special care shall be determined in a similar manner at least every six months.

A person who has been involuntarily assigned to a demanding multi-professional support unit and their legal representative have the right to have the prerequisites for continuing involuntary special care assessed by the demanding multi-professional support expert group that makes decisions during the duration of the special care, even before the maximum period of six months has been reached. If an adult person does not have a legal representative, in the situations referred to in section 9, subsection 1 of the Social Welfare Clients Act, this right is also granted to the person themselves and to their relatives or other close relatives who participate in the planning and implementation of their services. If less than a month has passed since the previous assessment and it is obvious that there has been no change in the person's condition, the assessment may not be carried out. The reason for not carrying out the assessment must be recorded in the client's documents.

Section 39 [\(14.4.2023/676\)](#)

The welfare area that provides special care must ensure the transport of a person assigned to involuntary special care or prior examination between operating units.

Section 40

Section 40 has been repealed by Act L. [20.5.2016/381](#).

Section 41

Section 41 has been repealed by Act L. [20.5.2016/381](#).

Chapter 3a Strengthening the right to self-determination and the use of restrictive measures in special care [\(20.5.2016/381\)](#)

Section 42 [\(20.5.2016/381\)](#) Strengthening the right to self-determination

Special care must be arranged and the person in special care must be treated in such a way that their human dignity is not violated and that their convictions and privacy are respected. When implementing special care, the wishes, opinions, interests and individual needs of the person in special care must be taken into account. The person in special care must be guaranteed the opportunity to participate and influence their own affairs. The well-being, health and safety of the person in special care must be maintained and promoted.

Section 42a [\(14.4.2023/676\)](#) Measures to support independent performance and self-determination

The client plan of a person in special care must include measures that support and promote the person's independent functioning and the realization of the right to self-determination. The client plan must be reviewed when necessary, but at least every six months, unless it is clearly unnecessary. When reviewing the client plan, the impact of the restrictive measure used on the client plan must be assessed in particular.

In addition to what is stipulated in the Act on Social Welfare Client Documents [\(254/2015\)](#) in [Chapter 3](#) stipulated, the customer plan must include the following information:

1)

measures to support and promote a person's independent performance and to strengthen their right to self-determination;

2)

reasonable accommodation to ensure a person's full participation and inclusion;

3)

the communication methods used by the person;

4)

the means by which the person's special care is carried out primarily without restrictive measures;

5)

restrictive measures that are assessed as necessary to be used in the person's special care.

The client plan must be prepared in cooperation with the person in special care and their legal representative, or in the situations referred to in section 9, subsection 1 of the Social Care Clients Act, the person's legal representative, or their relative or other close person participating in the planning and implementation of their services, unless there is an obvious obstacle to this.

A demanding multi-professional support unit must have a sufficient number of social and health care professionals and other personnel in relation to its operations and the special needs of people in special care.

When providing special care, care must be taken to ensure that:

1)

The staff of the demanding multi-professional support unit will be introduced and instructed in working methods and means that support and promote the independent functioning and realization of the right to self-determination of persons in special care;

2)

Social or healthcare professionals who are part of the staff of a demanding multidisciplinary support unit are trained in the prevention of situations requiring the use of restraint measures and in the appropriate use of restraint measures;

3)

The demanding multidisciplinary support unit promotes the introduction of alternative and rehabilitative approaches to restrictive measures;

4)

The independent functioning and self-determination of people in special care are supported and promoted with appropriate furniture, equipment and spatial solutions.

Section 42b [\(20.5.2016/381\)](#) Scope of provisions on the use of restrictive measures

In special care, the restrictive measures referred to in sections 42 f–42 n may be used, under the conditions laid down below, when arranging demanding multi-professional support services in a demanding multi-professional support unit referred to in section 9. Non-short-term prevention of leaving referred to in section 42 n, subsection 3, may only be used in involuntary special care. [\(14.4.2023/676\)](#)

A further prerequisite for the use of restrictive measures is that the demanding multidisciplinary support unit has sufficient medical, psychological and social work expertise available to implement and monitor demanding multidisciplinary support. [\(14.4.2023/676\)](#)

The restrictive measures referred to in sections 42 f–42 h and 42 k below may be used in addition to those provided for in subsection 1 when arranging special care:

1)

social welfare law [\(710/1982\)](#) in [Section 27e](#) work activities referred to in the preceding paragraph that are organised in a social welfare unit with a sufficient number of social or health care professionals; or

2)

Day activities referred to in Section 25 of the Disability Services Act, which are organised in a social welfare unit with a sufficient number of social or healthcare professionals.

[\(14.4.2023/676\)](#)

In addition, the operational units referred to in subsection 3 may implement the restrictive measure referred to in sections 42 k and 42 m and section 42 n, subsection 3, if a written decision has been made on the use of the restrictive measure in the manner referred to in the said provisions. If the restrictive measure referred to in sections 42 k or 42 m or section 42 n, subsection 3 is used in the operational unit referred to in subsection 3, the operational unit must have at its disposal sufficient medical, psychological and social work expertise referred to in subsection 2.

Section 42c [\(8.7.2022/609\)](#) Official responsibility

The provisions on criminal liability for official acts shall apply to a person exercising public authority under this chapter when performing the duties referred to in this chapter, even when he or she is not in an official relationship with the state or a welfare area. Liability for damages is provided for in the Damages Act. [\(412/1974\)](#).

Section 42d [\(20.5.2016/381\)](#) General conditions for the use of restrictive measures

Special care is primarily implemented in agreement with the person in special care. The restrictive measures referred to in sections 42 f–42 n may be used in special care only when:

1)

a person in special care is unable to make decisions regarding their care and maintenance or to understand the consequences of their behavior;

2)

the use of a restrictive measure is necessary to protect his or her health or safety or the health or safety of others or to prevent significant damage to property; and

3)

other, milder means are not appropriate or sufficient for the situation.

The restrictive measure must be justified in terms of the person's care and welfare, fit for purpose and proportionate to the intended goal. If several restrictive measures are applied to a person simultaneously or consecutively, special attention must be paid to their combined effect.

The restrictive measure must be implemented with respect for the dignity of the person in special care, as safely as possible and taking care of their basic needs. The use of the restrictive measure must be discontinued as soon as it is no longer necessary or if it endangers the health or safety of the person in special care. If the restrictive measure is applied to a minor, the best interests of the minor and his or her age and level of development must be taken into account when using the restrictive measure.

Section 42e [\(20.12.2022/1166\)](#)Assessing and reducing the use of restrictive measures

If a restrictive measure referred to in sections 42 f–42 n has been used when providing special care, the operating unit must immediately assess the reasons that led to the use of the restrictive measure and the means by which the use of restrictive measures can be reduced in the unit in the future. If a restrictive measure referred to in sections 42 j, 42 l or 42 m or in section 42 n, subsection 2, has been used repeatedly or for a long time in the special care of a person other than involuntary special care, the operating unit must assess whether the conditions referred to in section 32, subsection 1 for assigning a person to involuntary special care are met in the case of the person, and, if necessary, refer the matter to the decision-making expert group for assessment of demanding multidisciplinary support.

Section 42f [\(20.5.2016/381\)](#)Holding on

A social or health care professional on the staff of the unit may briefly restrain a person in special care for the purpose of sedation. Restraint may also include moving the person within the unit. Restraint must be carried out using an acceptable therapeutic method.

A social or healthcare professional from the operational unit's staff will ensure that the solution is adhered to.

Section 42g [\(20.5.2016/381\)](#)Taking possession of substances and objects

A social or health care professional who is a member of the staff of the operational unit may take possession of substances and objects from a person in special care that, due to their properties, are likely to seriously endanger health or safety or significantly damage property and that would likely be used for this purpose.

The decision on the seizure of substances or objects is made by a social or health care professional from the staff of the operational unit. The responsible director of the operational unit must make a written decision on the seizure, unless the substances or objects are returned to the person in special care within one day of the seizure. The seized property must be returned to the person in special care no later than after the end of the special care provided in the operational unit, unless another law provides otherwise regarding its handover or destruction.

Section 42h [\(20.5.2016/381\)](#)Personal check

A social or health care professional from the staff of the operational unit may conduct a body search of a person in special care, regardless of the person's objection, if there is reasonable cause to suspect that the person has substances or objects referred to in section 42g, subsection 1, on their clothes or in other things they are wearing or in the items they are carrying. A further condition is that the person in special care or another person would likely use the substances or objects to seriously endanger health or safety or to significantly damage property.

A personal search must be carried out in the presence of another social or health care professional from the staff of the operating unit, unless there is a special reason to the contrary. The person conducting the search and the person present during the search must be of the same gender as the person being searched. However, the person conducting the

search and the person present during the search may be of a different gender than the person being searched if they are health care professionals or if the immediate performance of the measure is necessary to ensure the health or safety of the person being searched or another person.

The decision regarding a personal check is made by the responsible director of the operational unit. In an urgent situation, the decision may be made by a social or healthcare professional from the operational unit's staff, who must immediately notify the responsible director of the operational unit.

Section 42i [\(20.5.2016/381\)](#) Short-term isolation

A social or health care professional from the staff of the operating unit may take a person in special care, regardless of the person's resistance, for a short period of time, for a maximum of two hours, separately from other people for the purpose of calming them down. The door to the room used for isolation may be locked if necessary.

A social or healthcare professional from the staff of the operational unit must supervise the isolated person throughout the period of isolation by being in the same room with him or her or in the immediate vicinity of it, so that the staff has the opportunity to contact the isolated person. The isolated person must also have the opportunity to contact the staff.

The decision on short-term isolation is made by the responsible director of the operational unit. In an urgent situation, the decision may be made by a social or healthcare professional from the operational unit's staff, who must immediately notify the responsible director of the operational unit.

Section 42j [\(20.5.2016/381\)](#) Providing essential healthcare regardless of resistance

When providing healthcare to a person in special care, it must be done primarily in agreement with the person in accordance with the Act on the Status and Rights of Patients. [\(785/1992\)](#) in sections 6–9 in the prescribed manner.

If a person in special care who is unable to decide on his or her own treatment objects to the provision of health care, the doctor treating the person or, in accordance with the doctor's instructions, a health care professional on the staff of the operating unit may provide the person with medically necessary health care regardless of the person's resistance, if failure to provide care would seriously endanger the person's health. In such cases, the person's condition must be continuously monitored and assessed in a manner that is consistent with his or her health and safety.

When performing a treatment or examination procedure referred to in subsection 2 above, a person in special care may be briefly restrained or his or her movements may be restricted by means of a restraining device for a short period of time, for a maximum of as long as is necessary to perform the procedure, but for a maximum of one hour. The restraining devices must meet the requirements of the legislation on medical devices. [\(15.7.2021/725\)](#)

The decision on the provision of essential healthcare regardless of the objection of the person in special care and on the short-term restrictive measures referred to in subsection 3 shall be made by a doctor in an official capacity. When making a decision on the provision

of essential healthcare regardless of objection, the assessments of the restrictive measures by the experts referred to in section 42 b, subsection 2, shall be requested and taken into account. In an urgent situation, the decision on the provision of essential healthcare regardless of objection and on the short-term restrictive measures referred to in subsection 3 may be made by the doctor treating the person or a healthcare professional belonging to the staff of the operating unit, who shall immediately notify the doctor treating the person of the matter.

If it is obvious that the need to provide essential healthcare regardless of resistance is recurrent, a doctor in a public service relationship may make a written decision on the repeated use of a restrictive measure for a maximum of 30 days at a time. Even then, the restrictive measure may only be used in each situation if the conditions referred to in subsections 2 and 3 are met. When making a written decision, the assessments of the restrictive measure by the experts referred to in section 42 b, subsection 2 must be requested and taken into account. In addition, the experts referred to in section 42 b, subsection 2 must regularly monitor and assess the repeated use of the restrictive measure.

Section 42k [\(20.5.2016/381\)](#) Use of restrictive devices or accessories in daily activities

If the health or safety of a person in special care would otherwise be likely to be endangered, a social or health care professional from the staff of the operating unit may use the following on the person:

1)

a device to prevent falling out of bed that does not restrict the person's limbs or body movements, during the person's night and daytime rest and briefly during other daily activities;

2)

a device to prevent falling from a chair for a short period of time during the person's meals and other similar daily activities; and

3)

a device or accessory that prevents self-harm or increases safety and that does not restrict the movement of a person's limbs or body or the person's activities beyond a minimum, for the necessary time.

The restrictive devices and accessories referred to in subsection 1 above must meet the requirements of the legislation on medical devices. A restrictive device or accessory may only be used for the necessary time and only in a manner consistent with its purpose. When using a restrictive device or accessory, the condition of a person in special care must be monitored and assessed in a manner required by their health and safety. The use of a restrictive device or accessory must be discontinued immediately if it endangers the health or safety of the person. [\(15.7.2021/725\)](#)

The decision on the use of a restrictive device or accessory in daily activities is made by a social or health care professional from the staff of the operational unit in accordance with

the instructions of the responsible director of the operational unit. If the use of a restrictive device or accessory is regular and long-term, the responsible director of the operational unit makes a written decision on the repeated use of the restrictive device or accessory for a maximum period of six months. Even in this case, the restrictive measure may only be used in each situation if the conditions referred to in subsection 1 are met. When giving instructions and making a decision, the responsible director must request and take into account the assessments of the experts referred to in section 42 b, subsection 2, on the use of the restrictive device or accessory. In addition, the experts referred to in section 42 b, subsection 2 must regularly monitor and assess the repeated use of the restrictive device or accessory.

Section 42l [\(20.5.2016/381\)](#) Use of restrictive devices or accessories in serious hazardous situations

A social or health care professional who is part of the staff of the unit may use a device or accessory that restricts the movement or activity of a person in special care in situations other than those referred to in section 42k, subsection 1, only if the person would otherwise be likely to seriously endanger his or her own health or safety or the health or safety of other persons. A restrictive device or accessory may only be used for the necessary time and only in a manner consistent with its purpose. A person may only be restrained if other means are not sufficient. The person may only be restrained for the necessary time, but continuously or repeatedly for a maximum of eight hours in total, during which time the doctor treating the person must reassess the conditions for restraint at least every two hours.

The restrictive devices and accessories referred to in subsection 1 above must meet the requirements of the legislation on medical devices. When using a restrictive device or accessory, the condition of the person in special care must be monitored and assessed in a manner required by their health and safety. The condition of the restrained person must be continuously monitored so that a healthcare professional is in visual and auditory contact with the person. The use of a restrictive device or accessory must be discontinued immediately if it endangers the person's health or safety. [\(15.7.2021/725\)](#)

The responsible director of the operational unit shall make a written decision on the use of a restraining device or accessory other than a restraint. When making the decision, the assessments of the experts referred to in Section 42 b, subsection 2, on the use of the restraining device or accessory shall be requested and taken into account. In an urgent situation, the decision on the use of a restraining device or accessory other than a restraint may be made by the doctor treating the person or, in accordance with the instructions of the responsible director of the operational unit, by a social or health care professional belonging to the operational unit's staff. The use of a restraining device or accessory in an urgent situation shall be immediately reported to the responsible director of the operational unit, after which the matter shall be decided by a written decision in the manner mentioned above.

If the need for repeated use of a restraining device or accessory other than a restraint device is obvious, the responsible director of the operational unit may make a written decision on the repeated use of the restraining device or accessory for a maximum period of seven days. After this, the responsible director of the operational unit who is in a civil service relationship or, if the responsible director of the operational unit is not in a civil service relationship, a medical doctor or a social worker who is in a civil service relationship shall make a written decision on the repeated use of the restraining device or

accessory for a maximum period of 30 days. Even then, the restraining device or accessory may only be used in each situation during the validity period of the decision if the conditions referred to in subsection 1 are met. The decision on the repeated use of the restraining device or accessory shall state the maximum period for which the restraining device or accessory may be used at any one time, and why other means are not suitable or sufficient for the situation. When making a decision, the assessments of the experts referred to in Section 42b(2) regarding the use of the restrictive device or accessory shall be requested and taken into account. In addition, the experts referred to in Section 42b(2) shall regularly monitor and assess the repeated use of the restrictive device or accessory.

A written decision on the restraint of a person shall be made by a doctor in a public service relationship based on the examination and psychiatric assessment he or she has performed. In addition, the assessments of the experts referred to in Section 42 b, subsection 2, shall be requested and taken into account when making the decision. In an urgent situation, a written decision on the restraint may be made by a doctor in a public service relationship or by a doctor on the staff of the operating unit based on the examination he or she has performed. If the person has to be restrained for more than two hours, a written decision on the restraint shall be made by a doctor in a public service relationship for a period longer than two hours, who may decide on the matter in an urgent situation by telephone or other remote connection based on the proposal of a doctor on the staff of the operating unit.

Section 42 [\(20.5.2016/381\)](#) Supervised movement

A social or health care professional who is a member of the staff of the unit may supervise the movement of a person in special care within the unit, leaving the unit and moving outside the unit or the yard area connected to it, if the person would otherwise be likely to endanger his or her own health or safety or the health or safety of other persons. If other means are not sufficient, the person's movement may be monitored using a technical monitoring device attached to the person, with the help of an escort as planned, or in another similar manner. The plan for the person's movement must be recorded in the person's client plan. When supervising the person's movement, special care must be taken to ensure that the freedom of movement of other persons is not restricted. [\(14.4.2023/676\)](#)

If the means referred to in subsection 1 are not sufficient to monitor the person's movements at night, the door to the person's own room may be locked at night for a maximum of eight hours, however, so that the person has the opportunity to leave the room under escort if necessary. A social or health care professional from the staff of the operating unit must monitor the person in the locked room throughout the locking period by being in their immediate vicinity so that the staff has the opportunity to contact the person in the room. The person must also have the opportunity to contact the staff.

A written decision on supervised movement for a maximum period of seven days shall be made by the responsible director of the operational unit. A written decision on supervised movement lasting longer than this, and lasting a total of up to six months, shall be made by the responsible director of the operational unit who is in a civil service relationship or, if the responsible director of the operational unit is not in a civil service relationship, by a social worker who is in a civil service relationship. When making a decision on supervised movement, the assessments of the person's supervised movement by the experts referred to in section 42 b, subsection 2 shall be requested and taken into account. In addition, the

experts referred to in section 42 b, subsection 2 shall regularly monitor and assess the use of the restrictive measure.

Section 42n [\(20.5.2016/381\)](#) Preventing exit

A social or health care professional on the staff of the operating unit may prevent a person in special care from leaving the operating unit or a yard area connected to the operating unit if the person would expose themselves or another person to an immediately threatening and serious danger to health or safety by leaving. Under similar conditions, a social or health care professional on the staff of the operating unit may retrieve a person in special care back to the operating unit or to a yard area connected to it if the person is reached in the immediate vicinity. Force may be used to prevent exit and retrieve the person if they are necessary, taking into account the nature and intensity of the resistance, the threat of the situation and other circumstances.

In an urgent situation, a short-term decision to prevent the departure referred to in subsection 1 shall be made by a social or healthcare professional from the staff of the operational unit, who must immediately notify the responsible director of the operational unit of the matter.

A person who has been ordered to receive involuntary special care may be prevented from leaving for other than a short period of time, unless the supervised movement referred to in Section 42m is an appropriate or sufficient measure. A written decision on a prevention of leaving lasting no more than seven days shall be made by the responsible director of the operational unit. A written decision on a prevention of leaving lasting no more than 30 days shall be made by the responsible director of the operational unit who is in a civil service position or, if the responsible director of the operational unit is not in a civil service position, by a social worker who is in a civil service position. When making a decision on prevention of leaving, the assessments of the experts referred to in Section 42b(2) regarding the prevention of the person's leaving shall be requested and taken into account. In addition, the experts referred to in Section 42b(2) shall regularly monitor and assess the use of the restrictive measure. The plan for the person's outdoor activities and other movements during the prevention of leaving shall be recorded in the person's client plan. In connection with prevention of leaving, special care shall be taken to ensure that the freedom of movement of other persons is not restricted. [\(14.4.2023/676\)](#)

Section 42 [\(20.5.2016/381\)](#) Follow-up and recording of restrictive measures

If a person in special care has been subjected to a restrictive measure referred to in sections 42 f–42 n, the use of the restrictive measure must be assessed with the person in special care without delay after its use has ended. The follow-up assessment must assess the grounds for the restrictive measure and the means by which the use of restrictive measures can be avoided in the future.

The following must be recorded in the client or patient documents concerning a person in special care:

1)

The use of the restrictive measure referred to in sections 42 f–42 n and the grounds for it;

2)

the person's view on the use of the restrictive measure and its justification;

3)

the effects of the restrictive measure on the person in special care;

4)

the start and end dates of the restrictive measure;

5)

The person who made the decision or determination regarding the restrictive measure and carried out the measure.

Section 42 [\[20.5.2016/381\]](#) Statement and notification regarding the restrictive measure

A person in special care shall be provided with an explanation of the content and grounds of the restrictive measure and of the available legal remedies without delay. The person's legal representative or, in the situation referred to in section 9, subsection 1 of the Social Welfare Clients Act, the person's legal representative or a relative or other close person participating in the planning and implementation of his or her services shall be provided with the aforementioned explanation at least monthly. The explanation shall be provided in an understandable form and in an accessible manner, taking into account the communication methods used by the recipient. The explanation of the content and grounds of the restrictive measures used shall also be provided to the person's own employee referred to in section 42 of the Social Welfare Act on a monthly basis.

If a person in special care has been subjected to a restrictive measure while in a state where he or she is unable to understand the significance of the measure, he or she must be given the explanation referred to in subsection 1 as soon as he or she is able to understand the significance of the matter.

If a person in special care who is unable to understand the significance of the matter due to his or her condition has been subjected to a restrictive measure that may be appealed under section 81b(1) or (2), the decision on the restrictive measure, together with the appeal instructions, must be notified to the legal representative of the person in special care or, in the situation referred to in section 9(1) of the Social Welfare Clients Act, to the person's legal representative or to a relative or other close person participating in the planning and implementation of his or her services.

Section 42q [\[14.4.2023/676\]](#) Legislative power

More detailed provisions may be issued by decree of the Ministry of Social Affairs and Health on the sufficient expertise in medicine, psychology and social work referred to in section 9, subsection 2, the sufficiency of social and health care professionals and other personnel referred to in section 42a, subsection 4, and the training of social and health care professionals referred to in section 42a, subsection 5, paragraph 2.

Chapter 4 [\(8.7.2022/609\)](#)

Chapter 4 has been repealed by L. [8.7.2022/609](#) .

Chapter 5 [\(8.7.2022/609\)](#)

Chapter 5 has been repealed by L. [8.7.2022/609](#) .

Chapter 6 [\(8.7.2022/609\)](#)

Chapter 6 has been repealed by L. [8.7.2022/609](#) .

Chapter 7 [\(17.9.1982/702\)](#)

Chapter 7 has been repealed by L. [17.9.1982/702](#) .

Chapter 8 [\(14.4.2023/676\)](#)

Chapter 8 has been repealed by L. [14.4.2023/676](#) .

Chapter 9 [\(8.7.2022/609\)](#)

Chapter 9 has been repealed by L. [8.7.2022/609](#) .

Chapter 10 Various regulations

Section 71 [\(14.4.2023/676\)](#)

Section 71 has been repealed by Act No. [14.4.2023/676](#) .

Section 72 [\(30.3.1979/386\)](#)

Section 72 has been repealed by Act L. [30.3.1979/386](#) .

Section 73 [\(8.7.2022/609\)](#)

Section 73 has been repealed by Act No. [8.7.2022/609](#) .

Section 74

Section 74 has been repealed by Act No. [14.4.2023/676](#) .

Section 75

Section 75 has been repealed by Act L. [14.4.2023/676](#) .

Section 75a [\(20.5.2016/381\)](#)

The Regional State Administrative Agency shall in particular supervise the use of restrictive measures pursuant to Chapter 3a. When carrying out supervision, the Regional

State Administrative Agency may reserve an opportunity for a confidential discussion with a representative of the Regional State Administrative Agency for a person in special care.

If a unit has used the restraint referred to in section 42 l, the unit must notify the Regional State Administrative Agency thereof within two weeks. The notification to the Regional State Administrative Agency must include the person's identification information, information about the measure and its reason, and the name of the doctor who decided on the measure. The Regional State Administrative Agency must destroy the person's identification information two years after receiving the information.

Section 76

Section 76 has been repealed by Act No. [14.4.2023/676](#).

Section 77

Section 77 has been repealed by Act No. [14.4.2023/676](#).

Section 78 [\(12.12.2014/1105\)](#)

Section 78 has been repealed by Act No. [12.12.2014/1105](#).

Section 79

Section 79 has been repealed by Act L. [14.4.2023/676](#).

Section 80

Section 80 has been repealed by Act L. [14.4.2023/676](#).

Section 81 [\(8.7.2022/609\)](#)

Section 81 has been repealed by Act No. [8.7.2022/609](#).

Section 81a [\(14.4.2023/676\)](#)

Section 81a has been repealed by Act No. [14.4.2023/676](#).

Section 81b [\(20.5.2016/381\)](#)

You can appeal to the Administrative Court for an amendment: [\(8.7.2022/609\)](#)

1)

a decision referred to in section 31, subsection 2, concerning the granting or termination of special care;

[\(14.4.2023/676\)](#)

1 a)

a written decision referred to in section 33(1) concerning the ordering of a person to be submitted for investigation;

[\(14.4.2023/676\)](#)

2)

a written decision referred to in section 33(3) concerning the assignment of a person to a demanding multidisciplinary support unit against their will;

[\(14.4.2023/676\)](#)

3)

a written decision referred to in section 38(1) concerning the continuation of involuntary special care;

4)

a written decision on the seizure of substances and objects referred to in section 42g(2);

5)

a written decision referred to in section 42j, subsection 5, concerning the provision of essential healthcare regardless of the person's objection;

6)

a written decision referred to in section 42k, subsection 3, concerning the repeated use of a restrictive device or accessory in daily activities;

7)

a written decision referred to in section 42l concerning the use of a restrictive device or accessory in serious danger situations or tying;

8)

a written decision on supervised movement referred to in section 42m; and

9)

A written decision to prevent departure referred to in section 42 n, subsection 3.

A written decision of the responsible director of a private social welfare unit or institution concerning the taking over of substances and objects referred to in Section 42g, subsection 2, the repeated use of a restraining device or accessory in daily activities referred to in Section 42k, subsection 3, the use of a restraining device or accessory in serious danger referred to in Section 42l, subsections 3 and 4, supervised movement referred to in Section 42m and prevention of leaving referred to in Section 42n, subsection 3, and a written decision of a doctor of a private social welfare unit or institution concerning the tying

referred to in Section 42l, subsection 5, may be appealed as provided for in subsection 1 of this section.

In the matters referred to in subsections 1 and 2, the person in special care and their legal representative may apply for an amendment. If an adult person in special care does not have a legal representative, in the situations referred to in section 9, subsection 1 of the Social Welfare Clients Act, the person's relative or other close person who participates in the planning and implementation of their services may also apply for an amendment.

Section 81c

Section 81 c has been repealed by Act L. [8.7.2022/609](#).

Section 81d

Section 81 d has been repealed by Act L. [8.7.2022/609](#).

Section 82 [\(14.4.2023/676\)](#)

In an appeal to the administrative court, the provisions of the Act on Judicial Procedure in Administrative Matters shall apply. [\(808/2019\)](#) is regulated.

With L [676/2023](#) The amended section 82 will enter into force on 1 January 2026. The previous wording reads:

Section 82 [\(22.12.2009/1539\)](#)

Provisions on appeals against decisions of the Government, the Ministry of Social Affairs and Health, the Regional State Administrative Agency and the Administrative Court are laid down in the Act on Judicial Procedure in Administrative Matters. [\(8.7.2022/609\)](#)

A decision made by the Regional State Administrative Agency pursuant to section 36 may not be appealed.

Section 83 [\(8.7.2022/609\)](#)

Section 83 has been repealed by Act No. [8.7.2022/609](#).

Section 84 [\(3.8.1992/739\)](#)

Section 84 has been repealed by Act No. [3.8.1992/739](#).

Section 85 [\(17.9.1982/702\)](#)

Section 85 has been repealed by Act No. [17.9.1982/702](#).

Section 86 [\(14.4.2023/676\)](#)

Section 86 has been repealed by Act L. [14.4.2023/676](#).

Section 87

The entry into force of this Act shall be governed by separate provisions.

This law is in force from L. [520/1977](#) in accordance with from 1 January 1978.

Entry into force and application of amending regulations

30.3.1979/386:

19.12.1980/952:

This Act shall enter into force on 1 January 1981.

Upon the entry into force of this Act, a matter pending at the Ministry of Social Affairs and Health will be processed there in accordance with the previously valid provisions.

Act on Special Care for People with Developmental Disabilities ([519/77](#)) The guidelines established pursuant to this Act shall be followed until the rules of procedure referred to in this Act have been approved in accordance with the prescribed procedure.

17.9.1982/702:

This Act shall enter into force on 1 January 1984.

[HE 101/81](#) , sosvk.miet. 13/82, svk.miet. 87/82

27.5.1983/484:

This Act shall enter into force on 1 August 1985. ([3.2.1984/140](#))

When the Government has granted a municipality, pursuant to section 98 of the Comprehensive Schools Act, a deferral from the provision of comprehensive school education or equivalent education for a specific group of pupils or their year group with special needs, the provisions in force when this Act came into force shall apply to the provision of education for this group of pupils during the period of validity of the deferral.

Before this Act enters into force, measures required for its implementation may be taken.

[HE 179/82](#) , sivvk.miet. 18/82, svk.miet. 295/82

13.1.1984/26:

This Act shall enter into force on 1 February 1984.

Before this Act enters into force, necessary measures may be taken to implement the Act.

[HE 165/83](#) , tvk.myet. 16/83, svk.miet. 153/83

31.3.1988/299:

This Act shall enter into force on 1 January 1989.

[HE 43/87](#) , tvk.miet. 1/88, svk. miet. 9/88

16.9.1988/797:

This Act shall enter into force on 1 October 1988.

[HE 215/87](#) , sosvk.miet. 7/88, svk.miet. 68/88

10.3.1989/259:

This Act shall enter into force on 1 November 1989.

The submission and appeal cases concerning the granting or continuation of involuntary special care pending in the Provincial Government upon the entry into force of this Act shall be processed to the end in the Provincial Government in accordance with the previous Act. Otherwise, this Act shall apply to appeals pending at the entry into force of the Act and they shall be transferred to the competent authority. The appeals referred to in section 82, subsection 2 of the previous Act pending in the Social Welfare Board shall be transferred to the Supreme Administrative Court for processing.

[HE 65/88](#) , second lvk.miet. 12/88, svk.miet. 157/88

17.1.1991/96:

This Act shall enter into force on 1 March 1991.

[HE 233/90](#) , sosvk.miet. 44/90, svk.miet. 227/90

3.8.1992/739:

This Act shall enter into force on 1 January 1993.

Before this Act enters into force, measures required for its implementation may be taken.

[HE 216/91](#) , HaVM 7/92

27.11.1992/1099:

This Act shall enter into force on 1 December 1992.

[HE 264/92](#) , StVM 38/92

30.12.1996/1369:

This Act shall enter into force on 1 August 1997.

Before this Act enters into force, the necessary steps may be taken to implement the Act.

[HE 159/1996](#) , SiVM 20/1996, EV 228/1996

5.2.1999/124:

This Act shall enter into force on 1 March 1999.

Before the law enters into force, the measures required for its implementation may be taken.

LA 142/1998, StVM 28/1998, EK 33/1998

22.9.2000/816:

This Act shall enter into force on 1 January 2001.

[HE 137/1999](#) , StVM 18/2000, EV 100/2000

23.5.2001/414:

This Act shall enter into force on 1 June 2001.

[HE 5/2001](#) , StVM 6/2001, EV 35/2001

31.10.2008/672:

This Act enters into force on 1 January 2010. ([19.12.2008/1022](#))

Before the law enters into force, measures required for its implementation may be taken.

[HE 131/2008](#) , StVM 14/2008, EV 98/2008

19.12.2008/1022:

This Act enters into force on 1 January 2009.

[HE 215/2008](#) , StVM 40/2008, EV 211/2008

22.12.2009/1539:

This Act enters into force on 1 January 2010.

Before this Act enters into force, measures required for its implementation may be taken.

[HE 161/2009](#) , HaVM 18/2009, EV 205/2009

29.12.2009/1717:

This Act enters into force on 1 January 2010.

[HE 174/2009](#) , HaVM 19/2009, EV 223/2009

22.7.2011/924:

This Act shall enter into force on 1 October 2011.

The provisions in force when this Act enters into force shall apply to the handling of complaints initiated before this Act enters into force.

[HE 302/2010](#) , StVM 56/2010, EV 342/2010

12.12.2014/1105:

This Act enters into force on 1 January 2015.

[HE 185/2014](#) , StVM 15/2014, EV 154/2014

30.12.2015/1649:

This Act enters into force on 1 January 2016.

[HE 93/2015](#) , StVM 19/2015, EV 94/2015

20.5.2016/381:

This Act enters into force on 10 June 2016.

[HE 96/2015](#) , StVM 4/2016, EV 57/2016

15.7.2021/725:

This Act enters into force on 19 July 2021.

[HE 67/2021](#) , StVM 13/2021, EV 87/2021

8.7.2022/609:

This Act enters into force on 1 January 2023.

[HE 56/2021](#) , [HE 18/2022](#) , StVM 9/2022, EV 66/2022

20.12.2022/1166:

This Act enters into force on 1 January 2023.

[HE 312/2022](#) , StVM 37/2022, EV 218/2022

14.4.2023/676:

This Act enters into force on 1 January 2025. ([29.9.2023/954](#))

Applications pending at the time of entry into force of this Act shall be processed in accordance with the provisions in force at the time of entry into force of this Act. An appeal

case pending at the time of entry into force of this Act shall be processed to completion in accordance with the provisions in force at the time of entry into force of this Act. An appeal may be filed against the special care programme in accordance with the provisions in force at the time of entry into force of this Act.

Decisions made on the basis of the provisions in force when this Act enters into force are valid for the period of validity indicated in the decisions, however, for a maximum of three years from the entry into force of this Act. However, decisions must always be brought into line with the legislation in force after this Act enters into force at the initiative of the disabled person or at the initiative of the welfare area when the disabled person's service needs so require.

Notwithstanding the above, a decision on rehabilitative early childhood education made on the basis of the provisions in force when this Act entered into force is valid for the period of validity specified in the decision.

[HE 191/2022](#) , StVM 52/2022, EV 328/2022

14.4.2023/741:

This Act shall enter into force on 1 January 2024. However, with regard to state mental hospitals, the Defence Forces, the Border Guard, the Prison Health Care Unit, a state enterprise, a welfare area, the City of Helsinki, the HUS Corporation, an independent institution under public law, or an Evangelical Lutheran or Orthodox church or a parish or a parish association of the aforementioned churches, Chapter 3 of the Act shall enter into force on 1 January 2026.

This Act repeals the Act on Private Social Services. [\(922/2011\)](#) , the law on private healthcare [\(152/1990\)](#) and Chapter 6 of the Act on the Organisation of Social and Health Care, Sections 47–49 of the Social Welfare Act, Section 8, subsections 3 and 4 of the Health Care Act, Child Welfare Act [\(417/2007\)](#) [Section 80](#) Section 2 of the Act on Special Care for the Intellectually Disabled [\(519/1977\)](#) [Section 3](#) , the Mental Health Act [\(1116/1990\)](#) 2, 33 a–33 c sections, sections 23 and 24 of the Act on Supporting the Functional Capacity of the Elderly Population and Social and Health Services for the Elderly, and sections 23 and 24 of the Act on the Prison Health Care Unit [\(1635/2015\)](#) [Chapter 3](#) and the Act on the Organization of Health Care in the Defence Forces [\(322/1987\)](#) [Section 6](#) Subsections 2 and 3 and sections 10 a–10 f.

This Act shall apply to the processing of notifications, permit applications and supervisory matters pending upon the entry into force of this Act.

A service provider who has made a notification referred to in section 11 of the Act on Private Social Services and a self-employed professional who has made a notification referred to in section 9a of the Act on Private Health Care to the supervisory authority before the entry into force of this Act may continue its operations in compliance with the provisions of this Act until the registration decision referred to in this Act has been made.

A permit or registered notification of private social services or private health care issued on the basis of the provisions in force when this Act enters into force shall remain valid. However, Valvira or a regional state administrative agency shall, ex officio and free of charge, convert the permits issued to service providers and registrations made in their area

of jurisdiction before the entry into force of this Act into registrations of service providers and service units in accordance with this Act within three years of the entry into force of this Act.

If there are significant changes to an activity for which a permit or registration has been granted on the basis of a previously valid law, the supervisory authority, when processing the notification, will ex officio change the permit or registration to a registration in accordance with this Act covering all service units of the service provider.

A public service provider referred to in section 52, subsection 1 of this Act may, notwithstanding section 5 of the Act, continue its operations after 1 January 2024 in compliance with the provisions of this Act. The public service provider shall provide the supervisory authority with the information referred to in section 16 before the entry into force of Chapter 3 of this Act on 1 January 2026. The information shall be stored in the national register of service providers (Soteri) free of charge no later than 31 December 2028.

If the notification referred to in subsection 1 is made after 1 January 2026 or if, after the notification referred to in subsection 1, there are significant changes in the operations of the public service provider or the public service provider registers a new service unit, section 5 and chapter 3 of this Act shall apply to the processing of such notification.

Any reference in another act or regulation to the Act on Private Social Services and the Act on Private Health Care shall mean a reference to this Act after this Act has entered into force.

[HE 299/2022](#) , StVM 54/2022, EV 315/2022

29.9.2023/954:

This Act shall enter into force on 30 September 2023.

[HE 9/2023](#) , StVM 2/2023, EV 7/2023