

User fees of home care services pose a risk of poverty and care deprivation for older persons with low income

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Abstract

In this paper, we focus on user fees of public home care services in Finland. Home care is an essential form of support for the ageing population as living independently is possible only if necessary care and help is received at home. Finland is a Nordic welfare state known for public home care services that are, at least in principle, available for older people with care needs. In practice, home care does not include household chores like cooking or shopping. Therefore, home care is often complemented with auxiliary services, such as meals on wheels, shopping service, laundry or weekly day center visits. The home care clients pay an income-related monthly user fee according to the amount of hours of home care received. For auxiliary services the user fees are flat-rate. Despite the fact that home care is an essentially important part of social policy, we have very little research on the level of user fees for different income groups and the local variation of the fees. Our data consists of home care user fees collected from 200 Finnish municipalities and income and service use information obtained from Finnish SISU–HILMO register. According to our analysis, the user fees add up to a significant amount of money when home care is complemented with auxiliary services. A person having a gross income of € 1500, which is the average income of a single-living home care client, pays generally € 277 for 28 hours of home care per month. If home care is complemented with meals, shopping service once a week, laundry and day center visit once a week, the monthly user fees may take almost half of the persons' monthly income. Despite the user fees being income related and having a nationally regulated maximum level, the home care clients may be at risk of poverty because of the high level of the fees. Instead of using services, those with low level of income may need to rely on informal care. When that is not possible, people might simply cope with unmet needs.

Introduction

Ageing in place has become a prevailing policy in Europe. Also, the Finnish policy on aging stresses that people should live independently in their homes as long as possible, supported by informal and formal services (Ministry of Social Affairs and Health 2018a; OECD 2005). Ageing-in-place reflects also the preferences of older persons, presuming that help and care are available when needed. Yet, living independently may comprise difficulties with daily activities and long-term care needs, or even social exclusion (Barrett 2012; Patsios 1999). Use of home care services, either public or private, can entail substantial monthly costs and even difficulties in making ends meet. Despite the given high importance of ageing in place in policy recommendations, the financial burden of service user fees for older persons have attracted only little attention. The topic is important since it is known that older persons, especially those with low-income and/or in poor health, are economically vulnerable to the effects of user fees (Tervola et al. 2018; Muir 2017; Scheil-Adlung & Bonan 2013).

In Finland, home care services are a responsibility of the public authorities as social care is included in the tax-funded social security system. Yet, home care services are admitted by a municipal process of needs-testing which in practice means an assessment of care needs made by the municipal service instructor. Instead or in addition to being allocated municipal services, older persons may purchase private care services and pay out-of-pocket or use a tax credit¹ which enables reducing up to 60 percent of the costs. The customers of municipal home care services pay a fee which, depending on the service, is either fixed or depends on the client's income and household size. The home care services are free of charge only for those with the very low income. In practice, home care is organized by the local municipalities which produce the services either in public sector institutions or by outsourcing or contracting out. The level of user fee is not depending on whether the service is produced by the municipality or contracted out (Ministry of social affairs and health 2019a; Johansson 2010.)

According to the legal regulation in Finland, user fees of public social and health care services may not "endanger the subsistence of the person or the family". Also, the principle of universal access to care, irrespective of individual socioeconomic status, for example, lies in the core of Finnish legislation on health and social care. These principles may be jeopardized if user fees constitute considerable monthly costs. Previous studies have indicated that user fees are one reason behind unmet care needs or insufficient care. Those with lowest incomes are likely to face unmet care needs or inadequate care as well as disadvantaged groups or disabled persons (Kröger et al. 2019; Sakellariou & Rotarou 2017; Van Aerschot 2014; Mielck et al. 2009; Elofsson et al. 1998).

In Finland, the financial burden of home care user fees has attracted little attention in both research and public policy. We lack a comprehensive picture of the current situation with user fees: knowledge on the levels of fees among different groups of home care clients and the variation in user fee levels between Finnish municipalities. Also, in Finland the content of home care has changed during the last decades. The services used to consist of home help which is practical aid with daily chores like bathing, cooking or cleaning and home nursing which is health-related help with injections, wounds or medication. Now home care is a combination of these two but in practice home help has been vastly erased. Thus, the practical help with household chores is not included in home care anymore but help with these chores is received as municipal auxiliary services of home care (with separate user fees), or, the needed help may be privately purchased.

¹ <https://www.vero.fi/en/individuals/tax-cards-and-tax-returns/income-and-deductions/Tax-credit-for-household-expenses/>

Because of these changes, it is difficult to picture what services the municipal home care actually consists of and what the user fees are.

Home care is a national welfare service increasingly targeted to those with most care needs

Home care services are of utmost importance for the ageing population as over 90 percent of people over 75 years live at home in Finland (SOTKANet 2019). The purpose of home care is to maintain the health and functional abilities of older persons and offer care in cases of illness or disorders. Services aim to secure the customers' active and safe living at home.

In Finland, like in the other Nordic countries, home care is a public service that should be affordable and available according to needs and regardless of people's social and financial status or place of residence. Therefore, the Finnish home care is, in principle, considered a universal welfare service (Kröger, Anttonen & Sipilä 2003). The right to receive home care is initially based on the Finnish constitution that entitles the citizens the "indispensable subsistence and care" (The Constitution of Finland, section 19). Furthermore, the local authorities are obliged to provide services according to the needs of citizens (Social Welfare Act 1982). In practice, municipalities are responsible of organizing the public home care services for the local residents.

Yet, it has been questioned whether home care still is a universal service in the Nordic countries, especially in Finland and Sweden. The public expenditure on care services has been cut, or, it has not been kept up to the level of the demand, which has increased along ageing population. As part of the cost savings, needs-testing has become stricter, services have been at least partly marketized, people are increasingly expected to pay for services and also the coverage of services has decreased (Kröger & Leinonen 2012; Szebehely & Trydegård 2012). The public expenditure is not on the level that is needed to meet the needs of the older population in Finland and the coverage of both residential care and home care is lower in Finland than in the other Nordic countries, especially Denmark and Sweden (Szebehely & Meagher 2018).

In Finland, regular public home care services covered approximately 11 per cent of the population aged 75 or over and 22 percent of population over 85 years, in 2017 (SOTKANet 2019). As already stated, home care organised by local municipalities constitutes of formerly separate services of "home nursing" and "home help". Home nursing entails nursing and rehabilitation services prescribed by a doctor and provided by healthcare professionals. Home help is non-medical one-on-one assistance with activities of daily living (ADLs), such as helping an individual to bathe, get dressed and eat. It also includes light housecleaning and other household tasks. (Ministry of Social Affairs and Health 2019b.)

Integrating home help and home nursing has been a significant change as it has altered the content of the care services received at home and meant strict limiting of practical help offered as a public service. Home help used to be an extensively available form of support for community dwelling older persons. Now, home care focuses more on medical needs and is supplemented by auxiliary services organized by municipalities or purchased from private sector producers (Kröger & Leinonen 2012; Karsio & Anttonen 2013). The statistics show a remarkable decrease in home help: in 1990, more than 30 percent of persons over 75 received some home help in a year and in 2017 the share was 18 percent (SOTKANet 2019).

In fact, public home care has become a collection of separate services with different level of user fees. Help that was formerly organized as public home help is now chopped into different services and home care is limited to medical and personal care, like dressing, eating and washing. Typically the auxiliary services of public home care include meals-on-wheels, grocery service, security alarm and laundry, for example. Also, the municipalities offer community-dwelling frail or disabled persons a possibility to spend one or two days a week in a day centre for older people with social activities, meals and, for example, a possibility to go to sauna –which is a very important weekly routine for many Finnish older adults. (Ministry of Social Affairs and Health 2018b.)

In addition to the changes in the content of the care services for older people, another remarkable change is the strict targeting of the services. A growing number of frail persons now live longer in their own homes and beds in institutional care have been cut (Anttonen & Karsio 2016). In order to balance the costs of the public home care services, they are targeted to those with intensive and demanding care needs. The statistics also show an increase in intensive home care: In 1995 almost half of the home care clients received 1–8 visits per month and 17 percent more than 40 visits per month. In 2016, one third received 1–8 visits per month and 40 percent received more than 40 monthly visits (Statistical yearbook 2017, 65).

User fees of home care and auxiliary services organized by municipalities

In Finland, public health and social services are either free of charge, the user fee is the same for everyone, i.e. flat rate, or, the user fee is determined according to income and household size. The social and health care user fees are regulated by the Act on Client Fees in Social Welfare and Health Care (734/1992) and in the Decree on Client Fees in Social Welfare and Health Care (912/1992). In all cases, municipalities are not permitted to collect service fees above the amount of the production cost of the services.

The social welfare and health care user fees laid down in the legislation are maximum fees and local municipalities may opt to use lower charges or to provide the relevant service free of charge. Municipalities

must reduce or not charge fees if charging them will undermine the income or statutory maintenance obligations of clients or their families. However, not all user fees are stipulated in the legislation, for example, user fees of auxiliary services organised by municipalities. For these services, the user fees can be set, in principle, to any amount as long as it does not exceed the production costs. (Ministry of Social Affairs and Health 2019a; Decree on Client Fees in Social Welfare and Health Care (912/1992)).

The monthly user fee for regular home care service is calculated according to the gross income of the household and the household-size. The fee will be charged only in cases where customers' gross income is more than a threshold. For a single-person household the threshold is € 576, for two-person household €1063 and for three-person household € 1667 a month, in 2018. The user fee is a percentage which is calculated on the income over the threshold. The maximum user fee percent for home care is set by legislation but the municipalities may choose to charge less. For a single person household the percentage is 35, two-person household 22 and three-person household 18 (Decree on Client Fees in Social Welfare and Health Care (912/1992)). In practice, however, municipalities charge less than the maximum with clients who have low number of home care hours.

According to Vaalavuo et al. (2018) the burden of health and social care user fees is heavy for about one in twenty persons over 75 years in Finland: the user fees of 5% of older people exceeded 40 % of their disposable income. Almost one fifth of the population over 75 years or older, i.e. 93 000 persons, are at-risk-of poverty according to Finnish income statistics in 2016, i.e. their income is 60 % or less of the median population income. For a single person the at-risk-of poverty level was 14 750 euros a year, which means that a person is considered to have low incomes with a net revenue of 1 230 euros a month (SVT 2018). This indicates that a significant share of older persons in Finland have scarce financial resources. Also, there is a significant difference in poverty rate between men and women: the poverty rate for men aged 75 or older, was 11 percent, and for women 24 percent, in 2016.

According to subjective estimations, about half of pensioners consider that making ends meet is difficult. Nevertheless, one in four of those who live alone, a third of those with poor subjective health and two fifths of those with an income less than 1000 euros per month state that making ends meet is either very difficult or difficult. (Ahonen, Palomäki & Polvinen 2018.)

In general, public services are a means to reduce poverty even if that is usually not their initial aim (Verbist, Föster & Vaalavuo 2012, 35–37). Universally available and accessible health and social care services may be effective in reducing inequality and improving the relative status of the most economically disadvantaged people. According to a comparative research by Vaalavuo et al (2011), the Nordic countries of Denmark,

Sweden, Norway and Iceland have succeeded in reducing inequality with in-kind benefits much more effectively than Finland (ibid, p. 176). In a similar vein, the level of user fees has a remarkable significance for the older persons who need home care services in their everyday life. The level of the fees and the income-related, progressive determination may also either increase or decrease inequality.

Data and methods

In this article, we focus on the levels and variation of user fees that older persons pay for regular home care and auxiliary services which are organized by municipalities in Finland. These social services can be seen as the most crucial amenities regarding independent living at home. The data consists of information on the user fee percent of regular home care services and on four auxiliary services: daily meal service, grocery service, laundry service and fee for a day in day centre for older people. The information was drawn in 2018 from municipalities' official internet pages. A total of about 200 Finnish municipalities (about two thirds of all) were included in the study. The ones that were left out had only inadequate information on the home care user fees available. In this study we only consider services organized by municipalities²; not services purchased direct from private sector producers. However, the same services that the municipalities grant may also be purchased privately, at least in the bigger municipalities and urban areas, and the prices of the services are set by the private companies. These private services are not included in our study.

In addition, we use information on home care clients' incomes in order to evaluate the average financial burden for individuals (user fees as a share of households' median disposable monetary income). Income and service use information was obtained from Finnish SISU–HILMO register. The register data are a representative sample of the Finnish population in 2016. The register contains 800 000 individuals, which equals roughly 15 percent of the population. The data include detailed information on the characteristics of individuals and households and the used public social and health services. (Statistics Finland 2019; Mölläri & Saukkonen 2018.) The data-set that was drawn from the register for this study constitutes of single-person households of persons aged 75 years or over who have received municipal home care services in 2016.

Information on the level of user fee of regular home care were collected concerning three exemplary cases: a single person using regular home care four, eight or 28 hours a month.

Results

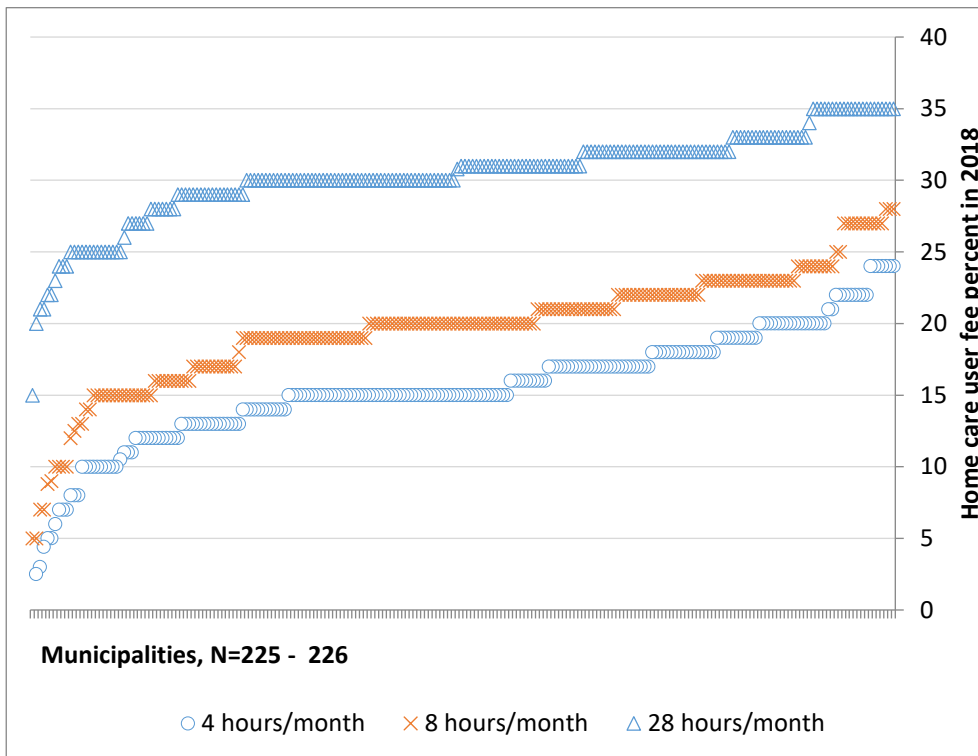
² Some of the social services are outsourced or contracted out and the producer of the service is a private company but the price that the customer pays is regulated by the municipality. Clients are also able to buy services direct from private sector. In this case clients pay market price but are able to use e domestic help credit? kotitalousvähennys?.

User fee percent for regular home care

On average, the clients of municipal home care paid 16 percent of their gross income above the threshold income level (576 €) when home care was needed four hours a month. However, the variation was significant between municipalities: the minimum being 2,5 percent and maximum 24 (Figure 1). The variation in user fee percent means, in practice, that a person living alone with a gross income of € 1500 a month, pays for four hours of home care a fee of € 23–221 a month depending on the place of residence. When home care is needed eight hours a month, the average user fee percent was 20 but it ranged between municipalities from 5 to 28 percent. Thus, for the single person of our example, the monthly fee is something between € 46–259 a month for eight hours of home care.

A single-living person who needs home care 28 hours a month pays user fees on average 30 percent of his or her income over the threshold. This varied between the lowest fees of 15 percent and the highest fees of 35 percent which were charged by one in ten municipalities. The amount of 28 hours of home care costs between € 139–323 a month for a person in single household with a gross income of € 1500 a month. (Figure 1)

Figure 1 User fee percent of regular home care in Finnish municipalities in 2018. Three different home care needs are presented with their user fee percent: when the home care need is 4, 8 or 28 hours a month, in a single household.



User fees for auxiliary services

Because home care does not entail help and assistance in all activities of daily living or household chores, it is supplemented by auxiliary services. We have included information on user fees of daily meals delivered at home (meals-on-wheels), groceries delivered at home, laundry service (one fully filled machine) and for a visit to a day centre.

Meals-on-wheels are provided for the home care clients who, according to the needs-assessment, cannot prepare or otherwise organize meals by themselves. A meal typically includes warm main course with salad and dessert. Meals are delivered daily in most municipalities, or in fewer cases, two or three times in a week. The average user fee for meal delivered at home was € 8. The user fee varied, however, between municipalities: the cheapest one was € 5 and the most expensive one € 11 (Figure 2). In some municipalities war veterans have lower fees or the fee was lower on week days than on the weekend. In most cases the fee was a flat rate one – it varied according to customer's income level only in few municipalities.

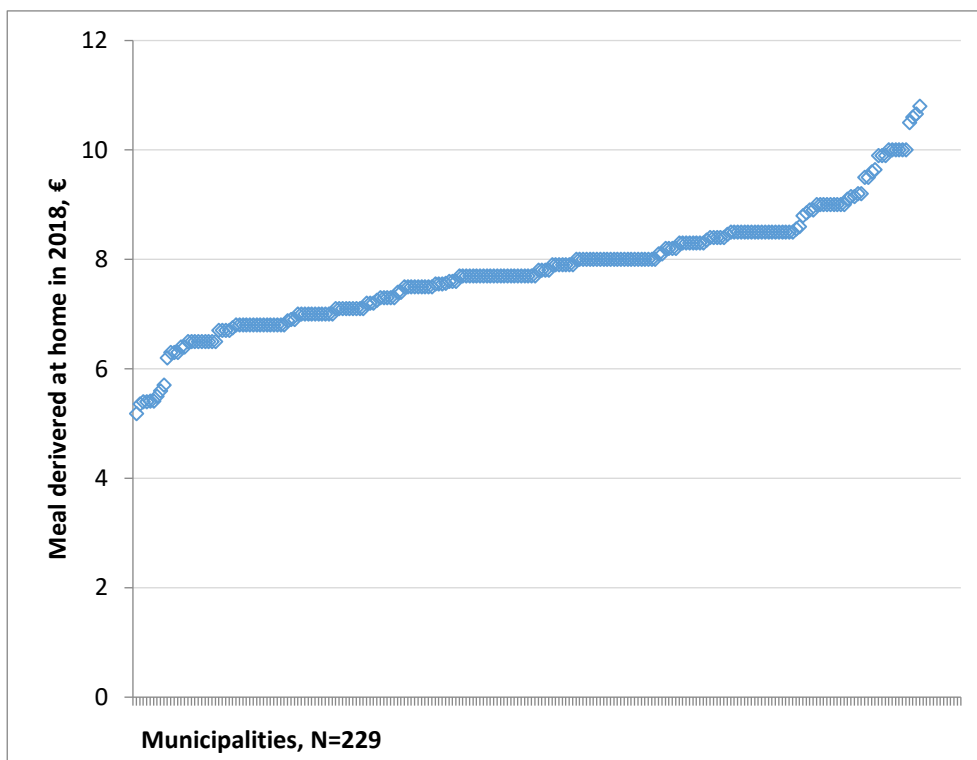


Figure 2 The user fee, €, for meal delivered at home, in 2018.

The delivery of groceries cost on average € 9 but the cheapest fee was € 3 and the highest was € 20 (Figure 3). Thus, a weekly delivery of groceries cost € 12 a month with the cheapest price while it was almost € 70

more with the highest fees. The fees for laundry service also varied significantly, from € 2 to € 17. The average fee for one full machine was € 7 (Figure 4).

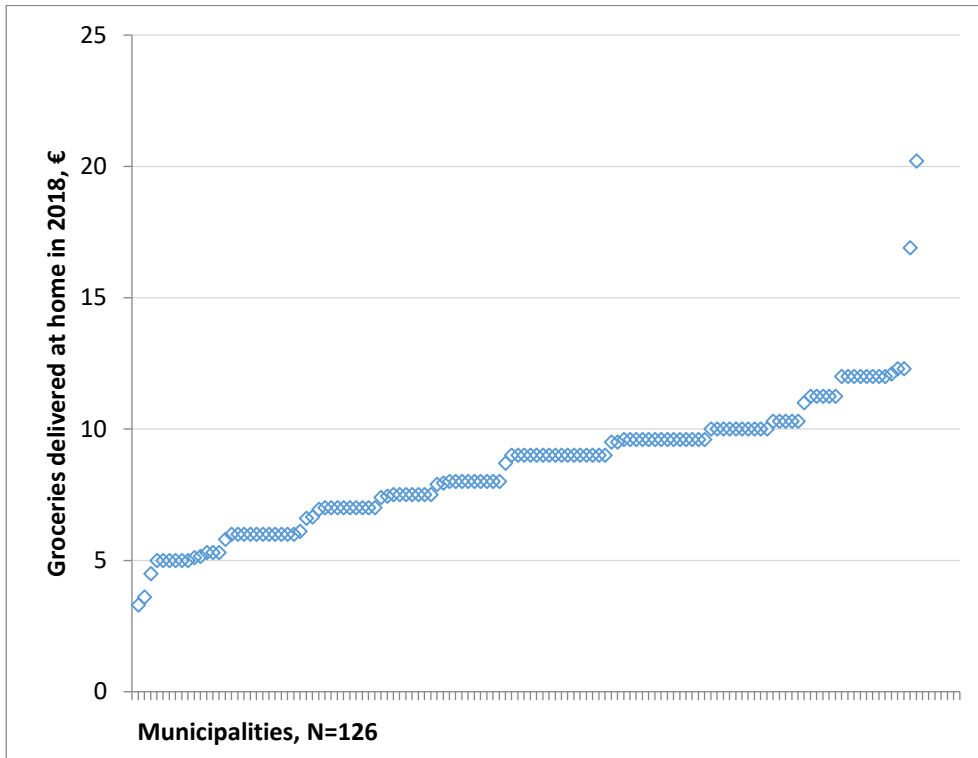


Figure 3 The user fee, €, for groceries delivered at home, in 2018.

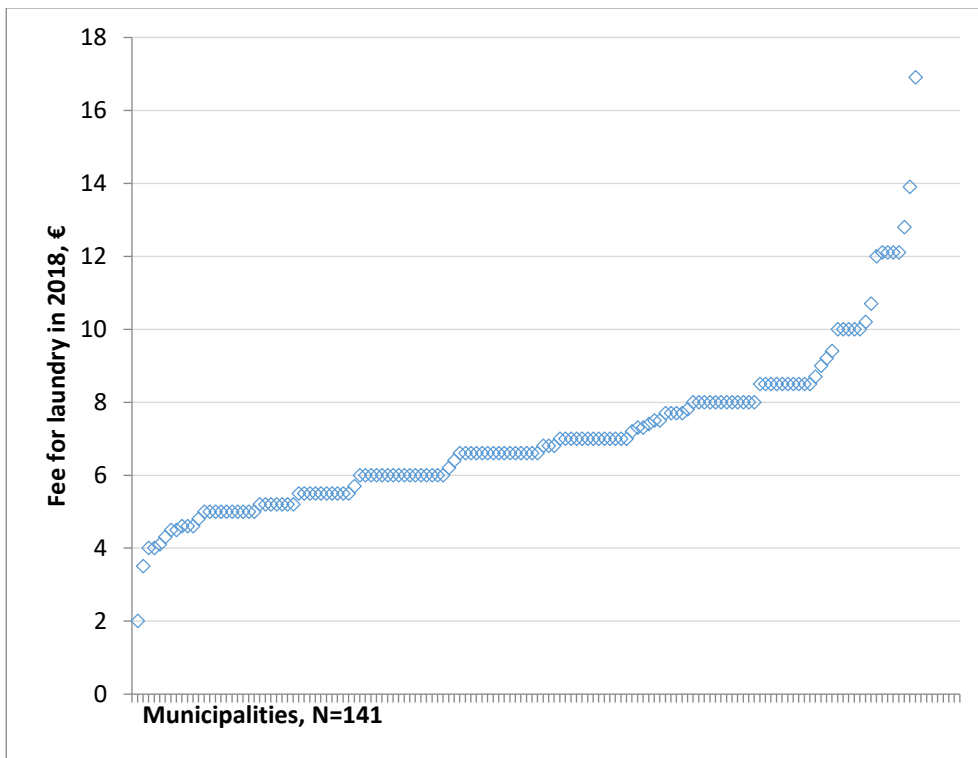


Figure 4 The user fee, €, for laundry service (one-machinefull), in 2018.

The purpose of visits to an day centre is to support the wellbeing of older people by providing a wide range of activities including music, exercise, arts and crafts and field trips. Lunch and coffee are served during the day as well as a possibility to sauna or bathing. The duration of the day is typically 3–6 hours. It is common that transportation to the day centre is organized from door to door, but with an extra cost. Here, the cost of transport is not included in the user fee. On average, a visit to a day centre was € 16 and it ranged from € 6 to € 23 (Figure 5).

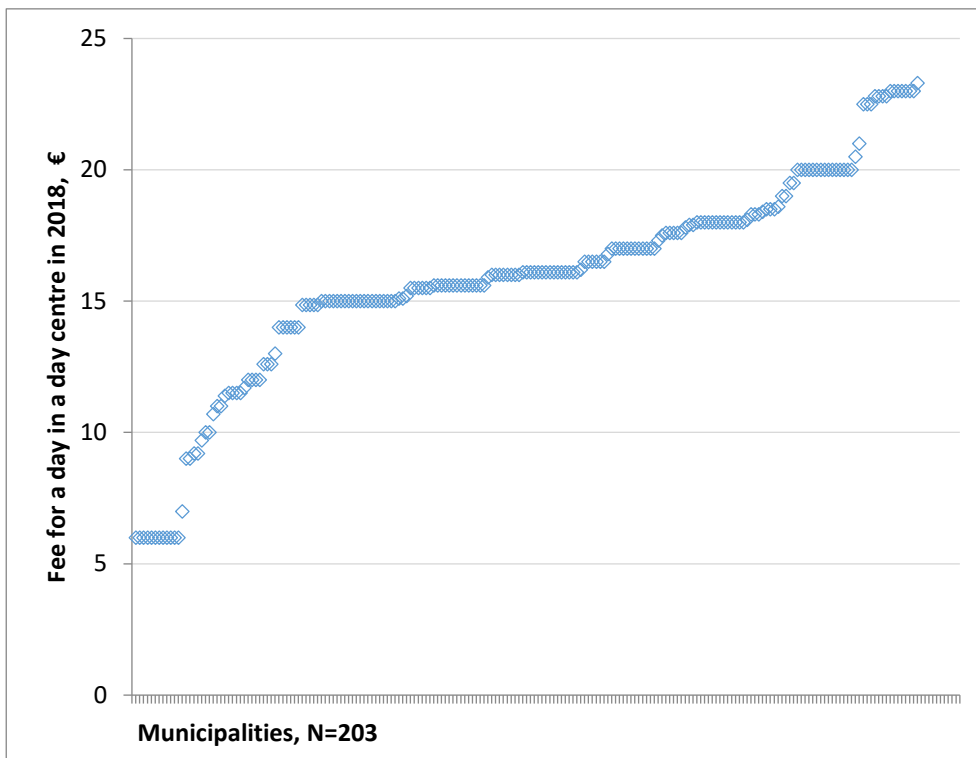


Figure 5 The user fee, €, for a visit to a day centre, in 2018.

Example: the total cost of care at home

The home care user fees could take a significant share of a person's incomes. According to SISU–HILMO-register, for persons 75 years or over, living alone and using home care services, the median gross income was € 1515 and disposable income € 1360 per month in 2016. The at-risk-of poverty level was in 2016 a disposable income of € 1210 (Statistics Finland 2017). This means that already a significant share of older home care clients have a very low level of revenues, only 160 euros above the national poverty threshold. We have calculated user fees of home care and auxiliary services with incomes of € 1500 and, to compare, with incomes of € 2100.

In our example, an older person needs home care for 28 hours a month and, in addition, meals on wheels, laundry service, groceries delivered at home and a weekly visit to a day centre. He/she pays user fees for regular home care and auxiliary services as follows:

- Regular home care 28 hours a month -- user fee 30 percent of the income above the threshold of € 576: € 277 with a gross income of € 1500³ and € 457⁴ with a gross income of € 2100
- Daily meal delivered at home -- user fee €240 a month,
- Laundry service, three machine-full, € 28 a month,
- Groceries delivered at home once a week-- user fee € 36 a month,
- Visits to an day centre, once a week – user fee € 60 a month. ⁵

With the gross income of € 1500, the service fees are in total € 641per month. For a person with a higher income of € 2100 the service fees add up to € 821 per month.

With the service needs of our example, the monthly costs are about 47 percent of the disposable income in the case of an average home care client. The needs in our example are not very intensive, about 4 hours of home care per week and meals, laundry, shopping and once a week a day in day centre.

Discussion

Our research focused on the costs of public home care for older persons. The analysis of the data that we have collected on the user fees of public home care and auxiliary services shows that despite the fact that home care is a public service in Finland, the user fees may add up to a significant monthly sum. The user fees of public health and social care services are legally regulated in Finland and user fees of home care services are income-related. Yet, home care meets usually only part of the care needs that an older person living alone might have. Therefore, in addition to home care, community-dwelling older persons often need auxiliary services such as meals on wheels, grocery delivery, laundry service and weekly day center visits. These services are usually not income-related but have flat-rate user fees.

Our research shows also that the need of care services may pose older persons at risk of poverty. For at least every second home care client this is almost inevitable as they already live close to the poverty threshold with a disposable income of € 1360 or less. Even older persons with significantly higher revenue than the

³ The user fee for regular home is calculated as follows: (€ 1500 [households' gross income] – € 576 [a threshold]) x 0,3 = € 277.

⁴ The user fee for regular home is calculated as follows: (€ 2100 – € 576) x 0,3 = € 457.

⁵ The user fee for regular home is calculated as follows: (€ 1500 [households' gross income] – € 576 [a threshold]) x 0,3 = € 277.

median income of home care clients, the service fees constitute a significant share of monthly bills, taking about half of monthly income with the service needs of our example.

Older people are also in very unequal positions depending on the municipality where they live. The user fees of both home care and auxiliary services are very different. With a gross income of € 1500 the user fees for 28 hours of home care in month cost € 119 at cheapest and € 323 at the most expensive case. For a person who has a disposable monthly budget of € 1360, the difference of € 200 is remarkable. This big of a variation in fees of public services is definitively against the principles of a universalistic and equal welfare model.

The core principle of Finnish social and health care system is that individual characteristics such as financial resources, availability of informal care or place of residence should not affect the use of care services. The services should be equally available for all. Yet, since the end of 1990's, there has been plenty of research examining welfare state change in the Nordic countries and elsewhere concluding that changes have largely meant cutting public services and increasing the role of markets in social and health care services (Anttonen & Karsio 2016; Ulmanen & Szebehely 2015; Anttonen & Meagher 2013; Kvist & Greve 2011). It has been questioned whether it makes sense anymore to talk about universalism as a key principle of the social protection and public services in the Nordic welfare states, especially regarding care services for older people (Kröger & Leinonen 2012; Szebehely & Trydegård 2012; Anttonen, Sipilä & Kröger 2003).

The fact that user fees of care services take even about a half of the monthly income also for people with an disposable monthly income of € 1360, only hundred euros above the at risk of poverty level, seriously questions whether the public care services for older people reach up to the level of a Nordic welfare state that is built on ideas of universalism and equality. The expensive user fees enhance the trend of re-familisation (Ulmanen & Szebehely 2015) implying that people in need of care have to turn to their families because public services are not available, accessible and affordable. As informal care is not available for everyone, the unaffordable services might lead into situations in which older persons are left to cope with unmet care needs.

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