

Helsinki

City of Helsinki Welfare Plan 2026–2029

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1. What is a welfare plan?

The City of Helsinki Welfare Plan defines the cross-administrative objectives for promoting the wellbeing and health of the residents of Helsinki for the 2026–2029 council period of office. The measures and indicators of the Welfare Plan are developed separately as part of the annual planning of the finances and operations of the divisions and the City Executive Office. The Welfare Plan is structured based on two key phenomena or priority areas around which the objectives have been built. To the welfare plan has been selected objectives whose promotion requires cross-administrative cooperation. To the Welfare plan has been selected objectives whose promotion requires cross-administrative cooperation. The perspective of reducing inequality in wellbeing and health has been taken into account in all measures promoting the objectives. The success of the Welfare Plan will be evaluated and reported more widely at the end of the council period of office in the form of a comprehensive welfare report.

The Welfare Plan has been prepared in extensive cooperation, which has been steered by the City's operational management group, which acts as the body responsible for health and welfare promotion in accordance with Section 6 of the Act on Organising Healthcare and Social Welfare Services (612/2021). In addition, the City's management group has set out guidelines for the content.

The promotion of wellbeing and health is a legislated core duty of both the municipality of Helsinki and its social services, health care and rescue services. According to Section 1 of the Local Government Act (410/2015), a municipality's duty is to promote the wellbeing of its residents and the vitality of the area, and to organise services for residents in an economically, socially and environmentally sustainable manner. Section 6 of the Act on Organising Healthcare and Social Welfare Services (612/2021) defines the main duties of health and wellbeing promotion. These

include setting targets for strategic planning, preparing a welfare plan and report in cooperation with the Hospital District of Helsinki and Uusimaa Group (HUS Group) and conducting annual health and welfare promotion consultations (HYTE negotiations).

The legal basis for the Welfare Plan is described in more detail in the annexes. The Government Resolution 2030 provides instruction on integrating perspectives of everyday safety into health and wellbeing promotion.^{1,2} The strategic national objectives set by the Finnish Government guide the functions of wellbeing services counties for 2025–2029 in terms of promoting the wellbeing, health and safety of the population.^{1,2}

The reform of social welfare and health care brought major changes to the legislation related to health and wellbeing promotion. Municipalities in general and, with the separate solution for Uusimaa, also the municipality of Helsinki have primary responsibility for promoting health and wellbeing, and this work is carried out in close cooperation with social services, health care and rescue services under a joint management and coordination structure ([City Board decision 13 January 2025, Section 19](#)).

The Helsinki Welfare Plan implements the Helsinki City Strategy's focus on 'wellbeing for all' and 'pleasant and community-oriented neighbourhoods'.

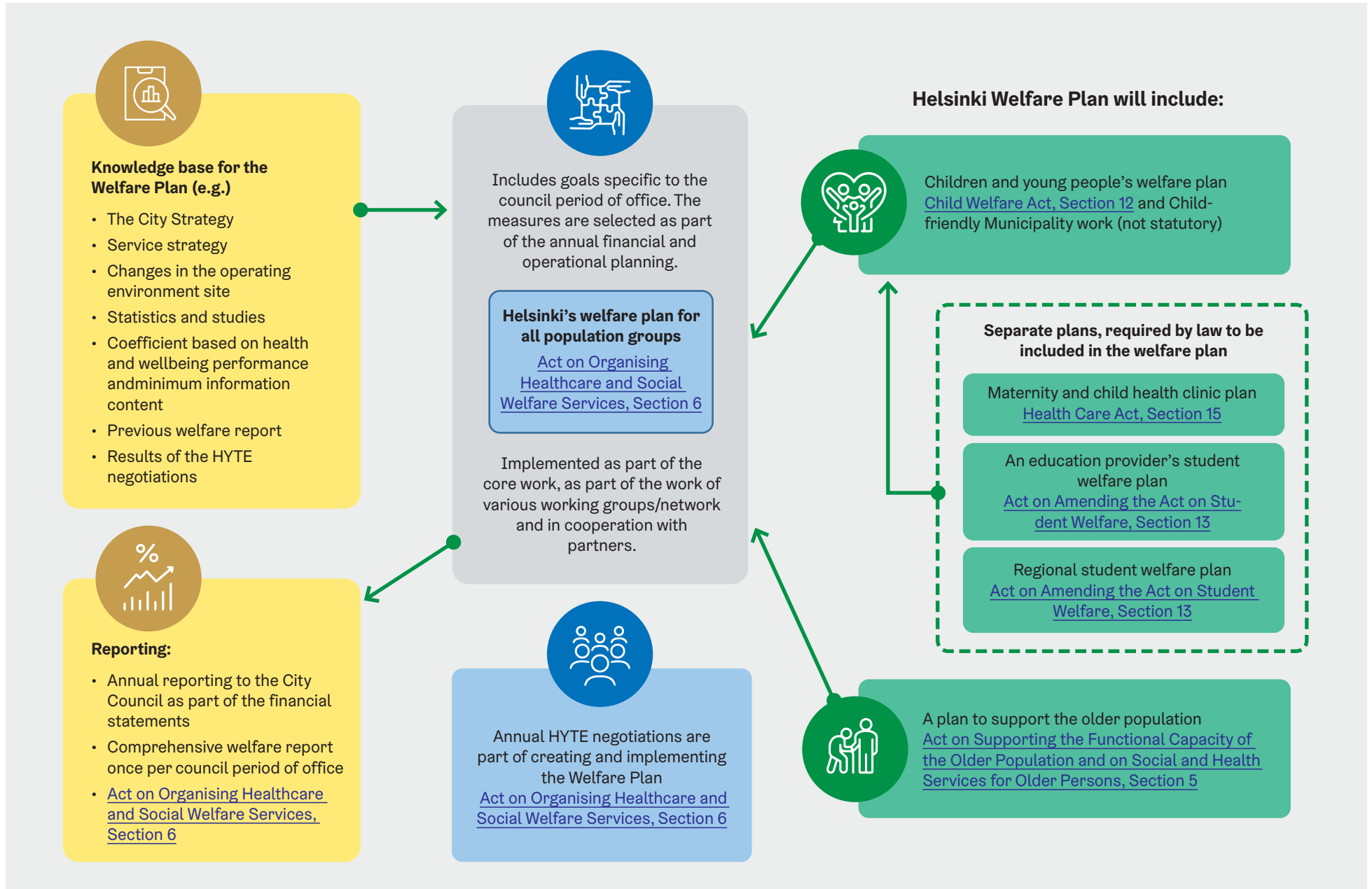
Promoting health and wellbeing plays a central role in ensuring the overall welfare of our residents. In Helsinki, everyone – regardless of their background or starting point – should be able to live a good life and pursue their dreams. In Helsinki's Welfare Plan, we focus in particular on the reduction of disparities in people's wellbeing and the promotion of daily exercise and an active lifestyle.” *(A Helsinki we can be proud of – City Strategy 2025–2029)*

The objectives chosen for the Helsinki Welfare Plan affect the amount of the universal state contribution on the basis of the coefficient based on health and wellbeing performance for both the municipality of Helsinki and the social services, health care and rescue services. The aim of the coefficient based on health and wellbeing performance is to encourage municipalities and wellbeing services counties to promote wellbeing, health and safety in multifaceted, systematic ways. The state funding received for promoting health and welfare has increased steadily, reaching an estimated EUR 15.7 million for the municipality of Helsinki and EUR 42.5 million for the Social Services, Health Care and Rescue Services Division in 2026, according to the Ministry of Finance's financial calculations.

The City of Helsinki Welfare Plan plays an important role in promoting sustainable development, especially with regard to the following UN goals: good health and wellbeing (SDG 3), reduced inequalities (SDG 10) and sustainable cities and communities (SDG 11). Indirectly, the plan also supports many other goals of sustainable development. The objectives and measures of the Welfare Plan will contribute in particular to social sustainability, with social justice and inclusion at its core. In a socially sustainable city, the intergenerational transmission of disadvantages is prevented and inequality is reduced through means such as diverse services. ([Sustainable Helsinki](#))



Figure 1. Overview of the Helsinki Welfare Plan





2. Mutual understanding of welfare

Welfare, health and safety promotion (or HYTE work) is promotional and preventive work that supports all Helsinki residents' opportunities for wellbeing, health, inclusion, equality, safe everyday life and good working and functional capacity. These opportunities are created by providing conditions that support wellbeing and healthy choices, and by strengthening agency, optimism and faith in the future.

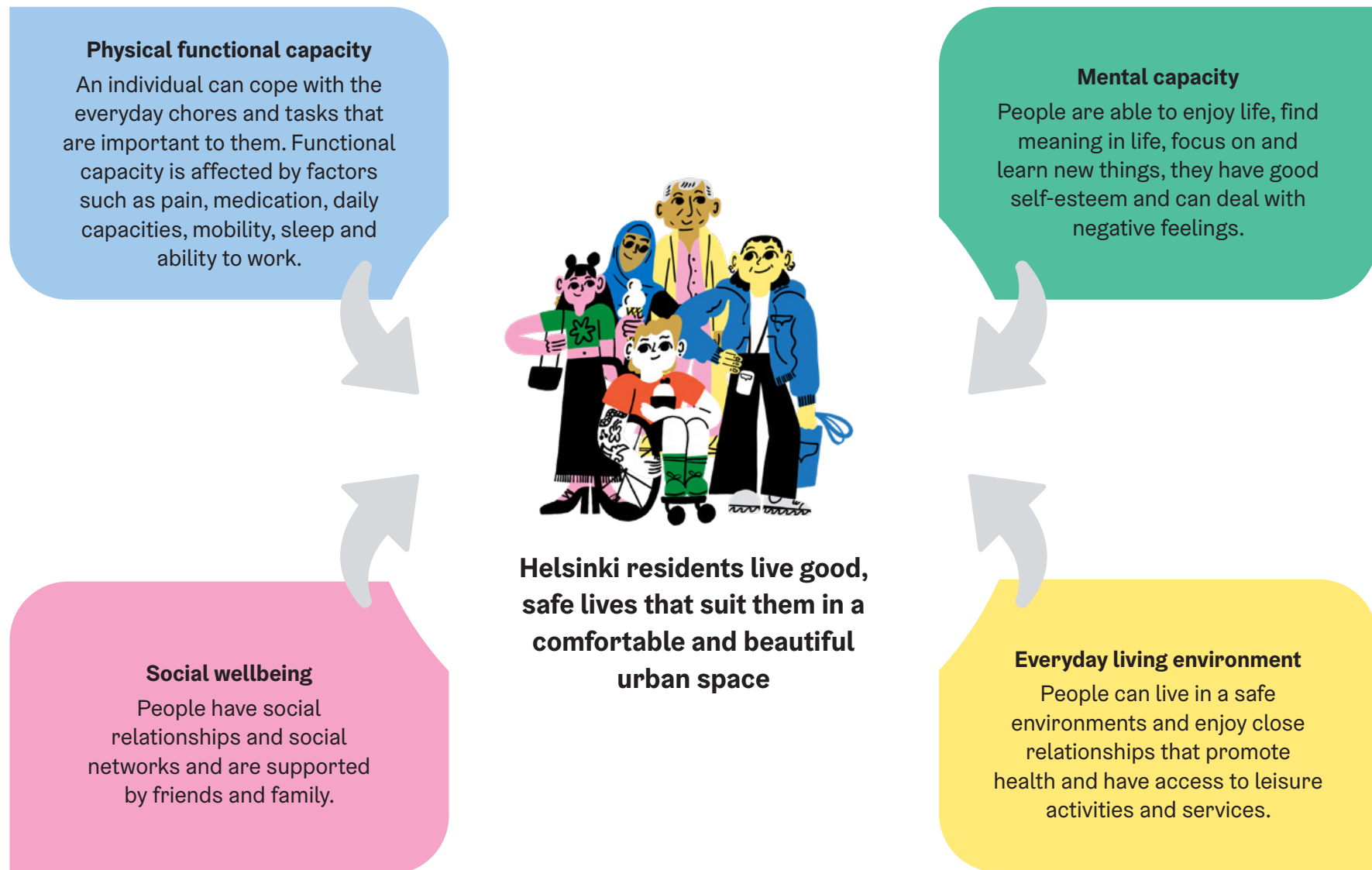
In its **broadest sense**, health and wellbeing promotion work is work carried out in services provided by different City divisions and the City Executive Office, as well as in cross-administrative cooperation, targeting individuals, families, communities and the population at large as well as their living environments. The work is carried out in cooperation with organisations, the Youth Council, the Elderly Citizens Council, the Council on Disability, the Helsinki Advisory Board for Organisations, the HUS Group, the wellbeing services counties of Uusimaa, the residents of Helsinki and other partners.

The **overarching aim** of health and wellbeing promotion work is to reduce inequalities in wellbeing and health. This means that – in addition to general measures and services for all – targeted solutions will be developed, taking into account the different cultural, economic, social and ability-related circumstances of Helsinki residents. This helps to equalise the different opportunities for Helsinki residents to live good, healthy and safe lives, and the living conditions of disadvantaged people will be put on a more equal footing with others.

The work **is based** on the World Health Organisation's One Health approach, which emphasises the interconnectedness of human, animal and environmental wellbeing and health. The model supports the goals of sustainable development by addressing health and welfare challenges and promoting the wellbeing of populations and ecosystems. It is closely linked to the planetary wellbeing approach, which looks at the impact of human activity on the welfare and wellbeing economy of the whole planet. The model is designed to promote the wellbeing of both current and future generations.^{3,4}

Health and welfare promotion **is guided by** a systemic and holistic approach, based on both [definitions by WHO](#) and [the definition of social quality](#) by the PROMEQ project. The focus is on the experience of quality of life, based on the individual's physical and mental functioning, social wellbeing and the healthiness and functionality of their living environment. The availability and accessibility of key services are also highlighted through these. The work aims to support people's skills and resources to manage their own lives, health and wellbeing, and promotes their ability to seize opportunities and overcome adversity. The ultimate goal is a city of integrity, where people can trust each other and the public authorities, with a culture of caring and freedom of expression.⁵

Figure 2. Components of wellbeing



3. The wellbeing of Helsinki residents

Most Helsinki residents are doing well. They are satisfied with their lives and feel that their quality of life or health is at a good level. Children, young people, families with children, working age and older people in Helsinki live in safe and comfortable living environments. Several aspects related to physical functioning and social wellbeing have seen positive development in recent years, such as increase in active lifestyles and reduced experiences of loneliness. The safety, health and functionality of everyday living environments have also improved, although gaps have been widening between living environments due to socioeconomic factors or safety, for example. However, the state of the mental wellbeing of Helsinki residents is concerning.⁶

The wellbeing of Helsinki residents is better than the national average in many areas. For example, the residents' perceived quality of life is higher than elsewhere in the Uusimaa wellbeing services counties.⁷ The national health index and its different sub-indices also paint a similar picture of the wellbeing of Helsinki residents. According to the two main sub-indices of the health index – the morbidity index and the disability index – the incidence of morbidity or disability among Helsinki residents is lower than the national average.^{8,9}

While the wellbeing of Helsinki residents is excellent in many ways on average, one concerning factor is related to the clear and pervasive differences in wellbeing between different population groups. These differences are particularly marked by gender and socioeconomic status, but also between different regions. They can be seen among children, young people, working age people and older people. The gap between population groups has also partially widened over the past decade. For example, roughly two out of three highly educated Helsinki residents feel that their quality of life is good on average, while only about one out of three residents with a lower level of education feel the same.⁷ Around 27 per cent of young girls in 8th and 9th grades of basic education perceive their health as average or poor, compared to 15 per cent of boys in the same age group.¹⁰ Based on extensive international research literature, which has also assessed Helsinki residents^{11–14} it is known that quality of life, life satisfaction and perceived health are explained by different dimensions of wellbeing, such as physical functioning, mental or social wellbeing and a safe living environment that promotes health. Thus, by promoting development that supports these dimensions, the quality of life and health of residents can be strengthened.



4. Priorities and objectives

Priorities

Long-term and effective health and wellbeing promotion work in Helsinki is built around two priorities. These priorities describe the phenomena that affect the welfare of city residents. They guide preventive and promotive health and wellbeing work, both in the services of different divisions and in cross-administrative and partnership cooperation. The priorities chosen and the related goals and measures aim to promote the wellbeing of city residents and reduce inequalities in wellbeing and health.

The selection and definition of the priorities are based on the Helsinki City Strategy, the extensive knowledge base of health and wellbeing promotion, expert knowledge and the views of city residents and partners. The objectives promoting the priorities may vary from one council period of office to the next, in line with the City Strategy.

The priorities are:

Functional capacity and healthy lifestyle

Good functional capacity and maintaining personal health and healthy habits such as sufficient exercise, sleep, nutrition and abstinence from substance abuse, support a meaningful daily life and wellbeing throughout a person's life. These habits develop in interaction with the environment and other people. Healthy lifestyles help prevent public health problems and support an individual's functional capacity from an early age. A safe and meaningful everyday environment encourages everyday mobility.

Mental wellbeing and inclusion

A socially sustainable society is built on mental wellbeing, community and inclusion. A city supportive of these offers all residents the chance to make a change in their lives and their environment and to be seen and valued. Good mental health is an asset that supports quality of life and functional capacity, developing through interactions with the everyday environment. When everyday life is safe, people have the resources to look after themselves and their loved ones, to study, to work and to pursue their hobbies. The everyday environment includes things such as homes, local nature, accessible services and a functional and accessible urban structure. An experience of inclusion helps strengthen the sense of belonging and meaning within a community.

Figure 3. Effectiveness aspect of the Welfare Plan



Summary of the objectives of the Welfare Plan and its connection to the City Strategy

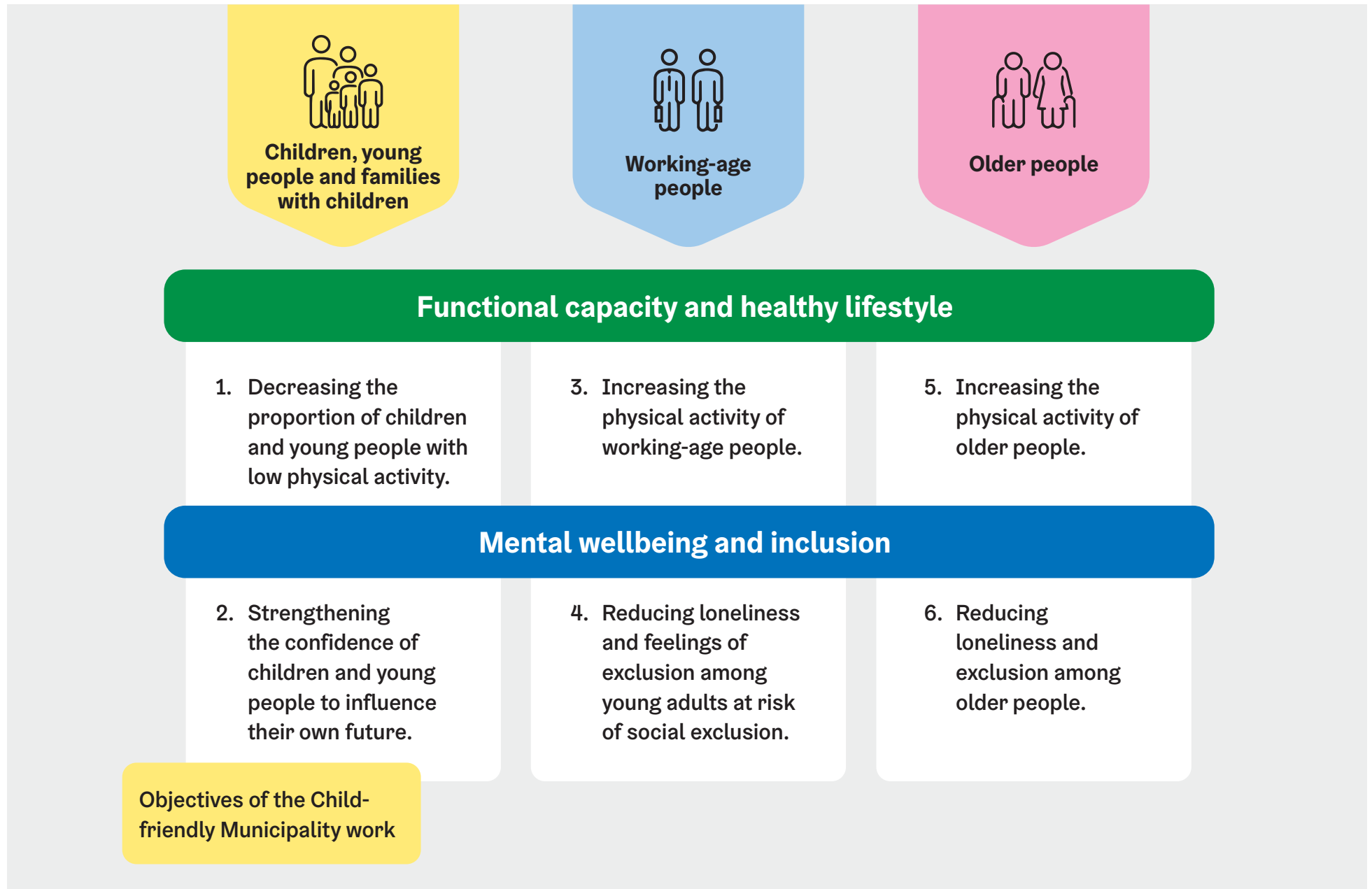
The six objectives of the Welfare Plan contribute to the priorities and objectives of the City Strategy. In addition to this, the development of the City's internal health and wellbeing promotion work and the Child-Friendly City work will continue.

Figure 4. Linking the priorities and objectives of the City Strategy and the Welfare Plan

City Strategy focus	Objectives of the City Strategy	Priorities and objectives of the Welfare Plan for cross-administrative health and wellbeing promotion
		Functional capacity and healthy lifestyle
Widespread wellbeing Pleasant neighbourhoods with a strong sense of community	Reducing inequality in wellbeing and promoting physical activity and an active lifestyle. Well-functioning neighbourhoods promote active lifestyles and a stronger sense of community.	<ul style="list-style-type: none"> • Decreasing the proportion of children and young people with low physical activity. • Increasing the physical activity of working-age people. • Increasing the physical activity of older people.
		Mental wellbeing and inclusion
Widespread wellbeing	In Helsinki, everyone – regardless of their background or starting point – should be able to live a good life and pursue their dreams. We pay special attention to the widening gap in realities among children and young people.	<ul style="list-style-type: none"> • Strengthening the confidence of children and young people to influence their own future.
Pleasant neighbourhoods with a strong sense of community	Helsinki is a city for children. We promote a happy and safe city for children. We will continue our work with the UNICEF Child-Friendly City model. Helsinki is doing its part to execute the national child strategy. The City ensures the implementation of child impact assessments across Helsinki.	<ul style="list-style-type: none"> • Objectives of the Child-friendly City work
Widespread wellbeing	Young people who are or are at risk of becoming excluded from work and studies require special attention. We work across the board to prevent the marginalisation of young people by targeting preventive services extensively.	<ul style="list-style-type: none"> • Reducing loneliness and feelings of exclusion among young adults at risk of social exclusion.
Widespread wellbeing Pleasant neighbourhoods with a strong sense of community	We reduce loneliness among older people by enabling encounters and participation. Well-functioning neighbourhoods promote active lifestyles and a stronger sense of community.	<ul style="list-style-type: none"> • Reducing loneliness and exclusion among older people

(A Helsinki we can be proud of – City Strategy 2025–2029)

Figure 5. Summary of measures for the council period of office





4.1. Children, young people and families with children

Functional capacity and healthy lifestyle.

Goal 1. Decreasing the proportion of children and young people with low physical activity.

The proportion of children and young people who are exercising as recommended is seeing moderate growth, but the proportion of those with a low physical activity level (one hour of exercise a day 0–2 times per week) has varied from 6 to 25 per cent over the past years, depending on the age group.¹⁰ The proportion of people with low physical activity increases with age. According to the Move! measurements depicting the physical capacity of citizens, around 34 per cent of fifth-graders and 37 per cent of eighth-graders in Helsinki have poor physical functional capacities.¹⁵ When it comes to physical activity recommendation for children and young people, clear differences between population groups have been evident for a long time, with participation in guided sports being especially unequal. Population group specific differences in the level of physical activity emerge based on factors such as gender, ethnic background and the socio-economic backgrounds of families. There are also regional differences in physical activity and capacity in Helsinki.^{16,17}

Mental wellbeing and inclusion.

Goal 2. Strengthening childrens and young peoples confidence in their own future.

Young people’s trust in their own future has declined in recent years, which is reflected in rising levels of challenges with mental wellbeing.¹⁸ On average, 75 per cent of young people in Helsinki feel they can impact their own future.¹⁰ However, just under a third of young people are struggling with choices about their future, and foreign-language speakers have less trust in the future than others. Loss of confidence in the future is not just a problem for the wellbeing of an individual – it is also a risk factor for inequality. The socio-economic and educational background of a young person’s family can limit their expectations for their future educational and professional opportunities. Uncertainty about making choices and opportunities perceived as inferior compared to peers cause some people to be more concerned about their own coping and to feel hopeless, which can manifest as health concerns or lead to dropping out of school, for example. When it comes to experiencing challenges with mental wellbeing, the differences between genders are clear.¹⁶

Children and young people in Helsinki are more likely than average to experience not feeling safe in the environment they are growing up in. Children and young people experience not feeling safe at school, at home, in public places and in the digital environment. Feeling unsafe takes up resources that should be focused on the development of emotional, social and cognitive skills. Without a sufficiently safe and stable growth environment, children will not develop into balanced, healthy and capable adults. The presence of safe adults in day-to-day life and good parenting help children and young people to have confidence in their future.

4.2. Child-Friendly City work

The Child-Friendly City work is based on the UN Convention on the Rights of the Child and it aims to promote the realisation of children's rights in the city. Every child is precious, and children's rights belong to all children. Helsinki has been part of the Child-Friendly Cities initiative since 2021 based on a [decision by the City Board](#). In September 2024, UNICEF Finland granted Helsinki the Child Friendly City award. Helsinki is the first Nordic capital to be awarded this distinction. The City of Helsinki will continue its work according to the Child-Friendly City model in 2025–2028, adopting new goals in accordance with a separate [action plan](#). Objectives have been set and measures planned for this work, based on a review of the current situation. Particular attention will be paid to children and young people in vulnerable positions and to achieving inclusion across all objectives. The 2025–2028 action plan has been prepared in cooperation with UNICEF Finland and approved by the Lifecycle Working Group for Children, Young People and Families with Children on 26 September 2025.

Five objectives and 23 measures will be promoted over the action plan period. It will extensively contribute to strengthening the rights of children in all our work and will also support the two objectives for children, young people and families with children.

- 1. Knowledge and understanding of children's rights among professionals and stakeholders has improved.**
- 2. The implementation of child impact assessments across the city is ensured.**
- 3. Professionals' skills to identify, prevent and intervene in violence against children are strengthened.**
- 4. Children and young people's opportunities to participate in the planning of the urban environment have improved.**
- 5. Work to foster children's and young people's safety and safe encounters with adults has been strengthened. (Development objective raised by children and young people themselves).**





4.3. Working-age people

Functional capacity and healthy lifestyle.

Goal 3. Increasing the physical activity of working-age people.

In 2024, 52 per cent of women and 49 per cent of men of working age (ages 20–64) in Helsinki were too sedentary relative to the recommendations of physical activity for adults. There were only minor differences in low levels of physical activity when population groups were compared by level of education.^{6,7} Those who follow the recommendations for physical activity perceive their health to be better than those who do not follow the recommendations. They are less sedentary in their free time and have fewer other unhealthy lifestyle habits (e.g. smoking).¹⁹ According to the preliminary results of the 2025 survey on the physical activity and exercise of adults in Helsinki, up to 75 per cent of Helsinki residents would like to exercise or take part in physical activity more than they currently do.²⁰ Everyday forms of physical activity, such as walking and cycling, also contribute to achieving climate targets. It is estimated that low physical activity among residents costs Helsinki EUR 300 million per year due to increased health problems and reduced labour productivity, based on a calculation by the UKK Institute.²¹

Mental wellbeing and inclusion.

Goal 4. Reducing loneliness and feelings of exclusion among young adults at risk of social exclusion.

In 2023, there were around 15,000 young adults (aged 18–29) in Helsinki who had been out of work and education for more than six months. This equals about 13 per cent of the age group.²² The proportion of young people who are foreign-language speakers has increased in this group, and many of them have only completed basic education.²³ Being outside of employment and education has negative welfare effects at both individual and societal levels. From an individual’s point of view, prolonged exclusion from work and education can increase loneliness and feelings of exclusion and further expose the individual to social exclusion. Other negative effects on wellbeing have also been identified. Difficulties in integrating into society through education, work and social relationships can have a negative impact on mental wellbeing, physical health and experiences of inclusion.²⁴ At societal level, this phenomenon is negatively reflected in the fact that the City of Helsinki loses an estimated EUR 1 million every month in the payment of municipal contributions to unemployment allowance for 18–29-year-olds and a similar amount in the municipal contribution to income support, which is deducted from state contributions.²² Although there are various services and development projects available for this target group, a city-wide vision of the needs of the target group and the services to be provided is partly lacking.

4.4. Older people

Functional capacity and healthy lifestyle.

Goal 5. Increasing the physical activity of older people.

According to the recommendations on healthy levels of exercise, the proportion of people in Helsinki aged 65 and over who do not exercise enough is as high as 62.5 per cent, and almost three quarters (71.9%) of people aged 75 and over do not exercise enough.⁷ Given the growing number of aging people, it is important to pay attention to maintaining functional capacities that are as good as possible as we age. Sufficient physical activity has many positive implications for wellbeing at both individual and societal levels. From an individual's perspective, being physically active maintains a good quality of life, health and functional capacity, while a lack of it can lead to social isolation and loneliness and reduced living environment. Exercise also maintains and improves muscle strength, which is linked to better balance and a reduced risk of falling injuries.²⁵ In the broader societal framework, adequate physical activity supports a sustainable service structure and curbs cost increases as the population ages. The importance of the urban environment and its accessibility in enabling physical activity is also highlighted in the physical activity of older people.²⁶ Not feeling safe, on the other hand, reduces physical activity, which can accelerate the decline of functional capacity in the long term.^{25,27}

Mental wellbeing and inclusion.

Goal 6. Reducing loneliness and exclusion among older people.

In Helsinki, the number of older people living alone is growing rapidly. By the end of 2024, nearly 24,000 people aged 70–79 were living alone, and in 2025, around 11 per cent of people aged 65 and over reported experiencing loneliness. Loneliness has increased since the COVID-19 pandemic and is particularly prominent among people aged 85 and over. This age group will double in size by 2040.^{7,28} Loneliness is a major risk factor for the decline of both physical and mental health. The declining inclusion, wellbeing and health of this age group will increase social and economic costs in the coming years, including the need for intensive care services. Preventive measures include supporting physical activity, participation, meaningful activities and community spirit by developing new solutions for age-friendly services, housing and accessible urban environments, and intersectoral cooperation.



4.5. City's internal development objectives

The effectiveness of the governance and coordination structure of health and welfare promotion will be assessed and developed.

- At the beginning of 2025, the management and coordination structure of health and welfare promotion was renewed with a [decision](#) of the Helsinki City Board and an operational management team was appointed as the responsible body. Three lifecycle working groups were also set up. The Culture and Leisure Division was assigned city-wide duties such as city-level coordination of preventive substance abuse services, work on violence in close relationships, home and leisure accident prevention work and support for networks implementing health and welfare promotion.

The development work related to health and welfare data will continue.

- The development of the coefficient based on health and wellbeing performance will be invested in to increase funding for the promotion work, wellbeing reporting and statistical and research reviews by lifecycle working groups.
- The [PUHTI research project](#) funded by the Partnership for Healthy Cities network will be continued¹⁷ and the City will participate in the A14 Healthy Cities research project. The research data produced by both projects will be used to support cross-administrative targeting of wellbeing, health and safety promotion, as well as for statistical and research reviews of the lifecycle working groups and wellbeing reporting.

National and international cooperation will continue

- Active participation will be ensured in the C6 cities' health and wellbeing promotion network, the Healthy Municipality network and the operations of local government network of the Association of Finnish Cities and Municipalities.
- International cooperation in the Bloomberg Philanthropies-funded [Partnership for Healthy Cities](#) network will continue.

The connection between the health and wellbeing promotion service concept and the structures and operations of city-level management of this work will be continued.

- The multi-sectoral service concept includes a multidisciplinary [service coordination model](#) and the [Wellbeing in Helsinki website](#), which supports the wellbeing of Helsinki residents and their easy access to wellbeing and health services. Key to the service concept is securing service coordination competence and tools, as well as ensuring the agreed responsibilities between sectors.



5. Implementation and communication of the Welfare Plan

Implementation

After the Welfare Plan has been approved, the [lifecycle working groups](#) will select the age group specific measures and indicators promoting the Welfare Plan's objectives for the council period of office, in accordance with the annual financial and operational planning schedule. The working groups are also responsible for the implementation and monitoring of these measures and indicators. The annual selection of measures by the lifecycle working group for children, young people and families with children takes into account the action plan of the Child-Friendly City work. All selected measures will take into account the perspective of reducing wellbeing and health inequalities. The City's operative management group will monitor and, where necessary, steer the annual targeting of measures.

The objectives and measures of the Welfare Plan are taken into account in the budget and action plans as part of the annual financial and operational planning.

The implementation of the annual HYTE negotiations between 2026 and 2028 is part of the Welfare Plan's implementation. This means that the lifecycle working groups and the health and welfare promotion work's preparation team will negotiate with organisations, the HUS Group and other partners to promote the objectives of the Welfare Plan and find possible common solutions. The Elderly Citizens' Council, the Council on Disability, the Youth Council and the Advisory Board for Organisations will also participate in the consultation. In addition, the annual bilateral health and wellbeing promotion negotiations between the City of Helsinki and the HUS Group will be held as part of the negotiations model.

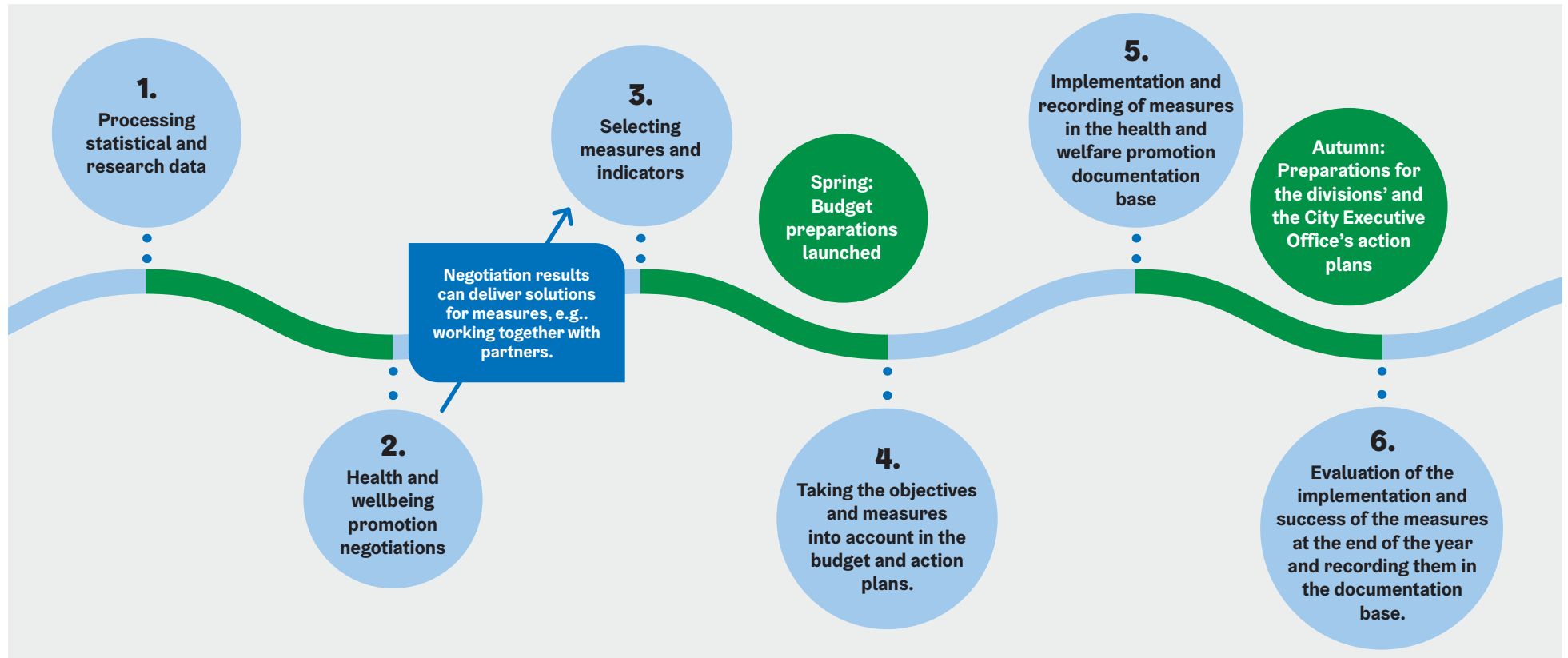
The Child-Friendly City [action plan](#) for 2025–2028 will be implemented in cooperation with UNICEF, in line with their own initiative model. The work is coordinated through the coordination resources allocated by the different divisions and the City Executive Office,

with the Culture and Leisure Division being responsible for the coordination. The work is steered and managed by the lifecycle working group for children, young people and families with children, supplemented by representatives of various organisations, the Youth Council and elected representatives.

In 2025, the city-wide coordination of substance abuse prevention, work on violence in close relationships and prevention of accidents at home in leisure time was transferred to the Culture and Leisure Division's Welfare Promotion Services in line with the Item 19 of the decision of the City Board of 13 January 2025. The action plan with the objectives of substance abuse prevention and its monitoring will be included in the substance abuse strategy for 2026–2029. A separate city-wide action plan on the objectives of the work against violence in close relationships will be drawn up in cooperation with the City of Helsinki working group to prevent violence in close relationships. The action plan for preventing accidents at home or during leisure time is being prepared under the leadership of the Culture and Leisure Division to implement the city-wide national target programme for the prevention of home and leisure injuries (Turvallisesti kaiken ikää) for 2026–2030.

In addition to the core work, health and welfare are promoted through various working groups, projects and networks. Examples of such working groups include the [preventive substance abuse working group](#), the [Savuton Helsinki – Smoke-free Helsinki network](#), the [Helsinki Metropolitan Area's Pakka working group on availability of substances](#), the [working group for preventing violence in close relationships](#), the [school health promotion study's working group](#), regional cooperation networks for children and young people, the regional student welfare working group, the youth guidance and service network, the [Liikkuvat network](#) and the network for cultural work with senior clients.

Figure 6. Implementing the objectives of the Welfare Plan in lifecycle working groups



The implementation of the Welfare Plan will consider, in particular, the content of the service strategy regarding social services, health care and rescue services and its links to the self-monitoring concept. Health and welfare promotion is part of the basic operations and management of the Social Services, Health Care and Rescue Division, thus linking it to the division's self-monitoring concept.

The wellbeing services counties of Uusimaa and the City of Helsinki are responsible for the coordination of wellbeing and health at the Uusimaa level in close cooperation with the HUS Group, as part of the HUS Group agreement on organising health care services in Helsinki and Uusimaa. To support this work, an Uusimaa-level health and wellbeing promotion group has been set up. The HUS Group agreement on organising health care services in Helsinki and Uusimaa is an agreement between the wellbeing services counties of Uusimaa, the City of Helsinki and the HUS Group, in which the parties agree on the mutual division of labour, cooperation and coordination of operations in providing health

care services. The Uusimaa wellbeing services counties, Helsinki and the HUS Group implement the agreed objectives in their own operations, working in cooperation with each other and the local governments. Cooperation at the Uusimaa level is part of the promotion work of wellbeing, health and safety in Helsinki.

Communications

The priorities, objectives and measures of the Welfare Plan are communicated in accordance with a separate communication plan. Both the City Executive Office and the divisions will communicate on the plan's implementation. The full set of plans will be published [on the website](#) after they have been approved by the City Council.

The presentation of the Welfare Plans' implementation will continue throughout the council period of office as part of the [Stadin HYTE virtual 'morning coffee' meetings](#).

In addition to the action plans of the City of Helsinki’s divisions and the City Executive Office, the City of Helsinki has various documents, programmes and plans that are updated or renewed every council period of office. [In accordance with Item 607 of the City Board’s executive decision on the City Strategy](#), the City Strategy will be implemented through three programmatic units during the council period of office 2025–2029. The consolidating programme packages bring together existing programmes and update

them where necessary to align with the strategy. The renewal programmes package is linked to the implementation of the strategic priorities that require new programme work. The established programmes package includes statutory programmes and the City’s own established programmes that are updated every council period of office. The Welfare Plan is part of the established programmes. The City’s management group will manage and monitor the programmes package.

Figure 7. City of Helsinki programme unit 2025–2029



Consolidating programme packages

Environment and climate – Environmental Protection Objectives 2040

- Climate programme
- Nature Reserve Programme 2025–2040
- LUMO programme 2021–2028
- Baltic Sea Action Plan
- Action Programme for the Circular and Sharing Economy

Transport

- Bicycle Action Plan
- Walking Promotion Programme
- Parking policies
- Traffic Safety Development Programme



Renewal programmes package

Segregation prevention objectives

- Homelessness programme
- Substance abuse prevention strategy

Objectives for growth, competence and vitality

- Tourism and events development programme
- Immigration and integration development programme

Maritime Helsinki action plan

A More Beautiful Helsinki programme

- Cultural Environment Programme



Established programmes package

- Welfare plan* (council)
- Equality and non-discrimination plans*
- Service strategy for the Social Services, Health Care and Rescue Services Division* (council)
- Decision on the level and standard of rescue services in Helsinki* (council)
- Housing and land use programme (council)
- Implementation programme for the city plan

*Statutory

6. Monitoring and reporting on the Welfare Plan

Section 6 of the Act on Organising Healthcare and Social Welfare Services (612/2021) requires the City of Helsinki to monitor the living conditions, wellbeing and health of its residents and the factors affecting them by region and population group. The City must report annually to the council on the wellbeing and health of its residents, the factors affecting them and the measures taken. In addition, a welfare report and plan must be prepared for the council for every council period of office. The City of Helsinki draws up the wellbeing report and plan in cooperation with the HUS Group. Due to the separate decision applying to Helsinki, this reporting obligation is carried out in cooperation between the municipality of Helsinki and the social services, health care and rescue services. In addition, according to Article 29 of the Act on Organising Healthcare and Social Welfare Services (612/2021), a wellbeing services county must monitor the wellbeing and health of its population by population group.

During this welfare plan period, the annual reporting of the plan will be coordinated with the City's financial statements published in the spring, fulfilling the reporting obligation to the Council as required by Section 6 (612/2021) of the Act on Organising Healthcare and Social Welfare Services. A comprehensive welfare report will be produced at the end of the council period of office and published as part of the City Council's final seminar materials in February 2029. (Figure 8.)

During the Welfare Plan period, the state of the population's wellbeing and health is monitored in a number of ways. The continuously updated [website on changes in the operating environment](#) and the website on the wellbeing of residents contain information on the [wellbeing of Hel-](#)

[sinki residents](#), and thus supplement the welfare report required by Section 6 of the Act on Organising Healthcare and Social Welfare Services. In line with the annual health and welfare promotion calendar, the strategic lifecycle working groups have an annual statistical and research review of the wellbeing, health and safety of the age group concerned (Figure 5). This review will guide the selection of the annual measures. Changes in the wellbeing of Helsinki residents and the measures taken to promote welfare and health are also reported in other City documents, such as sustainable development reports, City Strategy evaluations and various research publications.

The comprehensive welfare report to be published in 2029 will be built around two main sections:

- a) assessing the success of the objectives and measures of the Welfare Plan; and**
- b) a description of the state of the population's wellbeing, health and safety, based on research and statistical data.**

The **assessment of the success of the objectives and measures** will be based on the annual assessment carried out by the lifecycle working groups. This annual assessment reports on the level of success of the previous year's measures and monitors the rate of execution of the selected objectives. The comprehensive welfare report then brings together the data from these assessments.

The **description of the state of the population's wellbeing, health and safety of the population** is based on a number of different data sources. The description focuses on reporting on the status of the phenomena related to the objectives of the Welfare Plan (e.g. physical activity, mar-

ginalisation and loneliness) in Helsinki based on statistical and research data. This section of the welfare report will also take into account the five indicators of the Welfare Plan (Table 1), which are used to monitor the general wellbeing, health and safety of Helsinki residents in the long term. The current status of the indicators and any changes compared to the early 2020s are shown in Table 1. The data in this table will be updated in 2029 as part of the comprehensive welfare report.

In line with the priorities set out in the City Strategy, the reporting will pay particular attention to examining physical activity in different age and population groups through the selected indicators (Table 2). These indicators are based on surveys by the Finnish Institute for Health and Welfare, from which the City of Helsinki has individual-level survey data. They allow for more detailed analyses of the connections between different dimensions of wellbeing. The current state of physical activity in different population groups is described in the rationale of the objectives (Chapter 4).

In addition to the above, the description takes into account the coefficient indicators based on health and wellbeing performance of municipalities and wellbeing services counties, the conclusions of HYTE consultation, the effectiveness indicators of the City Strategy and other statistic and research data. The reporting will take into account different population groups.

The comprehensive welfare report also looks at the success of the Welfare Plan term with regards to the effectiveness of the work and the reduction of inequality in wellbeing and health (Figure 3).

Figure 8. Welfare reporting 2026–2029

	2026	2027	2028	2029
City Council	★ The Welfare Plan and complementary plans in decision-making March 2026	★ council seminar Interim review of the strategy		★ council seminar: Evaluation of the decision 02/29
Annual report (Act on Organising Healthcare and Social Welfare Services, Section 6)		To be prepared as part of the financial statements. Short description in text format 02/2027 The Urban Research and Statistics Unit’s website on population wellbeing	To be prepared as part of the financial statements. Short description in text format. 02/2028 The Urban Research and Statistics Unit’s website on population wellbeing	
Comprehensive welfare report (Act on Organising Healthcare and Social Welfare Services, Section 6)		Changes in the operating environment website (updated by Urban Research and Statistics Unit)		Changes in the operating environment website (updated by Urban Research and Statistics Unit) Report on the success of the Welfare Plan 01/2029
Data collection dates		December 2026 – January 2027	December 2027 – January 2028	December 2028

Data sources: Indicators of the health and welfare promotion plan, statistical and survey data, documentation base for the health and welfare promotion plan’s objectives and measures, progress of complementary plans, HYTE consultation.

Table 1. Indicators of the Helsinki Welfare Plan, their status at the beginning of the plan term and comparison with the baseline situation at the beginning of the 2020s.

Indicator	Value	Change compared to 2019/2020	Interpretation
Percentage of children and young people who are currently satisfied with their lives (Data source: Finnish Institute for Health and Welfare/School Health Promotion Study ¹⁰)	84% Basic education, 4th and 5th grades Data from 2025	-5 percentage points Basic education, 4th and 5th grades Comparison to 2019	Children and young people's satisfaction with their lives has declined compared to the 2010s. In particular, young people's satisfaction with life declined sharply during COVID-19 pandemic, until the percentages improved again in 2025 (compared to 2021 and 2023).
	67% Basic education, 8th and 9th grades Data from 2025	-7 percentage points Basic education, 8th and 9th grades Comparison to 2019	
	70% 1st and 2nd year of general upper secondary school Data from 2025	-2 percentage points 1st and 2nd year of general upper secondary school Comparison to 2019	
	62% 1st and 2nd year of vocational education and training Data from 2025	-13 percentage points 1st and 2nd year of vocational education and training Comparison to 2019	
Percentage of working-age people ^a , (aged 20–64) who perceive their quality of life (EuroHIS-8) as good (Data source: Finnish Institute for Health and Welfare/Healthy Finland ⁷)	55% Data from 2024	-5 percentage points Comparison to 2020	The perceived quality of life of working-age people has deteriorated in recent years. Nevertheless, the percentage among Helsinki residents is higher than the national average or in the neighbouring areas.
Percentage of people ^a who perceive their quality of life (EuroHIS-8) as good ^a , older people (65+) (Data source: Finnish Institute for Health and Welfare/Healthy Finland ⁷)	58% Data from 2024	-3 percentage points Comparison to 2020	The perceived quality of life of older people has deteriorated slightly in recent years. Nevertheless, the percentage among Helsinki residents is higher than the national average or in most of the neighbouring areas.

Indicator	Value	Change compared to 2019/2020	Interpretation
Percentage of children and young people who consider their health to be average or poor <i>(Data source: Finnish Institute for Health and Welfare/School Health Promotion Study¹⁰)</i>	7% Basic education, 4th and 5th grades <i>Data from 2025</i>	-1 percentage point Basic education, 4th and 5th grades <i>Comparison to 2019</i>	A prolonged decline in perceived health of children and young people could be observed up until 2025, when the percentages mainly improved to 2019 levels. However, the percentages of average or poor perceived health are still higher than in 2017 or prior to that. The proportion of people in vocational education and training who perceive their health as average or poor is higher than the national average, while the percentages among those in other levels of education in Helsinki are at the average level.
	21% Basic education, 8th and 9th grades <i>Data from 2025</i>	-1 percentage point Basic education, 8th and 9th grades <i>Comparison to 2019</i>	
	21% 1st and 2nd year of general upper secondary school <i>Data from 2025</i>	-2 percentage points 1st and 2nd year of general upper secondary school <i>Comparison to 2019</i>	
	30% 1st and 2nd year of vocational education and training <i>Data from 2025</i>	+7 percentage points 1st and 2nd year of vocational education and training <i>Comparison to 2019</i>	
Percentage of people aged 20-64 (working age people) who perceive their health to be average or worse <i>(Data source: Finnish Institute for Health and Welfare/Healthy Finland⁷)</i>	31% <i>Data from 2024</i>	+3 percentage points <i>Comparison to 2020</i>	The perceived health of working-age people has deteriorated in recent years. Nevertheless, the percentage among Helsinki residents is higher than the national average or in most of Helsinki's neighbouring areas.
Percentage of people aged 65+ (older people) who perceive their health to be average or worse <i>(Data source: Finnish Institute for Health and Welfare/Healthy Finland⁷)</i>	43% <i>Data from 2024</i>	+1 percentage points <i>Comparison to 2020</i>	The perceived health of older people has deteriorated slightly in recent years. Nevertheless, the percentage among Helsinki residents is higher than the national average or in most of the neighbouring areas.
National morbidity index, age-standardised <i>(Data source: Finnish Institute for Health and Welfare & KELA, National Health Index⁸)</i>	91,5 points <i>Data from 2023^b</i>	92,5 points <i>Comparison to 2020</i>	In 2023, Helsinki's index figure in the national morbidity index was better than the national average. ^c
National work disability index <i>(Data source: Finnish Institute for Health and Welfare & KELA, National Health Index⁸)</i>	68 points <i>Data from 2023^b</i>	70 points <i>Comparison to 2020</i>	In 2023, Helsinki's work disability index figure was better than the national average. ^c

Source material: Finnish Institute for Health and Welfare/School Health Promotion study 2025, Finnish Institute for Health and Welfare/Healthy Finland 2024, Finnish Institute for Health and Welfare & KELA/National Health Index. The following data sources have been used in the interpretation of the National Health Index: [Kela's Work Disability Index Data application](#) and the [Finnish Institute for Health and Welfare's Statistical Report 26/2025](#).⁹

^a The quality of life indicator is constructed on the basis of the eight questions of the WHO8-EUROHIS indicator. These questions measure quality of life in the psychological, physical, social and environmental dimensions. See more details [on this website](#).

^b Data from three consecutive years have been used to calculate the index. For example, the figure for 2023 in the table is based on the morbidity or work disability determined for 2021–2023.⁹

^c The index figures depict the prevalence of illness and work disability in the population of the region in relation to the population of the same age in the country as a whole. The index for the whole country is set to 100. The higher the value of the index, the higher the prevalence of morbidity or work disability in the local population. When looking at the time series of the index, it should be noted that the index values of the previous years also change with the new update.⁹

Table 2. Indicators for physical activity

Target group	Indicators	Base value	Data source and update frequency
Children, young people and families with children	Percentage (%) of people partaking in physical activity for at least one hour a day	45% 4th and 5th grades <i>Data from 2025</i>	School Health Promotion study (Finnish Institute for Health and Welfare), every two years. ¹⁰
		30% 8th and 9th grades <i>Data from 2025</i>	
		21% general upper secondary school, years 1 and 2 <i>Data from 2025</i>	
		24% vocational institution <i>Data from 2025</i>	
	Percentage of children and young people with poor physical functional capacity (%). (5th and 8th grade students)	32% 5th grade <i>Data from 2025</i>	Finnish National Agency for Education/Move measurements ¹⁵
		35% 8th grade <i>Data from 2025</i>	
Working-age people	Proportion of people who regularly meet the requirements for a healthy amount of physical activity (%) on a weekly basis	50% <i>20–64-year-olds</i> <i>Data from 2024</i>	Finnish Institute for Health and Welfare/Healthy Finland ⁷
Older people	Proportion of people who regularly meet the requirements for a healthy amount of physical activity (%) on a weekly basis	38% <i>65 and older</i> <i>Data from 2024</i>	Finnish Institute for Health and Welfare/Healthy Finland ⁷

Source material: Finnish Institute for Health and Welfare/School Health Promotion study 2025, Finnish Institute for Health and Welfare/Healthy Finland 2024, Finnish National Agency for Education/Municipal Move! results reports 2025.



7. Preparation of the Welfare Plan

The preparation of the Helsinki Welfare Plan was a multi-stage process with multiple stakeholders.

Progress of the preparation process in 2025:

1.

In the spring, the health and welfare promotion preparatory group and the lifecycle working groups produced a current status report on the wellbeing, health and safety of Helsinki residents by lifecycle working group, based on current research and statistics. The comprehensive welfare report ([Stadin HYTE health and wellbeing promotion barometer⁶](#)) as well as the [changes in the environment](#) website produced by the Urban Research and Statistics Unit were also reviewed at the time. In addition, population group-specific HYTE-negotiations were held in March 2025. Their main purpose was to work together with organisations, the HUS Group and other partners to identify the phenomena that create challenges for city residents' wellbeing. The City of Helsinki and the HUS Group also held a mutual health and welfare promotion negotiation.

2.

On the basis of this information, the lifecycle working groups gave their suggestions for the priorities of the Welfare Plan.

3.

The health and wellbeing promotion preparation group decided the priorities and rationale for the Welfare Plan. The priorities were coordinated together with the Helsinki City Strategy.

4.

A coaching programme by Harvard University was launched in September 2025 to support the preparation and implementation of the Welfare Plan. During autumn 2025, the coaching focused on aspects such as supporting the definition of the Welfare Plan's objectives. The coaching will continue in spring 2026, with a focus on the implementation of the Welfare Plan, in particular by identifying concrete measures to advance the objectives and reduce the gaps in wellbeing and health.

5.

The health and wellbeing promotion preparation group finalised the plan in early 2026. The plan was opened for comments at this stage.



During the process described above, stakeholders such as the Elderly Citizens Council and the HUS Group's Primary Health Care Unit were regularly kept informed of the progress of the preparation process. Their views were taken into account at each stage of the preparation process. A knowledge workshop on health and wellbeing promotion was organised with the HUS Group's Primary Health Care Unit as part of the preparation of the Welfare Plan. Cooperation with the draftspersons of social sustainability plans also took place during the preparation process. These plans include the equality and inclusion plan, the migration and integration development programme, the inclusion plans and the suburban regeneration work related to the housing and land use programme.

Section 11 of the Act on Organising Healthcare and Social Welfare Services (612/2021) requires the City of Helsinki to draw up a service strategy for social services, health care and rescue services. The service strategy decides on the objectives and guidelines for a council period of office regarding the implementation of the social and health care services for which it is responsible. The service strategy helps to guide the promotion of wellbeing, health and safety in the Social Services, Health Care and Rescue Services Division as part of the organisational duties. The links to Helsinki's health and wellbeing promotion data and the Welfare Plan have been taken into account in the preparations of the service strategy. The contents of the service strategy for social services, health care and rescue services that is currently being prepared have also been taken into consideration in the plan preparations. Cooperation has been carried out with those carrying out the preparations for the service strategy.

The Welfare Plan was reviewed during the preparation stage with both the operative management group and the City's management group.

The [maternity and child health clinic plan](#) complementing the Helsinki Welfare Plan was prepared by the Helsinki Social Services, Health Care and Rescue Services Division, and it was approved with certain additions by the division's committee on 9 December 2025. The regional student welfare plan was prepared in cooperation between the Social Services, Health Care and Rescue Services Division and the Education Division and approved by the Social Services, Health Care and Rescue Services Committee on 16 December 2025. Both the [regional student welfare plan](#) and the education provider's student welfare plans must be attached to the Welfare Plan. The education provider's student welfare plan was prepared by the Education Division in cooperation with the Social Services, Health Care and Rescue Services Division and will be approved by the Finnish-speaking section of the Education Committee on 10 March 2026. The plans will be attached to the Welfare Plan, as required by law, by publishing them [on the website](#).

Concepts and definitions

The National Health Index

describes the differences in morbidity and work disability between wellbeing services counties and municipalities. The morbidity index calculation includes ten different illness groups. The sub-indices by disease group describe the prevalence of cancers, coronary heart disease, cerebrovascular diseases, musculoskeletal diseases, serious mental health problems, accidents, memory diseases, lung diseases, diabetes and alcohol-related diseases. The prevalence of each disease group in the morbidity index is weighted according to the impact of that disease group on the mortality, work disability and quality of life of the population and the costs of related health care and social welfare services. The work disability index has three sections: disability pension, sickness allowance and positive decisions for vocational rehabilitation. The data of the National Health Index have been compiled from the register data of the Finnish Institute for Health and Welfare, Kela, the Finnish Centre for Pensions, Statistics Finland and the Finnish Cancer Registry.^{8,9}

The municipal coefficient based on health and wellbeing performance

is an incentive that means that the amount of state funding for municipalities is partly determined by the amount of work they do to promote health and welfare. In addition to the population of the municipality, the level of funding is influenced by the scaled values of two types of indicators: process indicators depicting the operations and result indicators depicting the results. The total number of indicators is 20. The annual coefficient based on health and wellbeing performance is calculated on the basis of indicator data for the previous year(s). The computational coefficient based on health and wellbeing performance is the basis for the following year's funding. In 2025, the coefficient for the municipality of Helsinki was 72 points (scale 0–100), equalling EUR 22.2 per inhabitant. More information can be found on the [website](#). Information on Helsinki's municipal process indicators can be found

[through this link](#) and corresponding information for the results indicators [through this link](#).²⁹

The wellbeing services counties' coefficient based on health and wellbeing performance

is an incentive that means that the amount of state funding for wellbeing services counties is partly determined by the amount of work they do to promote health and welfare. The coefficient encourages wellbeing services counties to provide the necessary preventive work in social services and health care. Its purpose is to encourage and support the wellbeing services counties in implementing a wide range of systematic actions, in particular to prevent common diseases, promote the functional capacity of ageing population, reduce accidents, prevent marginalisation, and promote social wellbeing and employment. In addition to the population of the wellbeing services county, the level of funding is influenced by the scaled values of two types of indicators: process indicators depicting the operations and result indicators depicting the results. There are 11 indicators in total. The annual coefficient based on health and wellbeing performance is calculated on the basis of indicator data for the previous year(s). The computational coefficient based on health and wellbeing performance is the basis for the following year's funding. In 2025, the coefficient for the Helsinki Social Services, Health Care and Rescue Services Division was 36 points (scale 0–100), equalling EUR 62.2 per inhabitant. More information can be found on the website of [the Finnish Institute for Health and Welfare](#). Information on Helsinki's process indicators can be found [through this link](#) and corresponding information on the results indicators [through this link](#).³⁰

The percentage of children and young people who are currently satisfied with their lives

is based on the question in the School Health Promotion study asking "how satisfied are you currently with your life?" The indicator expresses the proportion of children

and young people in the age group who are very or fairly satisfied with their lives at the moment, as a percentage of those who answered the question. Every two years, pupils and students of the 4th and 5th grades of basic education, the 8th and 9th grades of basic education, the 1st and 2nd years of general upper secondary education and the 1st and 2nd years of vocational education and training participate in the School Health Promotion study. At secondary level, the young learners of the years in question have been taken into consideration in the percentages.¹⁰

The proportion of working-age and older people who perceive their quality of life as good

is based on eight questions in the WHO8-EUROHIS indicator tracked in the Healthy Finland study. These questions measure quality of life in its psychological, physical, social and environmental dimensions. The first question was a general question "How would you rate your quality of life?". The options were 1) very bad, 2) bad, 3) neither good nor bad 4) good 5) very good. The "How satisfied are you with" set of questions was divided into five sub-questions: "your health", "your ability to carry out daily activities", "yourself", "your relationships" and "conditions in your residential area". The response options were 1) very dissatisfied, 2) dissatisfied, 3) neither satisfied nor dissatisfied, 4) satisfied, 5) very satisfied. The series of questions on "To what extent have you experienced the following in the last two weeks" includes two sub-questions: "Do you have enough energy for your daily life?" and "Do you have enough money for your needs?". The answer options were 1) not at all, 2) a little, 3) moderately, 4) almost enough and 5) enough. Responses were scored between 1 and 5 points, from (1) very poor/very dissatisfied/not at all = 1 p through to (5) very good/very satisfied/fully satisfied = 5 p and the average score was then calculated based on the points. People with an average score of 4 or higher on the eight questions of the WHO8-EUROHIS indicator were defined as perceiving their

quality of life as good. The proportions presented have been calculated using weighting factors to compensate for loss.⁷

The percentage of children and young people who consider their health to be average or poor

is based on the question “What do you think about your state of health?” in the School Health Promotion study. This indicator expresses the percentage of children and young people who consider their health to be average or poor. The percentage is calculated on the basis of those who answered the question. Every two years, pupils and students of the 4th and 5th grades of basic education, the 8th and 9th grades of basic education, the 1st and 2nd years of general upper secondary education and the 1st and 2nd years of vocational education and training participate in the School Health Promotion study. At the secondary level, the young learners of the years in question have been taken into consideration in the percentages.¹⁰

The proportion of working-age and elderly people who consider their health to be average or worse

is based on the Healthy Finland survey’s question “Do you feel like your current health is...” and its response options: 1) good, 2) fairly good, 3) average, 4) fairly poor and 5) poor. The assessment includes the percentages of respondents who answered 3) average, 4) fairly poor and 5) poor. The proportions presented have been calculated using weighting factors to compensate for loss.⁷

Those who exercise for at least one hour a day

This indicator expresses the percentage of pupils or students who have exercised for at least one hour per day during the week. Exercise here means physical activity that makes one out of breath and raises the heart rate. Exercise can include, for example, cycling or walking fast, playing physically active games, running, taking part in physical education classes or playing a sport. Every two years, pupils and students of the 4th and 5th grades of basic education, the 8th and 9th grades of basic education, the 1st and 2nd years of general upper secondary education and the 1st and 2nd years of vocational education and training participate in the School Health Promotion study.

At the secondary level, the young learners of the years in question have been taken into consideration in the percentages.¹⁰

Proportion of children and young people with poor physical functional capacity (%)

The indicator expresses the percentage of 5th and 8th grade pupils whose physical functional capacity is low according to the Move! measurements. Physical functional capacity is classified as poor if the total score of the measurements is 15 points or less. This indicator is suitable for assessing the functional capacity of comprehensive school-age children and adolescents. It is built on six sections of the Move! measurements, which describe different aspects of functional capacity: endurance, muscle strength, motor skills and mobility. The indicator score is a sum of points from these different sections, with equal weight given to each of the functional capacity sections mentioned above. The indicator data are collected in the national register of the national Move! system, where the pupils’ measurement results are saved anonymously. The measurements are part of the basic education curriculum and are carried out in schools as part of physical education for all pupils in grades 5 and 8. The measurements are carried out in August and September and the data will be entered into the system by the end of September.¹⁵

Proportion of people who regularly meet the requirements for a healthy amount of physical activity on a weekly basis

The indicator is based on the following two sets of questions and their sub-questions in the Healthy Finland survey, which are used to assess how the recommendations for healthy physical activity are followed. The recommendation on physical activity: at least 2 hours 30 minutes of moderate-impact endurance exercise, or 1 hour 15 minutes of heavy endurance exercise per week. In addition, at least two sessions of exercise maintaining or improving muscle strength per week.⁷



Sources

1. *Hyvinvoinnin, terveyden ja turvallisuuden edistäminen 2030* : Government decision in principle. Finnish Government; 2021. Accessed 21 November 2025. <https://julkaisut.valtioneuvosto.fi/handle/11111/10714>
2. *Hyvinvoinnin, terveyden ja turvallisuuden edistäminen 2030* : Toimeenpanosuunnitelma. Finnish Government; 2021. Accessed 21 November 2025. <https://julkaisut.valtioneuvosto.fi/handle/11111/10720>
3. WHO European Healthy Cities Network. Political statement of the WHO European Healthy Cities Network: towards thriving societies - advancing health in the well-being economy. Accessed November 21, 2025. <https://www.who.int/europe/publications/i/item/political-statement-of-the-who-european-healthy-cities-network--towards-thriving-societies---advancing-health-in-the-well-being-economy>
4. Tasala, T, Tilles-Tirkkonen, T, Vähäsarja, K. One Health -toimintatapa tukee kuntien ja hyvinvointialueiden kestävää hyvinvointia ja terveyttä. Blog by the Finnish Institute for Health and Welfare. 12 June 2023. Accessed November 21, 2025. <https://blogi.thl.fi/one-health-toimintatapa-tukee-kuntien-ja-hyvinvointialueiden-kestavaa-hyvinvointia-ja-terveytta/>
5. Vaarama M, Mäki-Opas T. Systemisellä ja osallistavalla otteella parempaan yhteiskunnan sosiaaliseen laatuun ja yksilöiden elämänlaatuun. *Focus localis*. 2020;48(4):65-85.
6. Högnabba, S, Määttä, S. *Stadin HYTE-Barometri 2025 – Vuosittainen Hyvinvointikertomus*. 2025.
7. Finnish Institute for Health and Welfare. Healthy Finland. <https://thl.fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/terve-suomi-tutkimus/tulokset>
8. Finnish Institute for Health and Welfare, Kela. National Health Index. <https://thl.fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/kansallinen-terveysindeksi>
9. Lindell, E, Koponen, P, Parikka, S, Sarttila, K, Luoto, R, Sarnola, K. Kansallinen terveysindeksi 2021–2023 : *Sairastavuus ja työkyvyttömyys edelleen yleisintä Itä ja Pohjois-Suomessa*. Finnish Institute for Health and Welfare THL; 2025. Accessed 21 November 2025. <https://www.julkari.fi/handle/10024/151475>
10. Finnish Institute for Health and Welfare. School Health Promotion study 2025. <https://thl.fi/tutkimus-ja-kehittaminen/tutkimukset-ja-hankkeet/kouluterveyskysely/kouluterveyskyselyn-tulokset>
11. Proctor CL, Linley P, Maltby J. Youth Life Satisfaction: A Review of the Literature. *J Happiness Stud*. 2009;10(5):583-630. doi:10.1007/s10902-008-9110-9
12. Määttä, S. Helsinkiläisnuorten hyvinvoinnin ulottuvuudet Perhetaustan ja kasvuympäristön yhteydet koettuun hyvinvointiin. *Studies*. 2022;(2). https://www.hel.fi/hel2/tietokeskus/julkaisut/pdf/22_12_12_Tutkimuksia_2_Maatta.pdf
13. Craig BA, Morton DP, Morey PJ, et al. The association between self-rated health and social environments, health behaviors and health outcomes: a structural equation analysis. *BMC Public Health*. 2018;18(1):440. doi:10.1186/s12889-018-5323-y
14. McGorry PD, Mei C, Dalal N, et al. The Lancet Psychiatry Commission on youth mental health. *The Lancet Psychiatry*. 2024;11(9):731-774. doi:10.1016/S2215-0366(24)00163-9
15. Finnish National Agency for Education. Kuntien Move!-tuloksetraportit Kommunernas Move!-resultatsrapporter. 2024. Accessed November 21, 2025. https://a3s.fi/move_kuntaraportit/index.html
16. Määttä, Suvi. Helsinkiläisnuorten koettu hyvinvointi, terveys ja turvallisuus – sukupuoli ja perheen koettu taloudellinen tilanne tärkeimpiä selittäviä tekijöitä | City of Helsinki. Urban Research and Statistics Unit. Published online 2025. Accessed 11 February 2025. Accessed February 11, 2025. <https://kaupunkitieto.hel.fi/fi/helsinkilaisnuorten-koettu-hyvinvointi-terveys-ja-turvallisuus-sukupuoli-ja-perheen-koettu>
17. Määttä, S, Sulander, T. PUHTI-Raportti – *Hyvinvoinnin Ja Terveystiedon Edistämisen Johtaminen Palvelujärjestelmän Ulkopuolisen Tiedon Keinoin*. 2025. https://www.hel.fi/static/kanslia/Kaupunkitieto/25_02_13_Tilastoja_1-suomi.pdf
18. Happonen, K, Kiilakoski, T (toim.). *Nuoruuden Kolme Vuosikymmentä, Nuorisobarometri*. 2024.

19. Junttila H. Liike on lääke talouteenkin. *Lääketieteellinen Aikakauskirja Duodecim*. 2025(141(17)):1357-1359.
20. Mustonen, P. Helsingissä liikutaan enemmän kuin Suomessa keskimäärin, mutta myös liikkumattomuus huolestaa – uusi kysely aikuisväestölle täydentää tietopohjaa. City of Helsinki, Urban Research and Statistics Unit. 2025.
21. Paajanen, M., Harris, H., Helkiö, A., Matikainen, K., Ståhlberg, R. Liikkuva Helsinki 2030 - Kohti Vaikuttavampaa Poikkihallinnollista Johtamista.
22. Pyykkönen, J. NEET-Nuoret Helsinki – Tilastokatsaus Ja Suositukset. Helsingin kaupunki, kaupunkitietopalvelut; 2025.
23. Ahtiainen, H., Ansala, L. Nuorten koulutuspolut eroavat toisistaan syntyperän ja sukupuolen mukaan. In: *Lasten, nuorten ja lapsiperheiden hyvinvoinnin eriytyminen Helsingissä*. Vol 2025. City of Helsinki; 2025. Accessed November 21, 2025. <https://kaupunkitieto.hel.fi/fi/lasten-nuorten-ja-lapsiperheiden-hyvinvoinnin-eriytyminen-helsingissa>
24. Parkkila M, Poutiainen E. Miten työn ja koulutuksen ulkopuolella olevat nuoret aikuiset voivat? NEET-ryhmään kuuluvien kokemuksia hyvinvoinnista, palveluiden käytöstä ja toimintakyvystä. *Rehabilitation*. 2023;46(1):19-26. doi:10.37451/kuntoutus.127800
25. Finnish Institute for Health and Welfare. Liikunnan terveyshyödyt. THL. March 4, 2024. Accessed November 21, 2025. <https://thl.fi/aiheet/elintavat-ja-ravitsemus/liikunta/liikunnan-terveyshyodyt>
26. Portegijs E, Keskinen K, Tsai L, Rantanen T, Rantakokko M. Physical Limitations, Walkability, Perceived Environmental Facilitators and Physical Activity of Older Adults in Finland. *Int J Environ Res Public Health*. 2017;14(3):333. doi:10.3390/ijerph14030333
27. Rappe, E, Rajaniemi, J. *Turvallinen Asuinalue Ikääntyneille*. Ministry of the Environment; 2021. <https://urn.fi/URN:ISBN:978-952-361-225-9>
28. Statistics Finland. Population structure. <https://stat.fi/tilasto/vaerak>
29. HYTE-kerroin – kannustin kunnille. THL. October 20, 2025. Accessed November 21, 2025. <https://thl.fi/aiheet/hyvinvoinnin-ja-terveyden-edistamisen-johtaminen/hyvinvointijohtaminen/hyvinvointijohtaminen-kunnassa/hyte-kerroin-kannustin-kunnille>
30. Finnish Institute for Health and Welfare. HYTE-kerroin - kannustin hyvinvointialueille. THL. October 20, 2025. Accessed November 21, 2025. <https://thl.fi/aiheet/hyvinvoinnin-ja-terveyden-edistamisen-johtaminen/hyvinvointijohtaminen/alueellinen-hyvinvointijohtaminen/hyte-kerroin-kannustin-hyvinvointialueille>

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Appendix 1. Legislation guiding the Helsinki Welfare Plan

According to Section 1 of the Local Government Act (410/2015), a municipality promotes the wellbeing of its residents and the vitality of the area and organises services for the residents in an economically, socially and environmentally sustainable manner. In addition, Section 6 of the Act on Organising Healthcare and Social Welfare Services (612/2021) defines the City of Helsinki's duties in promoting wellbeing and health and in drawing up a welfare plan. Due to the separate solution for Helsinki, the welfare plan is prepared as a joint document between the municipality of Helsinki and the social services, healthcare and rescue services, which will also include the welfare plans for children and older people. In addition, the welfare plan must be drawn up in cooperation with the HUS Group. The City of Helsinki is not subject to Section 7 of the Act on Organising Healthcare and Social Welfare Services (612/2021), which concerns regional welfare plans for wellbeing services counties (Section 1 of the Act on Organising Healthcare and Social Welfare Services (612/2021)).

The content of the Welfare Plan is influenced by several separate pieces of legislation, such as the Child Welfare Act, Section 12 (417/2007); the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons, Section 5 (980/2021); the Act on the Organisation of Preventive Substance Abuse Work, Section 5 (523/2015); the Health Care Act, Section 15 (1326/2010); and the Act amending the Student Welfare Act, Section 13 (377/2022). These separate laws provide for the inclusion of a child and youth welfare plan, a maternity and child health clinic plan, an education provider's student welfare plan, a regional student welfare plan and a plan to support the older population in the Welfare Plan. They also impose different obligations on the content of the plans. Helsinki will have a separate substance abuse strategy for 2026–2029, and the objectives of substance abuse prevention will not be included in the Welfare Plan, but rather in the new substance abuse strategy. Section 11 of the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons (980/2021) instructs that the Elderly Citi-

zens Council should be involved in the preparation of the Welfare Plan that pertain to older persons.

Section 11 of the Act on Organising Healthcare and Social Welfare Services (612/2021) requires the City of Helsinki to draw up a service strategy for social services, health care and rescue services. The service strategy decides on the objectives and guidelines for a council period of office regarding the implementation of the social and health care services for which it is responsible. The service strategy helps to guide the promotion of wellbeing, health and safety in the Social Services, Health Care and Rescue Services Division as part of the organisational duties. In addition, a decision on the level and standard of rescue services is to be drawn up in the Social Services, Health Care and Rescue Services Division (Act on Organising Rescue Services (613/2021)).

The Act on the Supervision of Social and Healthcare Services (741/2023) provides for self-monitoring and authority supervision, which also apply to welfare and health promotion operations of the Social Services, Health Care and Rescue Services Division.

Section 6 of the Act on Organising Healthcare and Social Welfare Services (612/2021) directs the City of Helsinki to consult with the HUS Group and other public actors, private companies and non-profit organisations involved in health and welfare promotion at least once a year regarding the work's objectives, measures, cooperation and monitoring.

Appendices 2 and 3 describe in more detail the separate legal provisions on the various obligations under the Child Welfare Act and the Act on Supporting the Functional Capacity of the Older Population with regard to the plans. The records required by legislation can be found in various documents and plans, as well as in the City of Helsinki's annual budgets and action plans.

Chapter 3 of the Act on Organising Healthcare and Social Welfare Services in Uusimaa (615/2021) stipulates things

such as the contents of the HUS Group agreement on organising health care services in Helsinki and Uusimaa.

- [Act on Organising Healthcare and Social Welfare Services, Section 6 \(612/2021\)](#) Including the City of Helsinki Welfare Plan, HYTE consultation and cooperation with the HUS Group.
- [Act on Organising Healthcare and Social Welfare Services, Section 11 \(612/2021\)](#) Service strategy.
- [Act on the Supervision of Social Welfare and Health Care Services \(741/2023\)](#) Self-supervision and supervision by the authorities.
- [Act on Organising Healthcare and Social Welfare Services, Section 29 \(612/2021\)](#) Wellbeing services counties' monitoring and evaluation obligation for social services and health care.
- [Child Welfare Act, Section 12 \(417/2007\)](#) Welfare plan for children and young people.
- [Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons, Section 5 \(980/2012\)](#) Plan to support the older population.
- [Act on the Organisation of Preventive Substance Abuse Work, Section 5\(523/2015\)](#) Planning and reporting of substance abuse prevention.
- [Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons, Section 11 \(980/2012\)](#) The role of the Elderly Citizens Council in the preparation of the welfare plan.
- [Health Care Act, Section 15 \(1326/2010\)](#) The maternity and child health clinic plan.
- [Act on Amending the Act on Student Welfare, Section 13 \(377/2022\)](#) Student welfare plan of the education provider.
- [Act on Amending the Act on Student Welfare, Section 13a \(377/2022\)](#) Regional student welfare plan.
- [Act on the Financing of Wellbeing Services Counties \(617/2021\), Section 15](#) Coefficient based on health and wellbeing performance
- [Act on Organising Rescue Services 613/2021](#)
- [Act on Organising Healthcare and Social Welfare Services in Uusimaa \(615/2021\), Chapter 3](#) Agreement on organising health care services in Helsinki and Uusimaa

Appendix 2. Revisions to the plan under the Child Welfare Act

The welfare plan for children and young people is part of the welfare plan referred to in Section 6 of the Act on Organising Healthcare and Social Welfare Services (612/2021). According to Section 12 of the Child Welfare Act (417/2017), the City of Helsinki must include the following information for the planning period from both the municipality and the wellbeing services county (in Helsinki, the Social Services, Health Care and Rescue Services Division) in the plan:

1. the growth conditions and state of wellbeing of children and young people in the region;
2. measures and services to promote the wellbeing of children and young people and preventative measures and services in the region;
3. the need for child welfare services in the region;
4. the resources allocated to child welfare;
5. the child welfare service system available for the performance of the duties under this Act;
6. organising cooperation between different authorities and organisations and institutions providing services to children and young people; and
7. the implementation and monitoring of the plan.

Due to the extensive scope of services and the several plans and programmes in the City, some of the statutory sections are not included in this welfare plan as their own separate sections. Below is a description of where to find the information required by Section 12 of the Child Welfare Act (417/2017).

Data describing the wellbeing of children and young people in Helsinki related their growth conditions and state of wellbeing has been compiled in the [operating environment analysis](#), a separate [database](#) and Stadin [HYTE barometer on health and wellbeing promotion](#). In

addition, a regional status management report on children and young people has been developed for the City's internal use, which contains information on the regional wellbeing of children, young people and families. A range of [statistical and research information](#) is published on the wellbeing of children and young people. The national Sotkanet provides comprehensive statistical information on the health and wellbeing of the population and the functionality of the service system, and the Finnish Institute for Health and Welfare has a [database for the School Health Promotion study](#) on the perceived health and wellbeing of children and young people. [Social reporting](#) can be used to make the trends and subsequent observations related to the wellbeing of children and young people more visible.

The guidelines for service development are guided by documents prepared each strategic period, such as [the City Strategy 2025–2029](#) ('A Helsinki we can be proud of') and the Social, Health and Rescue Services Strategy 2026–2029. The City's annual [budget](#) and the financial and action plans of the divisions guide financial and human resources and development work.

Activities and services to promote the wellbeing of children and young people and prevent social exclusion are provided by the [Education; Culture and Leisure; Urban Environment; and Social Services, Health Care and Rescue Services Divisions](#). [The rules of operation of divisions](#) define the organisation, duties and management of the various services within each division. Details of services and support for children and families have been compiled on the City of Helsinki website. The Helsinki for families with children website features a compilation of information to support the wellbeing of families with children, and the [Youth Helsinki](#) website has information supporting the wellbeing of young people.

The child welfare service system is described in [the rules of operation for the Social Services, Health Care and Rescue Services Division](#). The child welfare and family social work service provides child welfare services for children under 18. The Assessment of the Need for Child Welfare and Family Social Work Unit is responsible for the on-call services and processing of new child welfare notifications during office hours and for assessing child welfare needs.

The Child Welfare Social Work Unit is responsible for on-call services for existing child welfare clients, child welfare social work, senior social work support for the most demanding situations and support for the systemic operating model. Social work includes both regional working groups and specialised working groups, such as the Toivo social work for young people who commit serious criminal offences, for instance.

The Child Welfare and Family Social Work Services Unit provides home-based outpatient services and round-the-clock family rehabilitation in accordance with the Child Welfare Act. The range of services provided at home is diverse and expanding and includes regional teams of intensified family work, special services targeted at different client groups (e.g. families with infants, children with neuropsychiatric issues, young people committing crimes) and multidisciplinary outreach services with different partners (e.g. the Helmi service for young people with an immigrant background and the Hehku service provided in cooperation with youth psychiatry).

Child Welfare's reception and family care services are responsible for providing child welfare reception unit services, special care periods and family care. Institutions providing round-the-clock emergency placement services are available for families, children and young people. Family care includes both temporary foster

family services for urgent situations and long-term foster family care. Children's home activities are responsible for the service's own extensive children's home services. There are separate children's homes for different client groups, for example for young people with severe mental health problems or substance abuse issues, and some children's homes have their own school. Child Welfare's client guidance and control is responsible for the organisation and supervision of outsourced services.

Child Welfare's after-care services for people over 18 are provided by Youth Services and adult social work. The after-care service is responsible for social work with young people aged 18 and over who have been taken into care and have been in substitute care for more than six months, after their substitute care has ended. The youth social work teams provide services to young people living in Helsinki who come from different wellbeing services counties but are entitled to after-care services. This work is carried out in cooperation with the young person's original wellbeing services county.

Helsinki is involved in extensive cooperation with different authorities and actors to promote the wellbeing and health of children and young people. Key cooperation partners include HUS specialised health care, the police, private service providers and organisations. The Toivo model for young people who commit serious crimes is carried out in cooperation with the police.

The monitoring of the plan as defined in the Child Welfare Act is part of the monitoring of the City of Helsinki's Welfare Plan, for example through the annual reports and the comprehensive welfare report. In addition, as part of the services promoting the wellbeing of children and young people, the need for child welfare services and indicators describing it, such as the number of child welfare notifications, the number of community care client relationships and the number of children placed outside the home, are monitored separately.



Appendix 3. Revisions to the plan for older people

The City of Helsinki must draw up a plan of its measures to support the wellbeing, health, functional capacity and independent life of the older population as part of the Welfare Plan, as defined in Section 6 of the Act on Organising Healthcare and Social Welfare Services (612/2021). In Helsinki, the plan for supporting the older population is drawn up in cooperation between the municipality of Helsinki and the social services, health care and rescue services as part of the City's joint Welfare Plan, and it is based on Section 5 of the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons.

The City of Helsinki must include measures to organise and develop the services needed by older people and family caregivers in its Welfare Plan. The planning must focus on services that promote living at home and rehabilitation. In addition, the plan must include the anticipation of older population's housing-related needs and the development of housing to meet these needs (Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons 980/2012, Section 5).

Due to the extensive scope of services and the several plans and programmes in the City, some of the statutory sections are not included in this welfare plan as their own separate sections. Below is a description of where the data required by law can be found for the City of Helsinki and how this information is managed and developed.

Activities and services for older people are provided by the [Education Division; Culture and Leisure Division; Social Services, Health Care and Rescue Services Division; Urban Environment Division; and the City Executive Office](#). [The rules of operation of divisions](#) define the organisation, duties and management of the various services within each division.

The guidelines for service development are guided by documents prepared each strategic period, such as the City Strategy and the Social, Health and Rescue Services Strategy 2026–2029. The City's annual [budget](#) and the financial and action plans of the divisions guide financial and human resources and development work for organising services for older people, such as access to help, rehabilitation services, informal care and housing.

[The Service Guide](#) is a comprehensive package of information on services for older people. The websites for informal care and [rehabilitation](#) have more information on these services. The [housing and land use programme](#) approved by the City Council sets out the guidelines for Helsinki's housing policy. It also includes a review of the housing situation of older population and forecasts and guidelines for building the housing and living options of the future. [The Senior Info website](#) presents information and guidance on services for older people and how to access them. [The culture and leisure for the elderly](#) website provides sports services and cultural events and activities for targeted at older people.

The assessment of the adequacy and quality of services for older people and the factors affecting the demand for these services are not included in the Welfare Plan, but are compiled as separate sets of data in a wide range of ways, including based on client feedback, client and resident surveys, and assessments and audits by professionals. Both internal and external audits are used to assess the quality of the services. Both types of audits are part of the continuous quality assurance and service development. This is done in the different services as part of the operational development, and progress reports have been presented regularly, for example to the Elderly Citizens Council.

In addition, the demographic development of Helsinki, the increase in the number of older people and changes in the operating environment are monitored and then used as a basis for planning the overall services and activities of round-the-clock care, home care, rehabilitation, informal care support, and services and activities promoting wellbeing and health. Compiled data on the wellbeing of older people can be found on the [Changes in the Operating Environment](#) website and the [Older People in Helsinki](#) website. This data is updated regularly. It is used for purposes such as planning and forecasting the service needs of the older population on an annual basis as part of financial and operational planning and management.



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