

‘Care Contradictions: putting people first?’

The harsh reality for older people,
their families and carers of
increasing charges and
tightening criteria

Counsel and Care’s National Survey of Local Authority
Care Charging and Eligibility Criteria 2008

September 2008

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1 Key findings – the high cost of care

2008 has been the most exciting and ambitious for social care in a decade, with the launch of the debate on the future of care and support in England and Wales creating an atmosphere for open and challenging discussion and the potential for real change in the future. Good work is also in progress by local authorities in collaboration with users of services and carers to put the shared values behind the *Putting People First*¹ concordat and the 'transformation' agenda into practice. In particular, the aim is to ensure all people are able to live their lives as they wish, maintaining independence, well-being and dignity, while making use of high-quality and accessible services.

However, despite these policy developments, there is still a lot of work to be done. The principles of personalisation and self-directed care remain far from being translated into flexible and accessible care and support services on the ground for all councils in England, as our third national survey shows.

Counsel and Care's *National Survey of Local Authority Care Charging and Eligibility Criteria 2008* demonstrates that charging for care is ever-increasing, both at home and in a care home. Even if an older person's needs are high enough to be eligible for services, the cost of meeting their vital personal care needs is becoming unaffordable, hitting £18.00 an hour in one council surveyed. Older people are struggling to get the urgent care and support they need, and, as a result, are forced to rely on the support of families and carers, or face huge care bills at a time when their fixed incomes are becoming increasingly inadequate due to the rising cost of living.

Council provision for lower level care services vital to maintaining an older person's independence and dignity, and ensuring they remain an integral part

¹ *Putting People First*: a shared vision and commitment to the transformation of adult social care, December 2007

of their local community, have all but disappeared across England. Instead, exhausted families and carers or over-subscribed voluntary services are bearing the brunt of this 'care gap'².

Evidence from Counsel and Care's advice service indicates a third³ of calls about home care concern the high cost of and confusion about local authority charging policies. In addition, enquirers find the assessment process a constant 'source of confusion and dissatisfaction', with 4 out of 10 (43%) of those contacting the advice service about the process raising concerns about eligibility issues⁴.

As a consequence, a review of home care charging, and its impact on the lives of older people, their families and carers, should be undertaken as a first priority. Future reform of care and support must ensure any new charging procedures are transparent and equitable, but also work towards a good quality of life for all those using services.

Counsel and Care also calls for councils to be brave and challenge existing practices with innovative new ways forward in order to ensure that the transformation agenda does not remain simply rhetoric, but makes a meaningful difference to the lives of older people, their families and carers.

² *Closing the Care Gap: getting better care and support for older people*, Counsel and Care, 2007

³ *A Charter for Change*, Counsel and Care, January 2008

⁴ *Op cit.*

2 Demographics

For the first time, the UK's population has more people of state pensionable age (either 65 for a man or 60 for a woman) than children under 16⁵. The over-85s age group, in particular, has increased by 4.5% from 1,572,160 in 1981 to 2,749,507 in 2007⁶. Furthermore, the increase in the total number of older people of state pensionable age, now 11.58 million⁷, shows no signs of abating. The average number of people over 60 living in the local authority areas surveyed was 62,296. As a result of these demographic changes, Counsel and Care recognises that now is the time for action and for radical change in social care policy, both in terms of funding and provision.

Currently, a growing group of 'forgotten'⁸ older people, ineligible for care and support due to their finances or restricted criteria, are left without support to navigate the care maze alone, while others with similar needs in other areas get care and access to information and advice. As the baby boomer cohort starts to require access to care and support, expectations will rise. They will not remain silent in the face of low-quality care, limited services or inequality based on postcode.

⁵ Office for National Statistics, August 2008

⁶ Op cit.

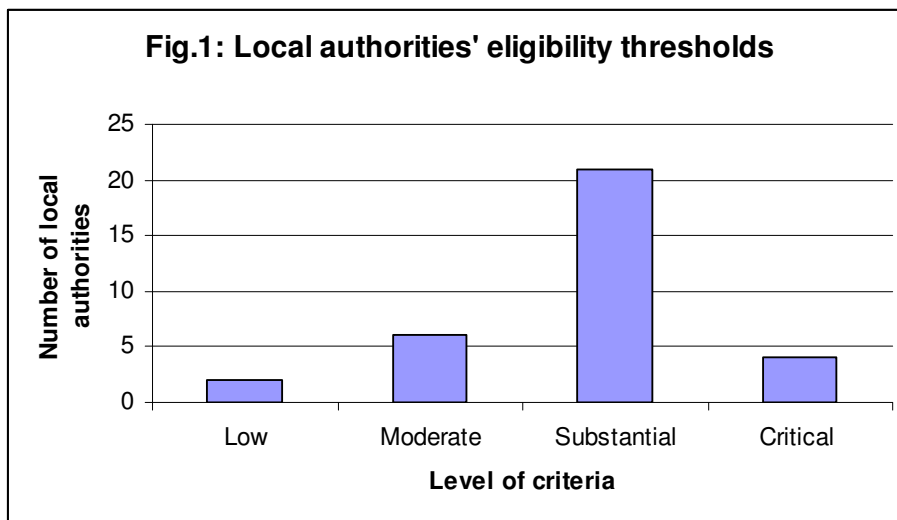
⁷ Op cit.

⁸ The state of social care in England 2006-07, CSCI, 2008

3.1 Tightening thresholds for eligibility

Only those older people with the highest dependency needs, without any available family support and on low incomes, will get council services, our survey results show. Despite the policy call for personalised and flexible care, the councils' interpretation of the *Fair Access to Care Services (FACS)* eligibility criteria remains rigid and dehumanising, penalising rather than encouraging good health and wellbeing and maintaining independence.

Over two-thirds of councils surveyed only consider an older person eligible to receive services if they have 'critical' or 'substantial' needs. Moreover, three local councils provide support only for those older people with the most acute, critical needs (see Fig. 1 below).



These findings are in line with CSCI data that showed rationing has become much tighter over the past two years moving from 54% of authorities restricting services to people whose needs were 'substantial' in 2005-06 to 62% in 2006-07 and predicted to reach 73% by the end of March 2008.⁹

Ominously, this means that older people with moderate needs, which are still considerable, are overlooked by the majority of councils in England, while low needs are disregarded by all but the bravest of councils. Just over one-fifth of

⁹ *The state of social care in England 2006-07*, Commission for Social Care Inspection, January 2008

local councils surveyed continued to offer support services for older people who have moderate needs in 2008, echoing the situation in 2007. This is despite a definition in the FACS guidance which recognises that if these middle-level needs are not met, there is or will be 'an inability to carry out several personal care or domestic routines', 'involvement in several aspects of work, education or learning cannot or will not be sustained' and 'several social support systems and relationships cannot or will not be sustained'.¹⁰

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 council that she did not fall within their remit for services. She is completely housebound and was desperate for someone to support her with shopping and cleaning in order to maintain her independence at home. She was very scared that she might have to move into a care home. She had been paying someone privately from her very limited income, as there were long waiting times for voluntary services and she had no close family or friends nearby to help her.

As is illustrated strongly in the personal narrative above, such a situation inevitably puts great pressure on the families and carers of those older people with moderate needs, or if no support is available, puts the older people's health and wellbeing at risk of being pushed to crisis point before care and support is provided.

¹⁰ See Appendix 2 of this report for the eligibility criteria definitions as set out in *Fair Access to Care Services* guidance.

3.2 Potential for innovation

Such an approach is extremely shortsighted, especially in the light of the growing evidence of long-term gains produced by prevention and current thinking suggesting that restricting criteria to 'critical only' actually makes few financial savings. Counsel and Care does recognise councils' stretched finances as a result of Comprehensive Spending Review 2007, which shows that government funding is not keeping pace with the increasing demands of an ageing population. However, two flagship councils in England – Sunderland and Calderdale – demonstrate that meeting the care needs of all those older people in society who need care and support is not an impossible task.

Despite the tight financial settlement, these two councils have come up with innovative solutions to ensure they can continue to meet older people's needs within all four bands. Rather than making an overarching decision that an older person's moderate or low-level needs do not meet the criteria, these councils uphold the principles of personalisation by recognising that only through assessment of individual risk can the true needs of the older person be established. They are, therefore, not restricting their services just to people in a certain band. This shows that if care and support for older people is made a priority, it can be done. Sunderland, in particular, recognises the importance of preventative care, highlighting in their survey response the objective: *'to support people in the community – including those that might need 'a little bit of help' i.e. support outside of the statutory sector' – and providing opportunities for socially disadvantaged individuals to exercise their rights as citizens'.*

Some other councils surveyed, while not operating across all FACS bands, did highlight in their response understanding of the need for flexibility in interpretation of the criteria, whether or not it is then acted out in practice. Others emphasised the importance of investing in preventative services. Such services included falls prevention, Partnerships with Older People pilots, use

of assistive technology, encouraging take up of benefits, and LinkAge Plus services for older people.

One council, in particular, recognised that under the modernisation of social care, the emphasis should be on helping people to *'have a say in what they need. Where appropriate people should have access to what is available (from a variety of sources) and be able to agree care packages within a 'personal budget'*. Another council highlighted plans to develop *'an older person's forum and develop a universal hub for advice and information to support individual budgets'*.

3.3 Promoting greater independence and wellbeing

This year we asked local authorities how their local area agreements would meet the government's public service agreement indicators on promoting greater independence and wellbeing in later life (PSA 17).

Councils aim to meet PSA 17 using a variety of methods, as our survey results show. One council stated that this would be achieved through a focus on 'universalism' and 'equality of participation', and by setting challenging targets for the numbers of vulnerable people achieving and maintaining independence, which is encouraging. Some councils represent PSA 17 through measures on older people's satisfaction with home and neighbourhood (NI 138), achieving independent living (NI 141) and measures on self-directed care and carers. Other councils have adopted NI 124 on people with a long-term condition being supported to be independent and in control of their condition.

Amongst other councils who responded there will be general promotion of 'direct payments', encouragement of older people who use services *'to shape their support to meet their needs'*, and the introduction of a *'range of social opportunities specifically catering for the older generation including learning and leisure activities'*.

Councils also highlighted the importance of *'strong partnership working to ensure that they could deliver the key strategic priorities ... and regular monitoring and updates on the actions required to fulfil those obligations.'*

While all these priorities are forward-thinking and in line with the move to transform adult social care and the promotion of preventative care, it is still difficult to see how this will be achieved successfully without both a complete revision of current eligibility criteria and a move of preventative services away from patchy pilot sites into mainstream provision.

4.1 Needs ‘versus’ means: local council charging

While local councils can use their discretion under the legislation **not** to charge for the care and support services they provide to older people in their area, the vast majority choose to do so. For eligible older people this particularly relates to personal care services and support services, such as meals-on-wheels, community transport, and day care, which can all incur a charge.

Only two councils of those surveyed in England do not make a charge for home care services. Among the majority of councils that charge for care, great differences can occur in their charging policies due to the flexibility granted by the *Fairing Charging*¹¹ guidance. It can vary as much as one council not charging for home care services at all, to the other end of the spectrum with older people paying £18.00 per hour for their care and support, or another council imposing additional increases throughout the financial year. The guidance stipulates that councils’ charges must be ‘reasonable’,¹² but it is questionable whether such variation between English councils and increases in charging throughout the year indicate compliance with this.

Recent research by the Coalition on Charging¹³ revealed a great deal of concern and anxiety amongst older people about the increases in charges and growing restrictions on access to care. 59 per cent felt that the government should consider ending care service charges altogether, against 19 percent who felt they should not.

¹¹ *Fairer charging policies for home care and other non-residential social services: guidance for councils with social services responsibilities*, September 2003

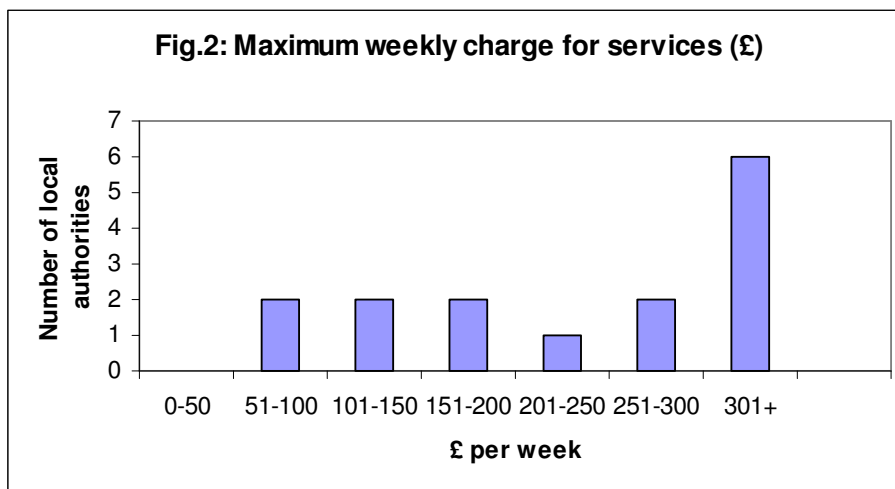
¹² *Op cit.*, section 5.

¹³ Coalition on Charging (2008) *Charging into poverty? Charges for care services at home and the national debate on adult care reform in England*. National Centre for Independent Living, London

4.2 Weekly charging

The current system is undermined by its propensity to hit the vulnerable hardest so they struggle with complex needs while having to pay expensive care bills. One-fifth of respondents who charge for services do not set a maximum weekly rate that can be charged for care per week, so there is no limit on the amount an older person pays as their needs increase.

And where local council have a maximum weekly amount, this has increased considerably on the previous year's rates. In 2007-08, the maximum weekly charge ranged from £60 per week to £326 per week. This year's survey found that maximum weekly charges range from £60 per week to £450 per week (see Fig. 2 below). The average maximum weekly charge set across all the survey respondents is £256.10 against £184.82 for the previous year, a percentage increase of 39%. In particular, one council informed us of their plans to increase this maximum weekly amount from £335 to £447 midway through the year (from 5 November 2008 onwards).



The number of older people in poverty rose by 300,000 to 2.5 million between 2005-06 and 2008-07.¹⁴ In addition, the average cost of living facing people of state pensionable age has risen by more than one-third over

¹⁴ *Households Below Average Income* figures, June 2008

the past decade.¹⁵ Inevitably due to the developing financial downturn, we will be witness to more older people entering into poverty in coming years.

Research from the Coalition on Charging found that 80% of people who stopped using council care services reported that the high cost of charging was a major factor in this decision¹⁶. We can speculate whether, if the way care is distributed does not change dramatically in the future and the cost of care continues to increase, many more older people will choose not to enter the care system, and if they cannot afford to access care privately, either have to rely on families and carers, or, most worryingly, try to 'manage' without assistance until they reach crisis point.

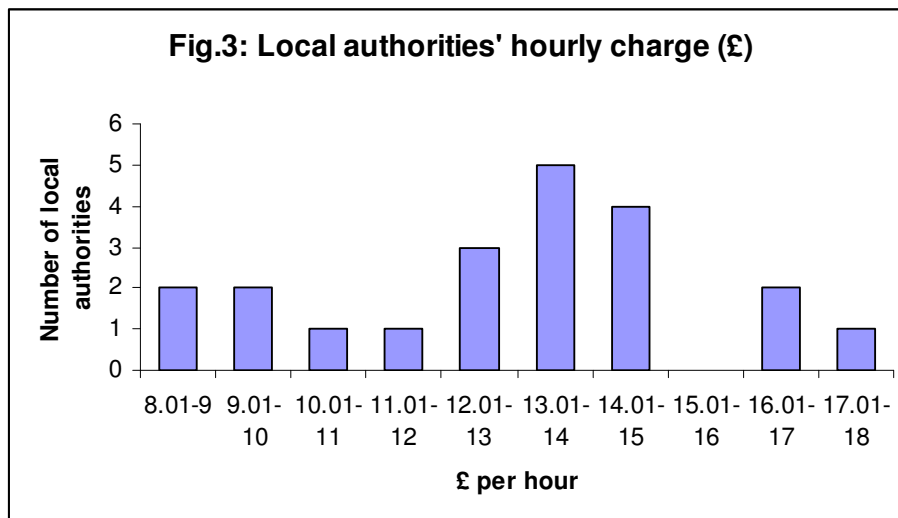
¹⁵ *Pensioner Inflation* report, Clerical Medical, July 2008

¹⁶ Coalition on Charging (2008) *Charging into poverty? Charges for care services at home and the national debate on adult care reform in England*. National Centre for Independent Living, London

4.3 Hourly charging

Of respondents who charge for services, the average hourly charge for services is now £12.84, up from £11.06 in 2007 (a percentage increase of 16% on the previous year). The lowest charge is now £8.20 per hour, rising to the highest charge of £18.00 per hour (see Fig.3). This is in comparison to a lowest charge of £7.55 and a highest charge of £17.30 for 2007-8.

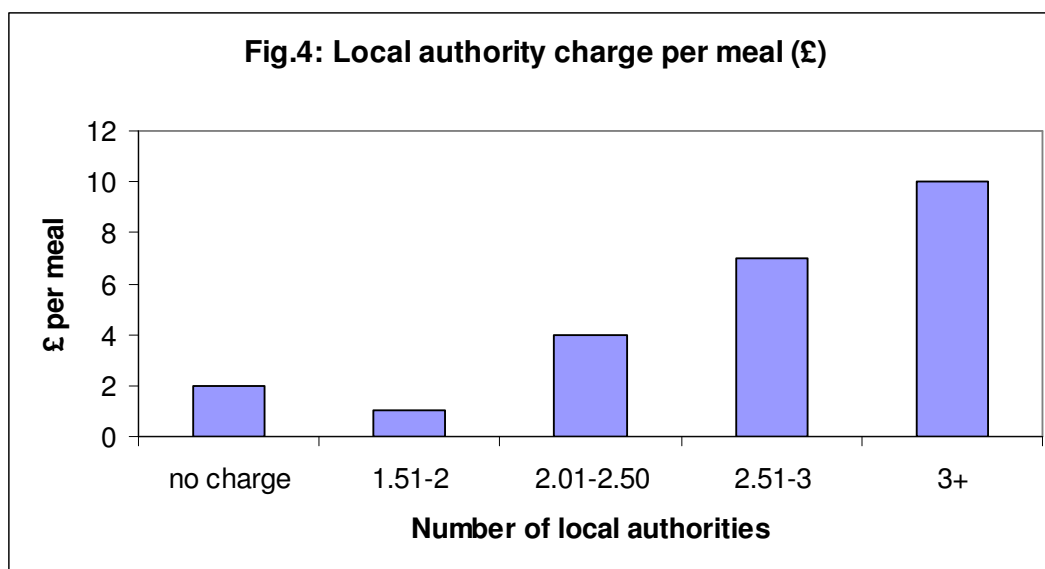
It is questionable whether £18.00 per hour can be deemed a 'reasonable' rate for an older person with high needs. Care costs for older people are becoming hugely expensive, but the quality of care often doesn't mirror this increase in expenditure. CSCI has found that the rate of improvement in care services is slowing down 'for the second year running' and 'not all services are meeting all of the national minimum standards'¹⁷, five years after implementation.



¹⁷ *The state of social care in England 2006-07*, Commission for Social Care Inspection, January 2008

4.4 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 £2.91 per meal, but can range from £1.60 to £3.99 per meal (see Fig. 4). Community transport can be charged at up to £2.60 per trip.



5.1 Lack of 'reasonable choice' in care home rates

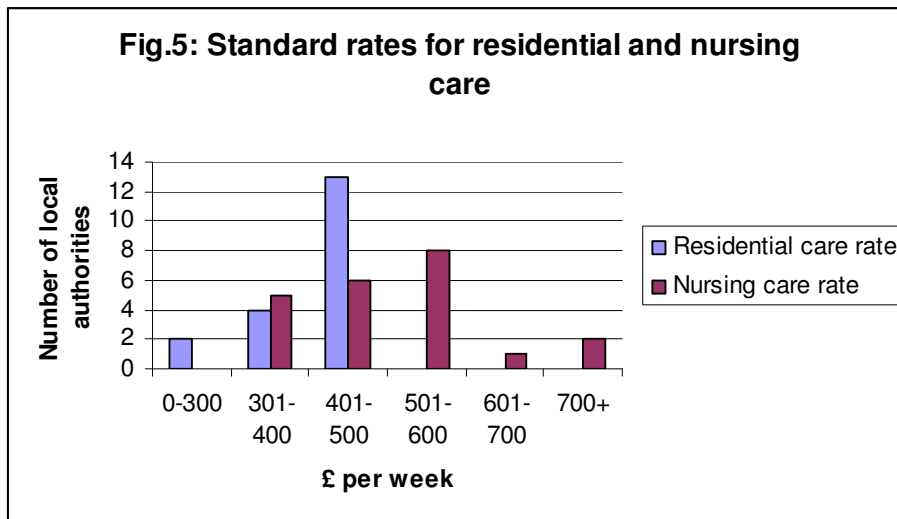
Rather than providing a range of rates, five-sixths of those councils surveyed have one set standard rate for older people living in a residential care home. While local authorities can set such amounts, they should not be arbitrary rates based on budgetary restraints. Instead, they should be flexible enough to take into account regional variations in land prices and cost of accommodation (for example, between rural and urban areas), the vacancies available at the time the person needs to move into a care home (so depending on length of waiting lists), and above all, to respond to an older person's particular assessed needs.

Older people considering the option of whether or not to move to a care home should, according to the legislation, be enabled to make a 'reasonable choice'¹⁸ about where it is best for them to live, based not only on their physical care needs, but on fulfilling their social, emotional and psychological needs as well. Such a rigid and inflexible way of establishing how much local authorities will pay for an individual's assessed care and support needs is at odds with the personalisation agenda. It shows how much further things need to change if self-directed care is to become the norm wherever an older person lives. As the evidence from this year's survey shows, combined with the intelligence Counsel and Care's advice service demonstrates, in some areas of the country, this 'reasonable choice' for older people does not exist.

¹⁸ Local Authority Circular LAC (2004) 20: Guidance on National Assistance Act 1948 (Choice of Accommodation) Directions 1992

5.2 Residential care home rates

Of those surveyed, almost a quarter of local authorities provided a more flexible range of standard rates for residential care home fees instead of one set figure. Of those that provided a set figure, the average standard rate for residential care was £407.30 compared to an average of £379.35 per week in 2007 (see Fig.5 below). Still, despite this increase, five-sixths of local authorities continue to use fixed rates that are costed to the last penny – for example, one council’s residential rate is £387.03, not £390 or even £387.



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 nursing care payment of £103.80 or £142.80 (depending on their level of need) together with the local council's standard rate, in reality this does not often cover the increased cost of care in a nursing care home. Of those surveyed, the average standard rate set by local councils for nursing care was £497.60 per week (see Fig.5 on previous page), an increase of £30.52 on the average rate for 2007. This is an upward trend; however, the current market rates for nursing care remain much more than this (see section 5.4).

Specialist dementia care comes with a high price tag as it must be responsive to the complex needs of the individual. However, again, this is not always recognised by local authorities. Our survey results show that just under a quarter of local authorities who responded did not provide an increase in their care home rates for dementia care. This is despite evidence from the Alzheimer's Society report, *Home from Home*¹⁹ indicating that two-thirds of older people living in care homes having some form of dementia. Of those councils who did provide an increase, the rates continue to be very specific, costed down to the very last penny; one council surveyed charges £634.88 for dementia care rather than £635 per week.

¹⁹ *Home from Home*, Alzheimer's Society, 2007

5.4 Impact of low care home rates on families and carers

In 2001, a Joseph Rowntree Foundation study²⁰ found that on the basis of land prices at that time, the full cost of operating a good quality nursing care home for older people meeting all national minimum standard was £459 per week. Seven years later, after significant increase in land prices and other costs, the average council standard rate is only £38.60 per week more than this.

Local authorities 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, however, by doing so they pass on the costs to self-funding residents and the relatives of those funded by the council. As a consequence, the families and carers of older people receiving nursing care often bear the brunt of the council's low standard rates with ever-increasing weekly third party top-ups in order to meet the care home's full fees. Counsel and Care challenges this situation on a regular basis with councils as this request for a top up payment from relatives should not be a matter of course and only if the choice of home was one of preference not need can a top-up be asked for from a relative.

1 in 5 calls about care home funding to Counsel and Care's advice service are related to the issue of third party top-ups. The experiences of Mrs M's mother recorded below show how, without access to appropriate information and advice, older people are often not able to move to their care home of choice or their families have to shoulder a long-term financial burden to ensure that this can happen:

*Mrs M's mother was in a care home near B****. Her daughter's family was moving to W**** and her mother wanted to move to live in a care home near them so they could continue visiting her regularly. B**** local council had a*

²⁰ *Calculating the operating costs for care homes*, Joseph Rowntree Foundation, June 2002

*standard rate for a care home lower than W****'s and were asking for a financial top-up each week from the family towards the fees before they would fund her mother's move to W****. Counsel and Care's advice service gave information and advice to Mrs M's daughter about her rights and the council's responsibilities. After Mrs M used the advice provided, B***** council agreed to fund the full cost of the care home in W**** and Mrs M was able to move to her care home of choice near her family.*

6 The time for change – our policy vision for older people

Counsel and Care welcomes the action taken by Government this year both to initiate a Commission for Social Care Inspection review of the *Fair Access to Care Services (FACS)* eligibility criteria and to launch the care and support green paper consultation²¹. The local authority circular LAC (DH) (2008)¹²² together with the social care reform grant of £500 million also provide guidance and funding to local councils on how the transformation agenda can be embedded into care and support services for older people.

However, our survey shows that without urgent change in social care as a result of these interventions, the move towards person-centred care will be a revolution for the few, not the many.

Counsel and Care is aware that some form of rationing of resources will always be needed, despite the imminent dawning of a 'brave new world' of personalisation in social care. Specifically with regards to the FACS eligibility criteria, Counsel and Care believes it is not the broad principles behind the criteria that were in error leading to a postcode lottery and older people becoming 'lost' to the system. In theory, FACS aimed to encourage consistency of application on a national level rather individual application of a completely different set of criteria by each local council. However, in practice, by offering choice and flexibility in a model of four bands of need to a social care world with severely limited resources, some local councils have made use of this to make budget cuts and restrict the levels of criteria they will provide funded care to only those in greatest need.

The social care policy world has also changed considerably since FACS was first implemented in April 2003. We have moved on from a world based on services

²¹ *The case for change: 'Why England needs a new care and support system'*, Department of Health, May 2008

²² *LAC (DH) (2008) 1 Transforming social care*, Department of Health, January 2008

and how a person's needs can be met within that particular service, to one focused on outcomes with less emphasis on the particular means by which the outcome was achieved and more on whether the person themselves has felt that their needs were met appropriately. The majority of councils' interpretation of FACS will not sit well with the future vision of a society where a person's health and wellbeing needs can be met in the round.

In January of this year, Counsel and Care's policy paper, 'A Charter for Change' highlighted five key principles for reform:

5 Principles for reform

Any new model must ensure:

- ✓ **simpler** access for older people, their families and their carers
- ✓ **fairer** access to services so it is clear what the taxpayer pays for and what the individual is expected to pay and why
- ✓ **transparent** provision of services and funding mechanisms
- ✓ **consistent** definitions of care needs across the country, with a minimum safety net of high quality care wherever you live
- ✓ **flexible** care services which are driven by the needs of older people, their families and their carers.²³

This survey shows how, if implemented, how relevant these measures are to the direct life experiences of older people, their families and carers. It is vital that as the Green Paper consultations with older people, their families and carers occur, a new way of allocating resources is drawn up in line with long-awaited social care reform.

A national entitlement for care for all older people who need it, regardless of their status, is one way that these principles could be tested in practice. If a person then needs social care beyond this entitlement, then a means test

²³ *A Charter for Change: reforming care and support for older people, their families and carers*, Counsel and Care, January 2008

could be put into operation so that those without the financial resources to pay can still receive the care they need, when they need it.

7 Recommendations

1. A review of home care charging, and its impact on the lives of older people, their families and carers, should be undertaken as a first priority. Future reform of care and support must include charging procedures that are transparent and equitable, but most of all work to ensure a good quality of life for all those using services.
2. Counsel and Care also calls for councils to be brave and challenge existing practices with innovative new ways forward in order to ensure that the transformation agenda does not remain simply rhetoric, but makes a real difference to the reality of the lives of older people, their families and carers.
3. How councils apply the Fair Access to Care Services criteria for care has been shown to undermine rather than promote the principles underpinning personalisation and modernisation of social care. The current CSCI review of FACS needs to be more than a temporary sticking plaster. Consensus on a new model of care and support must be reached as a matter of urgency to ensure that the needs of all older people, their families and carers in England and Wales are met regardless of where they live, level of entitlement or their income.
4. Independent advice, information and advocacy services continue to remain essential to ensure that all older people, their families and carers are able to navigate the current social care system. Rather than just an add-on, these services should be an integral part of the range of options available.
5. The chronic underfunding of care and support services for older people and their carers must be addressed both for the current system and for the new care model of the future. Government must start to recognise

the benefit of real long-term financial investment in care and support services to the health and wellbeing of the whole society.

8 About the survey

In June 2008, Counsel and Care sent a survey to all local authorities in England. 34 returns were received. See Appendix 1 for the full survey.

As in previous years, the survey questioned each authority about their charging procedures and eligibility criteria levels for home care services for older people. We also asked for charging rates for care homes for three types of care: residential, nursing and dementia care.

Counsel and Care was looking for evidence about whether the cost of services had increased and also whether services for older people had been reduced or tightened due to budget pressures from central Government, as in 2006 and 2007. Our 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.

9 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 250,000 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.

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Appendix 1



Counsel and Care

Local authority social care charging survey 2008

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?
--

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

2) In 2007-08, how many care needs assessments were completed for older people?
3) In 2007-08 how many older people were supplied with a social services care package?
4) What level of need did your local authority meet during 2007-08? (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 2007-08, how many older people took up Direct Payments to arrange support at home?
7) What was your local authority charged in Delayed Discharge fines during 2007-08? Please give details.

The following questions relate to the current financial year 2008-09:

8a) In **2008-09**, 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 **2008-09** 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 2008-09, what **level of criteria** will you use when deciding who is eligible for social care services? (eg, low, moderate, critical, substantial)

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

11) In **2008-09** please state your standard rate for the following types of care home:

Residential: £..... per week

Nursing: £..... per week

Dementia/EMI: £..... per week

12a) In **2008-09** 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?

YES/NO

13a) If YES, how does the agreement focus on preventative services, including the provision of universal advice and information?

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

<p>13b) How will your local area agreement meet the government's Public Service Agreement indicators on promoting greater independence and wellbeing in later life?</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>14) Please give the name and address of the local authority organisation you are employed by.</p>
<p>15) Please give your name, job title, a contact telephone number and email address.</p>

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.



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