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Support for Informal Care – Eligibility Criteria in Disability Services

Contents

1 Informal care

Support for informal care consists of care allowance for the informal carer and service, whose purpose is to support the treatment and care provided by family member.

Support for informal care is available in the entire Western Uusimaa Wellbeing Services County, but availability of services arranged during the informal carers leave varies.

2 Grounds, terms and criteria for granting the service

2.1 General criteria

According to the Act on Support for Informal Care (937/2005, Section 3), a Wellbeing Services County can grant support for informal care, if:

- the person is in need of care or treatment at home as a result of their reduced functional ability, illness, disability or another similar reason;
- the care recipient's relative or other close person is prepared to take on the care and treatment responsibility with the help of the necessary services;
- the informal carer's health and functional ability meet the requirements of informal care;
- informal care, together with other necessary social welfare and health care services, is sufficient in terms of the care recipient's health, wellbeing and safety;
- the care recipient's home is suitable for the care provided there in terms of its health-related and other conditions and
- granting the support is deemed to be in the best interests of the care recipient.

Support for informal care is a discretionary benefit, which is granted within the limits of the appropriation reserved for the purpose in the wellbeing services county's budget. The applicant's need for assistance and care is assessed and compared as a whole to those of other applicants. In the Western Uusimaa Wellbeing Services County, support

for informal care is targeted at demanding care and treatment in accordance with the criteria and conditions listed below:

2.1.1 Informal care is demanding and constantly binding every day

- Support for informal care can only be granted for care and treatment related guidance, support and/or assistance (e.g. help with transitions, getting around, going to the toilet, washing, getting dressed, eating, taking medication, treatment measures, communication) beyond what is considered normal in close relationships. Informal care can be even more demanding if it involves difficult mental symptoms that do not respond to treatment, challenging behavioural traits, social or safety-related symptoms, or severe sensorial disabilities.
- Managing the care recipient's affairs and taking care of their household are not considered sufficient grounds for granting support for informal care. Normal responsibilities within the family, such as spouses helping each other in a customary manner and normal parenting (age-appropriate care and upbringing of a child), are also not considered informal care.
- The extent to which the informal care is considered binding is affected by the care recipient's independence and functional ability as well as their need for assistance and supervision.
- The other social and health care services received by the care recipient and the informal carer's share in the care process are considered when assessing how binding and demanding the informal care is. If the care responsibility mainly rests elsewhere, the informal care fee category may be lowered or the support for informal care denied entirely.
- If there are any changes to how binding or demanding the care is, the care intensity category will be reassessed as necessary.

2.1.2 Requirements for informal carers

- The informal carer's health and functional ability meet the requirements of informal care and the carer is suitable for the task

in terms of their age, resources and life situation. A person under the age of 18 or a hired employee cannot act as an informal carer. All guardians must give their consent, if the care and treatment of an underage child is to be organised as informal care.

- By signing an informal care contract, the informal carer commits to the care responsibility.
- The informal carer acts in accordance with the best interests of the care recipient, taking into account their views and requests.
- The informal carer must be able to cooperate with the wellbeing services county's employee, who is responsible for informal care, as well as with other parties involved in the treatment of the care recipient.
- Informal care may not jeopardise the informal carer's health or safety.
- The informal carer is obliged to notify the Wellbeing Services County of any changes in the care or other circumstances.

The care intensity categories, along with their granting criteria, are described below separately for children and young people, and adults. The care intensity categories and the care fee paid to the informal carer are graded based on how binding and demanding the care provided by the informal carer is. As a rule, all items in the description of the care intensity category must be met.

2.2 Adults (18 and above)

2.2.1 Care intensity category 1: Daily need for care and treatment

How binding and demanding the care is

- The informal care is binding and demanding in terms of its content.
- The care recipient needs care, treatment, guidance, supervision, support or assistance in their daily personal activities several times a day.
- The care recipient does not have a regular need for night-time assistance, or the need for night-time assistance is minor.

- The care recipient is able to cope alone for some periods of the day, but other care and service arrangements are required during longer absences of the carer.
- Technical aids (e.g. remote monitoring or alarm devices, image and audio connection) can be partly utilised in supervision and guidance.
- The care recipient may regularly spend a part of their day or week outside the home (e.g. in day activities) without it affecting the care fee.

Without informal care, the care recipient would regularly require daily visits from home care or a lot of personal assistance services.

2.2.2 Care intensity category 2: Round-the-clock need for care

How binding and demanding the care is

- The informal care is more binding and demanding in terms of its content than in care intensity category 1.
- The care recipient needs a lot of care and treatment as well as constant guidance, supervision, support or assistance in their daily personal activities.
- The care recipient also needs care and treatment at night. The care and treatment required at night is recurring and regular. If the need for care at night is minor, the need for daytime care and supervision must be extensive.
- The care work mainly requires round-the-clock contribution from the informal carer.
- The care recipient is occasionally able to cope alone for only short periods of time (e.g. while the carer is running errands), but other care and service arrangements are required during longer absences of the carer.
- The care recipient may regularly spend a part of their day or week outside the home (e.g. in day activities) without it affecting the care fee.

Without the informal care, the care recipient would require round-the-clock service housing outside the home and would not be able to cope solely with the assistance of home care.

2.2.3 Care intensity category 3: Highly demanding phases

This care intensity category includes clients who are in a difficult transition phase in terms of their care or in need of highly demanding round-the-clock care, mainly in the short term.

How binding and demanding the care is

- The informal care is highly binding and requires special skills or learning demanding treatment measures, or is in other respects particularly demanding.
- The care recipient's functional capacity or state of health requires that the informal carer provides extensive physical assistance, supervision and care in almost all daily activities around the clock, including several times a night.
- The care work mostly requires round-the-clock attendance from the informal carer.
- The care recipient cannot be safely left home alone at all, and the carer’s presence cannot be replaced by technical aids.
- The care recipient does not regularly spend a part of their day or week outside the home.

Without the informal care, the care recipient would require extensive round-the-clock care outside the home, such as service housing or inpatient care.

In accordance with current legislation, the care fee for care intensity category 3 will not be paid if the carer has considerable work income from the same period of time or if the carer would be entitled to receive special care allowance in accordance with Chapter 10 of the Health Insurance Act (for a child under the age of 16) or job alternation compensation in accordance with section 13 of the Act on Job Alternation Leave for the same period of time (Act on Support for Informal Care, Section 5).

2.3 Children and adolescents (ages 0–17)—starting from 3 March 2025

2.3.1 Care intensity category 1: Daily need for care and treatment

The support is prioritized for young people with severe disabilities or chronic illnesses who require intensive, long-term care. There is no eligibility for informal care support if the primary need involves only verbal guidance or reminders, if the child has no significant mobility or communication difficulties, or if they do not require specialized or demanding care interventions. Similarly, support is not granted if care needs are occasional, non-recurring, or do not extend throughout the day and night.

To qualify, the child must need more frequent and comprehensive support with daily activities than is typical for their age. This includes hands-on assistance and close, in-person guidance with tasks such as mobility, eating, bathing, dressing, personal hygiene, using the toilet, and navigating life outside the home.

Assessments take into account not only physical care needs but also the child’s ability to communicate, understand, interact socially, and cope without intensive support.

For children under three, support may be granted only if the child has a severe disability or chronic illness that requires both structured daily care and specialized interventions (e.g., a PEG tube, IV therapy), or if they would otherwise need hospital-level or institutional care.

Children in Category 1 generally do not require routine nighttime care due to their condition, though they may need more supervision than peers. However, some occasional need for night care is a requirement for eligibility. This group may also include children and young people who need a lot of help at night but whose care responsibility during the day is not with the informal carer.

Additional criteria:

A need for guidance or supervision alone is not sufficient for informal care support.

Eligibility also depends on other services the child is receiving. The informal carer must bear primary responsibility for the child's care. This includes situations where the child spends more than eight hours a day in care outside the home or relies heavily on additional services. The restriction also applies to short-term care.

2.3.2 Care intensity category 2: Round-the-clock need for care

How binding and demanding the care is

- The informal care is more binding and demanding in terms of its content than in care intensity category 1 and in comparison to normal parenting, taking into account the child's or young person's age.
- The care recipient's need for assistance, care, guidance and supervision in their personal daily activities is mostly round-the-clock in view of their age.
- The care recipient also needs care and treatment at night. The care and treatment required at night is recurring and regular.
- The care work requires constant attendance from the informal carer and that they have special knowledge of the child's or young person's behavioural traits as well as treatment and rehabilitation measures.
- The care recipient cannot be left alone.
- The care recipient may regularly spend a part of their day or week outside the home (e.g. at daycare, school, or day activities) without it affecting the care fee.

2.3.3 Care intensity category 3: Highly demanding phases

This care intensity category includes clients who are in a difficult transition phase in terms of their care or in need of highly demanding round-the-clock care, mainly in the short term.

How binding and demanding the care is

- The informal care is highly binding and particularly demanding in terms of its content in comparison to normal parenting, taking into account the child's or young person's age.

- The care recipient’s need for assistance, care, guidance and supervision is round-the-clock in almost all daily activities.
- The care recipient’s functional capacity or state of health requires special knowledge as well as treatment measures that involve physical assistance or supervision every night.
- The care work requires round-the-clock attendance from the informal carer.
- The care recipient’s functional capacity or state of health does not allow them to regularly spend a part of their day or week in activities outside the home (e.g. at school).

In accordance with current legislation, the care fee for care intensity category 3 will not be paid if the carer has considerable work income from the same period of time or if the carer would be entitled to receive special care allowance in accordance with Chapter 10 of the Health Insurance Act (for a child under the age of 16) or job alternation compensation in accordance with section 13 of the Act on Job Alternation Leave for the same period of time (Act on Support for Informal Care, Section 5).