

Services for older citizens: Regular home care

In Finland the number of persons over the age of 75 is expected almost to double between 2009 and 2030. According to estimates, there will be nearly 850,000 persons in this age group in 2030. Such intense ageing of the population will have an effect on the sustainability of social and health services and also how well the public sector can honour the service pledges that have been given to citizens. Home care, which combines services in the home with home nursing, is an example of reforms in the content and structure of services that are meant to address problems related to growing demand for services for older citizens as well as rising costs. Reforms have been carried out by following national policies but placing stronger emphasis on utilizing aged citizens' own resources and taking a rehabilitative approach.

In 2008 services for older citizens accounted for 11.6 per cent of total costs for this age group (16.3 billion euros). Home services made up about 24 per cent of this figure. Home nursing costs, on the other hand, fall in the category of sickness and health in statistics regarding social costs, which are not broken down by age group. The total costs of home care are also increased by other expenditure on social and health services that help people to continue living at home. As a result of the networking nature of home care together with statistical problems in the area of social and health services, it is impossible to present a national estimate of the total costs of home care.

The objective of the audit was to investigate how home care for persons over the age of 75 functions. The audit examined whether the application of a care and service plan and a rehabilitative approach in practical client work functions so as to support care in the home for as long as possible and thus promote the achievement of the national objective concerning the coverage of regular home care. The audit also surveyed the match between home care resources and the objectives that have been set for home care. The

data mainly consisted of interviews with directors responsible for home care or services for older citizens and supervisors closer to practical care work as well as data from the home care formula-based register. The audit did not examine how well cooperation among home care and other services that support living at home, other in-patient and out-patient primary health services, in-patient and out-patient specialized care and rehabilitation is arranged.

The audit showed that a care and service plan and a rehabilitative approach are used in client work, but they do not function according to quality recommendations regarding services for older citizens. This is partly because new objectives have been set for home care alongside existing objectives without ensuring sufficient resources. In practice the outcome has been a shortage of personnel and a weakening in the quality of services. The supply of services has been reduced, procedures regarding the approval of applications have been tightened and the length of client visits has been shortened.

Audit findings concerning the structure of home care indicated that the term "home care" is open to interpretation. This means that older citizens receive different levels of home care in different regions. Variations in the content of home care also mean that statistical data in this area are not comparable nationally. The National Audit Office considers that the Ministry of Social Affairs and Health should define precisely what home care means.

Findings concerning the content of home care also indicated that a basic level of service is the norm. This means ensuring medication, nursing, nutrition and hygiene. On the other hand, services that support independence and promote the quality of life and participation in social life have been shifted away from home care.

When client fees for home care were examined, the audit found disparities in pricing and differences in price criteria as well as interpretations of who is classified as a regular client of home care. The National Audit Office considers that the Act on Client Fees in Social Welfare and Health Care (734/1992) should be revised to spell out what "a client who continuously and regularly receives home care" means. Uniform principles should also be specified for monthly fees. The criteria for monthly fees should also be clarified.

The idea is that home care is a cheaper form of service than institutional care. According to the audit, this is not always true. The

audit indicated that clients may receive several visits a day or visits totalling over 100 hundred hours a month, but visits are quite short. Successful home care also requires social and health services for other persons with support living at home. According to audit findings, both the Ministry of Social Affairs and Health and local authorities lack an overall picture of the total costs of home care. Without such basic data, discussion concerning the economy of home care in relation to institutional care is useless.

According to audit findings, a care and service plan and the assessment of the need for services on which it is based had become an established part of home care practices and guides practical work. However, the objective in the quality recommendation regarding services for older citizens, i.e. that services are guided by a single written plan, has not been achieved. This is because home care as a whole is fragmented among different service providers. Even if services produced privately are included in a municipal care and service plan, private service producers also conclude their own care and service plan with a client if necessary.

According to policies regarding care for older citizens, a rehabilitative approach should be applied in all services. The audit nevertheless indicated that a rehabilitative approach was the exception rather than the rule. This was due above all to a shortage of personnel.

A key principle of social and health policy has been that people's need for services should be assessed coherently. According to audit findings, however, local authorities use different indicators and/or systems for evaluating older citizens' capacity and need for services. Furthermore, in municipalities that have systems to assess capacity, the index value that is accepted as grounds for allowing home care may vary. As a result, older citizens are in a different position in terms of access to home care, depending on where they live.

During this decade Finland's policy with regard to ageing has been dominated by a vision that older citizens who are covered by treatment and care services and need different types of services are still resources for society. Taking resources into consideration allows clients who have similar levels of capacity can be treated differently. Audit findings suggest that taking resources into consideration has become a way to implement true equality among people. True equality means that services are directed more to those clients

who have the weakest resources, viewed from different perspectives. This approach thus implements the ethical principle developed in the Limits of the Welfare State project, according to which services should primarily focus on those who need extensive help.