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Carer's home as workplace – safe and accessible

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Background

- Aim of the project is to emphasize that the home is the workplace for informal carer and therefore it must be safe and accessible for the carer and the cared for person.
- Safety and accessibility is:
 - Physical
 - Psychical
 - Social
 - Economical
- In comparison are three states – Latvia, Finland, Estonia

1. Starting point – Law on Informal care support

- Does the law support the work of informal carer in home environment? What can be asked of informal carer?
- Liability and responsibilities?
 - „Responsibilities“ of informal carer are described in the care and service plan.
- Rights?
- Right for personal life – depends on how the care responsibilities are defined and do the services and support originate from the family needs.
- Compliance with the law is different in the local governments - the criteria for obtaining services and the amounts of support depends, first of all, on the capacity and attitude of the local government.
- Legal treatment of informal care in Finland takes into account the perspective of informal carer, care dependant and care worker.

- Law describes informal care components:
 - Payment for care – 2 categories in law
 - Services – variation in provision by local governments
 - Care leave – 2 days per month, respite care is organised at home or in care institution, not always possible to choose respite service provider, decided by local government
 - Organising respite may not always support the independence of care dependant, therefore care leave opportunity is not used!
- Informal care is free choice (legislation do not force to care), above all ethical and moral question
 - Care for spouse, parents or disabled children
 - Family poverty, care poverty
- Services needed by families will be executed in the best manner when consultations with the family and service provider are held. Only this ensures the appropriate support for families.
- Expertise of informal carer is not valued when organising the services

Assessment and evaluation

- Informal care is divided by the age of care recipient – under 18 and over 18 years of age
 - Assessment of operational capability is the basis when determining the need for informal care support(incl. Assessment of the status of person – RAI, care needs of child, evaluation of Cognitive impairment([MMSE](#)), mental capacity test(early detection of Alzheimer’s disease - CERAD)
 - Ideal is to involve different experts when assessing the support needs for family providing informal care
 - New trend is underaged informal carers (project initiative to find and support youngsters with care responsibilities)

- Factors of influence of care burden: physical, psychical, social and economical burden – does the law on informal care support pay attention?
 - Law has a paragraph: "Informal carer must be able to provide care" When necessary general practitioner may provide corresponding certificate
- Care burden:
 - Economical; person of working age may lose income, problems when returning to employment, low earnings pension, high utility costs (especially in metropolitan area), high prices of services, medicine costs, self-funding, payment for care is the source of income (level of poverty), payment for care leaves an opportunity to work part-time, all the rights must be separately applied for and the needs justified
 - Physical; appropriate home adaptations and technical aids, availability of those, physical burden of informal carer (back, legs etc.), movement outside of home limited (building plans do not support free movement), long distances, public transport, closing of public services locally (banks, shops), digital services and automatisations create problems for elderly, limited availability and accessibility, right for self-determination

Care burden:

- Psychical; loneliness, sleep deprivation, depression, overall mistreatment, addictions, misuse of medicine, low self-esteem, cracks in positive self-portrait (love, judgement, respect), personal expectations (disappointment in care), disagreement with care dependant, uncertainty, ill health etc. instill fear for future – no hope towards future, fear deepens regarding the capability to provide care, behaviour of care dependant, aggressiveness, feeling of incompetence, although care is provided in the best possible manner, guilt, problems in pair relationship
- Social; exclusion, absence of support network (family, friends will disappear), no hobbies, exclusion from worklife, loss of access to web environment incl. lack of finances to buy a computer or equal interface

Example: Law on Informal care support – home environment

- Law has a paragraph: "Home must be suitable for care provision"
Professional team (occupational therapist, social worker, care worker) assess the situation at home in the frame of applying for care support. Needs for adaptations and technical aids are addressed.
- Adaptations are made at informal carer's home (removal of doorsteps, expansion of doorways, rebuilding of bathroom, removing baths, use of adjustable surfaces). Changes in house cooperative, electronic doorbells, ramps. This needs approval and local government covers costs when needs are valid.
- Disabled people are entitled to personal assistance outside of their home. Informal carers experience difficulties with access to this service.

2. Home care service

- Government programme includes development of home care services and support for informal care.
- In Finland home services and home nursing service are united into home care service. Home care service focus on personal assistance and nursing at home. Other types of home assistance are left out (families should find and pay for them themselves) i.e. transport of food and groceries is so-called assistive service. Household cleaning is provided by private companies.
- Tax exemption supports the consumption of private services such as household cleaning, useful for families with high income.
- There are families, incl. alcohol addicts, where the service provider comes in pairs, security worker may be included, situation at home is under scrutiny.
- Care workers cannot decline homevisits, but they do not have to visit alone.
- Workers are entitled to training how to cope with difficult clients and dangerous situations.
- Majority of workers feel that their work and skills are valued.
- Home environment may be in poor condition, still care is provided in the best possible way. Although, such home do not support improvement and gains in independence.
- Hospital services can be received at home, incl. post-operational care or palliative care.

3. Supported living services

- Prioritized is living at home, supported by services or informal carer
- Care provision at home and service heavy supported living in comparison
 - Service heavy supported living can be compared to living at home and person can live in care facility until the end (intensively supported living = carers available around the clock)
 - Intensively supported living means independence, individuality, dignity and privacy for the client
 - Homeliness means daily involvement, inclusion and active life, also genuine environment, where the client can feel as a member of community
 - In care provision it is essential to advance cooperation between the client, family and staff
 - Change in functional culture
 - The role of family and relatives is essential in monitoring the quality of care provided

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- Living in care institutions (law on institutional care for elderly ends and closes step-by-step care facilities across Finland)
- Only nursing care and medically provisioned care is available in care institutions(terminally ill, patients with extensive need of medical equipment and supervision)
- Training for workers (law sets the competence rules), exact number of staff (0,6 carers per client, certain work and rest time, 3 weeks of work amounts in 114 hours and 45 minutes)
- Rights and obligations of workforce (confidentiality agreement, information security, right to administer medicine)
- Requirements on work environment, equipment and work safety
- How are informal care and institutional care related and valued?
- In Finland institutional care depends on the needs assessment. Living at home is supported as long as possible. Institutional care costs for state ca 43 000 euros, living at home with support services 23 000 euros and informal care 13 000 euros per annum.

4. Work safety

- How is work safety viewed in care institution and what is under scrutiny?
- Law on Work safety, institution with over 10 employees has to appoint a person selected from the staff who is responsible for meeting occupational safety requirements
- Care institutions have fire and rescue plans checked annually
- Mandatory fire and rescue exercises, special training
- Work safety includes personal work security (bullying at work), ability-related work, work supervision
- Services of occupational health
- Safe constructions indoors, fire protection doors, fire and rescue stations
- All building materials must be in compliance with fire safety
- At the home of informal carer:
- Fire alarm is mandatory (fume and smoke detector). During home visits official pay attention to memory impairments, smoking. Fire safety equipment is installed, in case of emergency automatically powered-off coffee makers are introduced etc.

5. Health promotion

- How is attention paid to the health of an informal carer? Is it described in care and service plan? Who is paying attention?
- Law on Informal care support stipulates health check for informal carers since 2017
- Cope-index = measures abilities of an informal carer (first stage assessment of negative impact, positive value and quality of support of caregiving in informal carers of older people)
- Informal carer's health and energy supply is under attention of officials during homevisits
- Activities in the field of health promotion?
- Some local governments offer coupons for instructed physical activity, tickets to a gym or swimming pool
- At the Helsinki activity centre peer counselling, physical exercises and active vacation is provided available to informal carers
- Preparation and information courses = early intervention, disease-based associations
- Adaptation courses
- Organisations and congregations support informal carers to share care burden
- Kela(Finnish Social Insurance Board) offers rehabilitation