Länsi-Uudenmaan hyvinvointialue
Västra Nylands välfärdsområde

12 January 2024
luvn.fi

Family care operating procedure

Disability services LUVN

Contents

1 Definition of family care

Family care is the organisation of personal care, child-rearing or other part-time or 24-hour care in the home of a family caregiver or in the home of the care recipient. The aim is to provide the persons in family care with the opportunity for home-like care according to their needs and close relationships as a member of the family.

Family care services strive to promote the well-being, sovereignty, functional capacity, basic safety and social relationships of the person in family care. The starting points for family care are the client's situation in life, prior life experiences and need for care and nursing.

1.1 Forms of family care

Family care can be short-term or long-term based on a personalised service plan and/or, for those with intellectual disabilities, the special care programme. The term 'family care' refers to family care provided to a person pursuant to the Family Care Act and a commission agreement in the person's or a family home. The commissioning agreement determines the form and duration of the family care on a client-specific basis.

For example, short-term family care can be organised on a regular basis to arrange an informal caregiver's period of leave, support the coping of the parents or as a fixed-term arrangement when being discharged from the hospital, changing the family care location, waiting for a more long-term housing arrangement or during the leave of a long-term family caregiver. The aim of short-term family care is to support elderly, chronically ill or disabled persons with living at home. The duration of regular short-term family care is no more than 14 days a month. This limit can be exceeded if so agreed or in unexpected situations.

Family care in the client's home can be organised as short-term and/or part-time family care.

No more than 8 hours of part-time family care can be provided within one day. Overnight care (less than 12 hours) is also regarded as part-time family care.

Long-term family care can be an intermediate phase (more than 3 months) that provides rehabilitation for independent living or a more permanent housing and living arrangement in a family home.

1.2 Difference between informal care and family care

Informal care refers to the provision of care in the person's own home by a close relative of the person or other person close to them.

Family care means organising the treatment, upbringing or other care of a person in the family caregiver's private home or the home of the care recipient by a family caregiver who has completed the requisite advance training. If the caregiver is the recipient's own child, parent, grandparent, sibling or marital/common law spouse, the care is regarded as informal care.

1.3 Family caregiver

Person who are suitable for providing family care, based on their training, experience or personal characteristics, can be accepted as family caregivers. Family caregivers are not required to have training in the social and health care field. The family caregiver provides the family care referred to in the Family Care Act in the care recipient's home (circulating family caregiver) or family caregiver's own home (family home) based on the commission agreement made with the wellbeing services county.

The following is required of family caregivers:

- suitability and commitment to the task based on advance training,
- adult age,
- good health (a medical certificate is requested if necessary),

- the capability to cooperate with authorities, friends and family, and other members of the collaboration network,
- stable finances,
- a criminal records extract (for underage care recipients), and
- the ability to respond to the client's needs in a way that is in their best interest

Those who are aiming to become family caregivers must complete advance training before entering into the commission agreement. The purpose of the training is to persons and/or family aspiring to become a family caregiver to make a conscious decision, commit to the tasks, and assess the capabilities and preconditions for fulfilling the tasks. For special reasons, the advance training can be completed within one year of the beginning of the placement (Family Care Act 263/2017, Section 6).

The family caregiver creates a safe and stimulating environment for the care recipient and considers the care recipient's special developmental needs in the care and/or upbringing tasks. The family caregiver must strive to secure contact and relationships between the care recipient and their family and friends.

Persons in charge representing the wellbeing services county assess each family caregiver's suitability for the tasks. The assessment examines the situation of the potential family caregiver as well as the requirements and obligations related to family care.

Aspiring family caregivers must provide written consent for the person in charge of family care to request a statement from the adult social work and/or child welfare services of the wellbeing services county on the application to become a family caregiver.

1.4 Family home

A family home is a private home in which family care is provided that has been approved and is being monitored by the Western Uusimaa

Wellbeing Services County Especially the following factors are considered when assessing suitability:

- The family home's premises, amenities, safety, accessibility, health-related conditions and the surrounding environment. In long-term family care, adult family care clients must normally have a room of their own. Persons in short-term family care can be placed in a two-person room.

- In the family home, the room of every resident must feature a smoke detector. In addition to the ones in the rooms, at least one smoke detector must be installed for every beginning 60 m2 of a housing unit on a floor-specific basis. The smoke detectors must be tested regularly. The family home must have a fire blanked, and portable extinguishers are also recommended.

- The rooms of family home residents with mobility issues must be located on the first floor or in a location that provides a direct exit from the floor of the bedrooms.

- Family caregivers must know the appropriate rescue and first aid extinguishing procedures.

- Family caregivers are also responsible for the safety of the family home during extraordinary situations and must carry out any safety-related repair measures proposed by fire authorities or family care instructors right away.

- The capability of family members to accept the family care operations and that everyone is to be treated equally. The person placed in family care is in an equal position with regard to other members of the family. The person in family care have access to all common areas in the home.

A family home can care for no more than four people, including any under school age children and other persons who require special treatment and care and live in the same household. Deviations can be made from

this number if care is being provided to siblings or members of the same family. (Family Care Act 263/2015, Section 7.)

The number of people being cared for in a family home may not exceed six if the care provided at the family home is handled by at least two persons who have completed the advance training and live in the family home, at least one of who must also have training for the task and sufficient experience on care and education tasks (Family Care Act 263/2015, Section 7). Section 9 of the Family Care Act regulates deviations from the number of people in care.

Deviations from the maximum are possible when a family caregiver substitutes for another family caregiver during their leave. However, the arrangement must always be agreed upon in advance with the person in charge of family care in the wellbeing services county. When planning the arrangement, it must be ensured that the arrangement is possible in terms of the mutual interaction, functional capacity and care needs of the people in family care as well as the family home premises.

1.5 Obstacles for becoming a family caregiver or establishing a family home

- use of physical restriction methods that are not in the best interest of the client
- a criminal record of offenses related to children or crimes of assault
- an active/long-term child welfare client relationship in the family
- a chronic physical illness that is predicted to lower functional capacity
- a substance abuse or mental health problem in the family
- financial difficulties in the family
- a family member is opposed to the family providing family care

- a world view that heavily impacts the family's day-to-day life
- a negative assessment from the advance training

2 Providing family care

Family care is a social service and its provision is based on a service needs assessment. In organising family care, it is important to ensure the involvement of the person in care and those close to them during the planning and implementation of the family care. This means that all persons, considering their age and functional capacity and with the necessary support measures, can be involved in making plans and decisions related to their lives in such a way that their will and interests are taken into account. (STM 2017 Supporting the implementation of the Family Care Act)

For example, family care can be provided when

- a client is unable to live home alone and feels unsafe, anxious, depressed or lonely,
- a client needs the guidance, support or company of someone else to manage in everyday life,
- family care will support the coping of those close to the client,
- family care is a purposeful way of organising the client's service.

An official in social work for the disabled and a person in charge of family care assess whether or not a person is suitable to become a family care client. A person responsible for family care assesses each family caregiver's capabilities to fulfil the needs of the person in question. Family caregivers have a legal right to receive all essential information of the life history and health of the persons that will enter their care. Based on the information received, the family caregivers assess their own capabilities to care for the persons in question. For successful family care, it is important to be able to assign a suitable family caregiver or family to each client who requires family care.

The need for and availability of social and health care services are also determined when planning family care.

Family care cannot be provided to persons who

- need continuous hospital-level treatment,
- need continuous and regular assistance during the night,
- behave aggressively and cannot be controlled to the extent that would ensure the safety of the family caregiver and others living in the family home,
- run away frequently enough to make monitoring impossible,
- constantly need the assistance of at least two people in daily activities, or
- are unwilling to cooperate.

The person in charge of family care for disability services enables and, if necessary, coordinates reciprocal visits between the family caregiver and the person to be placed in family care. Family care always begins with a familiarisation period. If the intention is for the person in question to live in a two-person room in long-term family care, all parties involved must accept the arrangement.

The disability services official makes a commission agreement with the family caregiver when the family care is initiated. The person in charge of family care for disability services supports and assists family caregivers in their tasks.

3 Commission agreement

The commission agreement involves the family caregiver and Western Uusimaa Wellbeing Services County agreeing upon mutual rights and responsibilities in relation to the care relationship. A commission agreement is signed for every family care client separately before the start of the family care or immediately thereafter.

The family caregiver who enters into a commission agreement is not considered to be in an employment relationship with the wellbeing services county under Chapter 1(1) of the Employment Contracts Act.

The commission agreement is signed by the family caregiver(s) and the disability services official. The agreement is adjusted as the situation changes. Negotiations are required when one of the parties requests a review. The agreement may not be changed unilaterally. A service plan for the care recipient is to be appended to the family care commission agreement.

When preparing a commission agreement on family care to an underage person pursuant to the Family Care Act, the wellbeing services county must, before preparing the commission agreement, request a criminal records extract from the person (Act on Checking the Criminal Background of Persons Working With Children 504/2002, Section 6(2)). The spouses of family caregivers must also provide a criminal records extract if they live i nthe same household and/or regularly take part in the care. The extract must not be more than three months old. The extract is subject to a fee and must be ordered from the Legal Register Centre.

The commission agreement agrees upon the following:

- contracting parties
- person to be placed in family care
- agreement content
- form of the family care (long-term, short-term, part-time)
- whether the family care is to be provided in the client’s home
- recipient of the care allowance
- amount and payment schedule
- cost compensation and payment schedule

- initiation compensation
- compensation of special costs
- agreement validity
- family caregiver’s right of leave and the implementation of the leave
- allowance payment and cost compensation
- family caregiver’s training, work guidance, education and support
- responsible worker (contact person)
- agreement cancellation
- operating procedure
- family home approval
- family caregiver’s obligations
- appendices
- reviewing the commission agreement
- cooperation between the Western Uusimaa Wellbeing Services County and the family caregiver

The following are required as appendices to the commission agreement:

- an account of the rights, support measures and
- recreational activities of the care recipient and the measures necessary meet their requirements, and
- a plan for implementing the social welfare, health care and other support services for the person in family care.

At the start of the family care, a trial period can be mutually agreed upon separately – this makes the period of notice invalid. Unless otherwise agreed in it, the commission agreement can be terminated to end after the two months following the termination. If the family home or the care provided by it are found to be unsuitable or deficient during monitoring measures, the wellbeing services county responsible for its organisation must strive to rectify the situation. If the deficiency is not rectified within the set time or it cannot be remedied within a reasonable time or without unreasonable effort, the commission agreement can be terminated with immediate effect. (Family Care Act 263/2015, Section 12.)

4 Compensations to the family caregiver

For family care services, family caregivers receive a care allowance, cost compensation and initiation compensation, which is considered separately on a case-by-case basis. The Family Care Act (263/2015, Sections 16 and 17) determine the minimum amounts of the allowance and cost compensation and the maximum amount of the initiation compensation. The family care allowances and cost compensations are adjusted each calendar year according to the index adjustment in the municipal bulletin issued of the Ministry of Social Affairs and Health. The compensations to be paid to a family caregiver are determined in Appendix 1.

The care allowance is regarded as taxable income and it is counted towards pension.

Withholding tax is also paid on the cost compensation. Since the cost compensation is not actual income for the family caregiver, it is eligible for a corresponding tax deduction. The distribution of the family care allowances and compensations between the spouses can be agreed upon separately.

As regards long-term family care, the payment of the compensations is based on the agreed monthly allowance. In short-term family care, the payment of the allowances is based on a monthly report. The care allowance is paid on the last day of the following month according to actual care provided, if the monthly report has been submitted by the deadline.

4.1 Care allowance and cost compensations

The allowance paid for the care is based on the personal service plan of each care recipient, which indicates the client's functional capacity, the time used for the care, and how demanding and binding the care is. The care need is assessed by means of functional capacity indicators and the overall situation of the individual in question.

The assessment is the responsibility of the disability services official and the person in charge of family care in cooperation with various experts, if necessary. The size of the care allowance is determined when making the commission agreement, and it is adjusted if there are changes in the situation of the care recipient.

4.1.1 Care allowance in part-time family care

Part-time family care is one form of providing short-term family care. The care recipient's need for assistance, guidance and monitoring serves as the basis for payment in terms of the demanding and binding nature of part-time family care. An hourly care allowance has been determined for part-time family care.

4.1.2 Care allowance in short-term family care

The care recipient's need for assistance, guidance and monitoring serves as the basis for payment in terms of the demanding and binding nature of short-term family care. The allowance for short-term family care is paid to the family caregiver for actual contiguous care days. A care day is considered to be a calendar day on which the client has been in family care. For example, if a client's family care begins on Friday at 6 pm and ends on Sunday at 6 pm, care allowance will be paid for three days.

4.1.3 Allowances related to familiarisation visits

Family caregivers receive an hourly allowance based on the allowances of short-term (part-time) allowances for familiarisation visits. The initial meeting between the family carer, client and possible other people does not count as a familiarisation visit and will not be compensated.

The commission agreement specifies no more than six eight-hour familiarisation visits for each client. If the familiarisation visits take place

outside the family caregiver's home, half of the short-term family care compensation is paid to the family caregiver as cost compensation.

4.1.4 Care allowance in long-term family care

The care recipient's need for assistance, guidance and monitoring serves as the basis for payment in terms of the demanding and binding nature of the care. Factors such as the client's participation in day activities can make the care less binding. Participation in day activities is determined in the client's service plan. Day care centre, school and other daytime activities are also regarded as day activities The care allowances are presented in Appendix 2.

4.1.5 Cost compensation in a family home

The actual costs caused by the care and accommodation of the person in family care and the individual needs of the person are used as bases for determining cost compensations. The amount of the cost compensation and its adjustment procedure are agreed upon in the commission agreement. Listed below are examples of all costs for which the cost compensation is intended to be used:

- food expenses (non-allergenic and other special diets can increase the cost compensation)
- washing agents, toilet paper and kitchen paper
- housing costs, such as waste management, electricity, heating and water
- basic clothing and related maintenance
- conventional sports and recreational equipment; reasonable hobby activities
- travel costs of normal travel for day-to-day family care activities using the family car
- call charges (clients pay for their personal phone and any related costs)

- insurance policies and taxes
- conventional health care costs for which compensation is not provided under other legislation

The cost compensation can be increased/reduced for justified reasons, but it is agreed upon separately in the commission agreement.

In terms of disposable provided to children under the age of 15, the funds must be equal to the personal needs of the children in question, as stipulated in Section 55 of the Child Welfare Act must be observed. However, the disposable funds provided to a person under the age of 16 must at least equal one third of the amount of the effective maintenance allowance.

Persons 16 and above receive disposal funds from their pension and other income pursuant to the Act on Client Charges in Healthcare and Social Welfare, which means that disposal funds are not provided separately (Act 734/1992 and Decree 912/1992). Any costs compensated in addition to monthly cost compensations are agreed on a case-by-case basis.

In short-term family care, the cost compensation covers the food, housing and personal needs (hygiene and clothing maintenance) of the family care recipient.

4.1.6 Allowance payment and cost compensation during an interruption of family care

Cancellation of short-term and part-time family care

If the family caregiver is informed of the cancellation of an agreed care day or period

- five days before the start of the care: the family caregiver does not receive care allowance or cost compensation.
- less than five days before the start of the care and the client is not replaced by another one: the family caregiver is paid care

allowance based on the planned care period – only for a maximum of four days, however.

If the family caregiver cancels the agreed period, care allowance or cost compensation is not provided.

Interruption of long-term family care

When family care interrupted due to the family caregiver's leave:

- the care allowance is paid in full.
- the cost compensation is paid in full.

If substitute care is provided in the long-term family caregiver's home, cost compensation is paid to the long-term family caregiver, unless otherwise agreed.

For the duration of an unanticipated interruption (family caregiver's sick leave or client's hospitalisation):

- care allowance is paid in full for 30 days.
- care allowance is halved for the next 30 days after 30 days.
- care allowance payment ends entirely in 60 days.
- cost compensation is paid in full for the first five days, after which payment ends.

If the client's care can be arranged at the family home despite the sick leave, the payment of cost compensation will continue.

When the interruption is anticipated (the care recipient is in rehabilitation or with friends or family, for example):

- full care allowance is paid for 30 days.
- cost compensation is not paid.

The payment of family care compensations requires the family caregiver to maintain contact with a hospital representative, for example, and co-operate with the treatment provider. Admission and discharge days are not counted as days of absence.

Full allowance and cost compensation are paid for the training period of a long-term family caregiver if the training has been agreed upon in advance and is organised by the city. Participation in other training and the compensation of related costs must be agreed separately in advance with the contact person designated to the family caregiver. The wellbeing services county contributes to covering training costs in proportion to the number of its clients in family care.

4.1.7 Client-specific initiation cost in a family home

The law states that, when starting a family care customer relationship, the caregiver can receive initiation compensation for necessary costs caused by starting the care arrangement – necessary modifications to the home, furniture and bed linens, for example). Initiation compensation is granted by application to cover actual procurable costs, which are considered on a case-by-case basis, when compensation is unavailable through other systems. As a general rule, initiation compensation is granted for conventional appliances that are required in every home.

In short-term and part-time family care, the initiation allowance is discretionary.

In family care contexts, the housing modifications and aids required by disabled persons must be primarily procured under the Social Welfare Act, Disability Services Act and medical rehabilitation arrangements in health care.

Procurements made with the initiation compensation are the property of the Western Uusimaa Wellbeing Services County. The write-off period is four years, and 25% of the procurement value is written off each year. If the care ends earlier, the unamortised portion of the initiation compensation can be claimed, with due consideration to sensibility and the

circumstances. Procurements made with the initiation compensation after the amortisation period are the property of the family caregiver.

A procurement plan and cost estimate is prepared on the initiation compensation. When initiation compensation is granted, an appendix prepared to the commission agreement to detail the procurements made with the compensation. The costs caused by approved procurements are compensated in exchange for receipts.

4.1.8 Travel compensations

Travel costs caused by a family care client (e.g., normal shopping trips, visits to the pharmacy or hair salon, hobbies) are covered by the cost compensation. Kela's reimbursement for travel costs must be applied for the client's travel related to medical care or rehabilitation. Clients must cover the excess. Clients must pay for any recreational travel (abroad, for example) according to their financial situation and as agreed with the trustee.

Travel costs are compensated when a family caregiver takes part in training organised by an investing party or, upon separate agreement, an event such as a rehabilitation plan meeting according to Kela's health insurance kilometre allowance.

The travel costs of short-term family caregivers between their own home and that of the client, when using a personal car, are compensated according to Kela's annually specified health insurance kilometre allowance. Family caregivers who do not have access to a car are compensated for the travel costs according to the rates of the most affordable public transport available.

5 Family caregiver's position

5.1 Right of leave among family caregivers

Family caregivers who provided long-term family care are entitled to three (3) days of leave for every calendar month during which they have served as a family caregiver for at least 14 days. The arrangements for

agreed days off and special situations (exceeding the limit of leave, for example) must be agreed upon with the family care instructor.

The recommendation is to spread longer periods of leave evenly throughout the year. Earned days off must be taken by the end of February in the next calendar year. Excess days off will be claimed if the family care arrangement ends in the middle of the year.

Primarily, days of the client visiting family or friends are not regarded as days of leave for the family caregiver. Long-term family caregivers retain the responsibility for care.

Full days are counted towards leave. The client's day of departure is not regarded as a day off for the family caregiver but the customer's day of arrival is. For example, this means that a weekend (Friday–Sunday) takes up two days of leave and the Monday–Sunday period takes up six days of leave.

Disability services work together with family caregivers to arrange care for the care recipient during a caregiver's leave.

The wishes of the clients themselves must also be considered with regard to the short-term care locations.

Any planned longer periods of leave (caregiver's summer holiday, for example) must be reported at least one month before their beginning to the contact person indicated in the commission agreement.

The right of a short-term family care provider to compensation for two (2) days of leave can be exercised when there are at least 14 days of care in a calendar month for one family care client. For short-term family caregivers, the leave is provided in the form of compensation under the commission agreement.

5.1.1 Substitute care during a family caregiver's leave or other absence

The Western Uusimaa Wellbeing Services County can organise substitute care for the duration of a family caregiver's leave or other temporary

absence by signing a commission agreement with a person that meets the requirements in Section 6 to commit the person to substitute care in the family caregiver's home. Substitute care can be arranged as described above if the family caregiver consents and the arrangement is assessed to be in the best interest of the care recipient.

The commission agreement made with the substitute caregiver agrees upon the following:

- the amount and payment of the care allowance to be paid to the substitute caregiver,
- compensation of costs incurred by the substitute caregiver, if necessary,
- validity of the commission agreement, and
- other matters related to substitute care as needed.

The substitute caregiver is not in an employment relationship with the municipality that made the agreement. The provisions of sections 15 and 20 are in effect with regard to the family caregiver and substitute caregiver, respectively.

When the substitute care takes place in the regular family caregiver's home, care allowance is paid to the substitute caregiver. Cost compensation is paid to the regular family caregiver.

When the substitute care takes place in the substitute caregiver's home, the substitute caregiver is paid short-term family care allowance for up to 14 days. If the substitute care takes more than 14 days, the caregiver receives the long-term family care allowance only for the entire period.

5.2 Family caregiver's social security and insurance policies

The Public Sector Pensions Act (81/2016) governs the pension security of family caregivers. The pension security of family caregivers is determined according to the basic pension security, and the amount of pension accumulated is determined based on the care allowance. Family

caregivers must inform the person in charge of family care of their retirement no later than three months in advance.

The accident insurance coverage of family caregivers is governed by the Workers' Compensation Act (459/2015). The Western Uusimaa Wellbeing Services County is responsible for insuring family caregivers against occupational injuries.

The wellbeing services county does not have an insurance policy to cover damage caused by the care recipient during family care. For this reason, it is recommended for family caregivers to take out an extended home insurance policy. The property of a person in long-term family care is covered by the family caregiver's insurance coverage for household effects. The family caregiver is liable for any damage caused to the client, the client's property or third parties. In the event of an accident, the matter must be investigated with the family caregiver and the wellbeing services county's person in charge of family care.

5.3 Support and monitoring of family caregivers

Family caregivers are entitled to support in their work. The training and work guidance for family caregivers are organised by the wellbeing services county in cooperation with educational institutes, through projects or as outsourced services, appropriations permitting. The training content is intended to take the prior training of the family caregivers and the current needs of family care into account. The employee designated in the commission agreement is in charge organising classroom instruction on family care.

The person in charge conducts regular instruction and support visits to the family home at least once a year. The person in charge must meet with the circulating family caregiver in a client's home at least once a year. The training needs and coping of the family caregiver are also considered in the context of these meetings.

The Western Uusimaa Wellbeing Services County, in cooperation with municipalities and other partners, organises 1–2 training days a year for

family caregivers under commission agreements. If necessary, family caregivers are entitled to work guidance and/or mentoring according to the wellbeing services county's practices. The work guidance will not reduce the care allowance and cost compensation. Family caregivers have the opportunity to take part in peer group activities. The peer group meetings can be independent or organised by the wellbeing services county.

The wellbeing services county is responsible for overseeing the family care activities and can inspect the operations of a family home and the premises used for them when there is justified reason to do so (Family Care Act 263/2015, Section 22).

The support and oversight to be provided to family caregivers have commonalities. The basis of successful oversight is that the wellbeing service county's person in charge knows how well each family caregiver is coping with the work. Inspection visits to family homes are conducted as needed based on client feedback. (Family Care Act 263/2015, Section 22) Client feedback regarding circulating family caregivers are processed with the family caregiver in question and the person in charge without delay.

If necessary, the wellbeing services county must organise wellness and health examinations for family caregivers as agreed upon in the commission agreement. Full-time family caregivers must provided with the opportunity for a wellness and health examination at least every other year.

5.4 Additional support for long-term family caregivers

If necessary and on a planned basis, a short-term family caregiver can be arranged to provide additional support to a family caregiver. The additional support arrangement must be agreed upon with the family care instructor.

Additional support is mainly used for enabling long-term family caregivers to participate in training and for work guidance and supporting client

work where needed. Any other justifications must be discussed with the person in charge of family care.

5.5 Family caregiver's obligation to notify

Family caregivers are obliged to notify the person in charge of family care for Western Uusimaa Wellbeing Services County for any changes in family care. If the client has been brought in from outside the Western Uusimaa Wellbeing Services County, the wellbeing services county that placed the client must also be notified. (Family Care Act 263/2015, Section 21). Family caregivers are obliged to provide notification on the following changes, for example:

- intention to take other people in for short-term or long-term family care
- municipalities of residence of the persons placed in family care
- changes related to familiar relationships, family conditions and health
- planned periods of leave and arrangements during them at least a month in advance
- foreign travel with a person in family care
- any injuries, violent acts and the measures they have required (in writing)
- events related to growth, development and safety
- sick leave (immediate notification)
- client's more serious illnesses, injuries and hospital visits
- moving plans
- any other important matters that may affect family care work
- child welfare notification or notification of concern, if necessary

The delayed provisions of a notification on changed conditions may lead to the excess allowance paid to a family caregiver being reclaimed.

5.6 Obligation to secrecy and access to information

The family carers are bound by lifelong professional secrecy.

The obligation to secrecy also applies after the care relationship and also binds the family of the family caregiver. Family caregivers are entitled to any such information on the care recipient that is required to provide the treatment. Family caregivers must keep the clients' documents in a locked location. At the end of a client relationship, the client documents must be returned to the person in charge of family care for the wellbeing service county that placed the client.

5.7 Responsibilities related to pharmacotherapy

Family care under a commission agreement does not require professionals to have drug treatment competence obtained as part of a degree or qualification. Pharmacotherapy is based on the **client-specific medication plan, which is used to record the client's need for medication and the responsibilities related to the drug treatment.**

The wellbeing services county is responsible for ensuring that each family caregiver. If necessary, the wellbeing services county must verify the family caregiver's sufficient drug treatment competence in the manner it deems most suitable. (Safe pharmacotherapy, Publications of the Ministry of Social Affairs and Health 2021:6).

As a general rule, pharmacotherapy is carried out by social and health care professionals with the appropriate training. The dose dispensing service provided by pharmacies should be considered for distribution when the client takes a wide variety of medications or the pharmacotherapy is particularly demanding.

6 End of family care

The duration of the family care must be estimated in the commission agreement. Unless otherwise agreed in it, the commission agreement can be terminated to end after the two months following the termination

in long-term family care and after one month in short-term family care. The termination requires written notification. If a family home or the care provided in it is found to be unsuitable or deficient, the wellbeing services county must, through work guidance or other measures, strive to match the level of care with the criteria for good care. If the situation is not rectified in the reasonable time specified by the placing party, the commission agreement can be terminated with immediate effect. In this case, the family caregiver must return the family care allowances received.

In the event that a family care client dies, the validity of the commission agreement ends immediately. Care allowance for 30 days is paid to the caregiver. Upon the death of a person in family care, the caregiver must immediately contact the designated person in charge.

If long-term family care ends for a reason not attributable to the family caregiver, not including the client's death, allowance is paid for the period of notice.

7 Matters regarding clients in family care

The implementation of family care is agreed upon in the service plan. The client, any family members/friends, the family caregiver and the family care contact person meet to plan the commencement of the family care. Before signing the actual commission agreement, it is recommended for the client, a family member/friend and the family caregiver to get to know each other through familiarisation visits, for example. If a person in family care or someone close to them observes any discrepancies during the family care, they must primarily discuss them with the family caregiver and, if necessary, get in touch with the family care contact person.

7.1 Family care client fee

The client fee for family care may not exceed the actual costs of producing the service. The family care client fees have been determined by decision of the regional council of the Western Uusimaa Wellbeing Services County in a separate client fee guide.

7.2 Private funds of clients in long-term care

The service plan agrees on the management of the private funds of persons in long-term family care. Clients in long-term family care must have disposable funds that are at least equal to the basic portion of social support, less the food portion. Any work income/incentive pay is left to the person in family care to use.

The family caregiver maintains a list of any effects and funds that the client brings to the family home. The recommended maximum for disposable funds made available to a family care client at any one time is €50.

A trustee is appointed for a person in family care as necessary if the person cannot supervise their interests or take care of themselves. A trustee can be appointed for an adult person or a child under the age of 18 to handle financial matters alongside the parents. Bank account access arrangements and the amount of disposable funds provided (monthly allowance, etc.) are agreed upon with the trustee.

8 A client going missing during family care

When a client goes missing, action according to the following model must be taken immediately: The family caregiver checks the home and yard area quickly. The police must always be notified of a missing person as soon as possible by calling 112. When reporting a missing person, indicate the location and time of disappearance and the personal and identifying details of the person in question. After reporting the matter to the police, notify the family/friends and the person in charge of family care. When the client is found, the police, the family/friends and the person in charge of family care must be notified immediately. The incident must be investigated in cooperation with the family caregiver and person in charge of family care. The necessary support must be arranged for the family caregiver.

9 A client dying during family care

Unless otherwise agreed with the treating doctor, the following model must be followed:

- The family caregiver calls the universal emergency number 112 and reports a suspected client death. A police arrives at the scene to confirm the situation. Any suspicions of crime are ruled out at the same time. After this, the police arranges for the deceased person to be transported the nearest health centre where a physician declares the death.
- The family caregiver must immediately notify the friends and family and the designated person in charge of family care for the well-being services county. The necessary support must be arranged for the family caregiver.
- A memorial event can be held at the family home.

Appendix 1. Definition of care allowance classes

Lowest patient classification, class 1	Patient classification 2	Highest patient classification, class 3
The client demonstrates a deterioration of functional capacity due to physical, cognitive, psychological or social reasons and requires some care. Functional capacity may have decreased in a single area only.	The client demonstrates a deterioration of functional capacity due to physical, cognitive, psychological or social reasons and requires somewhat continuous care. Functional capacity may have decreased in a single area only.	The client demonstrates a deterioration of functional capacity due to physical, cognitive, psychological or social reasons and requires constant care. Functional capacity has decreased in multiple areas.
The client requires guidance with some daily activities (e.g., washing, getting dressed, using the toilet, eating, taking medication, communicating).	The client requires guidance and help with many daily activities (e.g., washing, getting dressed, using the toilet, eating, taking medication, communicating).	The client requires plenty of care and help with almost all daily activities.
The client requires some monitoring.	The client requires a great deal of monitoring.	The client requires continuous monitoring.
The client gets around entirely independently or with mobility aids.	The client mainly gets around under guidance/supervision or needs help for mobility.	The client only gets around under guidance/supervision or needs continuous help for mobility.
The client may have illnesses but they in therapeutic equilibrium and do not require continuous monitoring.	The client requires daily care and/or monitoring due an illness or injury.	The client may also need guidance, monitoring or care during the night.

Appendix 2. Family care compensations in 2024

Service area manager for disability services 4 January 2023, Section 2, index adjustment included

Bases for the compensations

Short-term family care

Part-time

Patient classification 1–3	€11.55/h	
Expense compensation (in the family caregiver's home)		€12.78/session
Travel compensation (in the client's home)	€0.33/session	

Round-the-clock

Patient classification 1	€90.75/day	
Patient classification 2	€108.26/day	
Patient classification 2	€137.33/day	
Expense compensation (in the family caregiver's home)		€25.56/day
Travel compensation (in the client's home)	€0.33/session	

Long-term family care

Patient classification 1	€1,619.30/month	
Patient classification 2	€2,183.02/month	
Patient classification 2	€2,642.33/month	
Expense compensation (in the family caregiver's home)		€29.28/day
Maximum initiation compensation	3,528,16 €	

Other

Family caregiver's participation in a client meeting/negotiation	€51.52/session****	
Family care in the independence-oriented phase	€933.65/month*****	

* family care in the family caregiver's home (also applies to no more than six familiarisation or assessment visits)
** family care in the family caregiver's home
*** or according to the most affordable public transport rate if the family caregiver does not have access to a car
**** if separately agreed, in a location other than the family caregiver's home
***** cost compensation as with long-term family care