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Criteria for granting services for the elderly

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1 General criteria for the granting of services

1.1 Legislation governing the granting of services

The legislation regarding the organisation of social welfare and health care services is observed in the granting of the services in question. The acts that are essential in the granting of the services are as follows:

- Social Welfare Act (1301/2014)
- Health Care Act (1326/2010)
- Act on the Status and Rights of Social Welfare Clients (812/2000)
- Act on the Status and Rights of Patients (785/1992)
- Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons (980/2012)
- Act on Client Charges in Healthcare and Social Welfare (734/1992)
- Act on Wellbeing Services County (611/2021)
- Act on Support for Informal Care (937/2005)
- Family Care Act (263/2015)
- Act on Organising Healthcare and Social Welfare Services (612/2021)
- Municipality of Residence Act (201/1994)
- Disability Services Act (675/2023)

1.2 Municipality of Residence Act

The granting of services requires the client to actually live in a municipality within the Western Uusimaa Wellbeing Services County, as specified in the Municipality of Residence Act (201/1994).

In urgent situations, necessary care will be secured for persons residing in the wellbeing services county pursuant to the Social Welfare Act (Section 12).

When a person is placed in family care or in organised housing with the help of institutional services or housing services outside their home municipality and they exercise their right to choose their home municipality as provided for in Section 3a of the Municipality of Residence Act, the responsibility for organising services lies from the day of the move with the wellbeing services county in which the new municipality of residence is located, in accordance with Section 54 of the Act on Organising Healthcare and Social Welfare Services.

When moving from one wellbeing services county to another, Section 55 of the Act on Organising Healthcare and Social Welfare Services is applied. In such a case, the person who wishes to move to a municipality located in another wellbeing services county but is unable to live there without family care, institutional services or housing services due to their age, disability or other such reason, may apply for these services and any other social services they need from the wellbeing services county in which the municipality is located, on the same grounds as if they were a resident of that municipality.

2 Applying for, granting and deciding on the services

The granting of services is based on a service needs assessment and client plan. Services are granted on the basis of a service needs assessment for reasons such as illness, disability, impaired functional capacity and a particular family or life situation to persons who need assistance with housing, treatment and care, promoting and maintaining functional capacity, accessing services and handling other tasks and functions that are part of day-to-day life.

The application for services as a new client is made by contacting Senior Info. More detailed contact information and methods can be found at www.luvn.fi. If the client is already a client of services for the elderly, they should contact their appointed worker or the service provider.

Each client's need for services is assessed comprehensively. The service needs assessment must be initiated without delay and completed without undue delay. For persons over 75 years of age, the assessment must be initiated no later than on the seventh working day from the client, their loved one or another person contacting the social welfare services in order to obtain social welfare services.

The service needs assessment is free of charge to the client. The overall assessment considers the person's ability to handle day-to-day life, physical functional capacity, psychosocial well-being, the obstacles that the living environment places on the functional capacity, financial opportunities, and the opportunities of loved ones and volunteers to support the persons day-to-day life.

The service needs assessment utilises the RAI assessment tools as well as other reliable indicators that measure functional capacity and care needs. A single functional ability scale result is not a criterion for granting assistance, support or service. The service needs assessment always primarily examines the potential of technological solutions to meet the client's needs, and only then does it assess the suitability of other service forms. The decision on granting the services is made based on assessing the client's overall situation. The assessment is carried out in cooperation with the client and, if necessary, their family and other loved ones.

The services granted to a client can be increased or reduced, or the services can be discontinued entirely if the client's functional capacity and/or service needs change. Services can be granted for a fixed term or continuously.

Support services for living at home, remote services and rehabilitative services are primarily services to support the client with handling day-to-day life and maintaining personal functional capacity. In the context of home care services, the lowest priority option is regular home care.

3 Support services for living at home

Support services refer to services that support the client's ability to carry out everyday activities as independently as possible, as well as services that help the person receive content that promotes well-being in their life.

Support services in accordance with Section 19 of the Social Welfare Act are organised according to the person's individual needs:

- 1) meal service;
- 2) clothes care service;
- 3) cleaning service;
- 4) service access assistance;
- 5) service that promotes engagement and social interaction.

In addition to the support services referred to in Section 19 of the Social Welfare Act, safety aid services may also be granted as a support service.

Support services are provided to persons who need them on the grounds that their functional capacity has been reduced due to old age, illness, disability or other similar reasons. In addition, support services are provided to persons who need them on the basis of their particular family or life situation.

3.1 Meal service

The meal service consists of frozen meals delivered to the home. The meals offered adhere to the nutritional recommendations for the elderly. If necessary, the service covers special diets.

Grounds for granting the service

The meal service can be granted as the only service or alongside other services based on an assessment of the service needs and, if necessary, nutritional condition.

Home delivery meals are intended for clients whose functional capacity has deteriorated enough for one or more of the following conditions to be met:

- The client is unable to take care of meals either independently or with the help of loved ones (purchasing and preparing food, related travel).
- The client is unable to leave their home to eat.
- The client is in the recovery phase of an illness and therefore requires good nutrition to support rehabilitation.
- The client has been found to be in a poor nutritional state, which needs to be rectified.

The meal service can also be granted to ensure age-appropriate intensified nutrition, with due consideration to special diets. The nutritional state is assessed with a suitable indicator (RAI, MNA).

3.2 Cleaning service

As maintenance cleaning, the cleaning service can include vacuum cleaning, dusting, and floor and toilet washing. The cleaning service does not cover thorough cleaning, window washing and carpet beating. The service is primarily provided through service vouchers. The service is available on weekdays (Mon-Fri) between 7:00 and 18:00.

Grounds for granting the service

Cleaning services are available to persons whose functional capacity has been impaired in the long term and who are unable to purchase the service directly or arrange the service for their home.

The cleaning service, clothes care service and service access assistance are discretionary and granted on the basis of a service needs assessment. The services are aimed at people who are in a disadvantaged financial situation, which means that the assessment considers the client's financial situation. The guiding income limits are the income limits for granting national pension.

To determine their financial situation, the client must submit their latest tax decision. The decision is not taken solely on the basis of the client's income, and exceeding the income limit is not in itself a reason for a negative service decision. The service can be granted as the only service. The income limit is reviewed annually in line with the national pension index.

Front-line veterans with a front-line military badge, front-line service badge or front-line badge are granted support services based on their client plan, regardless of their income and assets.

Organisation of the service

The service is primarily intended for clients over the age of 65 and is primarily implemented through service vouchers. Service vouchers are normally granted for two (2) hours a month. The value of the cleaning voucher is determined in accordance with the value confirmed by the county government of the Western Uusimaa Wellbeing Services County.

If the client does not have the opportunity to use a service voucher, the service will be arranged as an outsourced service. As regards support services that are arranged as outsourced services and voucher services (cleaning, clothes care and service access assistance), a total maximum of eight (8) hours per month can usually be granted.

3.3 Clothes care

Clothes care means laundry and further processing of clothes outside the home. Clothes care includes the washing of clothes and linen and hanging them up to dry in the client's home or the housing company's laundry room. Clothes care can also include folding clothes and putting them where they belong. Clothes care does not include washing hand-washable clothes or mangle linen.

The service is organised as an outsourced service. The service is available on weekdays (Mon–Fri) between 7:00 and 18:00.

Grounds for granting the service

The cleaning service, clothes care service and service access assistance are discretionary and granted on the basis of a service needs assessment.

The services are aimed at people who are in a disadvantaged financial situation, which means that the assessment considers the client's financial situation. The guiding income limits are the income limits for granting national pension.

To determine their financial situation, the client must submit their latest tax decision. The decision is not taken solely on the basis of the client's income, and exceeding the income limit is not in itself a reason for a negative service decision. The service can be granted as the only service. The income limit is reviewed annually in line with the national pension index.

Front-line veterans with a front-line military badge, front-line service badge or front-line badge are granted support services based on their client plan, regardless of their income and assets.

The service is intended for washing clothes and linen when the client is unable to wash them independently or with help.

Organisation of the service

In exceptional cases, clothes care can also be arranged outside the home when the housing unit cannot fit a washing machine, the housing company does not have a laundry room and the client is unable to use laundry services with assistance.

The service is organised as an outsourced service for the client. As regards support services that are arranged as outsourced services (cleaning, clothes care and service access assistance), a total maximum of eight (8) hours per month can usually be granted.

3.4 Safety aid service

The safety aid service provides assistance in acute situations. The service enables non-urgent assistance to the home around the clock. The safety aid service is not responsible for pre-planned assistance tasks.

The purpose of the safety aid service is to improve safety and reduce concerns when the client suffers from deteriorated functional capacity or a memory disorder, or the client is at risk of falling or having a seizure.

The safety aid service means a service that includes the suitable safety equipment, round-the-clock receipt of alerts through the equipment, assistance need assessments resulting from an alert and making sure that the client receives the necessary assistance regardless of the time of day.

The safety equipment includes an emergency telephone, which consists of two parts: a fixed central unit and an alarm button that the user carries with them (on their wrist or around their neck).

Grounds for granting the service

The safety aid service can also be granted as an only service based on a service needs assessment.

The service is arranged for clients who need it due illness, advanced age, disability or a similar reason that reduces functional capacity.

The service is primarily intended for the following:

- Persons who live alone and have a risk/tendency of falling and feel insecure due to reduced functional ability.
- Persons who have a health condition that requires rapid assistance and are unable to call for help on quickly on their own with the telephone.
- Persons who have a health condition that makes their daily life difficult and thus leads to dangerous situations.

The user of an emergency bracelet must be able to press the alarm button and understand its purpose. If it is determined that a client is unable to use the emergency bracelet, other suitable alternatives will be considered for the client, depending on availability.

The RAI functional capacity indicator can be used to assess the risk of falling and getting lost.

A locating emergency bracelet can be issued to clients who are at risk of getting lost. A person with a locating emergency bracelet must have two appointed loved ones who are notified of any alerts.

Additional equipment

A door alarm and stove alarm may also be provided to the client as separate additional equipment based on a service needs assessment.

The criterion for granting additional equipment is securing the client's life at home in situations where the client does not fulfil the criteria for round-the-clock service housing.

The **door alarm** comes in a basic model and a smart version. The door alarm monitors door usage according to conditions set by the client and triggers an automatic alarm, if necessary. The features of the smart door alarm reduce false alerts.

The **stove alarm** monitors changes in the temperature of the stove and, if necessary, switches off the power and triggers an automatic alarm. (Installation costs and service visit fee at own cost.) For the installation of a stove alarm, the client must separately book an electrician.

A stove alarm device can be issued as part of the safety aid service on the following grounds, even if other reasons for granting one are not fulfilled:

- a person with a memory disorder actively uses the stove or another person in the household uses it and
- there is a risk of the person with a memory disorder using the stove alone and the stove cannot be disabled by removing a fuse, for example.

Clients must purchase any other additional equipment and services directly from the service providers at their own cost. The safety aid service requires the written consent of the client and their family member or legal representative.

If the client breaks or misplaces a safety device or its additional parts, they must cover the costs. The service provider will invoice the client for any lost or broken products. The client must hand over 1–2 keys to the provider of the safety aid service for possible safety aid visits. Clients living in the Hanko-Raasepori area and the Lohja-Karkkila-Vihti area must provide two keys. The service can be granted if the client provides only one key, but this increases the risk of the service being delayed.

Any assistance visits covered by the safety aid service are conducted with keyless door lock release (electrical lock), if the client has it installed.

3.5 Service access assistance

Service access assistance mainly means running errands and handling various affairs with the client at home and outside the home. This can include buying foodstuffs, daily consumer goods and medication as well as assisting service access at government agencies or service points.

The tasks can include preparing an electronic shop order with the client, going shopping for groceries on behalf of the client, picking up medication from the pharmacy, placing purchased goods in the cupboards, assisting with contacting government agencies or escorting the client when accessing health care services. Service access assistance can include escorting the client to various events or hobbies, such as a service centre or indoor swimming pool.

The service does not entail the assistant taking care of the client's finances, handling any cash or using the client's debit card. The handling of banking and financial affairs is arranged through family members and other persons close to the client. However, the service provider can escort the client when accessing banking services or going shopping.

The service is organised as an outsourced service. The service is available on weekdays (Mon–Fri) between 7:00 and 18:00.

Grounds for granting the service

The service is intended for clients with impaired functional capacity such that they need the assistance of another person to complete tasks.

The cleaning service, clothes care service and service access assistance are discretionary and granted on the basis of a service needs assessment. The services are aimed at people who are in a disadvantaged financial situation, which means that the assessment considers the client's financial situation. The guiding income limits are the income limits for granting national pension.

To determine their financial situation, the client must submit their latest tax decision. The decision is not taken solely on the basis of the client's income, and exceeding the income limit is not in itself a reason for a negative service decision. The service can be granted as the only service. The income limit is reviewed annually in line with the national pension index.

Front-line veterans with a front-line military badge, front-line service badge or front-line badge are granted support services based on their client plan, regardless of their income and assets.

The client is unable to use self-financed services or volunteer operators. The client does not have family members/close people to provide assistance.

Clients must arrange any transport at their own cost. Clients cannot be transported by the assistant's car.

The service is organised as an outsourced service for the client. As regards support services that are arranged as outsourced services (cleaning, clothes care and service access assistance), a total maximum of eight (8) hours per month can usually be granted.

4 Home care

Clients are referred to home care through a service needs assessment. Home care services can be granted to persons who cannot handle day-to-day activities at home independently or with the help of family members without treatment and care. The general rule is that the client's treatment and care requires the professional expertise of social welfare and health care personnel, and the client is unable to seek outpatient health care services independently or with an escort.

The functional capacity and service needs of home care clients are assessed on a regular basis. The assessment of the functional capacity is conducted with the RAI assessment tools when a client is found to be in need of regular home care or there are substantial changes in a home care client's functional capacity or conditions. Services granted to the client based on the assessment can be increased or reduced, or the services can be discontinued.

Home care services are implemented pursuant to the Act on Organising Healthcare and Social Welfare Services (612/2021) either as part of the wellbeing services county's own activities, as outsourced services or through service vouchers. Home care can be either temporary or regular. Home care is carried out with a rehabilitative approach, supporting the client's functional capacity.

The home care service is primarily provided by means of remote home care and an automatic medicine dispenser, if they have been assessed as being appropriate and suitable means for organising the services. The remote home care and medicine dispenser are used to support the client's independence and ability to cope at home. For home care clients who require assistance with medication, the medicine is distributed through dispensers at pharmacies and the treatment itself is primarily carried out using an automatic medicine dispenser.

In addition to the planned service, home care visits always include monitoring and assessing the client's overall situation and recording it.

4.1 Temporary home nursing

Temporary home nursing is medical treatment provided at home. It covers stitch removal, wound care, treatment of stomas or drains at home, the administration of injections and the administration of eye drops after an operation. The treatment is provided until the client can access a treatment facility, such as a health centre, independently or with an escort.

Grounds for granting the service

The treatment requires the expertise of health care and social welfare professionals, and the client is unable to seek outpatient health care services even with assistance.

The need for medical treatment mainly involves a single visit, a few visits or visits that take place less frequently than once a week.

If the client's need for assistance only pertains to applying supporting bandages or support stockings, the service will be initiated as temporary home nursing. The home care workers actively practice the use of aids that help donning and removing support stocking with the client. The aim is that the client can use the stockings independently or at least remove them. The service need is assessed regularly

4.2 Temporary home care

The service is intended for clients with impaired functional capacity due to illness, injury or other similar reason. The client's functional capacity has been temporarily impaired following surgery, for example. The service need can also be due to an informal carer being temporarily prevented from caring for the customer.

Temporary home care is available on a visit basis around the clock according to the service need. Nighttime visits are planned home visits that are agreed upon in advance. Nighttime visits are carried out to support living at home as part of regular and temporary home care.

The service need must be temporary and last no more than two months. The home care services will assess the client's service need during the care period.

Grounds for granting the service

The treatment requires the expertise of health care and social welfare professionals, and the client is unable to seek outpatient health care services even with assistance. A single indicator result cannot be regarded as a criterion for being granted or denied assistance, support or service.

Indicators that are primarily used in the assessment of functional capacity

Daily activities: The client needs a limited amount of assistance from another person in the context of daily activities. The need for assistance occurs when eating, moving from bed to chair, moving around, using the toilet, or taking care of personal hygiene and/or

Cognitive functional capacity: slight cognitive deterioration, MMSE \geq 24/30. The client's short-term memory and daily decision-making has been impaired in the areas of medication, nutrition or other day-to-day activities and/or

Mood: The GDS-15 result is \geq 5/15 despite optimal treatment (mild depression). The client has a mental illness that requires continuous treatment and care.

Temporary home care will not be granted in the following cases:

- The client needs help exclusively for medication dosing, cleaning or some other housekeeping task.
- The client needs help with showering and the aforementioned criteria for granting the service and the individual assessment of the overall situation do not meet the conditions for home care.
- The client is legally competent and understands the need for the treatment but does not want or repeatedly refuses to accept the services.
- The safe working conditions and personal integrity of the home care workers cannot be ensured in the client's living environment (Occupational Safety and Health Act 738/2002).

4.3 Safe medication

Medication services are intended for clients who need assistance with their medication. Medication services include dose distribution and medication dispensers. As a general rule, medication administration is carried out through dose distribution and medication with an automatic medication dispenser, based on a service needs assessment, in a manner that suits the client's situation.

The home care services are responsible for the safe medication, according to the medication plan. The responsibility entails cooperating with the pharmacy and doctor, maintaining the client's list of medication, reacting to any changes in medication, and monitoring and assessing the implementation and effectiveness of the medication. The implementation of safe medication means that the home care services deliver the client's medication to the dispenser or the medication in question are, as applicable, covered by the dose distribution.

General terms and conditions for the provision of the service

- The client needs help with the full or partial implementation of the medication.
- A partial need can arise from the client dividing and taking the medication independently but needing help with injections, for example.
- To be fully realised, drug treatment requires control, monitoring and assessment.

When granting the medication service, the capabilities of the home care services to carry out the treatment safely are assessed. If the home care services are responsible for the client's medication and it is found that, for reasons related to the client's illness, it is not safe to store the medication at home without a lockable storage solution, the client's medication can be stored at home in a locked drug cabinet or box. If a lockable drug box is used, an entry is added in the client's treatment and service plan.

Medication is not granted in the following cases:

- If the pharmacy can arrange the dose distribution service, including transport, and the client does not require the medication to be monitored.
- If a family member/client purchases the medication and doses it into a pill dispenser, the client must be able to take the medication from the dispenser independently or a family member must assume responsibility for administering the medication. The home care services cannot administer medication from an unchecked pill dispenser.

4.3.1 Medication dispenser

The medication dispenser ensures that the drugs are dispensed to the client in a safe and timely manner. The dispenser is filled with dose dispensing bags, or the client's medication doses are placed in the device in cups. With a medication dispenser, the client can obtain the necessary medication independently without home care services having to conduct a home visit. Alternatively, the medication dispenser can help to shift the timing of a home care services visit or enable a remote visit.

The home care services are responsible for filling the dispenser, monitoring the implementation of medication for home care clients, and, if necessary, making a visit if the client's medication is not collected from the dispenser. If necessary, the method of implementing the medication will be reassessed.

Grounds for granting the service

- The client meets the criteria for granting temporary or regular home care.
- The client is unable to handle medication independently.
- A professional has assessed the suitability of the medication dispenser for each client.
- The client must understand the purpose of the device and be able to use it.
- The client is able to grip a bag or cup of medication and place the medication in their mouth.
- The client's medication must be suitable for dispensing through the device.
- The medication dispenser enables safe medication administration.

- The medication dispenser helps prevent an increase in the client's use of services.
- The medication dispenser can be used to replace physical home care visits.
- The medication dispenser allows home care visits to be carried out outside of peak times, allowing better focus on the client's needs for assistance.

The home care services have overall responsibility for medication in accordance with the general conditions for the implementation of medication.

4.3.2 Dose distribution of medication

The dose distribution of medication is a service in which the pharmacy provides the client's regular drugs in dose-specific bags. Home care provides the medication to the client according to the plan.

Grounds for granting the service

- The client meets the criteria for granting regular home care.
- Drugs that are taken as needed as well as liquid and injectable medications are not suitable for dose distribution.
- The client's medication is relatively stable, and the client requires the assistance of home care services to ensure the safe implementation of the medication.

4.4 Regular home care

Regular home care is intended for clients with impaired functional capacity due to ageing, illness or injury who are unable to cope independently, with the help of relatives or other services in everyday life. The need for regular home care is continuous (weekly or daily) and lasts for more than two months. The service is available on a visit basis around the clock according to service need.

The home care service needs assessment always primarily examines the potential of technological solutions to meet the client's needs, and only then does it assess the suitability of other service forms.

Nighttime visits are planned home visits that are agreed upon in advance. Nighttime visits are carried out to support living at home as part of regular or temporary home care.

Grounds for granting the service

The granting of the services is based on a comprehensive assessment of service needs. The client's situation in life and functional capacity is examined as a whole. The planning of the service package considers the client's living environment, the network involved in the treatment and other services that have already been granted.

The treatment requires the expertise of health care and social welfare professionals, and the client is unable to seek outpatient health care services even with assistance. The RAI functional capacity indicator is used in determining whether or not the service is to be granted. A single indicator result cannot be regarded as a basis for being granted or denied assistance, support or service.

Indicators that are primarily used in the assessment of functional capacity

Daily activities: ADL-H ≥ 2 . The client needs a limited amount of assistance from another person in the context of daily activities. The need for assistance occurs when eating, moving from bed to chair, moving around, using the toilet or taking care of personal hygiene. ADL0=1 need for guidance or assistance with eating, personal hygiene or movement at home or when using the toilet and/or

Cognitive functional capacity: CPS ≥ 2 or MMSE $\geq 24/30$. Slight cognitive deterioration. The client's short-term memory and daily decision-making has been impaired in the areas of medication, nutrition or other day-to-day activities and/or

Service need: MAPLe5 ≥ 3 . The client needs treatment and care on a daily basis and/or

Mood: The GDS-15 result is $\geq 5/15$ despite optimal treatment (mild depression). The client has a mental illness that requires continuous treatment and care.

In terms of nighttime visits, there is also a need for specialised treatment, medication, basic treatment and positioning treatment and/or the visits are covered by the assessment of the ability to cope at home.

Other grounds for granting the service

The abilities of the client, relatives, volunteers and support services to ensure the ability to cope at home have been investigated, or the relevant means have already been deployed and found insufficient.

The client's livelihood is jeopardised, or the client needs to apply for social assistance in order to be able to procure the necessary services independently. Use of the service must not result in the need for social assistance.

The client's overall situation is such that the provision of the treatment is not compromised without the client being covered by the monitoring of the wellbeing services county's client guidance and the home care organised by the wellbeing services county.

An informal carer is responsible for the client's primary care, and home care is required to support the informal care.

The client service need is related to medical treatment, and the client cannot travel to a health centre, even with assistance.

If the client's need for assistance only pertains to applying supporting bandages or support stockings, the service will be initiated as temporary home nursing. The home care workers actively practice the use of aids that help donning and removing support stocking with the client. The aim is that the client can use the stockings independently or at least remove them. The service need is assessed regularly

Regular home care will not be granted in the following cases:

- The client needs help exclusively with medication dosing, cleaning, accessing services or some other housekeeping task.
- The client needs help exclusively with showering, or the client's service need is minor (0–4 h/month) and the aforementioned criteria for granting the service are not met.
- The client is legally competent and understands the need for the treatment but does not want or repeatedly refuses to accept the services.
- The safe working conditions and personal integrity of the home care workers cannot be ensured in the client's living environment (Occupational Safety and Health Act 738/2002).

4.5 Remote home care

Remote home care refers to a service in which home visits are conducted remotely via a video link. Remote home care is granted on the basis of a service needs assessment, which always primarily examines the potential of technological solutions to meet the client's needs, and only then does it assess the suitability of other service forms. Remote home care is granted as part of other home care when the client's care needs also require physical home care visits at least every other week.

Grounds for granting the service

A condition for the implementation of the remote home care is that the client is able to move to the terminal device and follow the instructions provided.

The suitability of the remote home care service is also assessed during the client relationship.

Indicators that are primarily used in the assessment of functional capacity

The same criteria apply as for temporary and regular home care.

4.6 Remote contact as a support service

Remote contact as a support service refers to a support services in which home visits are conducted remotely via a video link. Remote contact as a support service can be granted as the only service based on a service needs assessment. The service is granted as a fixed-term service for two months at a time. The suitability of the service is assessed during the client relationship.

The service is primarily intended for persons who live alone and feel lonely or insecure due to reduced functional capacity, illness, advanced age, disability or other similar reasons.

The agreed support calls can be used, for example, to provide psychosocial support and increase the feeling of security related to living at home.

The price of a support call includes the use of the necessary equipment. In connection with initiating the service, a tablet is installed in the client's home and the client is instructed in the use of the device.

Grounds for granting the service

A professional assessment has shown that there is no need for regular or temporary home care, but the client still needs support, for example, at the end of a rehabilitative assessment period.

The support need does not require the expertise of a social and health care professional. The client is primarily referred to activities promoting well-being organised by the third sector or the wellbeing services county (living room activities, remote living room activities group).

The client must be able to move to the terminal device and follow the instructions provided.

Results that are primarily used in the assessment of functional capacity

Mood: The GDS-15 result is $\geq 5/15$ despite optimal treatment (mild depression). The client has a mental illness that requires monitoring, but not continuous treatment and care **or**

The client suffers from loneliness **or**

The client is a frequent user of social and health care services.

4.7 Other preconditions for the services

Safe and high-quality home care requires commitment to a jointly prepared care and service plan as well as the following principles of implementing the service:

The client undertakes to use the aids needed for the treatment, if their use is essential in terms of the client's care and a prerequisite for ensuring the safety of the client and worker in the treatment situations. This equipment includes an electrically adjustable treatment bed, a lifting and moving devices, keyless door opening, and various safety and remote connection devices.

If the client is provided with technological equipment, such as an automatic medication dispenser or remote device, the client undertakes to ensure the appropriate use of this equipment.

Workers are entitled to a smoke-free working environment. The client and their relatives undertake to not smoke in the presence of the worker.

The substance abuse of the client or their relatives must not compromise the safety of the personnel. The general condition of a client who is under the influence of intoxicants is checked, and the planned treatment measures are only carried out once the client is no longer inebriated. If necessary, the treating doctor is consulted.

Pets that behave in a manner that is unpredictable or disruptive to the care work are to be kept on a leash or in another room during the visits. In some cases, even a familiar pet can react unpredictably to treatment measures. The tasks of the home care workers do not include pet care. The home care workers are obliged to file an animal welfare notification where necessary.

In order to ensure the occupational safety of the workers, their integrity and non-discrimination must be ensured. The workers must be treated appropriately regardless of their gender, religion, ethnic background or similar characteristic.

Clients cannot choose the care workers who treat them. The home care staff are qualified and professional, and the employer has ensured their suitability for the work.

If there are guests in the client's home during a visit, the guests undertake to let the staff carry out their work in peace during the home visit. The presence of guests must not jeopardise the safety of the staff. The duties of the home care workers do not include taking care of the guests' dishes, rubbish or laundry, for example.

The home visit will be stopped in the event of any threatening or dangerous behaviour. The client's care implementation plan will then be reassessed, and the visits will be conducted with other actors, such as security guards.

Clients, relatives or carers may only video or otherwise record care situations with the valid consent of the client in question.

It is prohibited to publish any video material or other recordings without the consent of all parties involved.

It is the responsibility of the client and family members to ensure the accessibility of the housing unit and yard area (for example, clearing snow, gritting, access inside the home).

The clients and their family members must ensure the fire safety of the home and the working order of the electrical equipment. Home care workers are obliged to report any situations in which safety risks are observed.

The duties of home care workers do not include heating the home or sauna.

Home care workers will not take care of the client's finances, handle any cash or use the client's debit card. The handling of banking and financial affairs is arranged through family members and other persons close to the client.

The home care worker can switch on a washing machine or dishwasher if the client can then monitor the operation of the device. If the device cannot be left on after the home visit, the home care worker will not take care of the operation of the washing machine or dishwasher.

4.8 Discontinuing home care services

The need for home care services is assessed on a regular basis. If the home care services are to be discontinued, the client and, if necessary, their family member or legal representative will be heard. The client's service need and the method of arranging the services are assessed together. If necessary, clients will be referred to other services that meet their needs. Furthermore, the continuity of the care is ensured in situations where the responsibility for the care is transferred to another party.

Home care services can be discontinued for the following reasons:

- The client no longer has the need for home care (the grounds for granting it are not met) or the service can be arranged in some other way.
- The client is legally competent and understands the need for the treatment but does not want or repeatedly refuses to accept the services.
- The client is legally competent but will not commit to cooperation even though they understand its significance in terms of their care and well-being (the client is repeatedly unreachable, for example).
- The safe working conditions and personal integrity of the home care workers cannot be ensured in the client's living environment (Occupational Safety and Health Act 738/2002).

In the event that a client's service need increases permanently by more than 55 hours a month and/or if the client's care can no longer be sufficiently or safely conducted in the home, the client's overall situation will be assessed in a multiprofessional manner. Based on the multiprofessional assessment, a decision is made on the services needed by the client, which will then be observed. Should the multiprofessional assessment indicate that home care is no longer a sufficient or safe option for the client but the client would like to continue living at home with the help of home care services despite the ample need for assistance (more than 55 hours), the client must purchase the additional services at their own cost.

5 Rehabilitation

Clients are referred to home rehabilitation and rehabilitative daytime activities through professional assessment. The client is assessed as having the potential for rehabilitation. The service aims for restoring or promoting functional capacity or slowing down its deterioration. The service need can be indicated by a variety of parties, such as a hospital, discharge team, home care, Senior Info or joint social welfare and health care services.

Services can be granted to clients who cannot handle daily activities at home independently or with the support of family members/loved ones.

The services of home rehabilitation and, generally speaking, rehabilitative daytime activities are produced by the wellbeing services county itself. Remote services are primarily used in the production of home rehabilitation services and rehabilitative daytime activities services. The suitability of remote services is assessed on a client-specific basis.

5.1 Home rehabilitation

Home rehabilitation is primarily periodic in nature, but it can also consist of individual assessment and guidance visits.

Discharge support

The purpose of the service is to ensure the client's safe discharge and the ability to cope at home.

Grounds for granting the service

The service is intended for clients of regular home care and clients who are not yet covered by the services.

The purpose of the service is to meet the client's support needs in the context of planned and sudden discharges on the day of the discharge and for 1–5 days thereafter. There can be a need for home visits by a nurse and/or therapist.

Rehabilitative assessment period

The service includes an active multiprofessional rehabilitation period, which enables the client to live at home independently or with support from services. The service seeks to fulfil both treatment-related and rehabilitative needs. The service can be produced remotely either in part or in full.

Grounds for granting the service

The service is intended for clients who do not have regular home care services but who meet the criteria. The client is unable to access outpatient health care services either independently or with an escort.

The client's functional capacity has deteriorated enough for it to jeopardise safe living at home. The client requires multiprofessional rehabilitation and an assessment regarding services that support living.

The length of the rehabilitation period is 1–6 weeks. If necessary, the rehabilitation can take longer if the client has progressed in reaching the goals but still requires support. At the end of the period, the need for further treatment and rehabilitation is assessed, and the client is referred to services.

Therapist's visit

The aim of the service is to ensure the client's ability to cope independently or with as few services as possible. The service responds to the client's needs for physiotherapy and/or occupational therapy. The service can be produced remotely either in part or in full.

The service includes personal rehabilitation for the client in the home environment to bolster functional capacity and, if necessary, instructing a family member/loved one on supporting the client's functional capacity.

Grounds for granting the service

The service is intended for clients who do not have regular home care services and who do not meet the criteria for regular home care.

The client is unable to access the rehabilitation services of outpatient health care either independently or with an escort.

The therapist's visits can take the form of individual guidance visits or a rehabilitation period. The duration of a rehabilitation period can be no longer than six weeks. If necessary, the rehabilitation can take longer if the client has progressed in reaching the goals and there is still estimated to be rehabilitation potential. At the end of the period, the need for further rehabilitation is assessed and the client is referred to a service.

5.2 Rehabilitative daytime activities

Rehabilitative daytime activities are always periodic. The rehabilitation period involves personal goals, the achievement of which is assessed at the start and end of the period. At the end of the period, the need for further rehabilitation is assessed and the client is referred to a service as needed.

Remote rehabilitative daytime activities

Remote daytime activities is the primary way to produce rehabilitative daytime activities. The service is intended especially for clients whose psychosocial functional capacity has deteriorated or they need support with maintaining their functional capacity.

Rehabilitative remote daytime activities involve wide-ranging group-based activities/rehabilitation services that promote functional capacity and are arranged remotely. A period of remote and in-person rehabilitative daytime activities can also be arranged as a combination of the two.

Grounds for granting the service

The service can primarily be granted to elderly clients whose social, psychological or physical functional capacity has deteriorated or there is a threat of that happening. At any one time, remote daytime activities are granted for no more than three months once or twice a week.

Granting the service requires that

- the client can function in a remote group
- the client has the sufficient capabilities to use remote services (remote home care clients, for example).

The service cannot be used as a statutory day off in informal care. The service is also granted to people under the age of 65 on the basis of individual consideration.

In-person rehabilitative daytime activities

This involves providing the client with wide-ranging group activities that promote functional capacity.

This particularly applies to clients whose functional capacity has changed or who need support with maintaining their functional capacity.

A period of in-person and remote rehabilitative daytime activities can also be arranged as a combination of the two. The length of the period and the weekly visits are assessed on a case-by-case basis.

Grounds for granting the service

The service can be granted to clients whose functional capacity has deteriorated or there is a risk of this happening. In-person daytime activities are generally granted for three months.

Granting the service requires that

- the client can function in a group
- the client may need occasional assistance with transitions. A mobility aid is no obstacle for participating in a group.

The service can be granted for informal care support clients with an informal care agreement from the wellbeing services county for at least six months. The service can be used to organise care for a statutory day off in informal care.

If the client cannot access the activities with assistance from a family member/loved one, the daytime activities can also be granted with a transport service on a discretionary basis. The service is also granted to people under the age of 65 on the basis of individual consideration.

6 Informal care

Support for informal care consists of the informal carer's care fee and services aimed at supporting the care and treatment provided by a relative or loved one at home.

The care category and care fee paid to the informal carer are graded based on how binding and demanding the care provided by the informal carer is considered to be. As a rule, all items in the care category description must be met.

General conditions

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

- a person needs treatment or care at home due to reduced functional ability, illness, disability or other similar reason;
- the relative of the person being cared for or other person close to them is prepared to take responsibility for the person's treatment and care by means of the necessary services;
- the carer's health and functional ability meet the requirements of informal care;
- informal care, along with other necessary health care and social welfare services, is adequate in terms of the well-being, health and safety of the person being cared for;
- the home of the person being cared for is suitable for the treatment provided there in terms of health and other conditions; and granting the support is deemed to be in the best interests of the person being cared for.

Support for informal care is a discretionary benefit that 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:

Informal care is demanding and constantly binding every day.

Support for informal care can only be granted for situations that require 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 that included in normal 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 alone are not considered sufficient grounds for granting support for informal care. Normal family responsibilities, 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 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.
- When assessing how binding and demanding the informal care is, the other social and health care services received by the care recipient are considered and the informal carer's share in the care entity is examined. If the care responsibility mainly rests elsewhere, the care category may be lowered or the support denied entirely.
- If there are any changes as to how binding or demanding the care is, the need for support and care category will be reassessed as necessary.

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 for the care and treatment of a minor child to be organised as informal care.
- By signing a care contract, the informal carer commits to the care responsibility.
- The 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 employee responsible for informal care as well as with other parties involved in the care recipient's treatment.
- Informal care does not jeopardise the carer's health or safety.
- The informal carer is obliged to notify the wellbeing services county if there are any changes in the care or other circumstances.

6.1 Care categories (adults > 18 years)

The care category and care fee paid to the informal carer are graded based on how binding and demanding the care provided by the informal carer is considered to be. As a rule, all items in the care category description must be met.

1. Daily need for care and treatment

The extent of 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. Technical aids can be used to replace one assistance visit per day (e.g., guidance in daily activities by voice and video link)

- 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 time, but other care and service arrangements are required during any longer absences of the carer.
- The care recipient may regularly spend a part of their day or week outside the home (e.g. in daytime activities) without it affecting the care fee.
- Without the informal care, the care recipient would regularly require daily visits from home care or a lot of personal assistance services.

2. Round-the-clock need for care

The extent of how binding and demanding the care is

- The informal care is more binding and demanding in terms of its content than in care 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 and the care recipient cannot cope alone at night without the presence of another person.
- The care work mostly requires a 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 any longer absences of the carer.
- The care recipient may regularly spend a part of their day or week outside the home (e.g. in daytime 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.

3. Highly demanding phases

Clients in this care category are in a short-term transition phase that is difficult in terms of care, or they have a highly demanding need for round-the-clock care (e.g., palliative care).

The extent of 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 from the carer 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 care at a ward.

In accordance with current legislation, the category 3 care fee 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 (Section 5. Act on Support for Informal Care).

7 Family care for the elderly

Family care refers to organising treatment or care in the private home of a family carer (family home) or in the customer's home with the help of a family carer. Family care can be part-time or round-the-clock, short-term or long-term. Long-term family care can only be provided in a family home. Family carers are not employees of the wellbeing services county. Instead, the cooperation is based on a commission agreement.

The aim of family care is to provide the client with the opportunity to enjoy home-like care and close relationships as well as to promote their basic safety and social relationships. Family carers are required to complete preliminary training and be suitable for the role.

The suitability and appropriateness of family care is assessed in relation to the client's overall situation and the family carer's capabilities. The assessment considers the client's need for assistance, functional capacity and wishes, as well as the capacity of the family carer to respond to them.

7.1 Family care as a service delivered in the client's own home

Functional capacity and need for assistance

The client's service need does not require a service provided by a social and health care professional (e.g., challenging mental or behavioural symptoms, instances of running away).

The client needs the regular guidance, assistance, support or company of someone else to cope in everyday life.

The client experiences insecurity, anxiety, depression or other psychological symptoms that can be addressed through family care.

The client is able to perform daily activities with the help of an assistive device or one other person.

The client does not require constant supervision or regular assistance during the night.

Indicators that are primarily used in the assessment of functional capacity

The RAI assessment and other indicators are used to assess the client's functional capacity and need for assistance, and they are part of assessing the client's overall situation. A single indicator result cannot be used as a basis for granting or denying services. However, the client's need for assistance is reflected in the results of the RAI assessment in the areas of daily performance and/or cognition.

Grounds for granting the service

The service can be granted to clients who have reduced physical, mental, cognitive or social functional capacity that causes them to need assistance.

Family care must be sufficient in terms of the client's well-being, health and safety in conjunction with other social and health care services, and the need for services cannot be met by other home-based services or support measures.

Family care can also be granted as the only service delivered at the client's home.

The preconditions for family care are the motivation and consent of the client and their relatives to the service, as well as the suitability of family care.

The granting of the services is based on a comprehensive assessment of service needs.

7.2 Family care in the family carer's private home (family home) Functional capacity and need for assistance

The client exhibits deterioration of physical, psychological, cognitive or social functional capacity, and safe housing cannot be organised through conventional housing arrangements by means of outpatient care.

However, the client does not have a need for long-term round-the-clock service housing.

The client has a recurring need for assistance that cannot be met by services delivered at the client's home (e.g., recurring on-call visits or emergency phone alerts).

The client does not require constant supervision or regular assistance during the night.

The client is able to cope with everyday life with the assistance of one person.

The client does not exhibit disruptive behaviour related to their own safety or living or the safety of other clients.

Family care, along with other health care and social welfare services, is adequate in terms of the well-being, health and safety of the client.

In addition to family care, the client may be granted regular or temporary home care for medical needs or medical treatment.

Indicators that are primarily used in the assessment of functional capacity

The RAI assessment and other indicators are used to assess the client's functional capacity and need for assistance, and they are part of assessing the client's overall situation. A single indicator result cannot be used as a basis for granting or denying services. However, the client's need for assistance is reflected in the results of the RAI assessment in the areas of daily performance and/or cognition.

Indicative results of the RAI assessment:

- **Daily activities:** ADL-H ≥ 2 . The ADL-H indicator measures the performance of daily activities. The client needs a limited amount of assistance from another person, and the need for assistance occurs in the context of daily activities.

Daily performance includes, for example, the following: eating, moving from a bed and chair, mobility, going to the toilet and personal hygiene, ADL0=1 need for guidance or assistance with eating, personal hygiene or movement at home or when using the toilet and/or

- **Cognitive functional capacity:** CPS \geq 1. Slight deterioration of cognition.

Grounds for granting the service

The service can be granted to clients who have reduced physical, mental, cognitive or social functional capacity that causes them to need assistance that cannot be met by services supporting living at home in the client's own home.

Family care must be sufficient in terms of the client's well-being, health and safety in conjunction with other social and health care services, and the need for services cannot be met by other home-based services or support measures.

The preconditions for family care are the motivation and consent of the client and their relatives to the service.

The granting of the services is based on a comprehensive assessment of service needs. The suitability of family care and the family home must meet the client's needs. The suitability of long-term family care is first assessed by means of a short-term family care period.

8 Short-term assessment and rehabilitation period

The aim of a short-term assessment and rehabilitation period is to support the return home and living at home. The service is primarily intended for seniors.

Grounds for granting the service

The aim of the short-term assessment and rehabilitation period is to support the client's living at home.

The service can be granted on the basis of a person's reduced functional ability, illness, injury or other similar reason, or in acute crisis situations.

The decision will be made on the basis of a service needs assessment. Granting the short-term assessment and rehabilitation period is always based the client's need.

9 Housing services

9.1 Communal housing in a housing unit for the elderly

Communal housing is rental housing that includes the housing unit, common areas and activities for the residents, and care according to needs. The service is primarily intended for seniors. Communal housing is the primary form of housing when home-based services and services supporting living at home are not sufficient to meet the client's service needs. The need for support services is assessed as part of the assessment of the suitability of communal housing. Communal housing can be granted as a short-term or long-term service.

Functional capacity

The client's functional capacity is sufficient to cope with daily activities with assistance and to call for help, if necessary. The client is able to move about safely without getting lost repeatedly, even if their memory is somewhat impaired. The client does not exhibit disruptive behaviour related to their own safety or living or the safety of other clients.

Need for assistance

- The client exhibits deterioration of physical, psychological, cognitive or social functional capacity, and safe housing cannot be organised through conventional housing arrangements by means of outpatient care.
- The client may need an assistive device and/or the help of one person for daily activities. However, the client does not have a need for long-term round-the-clock service housing.

- The client has issues related to social or psychological well-being or safety.
- The home care client has a recurring daily need for assistance or inappropriate use of services, such as on-call visits or emergency phone alarms.
- The necessary regular night-time assistance can be provided through pre-planned visits.

Indicators that are primarily used in the assessment of functional capacity

In the assessment of service needs, the client's overall situation is the deciding factor in the decision-making process. The indicators are used to assess the client's need for assistance, and they are part of assessing the client's overall situation. A single indicator result cannot be used as a basis for granting or denying services.

Daily activities: The client needs a limited amount of assistance from another person, and the need for assistance occurs in the context of daily activities. ADL-H ≥ 2 . The ADL-H indicator measures the performance of daily activities. Daily performance includes, for example, the following: eating, moving from a bed and chair, mobility, going to the toilet and personal hygiene. ADL0=1 need for guidance or assistance with eating, personal hygiene or movement at home or when using the toilet.

Cognitive functional capacity: Slight deterioration of cognition. CPS 1-3. The CPS indicator measures the client's cognitive functional capacity. The indicator measures cognitive ability in relation to four variables; being understood, decision-making, ability to eat independently and short-term memory. The client's short-term memory has been impaired and daily decision-making has become more difficult in the areas of medication, nutrition or other daily activities.

Memory indicator: MMSE $\geq 18/30$.

Service need MAPLe5: 3-4 moderate need for assistance

Depression symptoms: GDS $>15/30$

Grounds for granting the service

Service needs are always assessed on a case-by-case basis. The granting of the services is based on a comprehensive assessment of service needs, which includes a medical assessment (if necessary). The client's view of communal housing services and their own wishes and requirements for applying for the service are determined as part of the service needs assessment. The client's overall situation determines whether the service is granted.

The precondition for granting the service is that the possibility of services supporting living at home to enable independent living at home has been assessed and the services have been found or assessed to be insufficient to meet the client's needs.

The content and number of service hours in the requested service and the need for support services have been assessed in the service needs assessment. Communal housing is not granted without a need for communal housing home care and/or support services. The service cannot be granted if the client has substance abuse problems and/or mental illnesses and their symptoms are not in treatment balance.

The poor condition or unsuitability of the home cannot be considered as grounds for granting the opportunity for communal housing.

9.1.1 Meal service as a support service for communal housing

The meal service involves the client receiving meals at the communal housing unit. The service may include all meals of the day or some of the meals. The meals offered adhere to the nutritional recommendations for the elderly. The meal service takes into account any special dietary requirements of the client. If the wellbeing services county has granted the client meal services as a support service, the service provider is responsible for the provision of the client's meal service in accordance with the service granted.

Grounds for granting the service

The client needs help with arranging meals and is unable to purchase or prepare them on their own. If the client needs help ordering or heating food, the assistance provided is included in the client's service hours.

9.1.2 Cleaning service service as a support service for communal housing

The cleaning service includes weekly cleaning. As maintenance cleaning, the cleaning service can include vacuum cleaning, dusting, and floor and toilet washing. The cleaning service does not cover thorough cleaning, window washing and carpet beating.

Grounds for granting the service

The cleaning service is subject to discretion and is granted on the basis of a service needs assessment.

Organisation of the service

The service is arranged by the unit's service provider or with a home cleaning service voucher. With a service voucher, the service can be granted primarily for two (2) hours per month to people over the age of 65. The value of the cleaning voucher is determined in accordance with the value confirmed by the county government of the Western Uusimaa Wellbeing Services County.

Support services (cleaning, clothes care and service access assistance) can be granted for a total of up to eight (8) hours per month.

9.1.3 Clothes care service as a support service for communal housing

Clothes care includes washing and hanging up clothes and bed linen. Clothes care can also include folding clothes and putting them where they belong. Clothes care does not include washing hand-washable clothes or mangling linen.

Grounds for granting the service

The cleaning service, clothes care service and service access assistance are discretionary and granted on the basis of a service needs assessment.

The service is intended for washing clothes and linen when the client is unable to wash them independently or with help.

Organisation of the service

The service is provided to the client by the communal housing service provider. Support services (cleaning, clothes care and service access assistance) can be granted for a total of up to eight (8) hours per month.

9.1.4 Safety aid service as a support service for communal housing

The safety aid service provides assistance in acute situations. The service enables non-urgent assistance to the home around the clock.

The purpose of the safety aid service is to improve safety and reduce concerns when the client suffers from deteriorated functional capacity or a memory disorder, or the client is at risk of falling or having a seizure.

The safety aid service means a service that includes the suitable safety equipment, round-the-clock receipt of alerts through the equipment, assistance need assessments resulting from an alert and making sure that the client receives the necessary assistance regardless of the time of day.

The safety equipment includes an emergency telephone, which consists of two parts: a fixed central unit and an alarm button that the user carries with them (on their wrist or around their neck).

Grounds for granting the service

The service is arranged for communal housing clients who need it due to illness, disability or a similar reason that reduces functional capacity.

The service is intended for communal housing clients who have a risk/tendency of falling and feel insecure due to reduced functional ability.

A locating emergency bracelet can be issued to clients who are at risk of getting lost. A person with a locating emergency bracelet must have two appointed loved ones who are notified of any alerts.

A stove alarm device can be issued as part of the safety aid service on the following grounds, even if other reasons for granting one are not fulfilled:

- a person with a memory disorder actively uses the stove or another person in the household uses it and
- there is a risk of the person with a memory disorder using the stove alone and the stove cannot be disabled by removing a fuse, for example.

Additional equipment

A door alarm and stove alarm may also be provided to the client as separate additional equipment based on a service needs assessment.

The criterion for granting additional equipment is securing the client's life at home in situations where the client does not fulfil the criteria for round-the-clock service housing.

Door alarm The door alarm comes in a basic model and a smart version. The door alarm monitors door usage according to conditions set by the client and triggers an automatic alarm, if necessary. The features of the smart door alarm reduce false alerts.

Stove alarm: The stove alarm monitors changes in the temperature of the stove and, if necessary, switches off the power and triggers an automatic alarm. (Installation costs and service visit fee at own cost.) For the installation of a stove alarm, the client must separately book an electrician.

The safety service requires the consent of the client. If the client breaks or misplaces a safety device or its additional parts, they must cover the costs. The service provider will invoice the client for any lost or broken products. The client must hand over 1–2 keys to the provider of the safety aid service for possible safety aid visits.

9.1.5 Service access assistance as a support service for communal housing

Service access assistance mainly means running errands and handling various affairs with the client at home and outside the home. This can include buying foodstuffs, daily consumer goods and medication as well as assisting service access at government agencies or service points. The service is planned and recorded in the client's care plan.

The tasks can include preparing an electronic shop order with the client, going shopping for groceries on behalf of the client, placing purchased goods in the cupboards, assisting with contacting government agencies or escorting the client when accessing health care services. Service access assistance can include escorting the client to various events or hobbies, such as a service centre or indoor swimming pool.

The service does not entail the assistant taking care of the client's finances, handling any cash or using the client's debit card. The handling of banking and financial affairs is arranged through family members and other persons close to the client. However, the service provider can escort the client when accessing banking services or going shopping.

The service is available on weekdays (Mon–Fri) between 7:00 and 18:00.

Grounds for granting the service

The service is intended for clients with impaired functional capacity such that they need the assistance of another person to complete tasks. The service is subject to discretion and is granted on the basis of a service needs assessment.

The grounds for granting the service are that the client is unable to use self-financed services or volunteer operators, and the client does not have relatives or loved ones who could help.

Organisation of the service

The service is provided to the client by the service provider. Support services (cleaning, clothes care and service access assistance) can be granted for a total of up to eight (8) hours per month. Clients must arrange any transport at their own cost. Clients cannot be transported by the assistant's car.

9.2 Short-term round-the-clock housing

Short-term round-the-clock service housing is a planned care period at a care home. The aim is to support living at home. The service is primarily intended to support informal care for the elderly and situations involving loved ones providing care. The service includes treatment and care as well as meals.

Functional capacity

The client's daily physical, mental, cognitive or social functional capacity has declined to such an extent that they require round-the-clock assistance.

Need for assistance

The client needs continuous care and attention on a daily basis, regardless of the time of day, in order to perform day-to-day activities. The need for round-the-clock assistance manifests itself in a significant need for physical assistance with day-to-day activities and a decline in cognitive abilities. The RAI assessment is used to assess day-to-day performance.

The client may have difficult psychological, social or safety-related issues that do not respond to treatment. The need for supervision and assistance is round-the-clock.

The client's cognition is moderately deteriorated, the client's daily decisions are consistently inadequate/dangerous, or there are significant difficulties in being understood.

Indicators that are primarily used in the assessment of functional capacity:

In the assessment of service needs, the client's overall situation is the deciding factor in the decision-making process. The indicators are used to assess the client's need for assistance, and they are part of assessing the client's overall situation. A single indicator result cannot be used as a basis for granting or denying services.

Service need: MAPLe 4 great need for services or MAPLe 5 very great need for services

Memory indicator: MMSE 17 or less

Day-to-day performance: ADL-H \geq 3 The ADL-H indicator measures the performance of daily activities. Daily performance includes the following: eating, moving from a bed and chair, mobility, going to the toilet and personal hygiene or difficult psychological, social or safety-related issues that do not respond to treatment.

Level of cognitive functional capacity: Moderate deterioration of cognition. CPS \geq 3. The CPS indicator measures the client's cognitive functional capacity. The indicator measures cognitive ability in relation to four variables; being understood, decision-making, ability to eat independently and short-term memory.

Grounds for granting the service

Round-the-clock service housing is arranged for persons who need continuous care and attention or demanding professional care on a daily basis, regardless of the time of day, when it is not possible or in the client's best interests to arrange this care as home care, informal care, family care or in some other way. The service is not granted to people living alone.

The service is primarily granted to persons in informal care to enable statutory days off for informal carers. The assessment is conducted by a Senior Info employee in cooperation with the client and informal carer and, if necessary, family members.

The service can also be granted to clients whose family members or other close persons provide binding daily care and attention without an informal care agreement. The service can also be granted based on an acute crisis situation.

The granting of short-term round-the-clock service housing is always based on the client's need for assistance and services, and not on the unsuitability of their living conditions, e.g. during plumbing renovations. As a rule, the service is granted to clients whose functional capacity and need for assistance correspond to care categories 2 and 3 of informal care support.

Short-term round-the-clock housing can be arranged as pre-agreed regular periods when the conditions for granting long-term round-the-clock housing are met. The purpose of the service is to ensure the continuation of informal care or care provided by loved ones at home.

9.3 Long-term round-the-clock housing

Round-the-clock service housing is arranged for persons who need continuous care and attention or demanding professional care on a daily basis, regardless of the time of day, when it is not possible or in the client's best interests to arrange this care as home care, informal care, family care or in some other way. The service consists of a rented flat, care and attention, and meals. The service is primarily intended for seniors.

Functional capacity

The client's daily physical, mental, cognitive or social functional capacity has declined to such an extent that safe living cannot be arranged in their own home, either alone, with the help of a loved one, with the help of services supporting living at home or with communal housing services.

Need for assistance

The client needs continuous care and attention or professional care on a daily basis, regardless of the time of day, in order to perform day-to-day activities. The RAI assessment is used to assess day-to-day performance. The need for round-the-clock assistance manifests itself as a significant need for assistance with physical day-to-day activities and/or a decline in cognitive abilities so that the client needs care and supervision around the clock.

The need for assistance may manifest itself in several of the following ways: for example, inappropriate use of services by the client, frequent on-call visits, safety aid service alerts or repeated periods of inpatient care. The client has the necessary support services for living at home, a high number of home care hours (more than 55 hours per month), usually at least 3–4 daily visits or other equivalent assistance, and night-time need for assistance that cannot be met by visits.

The client may have difficult psychological, social or safety-related issues that do not respond to treatment and whose need for assistance cannot be met other than by round-the-clock housing services. The client makes choices that are harmful to themselves without realising their significance. The client does not have a sense of place and is constantly at risk of getting lost.

Indicators that are primarily used in the assessment of functional capacity

In the assessment of service needs, the client's overall situation is the deciding factor in the decision-making process.

The indicators are used to assess the client's need for assistance, and they are part of assessing the client's overall situation. A single indicator result cannot be used as a basis for granting or denying services.

Service need: MAPLe 4 high need for services or MAPLe 5 very high need for services

Day-to-day performance: ADL-H \geq 3 The ADL-H indicator measures the performance of daily activities. The client needs a lot of help from another person and needs assistance or is fully dependent in some area of day-to-day performance that is being assessed. Daily performance includes the following: eating, moving from a bed and chair, mobility, going to the toilet and personal hygiene.

Level of cognitive functional capacity: Moderate deterioration of cognition. CPS \geq 3. The CPS indicator measures the client's cognitive functional capacity. The indicator measures cognitive ability in relation to four variables; being understood, decision-making, ability to eat independently and short-term memory. Moderate deterioration of cognition, the client's daily decisions are consistently inadequate/dangerous, or there are significant difficulties in being understood.

Memory indicator: MMSE 17 or less

Grounds for granting the service

The service can be granted to clients whose physical, psychological or social functional capacity has deteriorated enough for them to require continuous round-the-clock treatment and care at a care home/housing unit.

In the assessment of service needs, the client's functional capacity and overall situation at the time of assessment are the deciding factors in the decision-making process. The prerequisite for granting the service is a current need for the service.

The granting of the services is based on a comprehensive assessment of service needs, which includes a RAI assessment and, if necessary, a medical assessment. The client's view and ability to understand the significance of applying for the service are determined and considered as part of the service needs assessment. If the client is unable to express an opinion on their housing or care due to memory loss or other reasons, their opinion and service needs will be determined together with their relatives.

The precondition for granting the service is that the client cannot manage safely at home with the help of services supporting living at home. The possibilities for home care, other services supporting living at home, family care, care provided by loved ones, or short-term service housing have been assessed or found to be insufficient. The service needs assessment includes an evaluation of the obstacles to living at home and the actual risks that cannot be eliminated. Round-the-clock service housing may be granted if the primary communal housing service cannot meet the housing and service needs.