

Criteria for granting support for informal care for people under 18

CITY OF TURKU



Table of contents

What is support for informal care?	2
Informal care recipient	2
Informal carer	3
Decision on the support for informal care.....	5
Agreement on support for informal care.....	5
Care and service plan	5
Compensation levels	6
1. Compensation level	6
2. Compensation level	6
3. Compensation level	6
Payment of the support for informal care.....	7
Obligation to notify of absences and changes to circumstances	7
Suspension of the payment of the support for informal care	7
Informal carer's leave	8
Statutory leave days	8
Discretionary leave days	8
Alternating care	8
Support services granted for official informal care recipients	9
Service voucher for informal care.....	9
Decision on the support for informal care.....	9
Termination the support for informal care	9
Cancellation of the support for informal care	10

What is support for informal care?

According to the Act on Support for Informal Care (937/2005), support for informal care refers to the financial compensation (care fee) and various services provided in order to support the care and other assistance that an elderly person or a person with a disability or illness receives at their home. These services are defined in a care and service plan drawn up for the care recipient.

The right to support for informal care primarily covers people whose ability to function and perform is impaired to the extent that they require constant personal care and assistance in order to continue living at home. The support for informal care is used to prevent the continuous need for 24-hour care outside the home.

The support for informal care includes a care fee paid to the informal carer as well as potential reimbursement for services that support the carer. These services are additional services related to the personal care and assistance of the care recipient, which are defined in the care and service plan and are primarily granted as vouchers.

Informal care always includes personal care and assistance of the care recipient, not only domestic chores or errands outside the home.

When granting support for informal care, officials assess whether the care is in the best interest of the care recipient. Support for informal care is not granted if other services would be better suited for ensuring care that is in the best interest of the care recipient and treatment for the care recipient. These services can be, for example, at-home care for families with children, short-term care, family help, autism counselling or rehabilitative residential accommodation provided by the city as well as child welfare services.

If a child or young person has been placed outside the home, support for informal care cannot be granted.

The person applying for support does not have a subjective right to receive it; the aid is subject to budget availability and granted at the municipality's discretion.

Informal care recipient

Support for informal care can be granted if the person requires significantly more daily care than their age group on average or assistance due to impaired functionality, illness, disability or other similar reason and if the care in question can be given as informal care at home. The home of the care recipient must be a suitable place for providing the care with regard to health-related and other conditions.

As a rule, support for informal care is not granted for caring for children under the age of three. The support may be granted for a small child requiring particularly demanding care and supervision.

Support for informal care of children and young people can be granted to children and young people with a difficult disability or illness that makes caring for them very demanding and consuming compared to a healthy child or young person of the same age.

The home municipality of the person requiring the care must be Turku. If the person is not a Finnish citizen, the residence permit for Finland is considered when making the decision.

Informal carer

The informal carer refers to the family member or loved one of the person receiving the care who has signed the agreement on informal care. The agreement on informal care is signed with one carer who has the overall responsibility for the care and rehabilitation of the care recipient.

The informal carer must be at least 18 years old and have a residence permit for Finland and a Finnish personal identity code.

The health and functionality of the carer must meet the requirements set in section 3 of the Finnish Act on Support for Informal Care (937/2005) to ensure they are capable of taking full responsibility for the person receiving the care and guaranteeing them adequate and safe care. If necessary, the carer's qualifications for the task may also be assessed with various tools for evaluating functional ability.

If the health of the carer clearly limits their ability to act as a carer, support for informal care will not be granted. If necessary, a medical report or another statement from a health care professional on the health of the carer may be requested to be presented to support the decision-making.

When granting support for informal care, officials assess whether the care is in the best interest of the care recipient and take the care recipient's opinion into account.

If the carer does not meet the criteria for informal care, the well-being of the person requiring care can be ensured through other social and healthcare services instead of informal care.

The informal carer lives in the same household with the care recipient or close enough to provide daily care and assistance.

The city will arrange the required well-being and health checks as well as care training for the carer.

Applying for the support for informal care

The application for support for informal care requires an attached medical certificate or medical case history (epicrisis) no older than 6 months or a current rehabilitation plan that details the functional ability of the informal care recipient. The aforementioned documents may be copies of the original documents.

The application, along with its appendices, must be delivered to the address on the application. Appendices possibly missing from the application must be delivered within three (3) months or by a separately specified deadline.

The fulfilment of the informal care criteria is always assessed with a visit to the care recipient's home. The documents delivered with the application and, if necessary, various tools for evaluating functional ability are used as an aid in the assessment process. During the home visit, discussions and assessment of the health of the carer and their ability to act as a carer are conducted.

The conditions at the care recipient's home must be able to support their health well-being. Additionally, the home must be a suitable location for providing the care.

The home visit may include service coordination depending on the needs of the carer and care recipient. The carer and care recipient receive information on social and healthcare benefits and services that support informal care as well as services provided by a third party.

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Decision on the support for informal care

The decision on support for informal care is made by an office-holder and may be appealed. As a rule, the support for informal care is granted for an indefinite period. The decision may also be made for a fixed term if there is special reason for it.

The support for informal care decision is not made on the basis of a single criterion, but the demanding nature of care is considered as a whole.

As a rule, the support for informal care is granted starting from the beginning of the month in which the support for informal care application has arrived to the support for informal care service manager. The decision on the need for informal care is made once the informal care service need has been assessed and the required appendices delivered. Missing appendices must be delivered within three (3) months after the arrival of the application.

Agreement on support for informal care

The support for informal care is agreed upon with an agreement between the carer and municipality. The care and service plan is attached as an appendix.

The agreement on support for informal care is signed with one carer and the informal care fee cannot be divided between several people.

If the informal care recipient lives weekdays in another municipality due to studies, it can be separately agreed that the informal care fee is paid for the days spent at home.

The informal carer is not under an employment contract as referred to in the Employment Contracts Act (55/2001) with the municipality, care recipient or the guardian of the care recipient. The pension security of the informal carer is provided in the Municipal Pension Act (549/2003). The municipality that signs the agreement on support for informal care with the carer must insure the carer with an insurance in accordance with section 3 subsection 1 of Workers' Compensation Act (459/2015).

Care and service plan

A care and service plan for the support for informal care is prepared together with the carer and care recipient. The care and service plan includes the amount and content of the care provided by the informal carer, the number and content of other social and healthcare services necessary for the care recipient and the number and content of services that support the carer in their duties. The plan also outlines how care and assistance is arranged for the care recipient during the carer's leave, healthcare-related visits or other absences.

The purpose of the plan is to ensure that the informal care is carried out in a manner that, in combination with other social and healthcare services, is able to guarantee sufficient services for the well-being, health and safety of the care recipient.

The goal is to assess the plan once a year. The agreement is adjusted when there are changes to the conditions of the care and at the request of the care recipient or carer as necessary.

Compensation levels

The compensation (care fee) paid to the informal carer is determined based on the level of commitment required by the care as well as how demanding it is. There are three compensation levels. The need for care and assistance is assessed on an individual case-by-case basis.

The care fee is adjusted each calendar year using the wage coefficient referred to in section 96 of the Employees Pensions Act ([395/2006](#)).

1. Compensation level

EUR 423,63 per month

- § The care recipient requires constant care.
- § The care recipient has a diagnosed handicap or illness which makes the daily care and assistance particularly demanding and consuming.
- § The care recipient is unable to independently carry out everyday tasks related to their age group and requires considerably more constant special care, assistance, direction or supervision in their daily routines (such as eating, getting dressed, washing up, using the restroom, going to bed)
- § In addition to assessing the demands of the care and the required commitment, skills related to communication and social interaction are also considered.
- § The carer may be employed outside the home because the child is able to attend school or day care or somebody else takes care of the child while the carer is at work.
- § Includes the possibility of receiving additional support services for informal care, primarily through vouchers, 1–16 hours per month for treatment and care in accordance with the care and service plan.

2. Compensation level

EUR 803,14 per month

- All the criteria for compensation level 1 are met and the work of the informal carer is clearly physically and mentally taxing as well as more demanding and consuming than in the compensation level 1.
- The care recipient requires constant care, assistance and supervision around the clock.
- The care recipient is dependent on another person in almost all procedures related to personal care. They require assistance and supervision in social interaction and require a great number of special care procedures.
- The care recipient cannot be left alone in relation to their age group.
- The carer may be employed outside the home because the child is able to attend school or day care or somebody else takes care of the child while the carer is at work.
- Includes the possibility of receiving additional support services for informal care, primarily through vouchers, 1–35 hours per month for treatment and care in accordance with the care and service plan.

3. Compensation level

EUR 1,277.44 per month

- The care recipient requires around-the-clock personal care or treatment on a short-term basis (around 6 months at maximum).
- The care recipient is going through a transition period that requires intensive care (for example an unexpected disability or recovering from a difficult surgery) or is in palliative care.
- An official palliative care decision made by a doctor is required. The decision on the support for informal care is made starting from the day when the palliative decision has been made.

- Under these exceptional circumstances the care recipient requires constant and uninterrupted personal care around the clock and cannot be left alone at all (for example, in a hospital they would be hooked up to monitoring equipment).
- During this period, the carer does not have earnings that exceed the limit of a minor amount of income, is not entitled to the special care allowance referred to in chapter 10 of the Health Insurance Act (1224/2004) (applies to people under 16), nor do they have the right to job alternation allowance referred to in segment 13 of the Act on Job Alternation Leave (1305/2002).
- Includes the possibility of receiving additional support services for informal care, primarily through vouchers, 1–35 hours per month for treatment and care in accordance with the care and service plan.

Payment of the support for informal care

The compensation (care fee) for informal care is paid to the informal carer. The date of the payment is the last weekday of the month. In order to pay the fee, the carer must have a Finnish bank account number.

Support for informal care is taxable income and the informal carer is responsible for delivering a valid tax card for the informal care fee payment. If a tax card is not delivered, 60% of the payment is withheld as withholding tax.

The tax card must be delivered electronically through www.sarastia.fi/asiakaspalvelu or by mail:

Sarastia Oy/Turun toimipiste
Lemminkäisenkatu 14–18 A
20520 TURKU, FINLAND

Obligation to notify of absences and changes to circumstances

By signing the agreement on informal care, the carer commits to notifying the officials of any absences and changes to their circumstances. These notifications are submitted to the service manager in charge of the case. Failing to comply with the notification obligation may constitute a ground for the termination of the agreement.

A notification must be submitted for all visits abroad by the carer and care recipient. Support for informal care is not permitted abroad. If the recipient spends over three weeks abroad, the payments cease. If the recipient spends over three months abroad, the agreement is terminated.

A notification should be made when the informal care at home is interrupted, for example as a result of a hospital stay, temporary care, moving to another municipality due to studies or traveling abroad, or if the care ceases entirely. Other changes, such as a switch in carers, end of the carer relationship, address changes, increased outside help etc. must be reported to the service manager in charge of the case.

Suspension of the payment of the support for informal care

A prerequisite for granting the support for informal care is that the carer's health and functional ability meet the requirements for providing informal care. If the responsibility of care of the care recipient is temporarily transferred to a person other than the carer for reasons such as changes in the carer's health or care intensity, the payment of the support for informal care is suspended for the duration of other services. The responsibility of care may be vested, for example, in home care, temporary care unit or hospital.

Exceptions to the support for informal care suspension are statutory leave days. The carer may also choose to use their accumulated statutory leave days if the carer falls ill. The carer's statutory leave can also be implemented in the form of temporary care, substitution arrangement subject to a commission agreement or family care.

If the care recipient is admitted to a hospital, the payment of support for informal care is suspended for the duration of the hospital stay.

Informal carer's leave

Statutory leave days

An informal carer is entitled to at least two days of leave per calendar month. The carer is entitled to three (3) statutory days of leave per calendar month during which they are bound to providing care uninterrupted or with few interruptions around the clock or continuously on a daily basis. Using the statutory leave does not reduce the amount of the care fee. The customer payment during the statutory leave days is defined on the basis of the valid customer payment legislation (in 2021: EUR 11.40 per day). The carer's statutory leave days are not paid in cash payments.

Statutory leave days in compensation level 1: two (2) days per month. In addition to the statutory leave, one discretionary leave day can be granted. This will not reduce the amount of the care fee.

Statutory leave days in compensation levels 2 and 3: three (3) days per month.

Statutory leave can be implemented in the form of temporary care, respite care subject to a commission agreement or family care.

Any accumulated statutory leave must be used during the calendar year in question. It is recommended that leave days are implemented monthly in order to safeguard the coping of the carer. Statutory leave must not be accumulated on purpose for a period longer than six (6) months. The carer is obligated to report the planned leave days.

Cares who are subject to a commission agreement are obligated to deliver the forms including the realised working hours pursuant to the commission agreement monthly, however, no later than three (3) months after the leave days.

Discretionary leave days

In addition to statutory leave, the municipality may grant the informal carer discretionary leave when possible. Discretionary leave granted in addition to statutory leave does reduce the amount of the care fee. For discretionary services, the service-specific customer payments apply.

Discretionary leave days that do not reduce the care fee may also be granted during the carer's medical rehabilitation with the goal of independent living.

Alternating care

Alternating care means that the care recipient alternates between being cared for by an informal carer and care outside the home. If the informal care is interrupted in a regular, planned fashion for a total of 6–14 24-hour periods (7–15 days) per month, the care recipient is considered to be under alternating care. Alternating care reduces the care fee for the absent days, excluding the statutory leave days. Statutory leave days are included in the alternating care periods.

If the unit providing around-the-clock care is required for over 14 days on a regular basis, support for informal care will not be granted at all and the care services must be organised through different means.

Support services granted for official informal care recipients

Service voucher for informal care

In addition to the financial support for informal care, the informal carer and care recipient may receive support services, primarily through a voucher. The service voucher for informal care is granted for the care recipient's personal care and assistance. The purpose of the services is to support the care recipient's personal resources and their living at home as well as the informal carer's well-being and resources. The service provider can take responsibility for the care provided through the service, meaning the informal carer does not have to be present for it. The content of the service is specified in the care and service plan.

The service is not granted for cleaning or other domestic chores or healthcare services. A regional at-home or health station nurse is responsible for healthcare-related procedures.

Receiving the services is based on need. The need is assessed by a service manager in charge of informal care matters on a house visit or by phone, if necessary. Services may be cancelled with a separate decision as the recipients' needs or circumstances change.

At the authorities' discretion, discretionary informal care vouchers can be granted for the carer's individual needs, for example healthcare procedures, familial circumstances and funerals.

The amount of compensation granted:

- Compensation level 1: 1–16 hours per month
- Compensation levels 2 and 3: 1–35 hours per month

The value of the service voucher is EUR 29 per hour (in 2022), the excess must be paid by the customer.

You can find a list of service voucher providers at www.parastapalvelua.fi

Decision on the support for informal care

Regardless of the notice period, the support for informal care agreement expires at the end of the month during which the care becomes unnecessary due to a change in the health status of the care recipient. The agreement expires at the end of the month during which the care recipient moves away from Turku or moves to institutional care, accommodation services, around-the-clock care unit, at-home care or passes away.

Termination the support for informal care

The notice period for terminating the support for informal care agreement is two (2) months for the municipality and one (1) month for the carer.

The support for informal care is terminated if the functional ability of the care recipient improves, the commitment required by the care has decreased, the care-related circumstances at home have changed, the health or the functional ability of the carer has significantly deteriorated, the criteria for the support for informal care are no longer met in other ways or if the agreement is not being adhered to, for example the obligation to notify the authorities is being neglected.



Cancellation of the support for informal care

The agreement on support for informal care can be cancelled immediately if continuing the agreement would endanger the health or safety of the carer or the care recipient.