

# 'Care Contradictions: higher charges and fewer services'

The squeeze is tightening for  
older people ...

Counsel and Care's National Survey of Local Authority  
Care Charging and Eligibility Criteria 2007

July 2007

## Contents

1	Key findings .....	2
2	Demographics .....	2
3.1	Tightening Criteria .....	3
3.2	Thresholds for eligibility .....	4
3.3	The widening care gap .....	5
4.1	Local authority charges .....	6
4.2	Charging for services.....	6
4.3	Weekly charging .....	7
4.4	Hourly charging .....	8
4.5	Fixed charges .....	9
5.1	Care home fees .....	10
5.2	Residential care home rates.....	10
5.3	Nursing and dementia care home rates .....	10
5.4	Impact of low care home rates.....	12
6	Respite care .....	13
7	The policy vision for older people.....	14
8	Recommendations.....	15
9	About the survey .....	16
10	About Counsel and Care .....	17
	Appendix 1 .....	18
	Appendix 2 .....	21

# 1 Key findings

Since our first national survey in 2006, for most older people needing care and support things have got worse with fewer receiving services and charges going up.

The 'care gap' is widening and low-level care services are being squeezed out in favour of critical and substantial care services. Older people trying to access care and support services in their own homes face huge personal care bills or are forced to rely on help from voluntary organisations or families and carers .

*Counsel and Care's National Survey of Local Authority Care Charging and Eligibility Criteria 2007* demonstrates that the trend continues for local authorities to provide an increased amount of intensive services for a smaller group of older people with the most complex needs, but little or no support for those with low-level needs.

Older people requiring low-level, preventative services are instead referred to over-subscribed voluntary services or required to pay privately for their care. Even if the older person is eligible for means-tested services from their local authority, the charge for this care is increasing. They, along with their families and carers, struggle to afford to live independently at home or to pay the high cost of care home fees.

Counsel and Care has identified four main issues from the survey:

1. There is a triple lottery for home care services: based on where someone lives; how their local authority applies the eligibility criteria for services; and the charging policy of the local authority;
2. Higher eligibility thresholds mean fewer people receive services;
3. There are high charges for services in some areas: older people have to pay up to £326 per week towards their domiciliary care costs.
4. There is a corresponding restriction in local authority funding for care homes.

# 2 Demographics

The population in Britain is ageing. The average number of people over 60 in the local authorities surveyed was 51,289, and the direction is up. The number of older people of state pensionable age is projected to rise from 11.1 million in 2004 to 15.3 million in 2031.<sup>1</sup> The proportion of those who are over 85 years is also set to nearly double over the next 25 years, rising from 1.9% in 2002 to 3.8% in 2031, with a corresponding fall in people of working age<sup>2</sup>. These figures show that the social care problem will not solve itself. Without active intervention, current service provision, already creaking under the strain of providing for existing need, will collapse with the future increase in population and demand.

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<sup>1</sup> Office for National Statistics, October 2005.

<sup>2</sup> Delivery and Improvement Statement 2005-6, CSCI

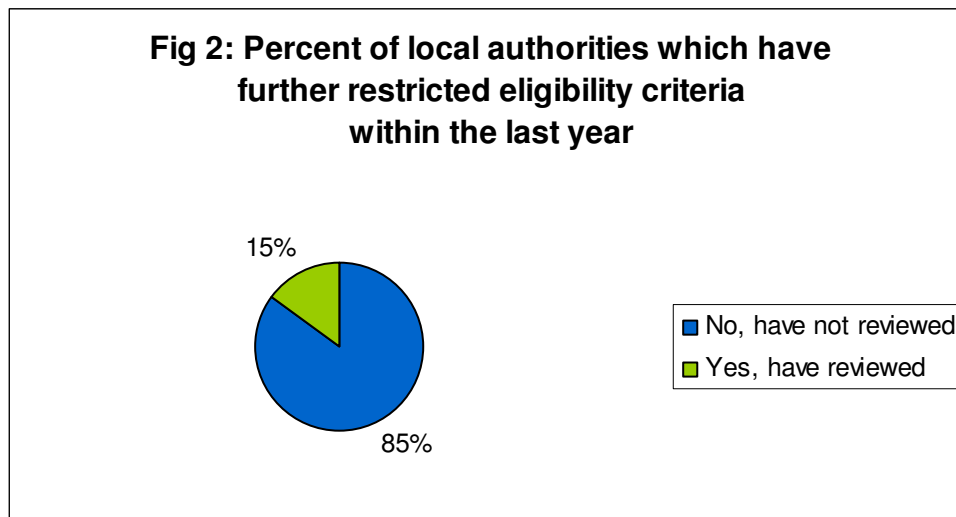
### 3.1 Tightening Criteria

In 2007-8, 15% of local authorities surveyed further raised their thresholds for services. Therefore, the trend highlighted in our 2006 survey for local authorities to place further restrictions on eligibility for the provision of services continues unchallenged. None of the authorities surveyed had extended their eligibility criteria from the previous year in order to become more flexible. This is despite guidance to local authorities that states that attention should be given to those people whose presenting difficulties appear to be low, but are likely to become more serious over time<sup>3</sup>.

The Wanless report into the future funding of social care for older people states:

*'the potential of helping vulnerable dependent people is justification for directing scarce and limited public funds to social care. But social care can also facilitate health care objectives and cost savings such as reducing inappropriate hospital admissions and facilitating timely discharges to the community.'*<sup>4</sup>

Some local authorities did recognise the need for preventative services, providing falls and wellbeing services and support with minor equipment. Reference was made to Partnerships for Older People projects (POPPs), where in some areas, older people were assessed for a range of low-level needs. However, when we recall the future demographic rise in numbers of older people, it is merely a drop in the ocean if it is not matched by increased flexibility in criteria and funding from government.



<sup>3</sup> Fair Access to Care Services (2003) section 21.

<sup>4</sup> Wanless, D. (2006) *Securing Good Care for Older People: taking a long term view*, The Kings Fund, London.

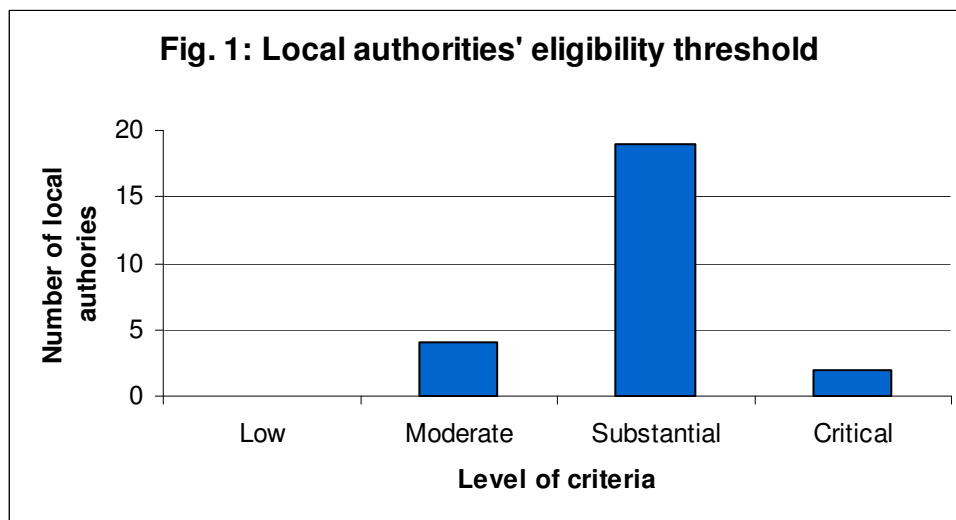
### 3.2 Thresholds for eligibility

Of the local authorities surveyed, only 16% of local authorities still offer support services for older people who have moderate needs, compared to one-third in 2006. Over 70% just provide for those older people with high needs: critical and substantial, and more worryingly, 12% of local authorities only provide support for those older people with the most acute, critical needs (see Fig. 1).

These results indicate that only those older people who have high dependency needs or no available support from a family member or other carer will be eligible to receive services. (See Appendix 2 for details of the 'Fair Access to Care Services' guidance published by the government which sets the framework that each local authority should follow when agreeing their eligibility criteria.)

Services which offer low-level support are no longer available through local authorities surveyed. In over two-thirds of areas, older people with moderate or low needs do not qualify to access services from their local authorities. This is despite their problems potentially causing a poor quality of life.

There appears to be a lack of transparency in how local authorities are interpreting the eligibility criteria. Blanket decisions that low-level services do not meet the criteria are unacceptable. Only through assessment of individual risk can the true criteria be established.



### 3.3 The widening care gap

In January of this year, Counsel and Care's policy paper, 'Closing the Care Gap: getting better care and support for older people' exposed the difference between what older people need and what care and support is actually available. With our ageing population, urgent action is needed to stop this 'care gap' widening.

The Older People's Enquiry report *That Bit of Help*, Joseph Rowntree Foundation (2006)<sup>5</sup> reinforced the value of low-level services, such as shopping, cleaning and laundry, as a way of maintaining independence, and enabling an individual to remain living for longer in their own home.

There is a demand for these services, as the calls to the Counsel and Care advice line demonstrate. The service receives enquiries from people who need support and help in their own home, but who do not know how to access this, for example:

*Mrs. C, an 82-year-old woman with severe back pain contacted Counsel and Care for advice as she had been told by her local authority that she did not fall within their remit for services. She wanted someone to support her with shopping and cleaning in order to maintain her independence at home. She had been paying someone from her restricted income to provide this support privately, as the waiting list for the voluntary service was long.*

Many of these low-level preventative services so valued by older people are now not available through a local authority, and so individuals will need to access over-stretched voluntary services or pay privately for the support they need. If the government's direction of travel is towards more older people remaining at home for as long as possible, then there is a clear contradiction in the rhetoric and what services are actually available.

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<sup>5</sup> Raynes, N., Clark, H., and Beecham, J. (eds.) (2006) *The report of the Older People's Inquiry into 'That Bit of Help'*. Joseph Rowntree Foundation, York.

## 4.1 Local authority charges

Local authorities can use their discretion whether or not to charge for the support services they provide to individuals. If they choose to charge, they are authorised under the legislation to do so. For older people, this particularly relates to domiciliary support services, such as meals-on-wheels, community transport, and personal care which can all incur a charge.

Local authorities have to ensure that their charging procedures comply with guidance, which state that charges made must be 'reasonable'.<sup>6</sup> These charges are known to be different according to area, due to the flexibility given to individual local authorities. The charges that local authorities make for their services affects the take-up of services, the range and scope of support available, and ultimately can increase the demand for services which offer a greater level of support.

## 4.2 Charging for services

The survey highlights the differences that occur between local authorities in terms of the charges they make for services. A small minority (4% of those surveyed) do not charge for home care services, with the vast majority choosing to do so. The arrangements for collecting money from service users vary within the remaining authorities. This is because guidance to local authorities says that individual charging procedures should meet particular objectives, but the design of the individual policies is at the discretion of each authority.

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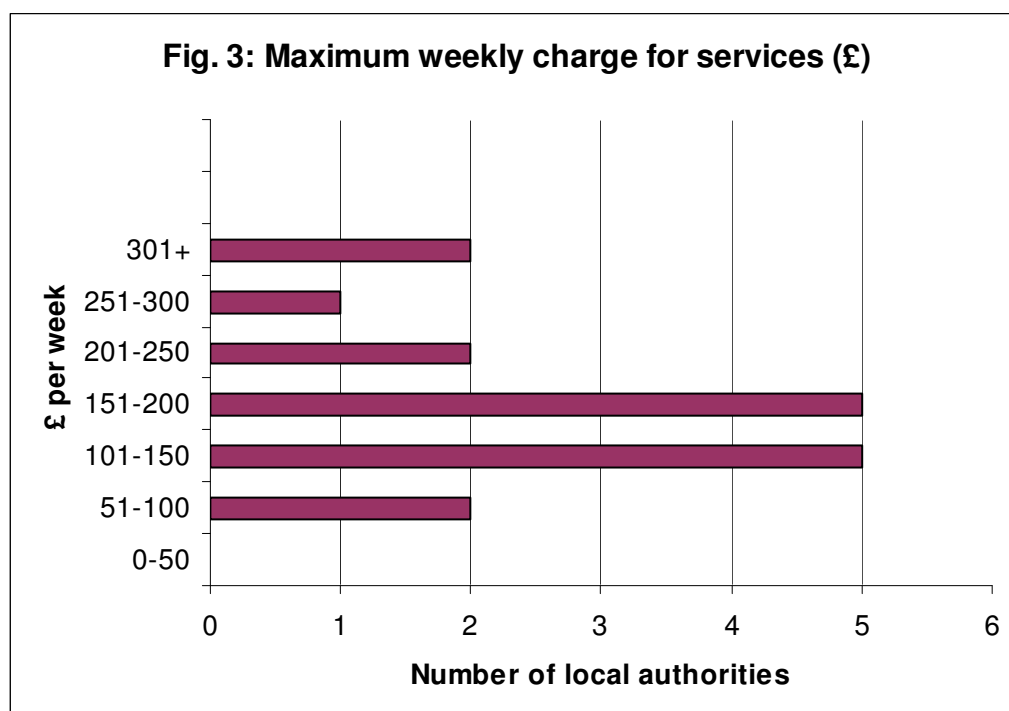
<sup>6</sup> *Fairer charging policies for home care and other non-residential social services: guidance for councils with social services responsibilities*, September 2003, section 5.

### 4.3 Weekly charging

Of those that do charge, 32% of the authorities do not have a maximum weekly charge for their home care services. This is in comparison to 39% of authorities last year. While there is a reduction, it still means that in these areas, people with the highest level of support needs continue to be charged the most for services.

In addition, where authorities now have a maximum weekly amount, this has actually increased. In 2006-07, the maximum weekly charge ranged from £3.91 per week to £315.90 per week. This year's survey found that weekly charges now range from £60 per week to £326 per week (see Fig. 3 below). The average weekly charge made across all those surveyed is £184.82 against £161.64 for the previous year, a percentage increase of 12.5%.

Meanwhile, the average weekly income for pensioner households is £306.<sup>7</sup> With pensioner poverty increasing in importance for the political and policy agendas, this drain of income on support services must be considered by policy-makers.

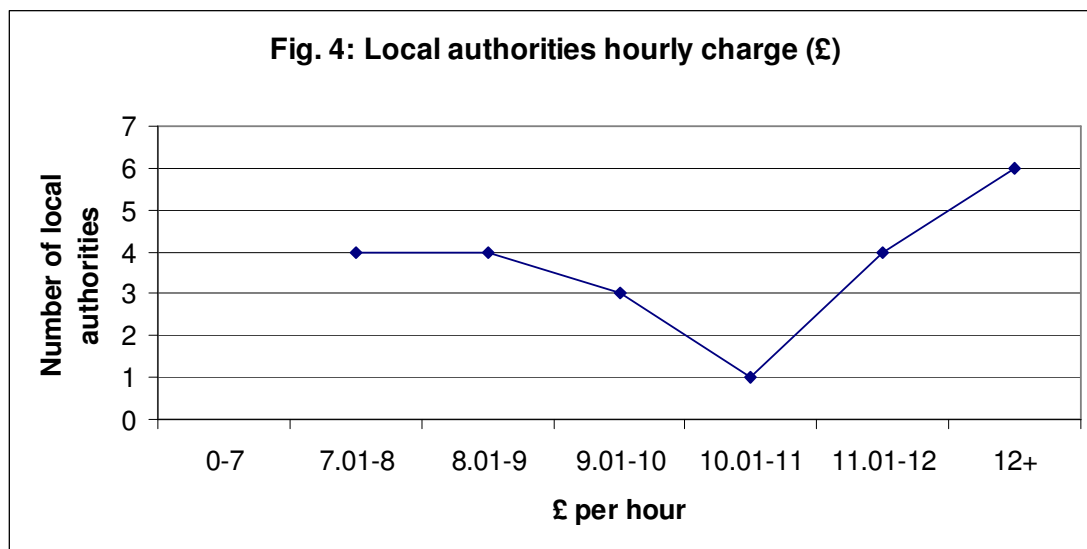


<sup>7</sup> Clerical Medical Pensions Report, 2006.  
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## 4.4 Hourly charging

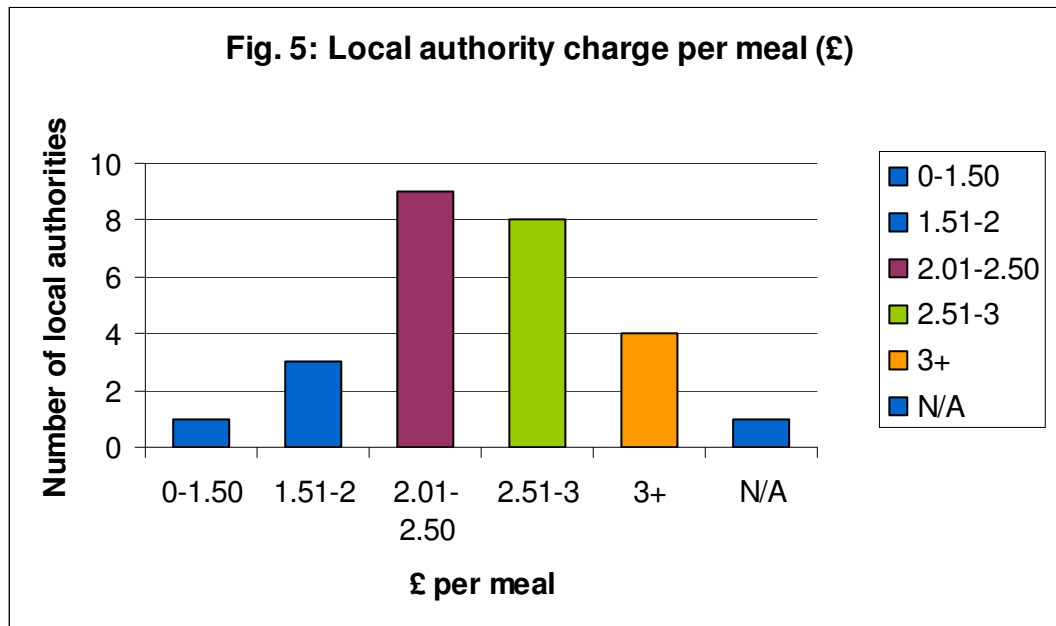
Of the respondents who charge for services, 88% make an hourly charge for home care support. The average hourly charge for services is now £11.06, a percentage increase of 6% on the previous year. The lowest charge is now £7.55 per hour, rising to the highest charge of £17.30 per hour (see Fig. 4). This is in comparison to a lowest charge of £5.15 and a highest charge £16.50 for 2006-7. We would question whether £17.30 per hour can be deemed a 'reasonable' rate for an older people with high needs.

These figures again have implications for those pensioners on lower incomes. Charges for services may prevent some people taking up the required support services due to financial pressures.



## 4.5 Fixed charges

Some services offered by social services departments are charged at a fixed price per unit, for example, meals-on-wheels, or community transport services. The average charge for meals-on-wheels is £2.50 per meal, but can range from £1.40 to £3.40 per meal (see Fig. 5). Community transport can be charged at up to £2.60 per trip.



## **5.1 Care home fees**

In this year's survey we asked local authorities about their funding policy for care homes as well as for home care. Local authorities can set amounts for what they are willing to pay for certain levels of older people's assessed needs in a care home. This is called the local authority's 'standard rate' or 'usual cost'. These rates should not be arbitrary - they ought to be flexible in response to a person's individual needs, including their social and emotional needs as well as their care needs.

The rates should take into account regional variations, and the care home vacancies available at the time the person needs to move into a care home. In other words, the local authorities' standard rates or 'usual costs' should be rooted in reality. Older people should be enabled to make a 'real choice' about where it is best for them to live. As the calls to the Counsel and Care advice line demonstrate, in some areas of the country, a 'real choice' does not exist.

## **5.2 Residential care home rates**

Of all the local authorities surveyed, only 19% provided a range of standard rates for residential care home fees rather than one set figure. Of those that provided a set figure, the average standard rate for residential care was £379.35 per week. Over 80% of local authorities continue to use specific rates that are costed to the last penny. This level of detail tends to indicate to older people and their families that the standard rate is fixed and cannot be changed depending on individual need.

## **5.3 Nursing and dementia care home rates**

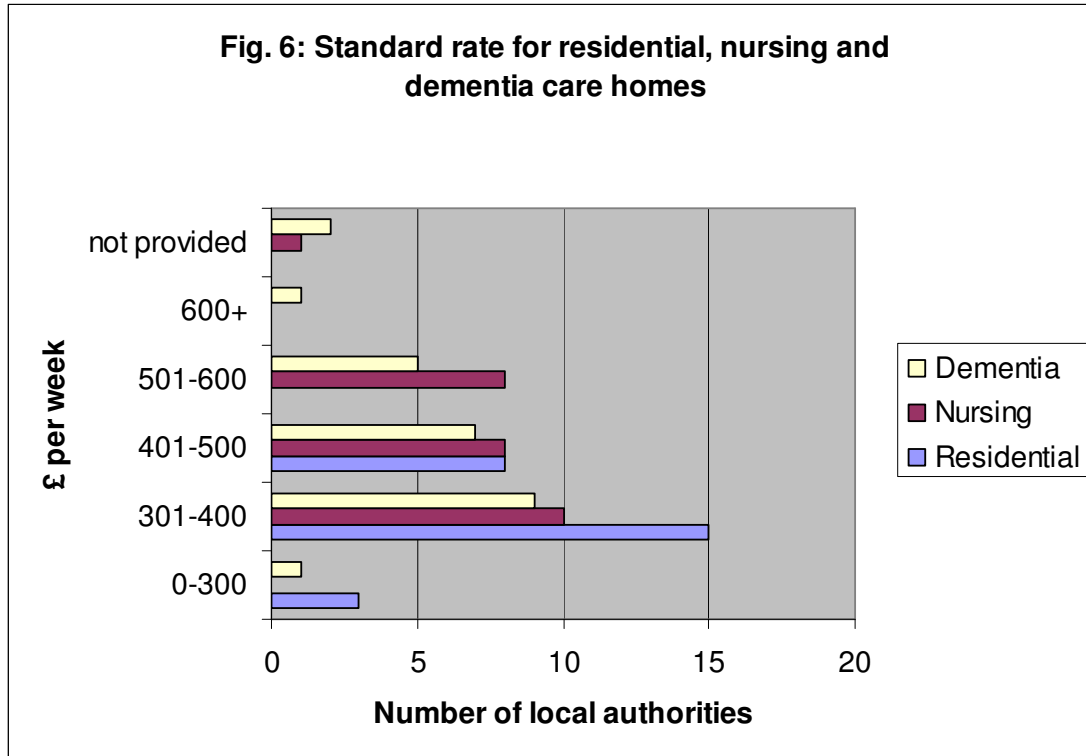
While the NHS pays for a person's nursing care needs in a care home with the 'Registered Nursing Care Contribution', in reality this does not often cover the full cost of care in a nursing care home, due to the older person's more complex needs. Of those surveyed, 73% of local authorities did have an increased standard rate for nursing care. The average standard rate for nursing care was £467.08 per week.

While this is an increase in comparison to the average residential rate, intelligence from Counsel and Care's advice service of the current market rate for nursing care shows that this is still far below the actual cost for this type of care.

It is also vitally important that those older people with dementia receive specialist care specifically tailored to their needs. This specialist dementia care

comes with a price tag. However, this is not always recognised by local authorities.

Our survey results show that 30% of local authorities did not provide an increase in their care home rates for dementia care. Of those that did, the average difference between the nursing rate and dementia care was £36 per week, and for residential and dementia care was £41.40 per week.



## 5.4 Impact of low care home rates

Local authorities can keep their standard rates low by entering into block contracts with certain care homes. Care homes agree to lower rates as they benefit from being able to guarantee that their beds will be filled. As the calls to the Counsel and Care advice line demonstrate, both local authority-funded and self-funding residents bear the brunt of local authorities' unrealistic standard rates in comparison with current market rates.

Care homes are charging under a 'two-tier' system, with increased fees for private residents in order to keep the local authority-funded residents afloat. For local authority-funded residents, the consequence is that often their relatives or friends are asked by the local authority to pay a 'third party top-up payment' to cover the difference between the local authority's standard rate and the actual cost of the placement.

Case study:

*'Mrs W, in her 80s, was asked by her local authority to pay a third-party top-up payment per week for her husband's care home fees, even though she was a pensioner on a restricted income. Only after contacting our Advice Service did Mrs W. realise that she didn't have to pay this. After making a complaint, the local authority agreed to pay the full cost of her husband's care home fees.'*

It is important to be aware that only if the choice of care home was based on a preference rather than a need, can the local authority look to request a third party top-up payment.

## 6 Respite care

It is important to question how far informal carers are 'bearing the burden'<sup>8</sup> of the tightening eligibility criteria. When carers are able to 'take a break', especially at short notice, research<sup>9</sup> has shown that they are able to continue to provide better care and support for the cared-for person for a lot longer. We asked local authorities whether respite care was provided for the carers in their local area. Only 4% of local authorities didn't provide respite care directly to the carer through a carer's assessment. The majority did provide this.

However, the results showed that the services available to carers vary from area to area according to the local area's resources and the local authority's eligibility criteria. The main types of respite care reported and their definitions were as follows:

- Residential 'respite care': the cared-for person goes away to be supported by someone else, through residential or nursing care or on holiday.
- Sit-in services or 'respite care' at home: someone comes into the home and takes over care for a while (a few hours or sometimes overnight) so the carer can go out or have some time to themselves. This can be provided through a voucher scheme in some areas.
- Carers can get a break when the person they care for is involved in other activities – for instance, at a day centre.

A few local authorities stated that they provided additional support for carers in terms of advice and information, including details of local voluntary organisations when the carers were not eligible for local authority services. Further research is needed to establish whether the voluntary services can meet demand, whether there are long waiting lists, and differences in charging.

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<sup>8</sup> *The State of Social Care 2005-06*, CSCI, London, 2006

<sup>9</sup> *Back me up: supporting carers when they need it most*, Carers UK, London, 2005  
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## 7 The policy vision for older people

Our policy paper 'Real choice, real voice: older people in control'<sup>10</sup> published in January of this year, looked at how care services can be reshaped to deliver the goals of the health and social care White Paper: 'Our health, our care, our say' one year on. The smarter commissioning of advice, advocacy and information, early intervention, Individual Budgets and Direct Payments, and telecare, the paper argues, are key to delivering the original independence, well-being and choice vision set out by the Government.

Of the local authorities surveyed, 92% agreed that their local area agreement featured care and support for older people, with a focus on preventative services. The intended outcomes covered a broad range of areas, such as: falls reduction and prevention, home safety checks and medicines management, increased support at home via provision of equipment, rehabilitation and telecare, improved housing and security at home, structured seated and supported exercise, rapid integrated responses between health and social care, which aim to create healthier communities, reduce hospital admissions and increase independent living for older people.

All these priorities are positive and forward-thinking. Some good practice has been highlighted in the findings from this survey, such as plans to increase the use of telecare especially for those with dementia, and preventative services established through grants. While this strategic focus is vital to ensure that services are sustainable and effective, the reality is that preventative care is still patchy, being implemented through pilot schemes and largely provided by the voluntary sector.

According to Counsel and Care's Care Link project, many local voluntary organisations providing advice and support to older people are experiencing local authority funding cuts. In real terms, local authorities have restricted their services to fund support only for those older people with the greatest and most acute need. Older people are losing out at both ends.

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<sup>10</sup> Counsel and Care (2006) *Real Choice, Real Voice: older people in control*, Counsel and Care, London.

## 8 Recommendations

1. The funding of preventative services has to be addressed as soon as possible, as more local authorities continue to raise their criteria to the highest levels.
2. Underfunding leads to inconsistency in services. There needs to be not only an increase in funding, but a more strategic approach to the way funds are used, and the way that services are commissioned.
3. Independent advice and information services are key so that older people, and their families and carers, are able to navigate the social care system. The pressure on social services staff means signposting and assistance to arrange services for an individual is often overlooked. This is particularly important for those people whose needs have been assessed as below the criteria for eligibility. They may wish to set up their own provision, but need to know how to do so.

## 9 About the survey

In April 2007, Counsel and Care sent a survey to all local authorities in England and Wales. 26 returns were received. See Appendix 1 for the full survey.

The survey questioned each authority about their charging procedures and levels for home care services for older people. Minimum and maximum limits were asked for, as well as whether the criteria for services had changed during the previous year. We also asked for charging rates for care homes for three types of care: residential, nursing and dementia care, a question not asked in the previous survey.

Counsel and Care was looking for evidence about whether services for older people had been reduced or tightened due to budget pressures from central Government, as in 2006. The advice service has continued to receive an increasing number of enquiries from people who have experienced a cut back in services, or a lack of provision in their area.

With figures and statistics to support our argument, Counsel and Care wants to highlight the problems that these cuts in services cause to older people, and the effect it can have on their quality of life.

## 10 About Counsel and Care

Counsel and Care is a national charity that aims to get the best care and support for older people, their families and carers. We work with older people and their carers to ensure they are aware of and receive their rights and entitlements, and promote choice and control in later life. We operate an advice service which reaches 100,000 older people, their families and carers every year, through telephone calls, emails, letters and our website. The frequency of contact we have with older people and the issues raised through this service are used to inform our campaigning and lobbying work.

The advice service is an expanding part of the organisation as ever-increasing numbers of people are in need of advice and guidance about issues affecting older people, particularly on care and support. Enquiries are answered in detail and are followed up with a tailored letter which emphasises the options available in each case, and which provides a resource which people can revisit for guidance.

Counsel and Care has published the 'Care Home Guide' and 'Brief Care Home Guide' which have both proved to be an extremely popular resource for older people and their relatives who need more information about moving into a care home.

In September this year, Counsel and Care will publish two step-by-step guides to using Direct Payments for older people, as part of our 'Keeping Control' project – ensuring choice and independence for people over 65 in need of care and support, funded by the Esmée Fairbairn Foundation.

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# Appendix 1



## Counsel and Care

### Local authority social care charging survey 2007

This survey relates to those people who receive **social care services for older people** which are provided or commissioned by the local authority. The survey is designed to map care charging procedures, rates, processes and support across the UK.

1) How many people over 60 live in the area covered by your local authority?
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The following questions relate to the financial year 2006-07:

2) In 2006-07, how many <b>care needs assessments</b> were completed for older people?
3) In 2006-07 how many older people were <b>supplied</b> with a social services care package?
4) What <b>level of need</b> did your local authority meet during 2006-07? (eg, low, moderate, substantial, critical). Please give details. ..... .....
5) For the people who were ineligible for social care services, what additional support/signposting was provided? ..... .....
6) In 2006-07, how many older people took up <b>Direct Payments</b> to arrange support at home?
7) What was your local authority charged in <b>Delayed Discharge fines</b> during 2006-07? Please give details. ..... .....

The following questions relate to the current financial year 2007-08:

**a)** In 2007-08, after applying the Fairer Charging means-test, **what will you charge** for the following services?

**Meals on Wheels:** £.....per meal/week (please delete as appropriate)

**Community transport:** £.....per journey/week (please delete as appropriate)

**8b)** Do you have an **hourly charge** for other home care services?

YES / NO

**8c)** If YES, what is this charge per hour? £.....

**9)** In 2007-08 do you have a **maximum weekly charge** for care services?

YES / NO (please delete as appropriate)

**9a)** If YES, what is this figure? £..... per week

**10a)** In 2007-08, what **level of criteria** will you use when deciding who is eligible for social care services? (eg, low, moderate, critical, substantial)

.....  
.....

**11)** In 2007-08 please state your standard rate for the following types of care home:

Residential: £..... per week

Nursing: £..... per week

Dementia/EMI: £..... per week

**12a)** In 2007-08 will you provide respite care services to the carers of older people?

YES / NO

**12b)** If YES, on what basis are these provided?

.....  
.....  
.....

**13)** Does your local area agreement feature care and support for older people, with a focus on preventative services?

.....  
.....

.....  
.....

**14)** Please give the **name and address** of the local authority organisation you are employed by.

**15)** Please give your **name, job title**, a contact **telephone number** and **email** address.

Thank you for taking the time to complete this survey. If you would like to receive notification of the results, please tick here

Please sign and date this document before returning in the prepaid envelope.

Signature of person completing the survey.....

Print name.....

Date of completion.....

## Appendix 2

*Fair Access to Care Services*, para. 16

**Low** – when:

- There is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
- Involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
- One or two social support systems and relationships cannot or will not be sustained; and/or
- One or two family and other social roles and responsibilities cannot or will not be undertaken.

**Moderate** – when:

- There is, or will be, an inability to carry out several personal care or domestic routines; and/or
- Involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
- Several social support systems and relationships cannot or will not be sustained; and/or
- Several family and other social roles and responsibilities cannot or will not be undertaken.

**Substantial** – when:

- There is, or will be, only partial choice and control over the immediate environment; and/or
- Abuse or neglect has occurred or will occur; and/or
- There is, or will be an inability to carry out the majority of personal care or domestic routines; and/or
- Involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- The majority of social support systems and relationships cannot or will not be sustained; and/or
- The majority of family and other social roles and responsibilities cannot or will not be undertaken.

**Critical** – when:

- Life or, or will be, threatened; and/or
- Significant health problems have developed or will develop; and/or
- There is, or will be little or not choice and control over vital aspects of the immediate environment; and/or
- There is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- Vital involvement in work, education or learning cannot or will not be sustained; and/or
- Vital social support systems and relationships cannot or will not be sustained; and/or
- Vital family and other social roles and responsibilities cannot or will not be undertaken.



**Counsel and Care is a national charity getting the best care and support for older people, their families and carers.**

**We do this by providing advice, information and financial support and by influencing future policies, services and funding.**



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