Centre for Care

Economic and Social Research Council

Funded by NIHR | National Institute for Health and Care Research

Working Paper 8 / June 2026

Social care charging: is it worth it?

Eleni Chambers, Catherine Needham, Anne Pridmore and Sam Teo

Executive summary

In this report we focus on the charges that Disabled people and older people in England pay for social care at home. Care charges are means-tested and the government sets thresholds at which individuals must contribute different amounts towards their care. Those who have assets above the upper means-test threshold pay for the entirety of their care package and are known as self-funders. Here we focus on individuals who fall below the upper means-test threshold and are required by local authorities to contribute to their care through charges, usually taken from benefits. In this report, we present an overview of how care charging operates in England, and present findings from interviews with Disabled People's Organisations (DPOs), support groups, advice organisations, co-production groups, and other experts. Our findings highlight a system experienced as highly complex, inconsistent, burdensome and punitive, and one that contributes to increased hardship for Disabled people. The complexity of the topic comes in part from the language that is used by government. At the back of this report you will find a glossary of terms.

Background and context

While health care is free at the point of use in the UK, adult social care is means-tested. Local authorities determine charges for care at home within the framework of the Care Act 2014, and guidance set out yearly by the Department of Health and Social Care. People with assets under £23,250 pay a contribution towards their care charges from their income. The Minimum Income Guarantee (MIG) sets a limit which income should not be reduced below after paying for charges, but it is widely felt that MIG levels do not appropriately reflect the cost of living for a Disabled person.

There is considerable variation in charging practice between local authorities. Most councils impose the maximum charges, whereas a few have abolished them altogether. Hammersmith and Fulham removed charges for domiciliary care in 2015, and Tower Hamlets in 2025. However, questions remain as to whether abolition is financially achievable for local government without national investment.

This research

This is a co-produced piece of research, developed by Anne and Eleni (Disabled people and researchers who are Community Associates of the ESRC Centre for Care) and Sam and Catherine (academics at the University of Birmingham). The team worked closely together through the project design, research gathering, analysis and writing.

We conducted interviews with 17 individuals who worked for DPOs, advice and support bodies, co-production groups and other experts across England. Many of the participants also had lived experience, either of paying care charges themselves or supporting someone who did. We conducted a thematic analysis to draw out key themes and topics from interviews and produced a series of recommendations for policy and practice.

Key findings

1. Charging is extremely complex and difficult to navigate

Participants consistently described charging systems as complex and inaccessible. Charging rules, financial assessment processes, and rules around claiming disability related expenses (DRE) are very challenging to understand and information is often hard to access. Local authority staff are sometimes unequipped to assess and explain charges.

2. There is a high variation between local authorities which creates a ‘postcode lottery’

Because local authorities have discretion over the implementation of charges, there is substantial variation in charging systems. Furthermore, the availability and quality of advice and support also varies. This inconsistency compounds the complexity of the system and increases inequities.

3. The care charging system is burdensome and feels punitive

Charging processes place significant administrative, emotional and financial burdens on Disabled people. Many describe the system as stressful, exhausting and humiliating. People feel they must ‘prove’ they deserve support and have to justify basic disability-related needs. For some, charges exceed what people can afford, leaving people in positions where they must decline care, often leading to deterioration in physical and mental health.

4. What supports people with charging?

Participants identified several sources of support—including peer networks, DPOs, formal advocacy and knowledgeable social workers—but access to such support remains inconsistent. Skilled advisers and advocates can make a significant difference, yet these services are often overstretched or unavailable. Clear, accessible information, consistent application of rules, personalised financial assessments, and proactive support from social workers were cited as areas where improvements could reduce the negative impact of charging.

5. A future without care charges?

Participants generally felt that social care charging should be abolished nationally, describing it as unjust and harmful. However, most acknowledged that full abolition would be difficult under current funding constraints. Several participants suggested incremental reforms, such as abolishing charges based on income (while retaining charges based on wealth), significantly raising the MIG, improving national guidance and promoting co-production of charging policy.

Our recommendations

1. National policy

- **Increase consistency in charging policy nationally**, including clearer definitions of DRE, income disregards, and treatment of benefits
- **Increase the MIG** to better reflect the actual cost of living for Disabled people
- **Consider abolishing charges based on income** (as opposed to wealth)

2. Improving local authority practice

- **Simplify and standardise charging information**, ensuring that policies, guidance and letters are accessible and written in clear language
- **Ensure accessible formats** (for example, easy read, audio, British Sign Language, translations) are routinely available
- **Improve training for social work and finance teams**, particularly around DREs, statutory guidance and Care Act duties
- **Encourage co-production in local and national charging policy**, ensuring Disabled people shape service design

3. Support, advocacy and advice

- **Invest in independent DPOs**, which provide essential advice, support and challenge to local authorities
- **Expand access to independent advocacy**, ensuring advocates have sufficient training in charging and financial assessments

4. Personalisation and fairness

- **Increase personalisation in financial assessments**, with more careful exploration of individual needs and expenditure
- **Improve transparency and consistency in DRE decisions**

5. Longer-term change

- **Continue to evaluate the outcomes of local abolition of charges**, identifying impacts on Disabled people and what can, and cannot, be usefully transferred to other areas

Introduction

In this report we focus on the charges that Disabled people and older people in England pay for social care at home. There has been increased attention in recent years on the role of self-funders: i.e. people who pay for their own care because they have assets above the upper means-test threshold of £23,250 (e.g. Baxter et al., 2020; Henwood et al., 2022). But there is little awareness that people who fall below the upper means-test threshold can be required to contribute towards the costs of their care. These contributions are taken from income (predominantly from benefits). There are concerns that these charges push Disabled people into poverty and debt (Pring, 2022; Ryan, 2023).

In this report we begin by considering how these charges operate in England and compare them to the other nations of the UK. We go on to draw attention to the limited research to date on this topic and then set out our research study and findings. We interviewed people with expertise on the charges, predominantly people who work in organisations that support Disabled people. Our findings demonstrate the problematic nature of these charges and highlight the need for policy change.

This is a co-produced piece of research, developed by Anne and Eleni (Disabled people and researchers who are Community Associates of the ESRC Centre for Care) and Sam and Catherine (academics at the University of Birmingham). The team worked closely together through the project design, research gathering, analysis and writing. Decisions were discussed and made in partnership through regular meetings, and research activities were carried out collaboratively by two or more members of the team.

Social care charging across the uk

Charging for social care was established in the National Assistance Act 1948. Health care is free in the United Kingdom (UK), whereas adult social care is means-tested. The legislation created a legal duty for local authorities to charge for residential care, and discretionary powers over charging for domiciliary care – i.e. care received at home (Lunt and Baldwin, 1997). Whereas the original legislation referred to the whole UK, social care charging now differs significantly between the four nations – England, Scotland, Wales, and Northern Ireland – reflecting differences in policy and funding priorities (British Medical Association, 2024; Department of Health and Social Care, 2025; Llywodraeth Cymru, 2025; The SDS Handbook, 2024).

In England, the Department of Health and Social Care (DHSC) has set out the latest guidance for social care charging in 2026-2027 (DHSC, 2026). The regulations which inform the guidance come from the Care Act 2014. Care charging for domiciliary care is means-tested and the government sets thresholds at which individuals are responsible for contributing to their care costs, referred to as capital limits. A person with assets below the lower capital limit (£14,250) will pay a proportion of their care charges from their income and a person with assets above the upper capital limit (£23,250) must pay for the entirety of their social care costs. If an individual has assets between these thresholds, then there is a responsibility to contribute a proportion of their care charges from their income, plus a means-tested amount - £1 per week for every £250 in assets between the thresholds.

To ascertain the social care required by an individual, a care needs assessment is carried out by a local authority. This assessment is requested from the local authority, by the individual who requires care. Services which the council can recommend following this assessment include services such as help from a paid carer, access to day centres and clubs, etc. These services can be declined by the individual undergoing the care assessment. A financial assessment is then completed to calculate how much money an individual will have to contribute towards their care; this is where the means-test thresholds come in (NHS England, 2025). The financial assessment looks at an individual's assets such as earnings, pensions, benefits, savings and property. When an individual requires care within their own home, the value of their house is not included in the financial assessment. Local authorities are not allowed to include income from paid work (paid employment or self-employment) in the financial assessment.

The DHSC also sets out its guidance for the minimum income guarantee (MIG) – a protection which ensures an individual receiving home care will not have their income reduced below a set amount by their care charges (DHSC, 2026). MIG is a weekly amount of money and there are different amounts depending on the individual's circumstance. The highest amount is for single people who have attained pension credit age (66 years, £241.45 per week) and the lowest amount is for member of a couple where one or both partner are aged 18 or over (£94.55). The MIG has increased in line with inflation since 2022, after being frozen in 2016. In February 2026, DHSC (2026) announced that in the financial year 26-27, there would be a 7% increase for working-age adults. Local authorities have discretion to set higher capital limits and also to allow individuals to keep more of their income if they wish. Individuals can offset some of the costs of social care via disability-related expenses (DRE) (Carers UK, no date). DRE are the extra costs incurred for products and services needed to support someone with an impairment or medical condition. Examples of DRE could include certain medications, personal protective equipment, food for specialised diets, etc.

In Scotland, personal care at home is free for all adults who are assessed as eligible, including help with washing, eating and dressing (The SDS Handbook, 2024). Non-personal care can be charged for based on local authority discretion and is means-tested. There is no national cap for care charges, but most charges are limited to practical support services. These regulations were introduced under the Community Care and Health (Scotland) Act 2002 and extended to all adults in 2019. The Joseph Rowntree Foundation (JRF) recently published a report arguing for the abolition of care charges in Scotland noting that 'Disabled people feel brutalised by state systems that leave them to pick up the costs of budget shortfalls' (JRF, 2026).

Wales differs from both Scotland and England in that there is a more generous capital limit before an individual pays for their social care and there is a cap on how much an individual contributes each week (Llywodraeth Cymru, 2025). If the financial assessment shows that an individual has a 'high level of disposable income' and has savings and investments over the value of £24,000 then they may be expected to pay up to £100 per week towards their domiciliary care. Northern Ireland follows the same capital limits for social care charging as England (British Medical Association, 2024). Health and social care trusts in Northern Ireland which provide social care have the power to charge for non-residential care; however, in practice, they usually do not. Some extra services such as meals on wheels are charged at a flat fee.

It is clear that social care charging policy in the UK is varied which can make understanding charges confusing. In this report, we focus on England and on care at home. Even within England, there is significant variance between different local authorities in how they decide to implement non-residential charging policies. Some charge the maximum amount, whereas others have abolished charging. We discuss this variance in more detail later in the report.

It is also important to note that social care within England is undergoing a period of reform. The Casey Commission has been appointed by the Labour government to make recommendations about how to reform the adult social care system to meet the current and future needs of the population. The Commission will issue an interim report in 2026 and a full report in 2028. As part of the review, the Commission has been asked to look at:

> **existing funding for local authority adult social care services, together with NHS funding for services at the interface of health and care (for example, intermediate care), and whether they are being best used. It will seek to identify what changes can be made to funding flows and accountability mechanisms to improve quality and productivity** *(DHSC, 2025a).*

We hope that the Casey Commission's review of funding includes attention to social care charging.

Our research

The stimulus for this research was conversations between the authors about the lack of academic research on social care charging. There is a growing literature on self-funding by older people who have assets above the upper means-test threshold and arrange their own care (e.g. Baxter et al, 2020). However, there is very little published academic research on the charges paid by people who fall below the upper means-test threshold, which is the focus of our research. It is hard to get accurate figures for how many people pay these charges, as they are not centrally collected, but we know that local authority income from social care 'client contributions' was £4.7 billion in 2024-25 (DHSC, 2025b) – although this includes residential as well as home care.

Existing insights into social care charging come predominantly from campaigning organisations and journalists (e.g. Ryan, 2023; Pring, 2022; Eley and Holt, 2023). These sources consistently report on the hardship experienced by Disabled people, with Ryan (2023) describing the charges as 'a tax on disability'. Pring (2022), writing for The Disability News Service, and Eley and Holt (2023), writing for the BBC, highlight the extent of the problem, with debt collection action being taken against tens of thousands of Disabled people across England for non-payment of social care charges.

Primary research into social care charging has been conducted by Bolderson for a Master's dissertation in 2023 and by the Disability Law Service in 2024. Bolderson (2023) investigated the impact of care charging on working age Disabled people and family members. Seven in-depth interviews were carried out across seven local authorities across England and the results of this work were summarised in an article for the Disabled People's Organisation Inclusion London. Participants in the research spoke of feeling devalued in society. They talked of the unfair and contradictory logic in a local authority undertaking a needs assessment to identify the support someone requires for living with an impairment and then reducing that support through care charging. Participants also spoke about how the cost of their care charges was higher than basic income tax, indicating the value given to paid work, to the detriment of Disabled people who cannot work. Bolderson highlighted that making requests for DRE often involved the disclosure of highly personal information which participants referred to as 'humiliation'. The cost of rising care charges was linked to a reduction in quality of life by many Disabled people and local authorities were described as 'unhelpful at best, and openly hostile at worst' (Bolderson, 2023, p.6).

The Disability Law Service (DLS) (2024a), which actively promotes the abolition of care charging, used Freedom of Information (FOI) requests to assess whether local authorities were compliant with the public sector equality duty. The DLS found that of the 40 local authorities where FOI requests were made, very few demonstrated compliance with the duty. This included a lack of consultation with relevant stakeholders and a failure to regularly review the charging policy. The DLS also conducted questionnaires and focus groups with individuals who experience care charging. The majority said they were charged more than they could afford and nearly a quarter had opted out of receiving care due to costs. Many spoke of significant financial hardship, decreasing mental, physical and emotional health, and having to rely on families for support.

To contribute to the evidence base about the effects of charging, as part of the ESRC Centre for Care, Anne, Eleni, Catherine and Sam worked together to scope out a project on care charging. We contacted people working in Disabled People's Organisations, advice bodies, support groups, co-production groups, charities and other experts to get their perspectives on charging. Participants represented a mix of local, regional and national organisations. We also asked them about the experiences of the London Borough of Hammersmith and Fulham where charges have been abolished. This is a relatively small piece of work, and we encourage researchers to consider opportunities for additional work on this topic.

Sampling and recruitment

Anne and Eleni approached individuals from their networks in DPOs and other organisations, introduced the research and asked for consent to be contacted by Sam. Sam then emailed these potential participants and asked if they would share any literature or published writings relevant to social care charging. These contacts were also asked three screening questions to check that their knowledge of care charging was appropriate before invitation to an interview:

1. What are some of the key issues in the way that Disabled people are charged for care?
2. How does social care charging differ between local authorities?
3. What insights can be learnt from Hammersmith and Fulham about the abolition of social care charging? Are other local authorities likely to do the same?

After the initial purposive sample was collected, snowball sampling was utilised to recruit further participants.

We interviewed 17 individuals who worked for or were members of DPOs, advice bodies, support groups, co-production groups, charities or were researchers. Participants were recruited on the basis of their organisational role and for their expertise and knowledge on social care charging. They came from different regions of England. Although lived experience of social care was not a requirement to participate in the research, two thirds of participants expressed that they had direct experience, either receiving social care themselves or caring for someone who does.

Data collection

Each participant took part in a semi-structured interview via Zoom or Teams video call, at a time of their choosing, which lasted up to an hour. The topic guide for the interview was developed by the team. It was informed by a review of the literature on charging and by Anne and Eleni's experiences of social care financial assessments and charging. Questions aimed to identify the key issues facing Disabled people in relation to charging. Sam and Anne conducted interviews. The interviews were recorded and initially transcribed by Zoom or Teams' in-built transcription software. All transcriptions and recordings were given a unique participant code and stored securely on University of Birmingham servers in line with the University Data Management Policy. Transcripts were then checked, corrected and cleaned by Sam by cross-referencing with the interview recording.

Ethics

Ethical review was provided by the University of Birmingham Research Ethics Committee (ERN_4779). Participants were sent a Participant Information Sheet and completed a written consent form prior to the interview. The consent form included information on how data would be used and stored, and how people could withdraw from the process. It confirmed that data would be anonymised in the reporting.

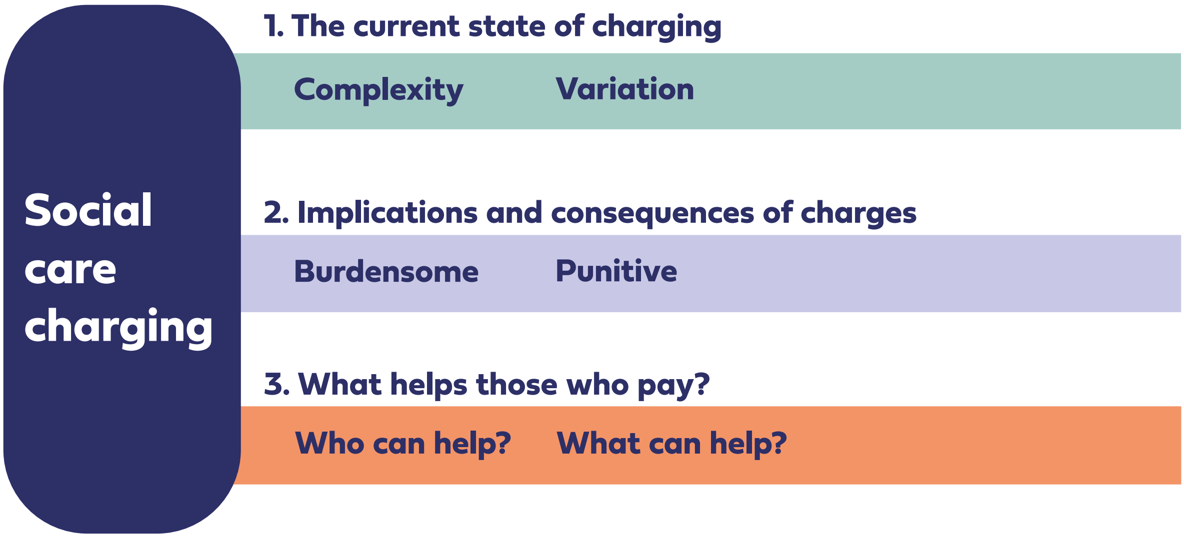
Analysis

The interview data were analysed in an iterative and co-produced manner. Each transcript was analysed by both Eleni and Sam independently, following Braun and Clarke's (2021) thematic analysis procedure. Each transcript was coded individually before comparisons were drawn across the whole data set and codes were organised under broad themes. Theme generation was conducted inductively by each coder. All four authors then met to discuss the results of analysis and agree a consensus on final themes which would be included in the report. Finally, based on that discussion, Sam consolidated and synthesised codes under the agreed themes.

Findings

It was clear that participants found social care charges extremely complex to navigate, which was compounded by high variation between local authorities. People felt that charging practices were burdensome and punitive. In accordance with the thematic analysis, we have organised the findings under the following three themes and corresponding subthemes (Figure 1.):

Figure 1. Themes and subthemes



First, we give a brief introduction relating to what the data said about the current context surrounding social care and care charging. We will then present each theme. Finally, we explore the hypotheses and suggestions which participants made for the future of care charging.

Participants spoke about the challenging context within which social care operates. The financial environment was described as particularly tough, with years of austerity, national and local funding cuts, and the increasing cost of living creating a situation in which local authorities, support organisations and individuals have less money available to them. As a result, the social care sector and DPOs are experiencing significant capacity issues with resources and staff under strain.

Participants spoke of a sense of marginalisation: Disabled people feel excluded from debates around social care and undervalued in society. The current social care system was described as ‘unfair’, ‘messy’, ‘sad’, ‘awful’ and ‘impossible’ and there was a general feeling that there is a lack of support available for Disabled people, especially statutory support. One participant noted that the standard of care which people are paying for through care charging was not necessarily good:

> **What I often hear is that the amount of support and the type of support that people are being given doesn’t feel good value for money for them. So they may say, you know, we’re being charged X amount of money, but the support I’m receiving is rubbish. I can’t use the loo... I can’t go out and see my friends and stuff like that because the care package is so minimal... The charge is disproportionately high for the level of support that they get.** *(Participant 8)*

The lack of visibility of social care charges was another concern:

> **You know, it kind of goes under the radar because people who are not involved in social care, they don’t understand that you get charged for your social care. They just think that you get an assessment and you get your social care and that’s it.** *(Participant 2)*

Another interviewee reflected:

> **Our social care conversation with regards to money has focused on assets and towards the end of your life. This [social care charging of Disabled people] has just been something that’s floated past people.** *(Participant 17)*

On the next section we look at the key issues that people are facing in relation to charging.

The current state of social care charging

Complexity

Participants consistently described social care charging as an incredibly complex system to navigate. Interviewees spoke about the difficulties that Disabled people face interpreting policy and guidance documentation provided by local authorities and a number spoke about how often there is a complete lack of any information at all. It was also suggested that local authority staff lack the skills and training to give accurate advice and support to Disabled people in relation to their care charges. One participant noted that some social workers are better than others at helping people to fill in the form, but many don't understand it themselves. Another interviewee felt that the problem was less local authority staff themselves and more a combination of factors resulting in the complexity of the whole charging system:

> **When I first started sort of working with this process, I kind of maybe had a view that… maybe the local authority wasn't trying particularly hard to kind of make the process better for people… I've sort of changed my mind on that a little bit over the years in that I think they are trying… But the system is just so unbelievably complicated - the way in which contributions are calculated is so complex that it's so easy for staff in the local authority themselves to get it wrong. And it's so hard for people who are accessing social care and going through that process to get good, clear, transparent information about what their rights are.** *(Participant 9)*

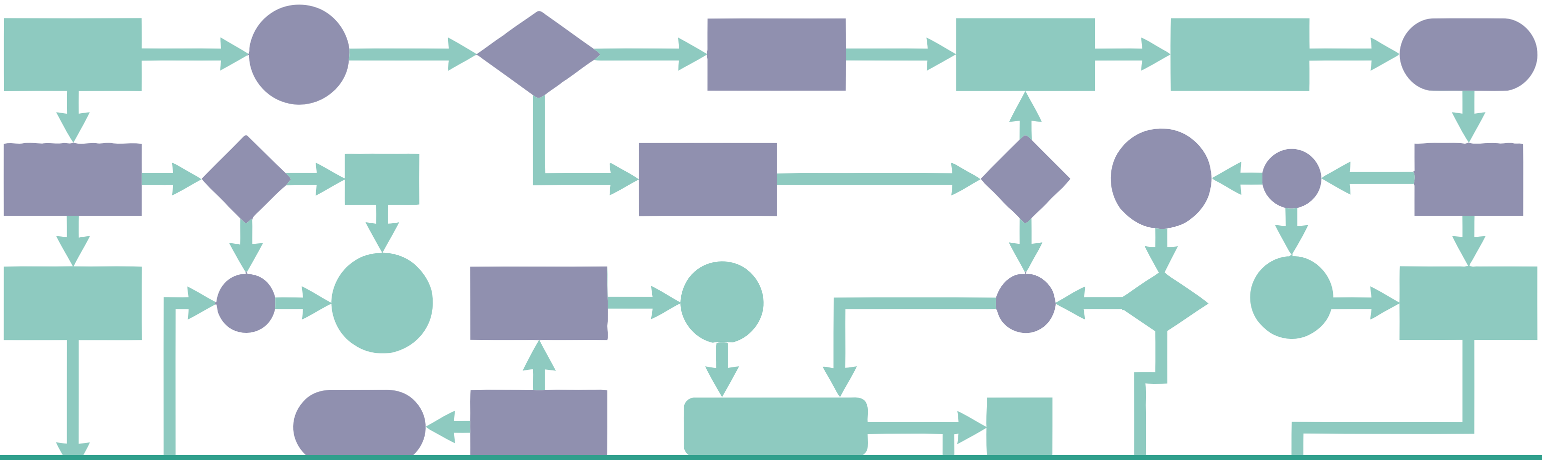
Claiming disability related expenses (DREs) was seen as particularly complex and bureaucratic by several participants. There is a lack of clarity around 'what counts' as a DRE, with Disabled people being given ambiguous advice and guidance from social workers. One interviewee noted that – despite the requirement in the Care Act that people be given clear financial information – people are sent paperwork which does not explain what DREs are or how people can use these to reduce charges. According to one interviewee from a DPO:

> **[Our organisation] started to get inundated with enquiries of people who were struggling to understand the process, submit their DRE because they didn't even know what that was. The information was inaccessible, the [local authority] team was very remote.** *(Participant 3)*

A notable challenge raised was the confusion and variability around what is counted as a health expense and what is counted as a social care expense. Several interviewees called for the DRE process to be more personalised. However, for another interviewee the local authorities' claim to be personalised made the calculations even harder to understand:

> **It's meant to be individual to the person. However, I find councils are flipping that in that they're then using that argument to not have any kind of guidance whatsoever. And then in turn then saying because there's no guidance, all it does is leave it down to individual interpretation of that person making the decision at the time. Therefore, you have this complete inconsistency.** *(Participant 14).*

The complexity and inaccessibility of information were presented as particular problems for those who face the greatest hardship, for example, those with cognitive impairments, learning disabilities and frail older people. Participants also gave examples of blind people being sent information about charging that they couldn't read with no alternative format being offered.



Variation

There are currently 153 local authorities in England with social care responsibilities and each of them sets their own rules in relation to charges and DREs. Participants told us that what is accepted as a DRE could vary significantly depending on where your social care was provided, with some local authorities giving a blanket allowance for DREs rather than personalising this on an individual basis. This was also the case for which sources of income were disregarded in financial assessments. Some local authorities gave blanket weekly disregards of £15 or £20. We were also told that some local authorities 'top up' the MIG so that social care recipients are allowed to keep more of their income.

One interviewee noted: 'the fact that it's up to each Council whether they charge or not and how they calculate it means effectively it's a postcode lottery' *(Participant 7)*. Another said: 'You could be the same person and present yourself to five different local authorities. And be charged anything from nil charges in one to £200 a week in another' *(Participant 11)*.

Access to DPOs also varies by locality. There are DPOs that provide advice and support in some regions but not all, and that these organisations offer differing levels of support for different aspects of care charging. Yet the complexity of care charging arrangements makes them extremely hard to navigate for people who do not have specialist help. As one interviewee from a DPO put it:

> **[Of the] people we supported with their social care charging, 100 per cent of those people either have their social care charge reduced or pulled down to nothing because of their DRE. Now that horrified me because that meant that every single person out there doesn't understand the process... There's a lot of negotiation that goes on. You know you submit your DRE, they come back and say no, we're not approving that... And then you have to go back and reconsider the decision and negotiate and explain why and then get extra information... [It] takes a lot of skill, actually, and a lot of vulnerable people that I was supporting just didn't have and didn't know how to engage with.** *(Participant 3)*.

Some DPOs are attempting to make wider strategic challenges within local authorities rather than just supporting individuals:

> **We think a lot of the charging policies are probably unlawful, and that the better strategic approach is if you can go into a local authority and get them to change the charging policy and also persuade them to look at everyone's claims over, let's say, the previous calendar year at a strategic level. That's more effective than supporting people one-on-one.** *(Participant 4)*

DPOs can also help people to access the Ombudsman or legal support (although cuts to legal aid have limited people's access to legal redress).

Implications and consequences for social care recipients

The complexity and inaccessibility of information on social care charging, and the high variation in services, results in a system where a substantial burden is placed on the social care recipient and which feels punitive.

Burdensome

Many participants spoke about the vast amount of administration required when Disabled people are assessed for their care charges – providing receipts for DRE, proof of income etc. This was presented as a cognitive and emotional burden where Disabled people felt they needed to prove they deserved their social care services. As a result of this administrative burden, Disabled people needed to have the skills, knowledge, time and energy to navigate the social care charging processes, and to be able to challenge local authorities when decisions were made unfairly. The appeals process for challenging charging decisions was described as difficult both emotionally, and in terms of understanding the process. The emotional toll was highlighted by participants who described care charges as 'devastating' and 'stressful', requiring 'constant battling' and 'fighting'.

People who had challenged the council talked about what a lengthy and bruising process it was, and how the debt kept going up during the process with no guarantees that the challenge would be successful. One interviewee, who paid the charges herself as well as working for an advice organisation, reflected:

> **I cannot tell you how horrific this process was... I was in tears, like everyday thinking, oh my god, I cannot afford this. And the debt was going up and up every day. So to me it was like this spiralling amount of money that I owed I couldn't afford in the first place** *(Participant 14).*

People talked about the distress the charges were causing. As one interviewee said:

> **I just had a gentleman I support, threatened to take his life because he'd got a letter from social care charging landed on his doorstep, saying he was in arrears and that was so traumatic to him.** *(Participant 3)*

Some participants also highlighted the knock-on impact that social care charges have on unpaid carers. There is a substantial burden placed on carers to provide support to Disabled people with their care charges, and this is a group who are often left without support themselves.

Punitive

Social care charges were frequently described as being too high and not leaving enough for Disabled people to afford the most basic standard of living. As one put it, **'the Council takes so much that it just doesn't leave them with very much money to live life'** (Participant 10). The idea of Disabled people being 'punished' for needing care was spoken about. The inequities compared with health were highlighted where if someone has an acute health need, they are provided with health care for free, whereas if someone has long term care needs then they are charged. Participants described care charges as pushing Disabled people further into poverty, increasing hardship, causing spiralling debts, and removing the ability for Disabled people to save for the future. This can have a compounding impact on the social mobility of Disabled people and leaves many dependent on family and friends and in the worst cases, vulnerable to financial abuse.

Participants spoke of Disabled people not being able to afford their care charges at all, and how this leaves some individuals in the position where they have to decline a social care package as a result: **'They'll be like, well, you know, it's not worth it. I can't afford this and end up having to hand the support back'** *(Participant 13)*. This can lead to a deterioration in people's wellbeing and health leading to greater reliance on crisis services and increased care costs in the future. When speaking about the MIG, several participants said that it does not reflect the actual cost of living for a Disabled person and it was often framed as being a threshold for the smallest amount the government can 'get away' with.

Interviewees felt that those who already face the most hardship end up having the largest charges – those who have the least money, can't work, have the least capacity and the most significant impairments. One interviewee reflected:

> **So I don't pay for my care because I work… So if you work, any charge is disregarded… Now when I was on benefits, I was charged a lot of money for my care and it doesn't make any sense that you're penalising the people with the least amount of money.'** *(Participant 5)*

Some interviewees suggested that local authorities have a conflict of interest in relation to care charging.

> **The Council has a duty of care to ensure that people are receiving the amount of care that they need in order to not just have a bare existence, but have a decent life, and yet the other side of the Council is saying no, you've got to pay this…The client pays it, but then skimps on other essentials like food, clothes or electricity.** *(Participant 7)*

Another noted that social workers often hand over charging questions to finance officers, which again raises conflict of interest issues:

> **And obviously, most finance officers are more interested in effect getting an income… not kind of maximising a service user's expenditure, which in effect would reduce their own income stream… So you could already see that - yeah, there's a conflict of interest there plus they're probably unlikely to be familiar with the Care Act and statutory guidance.** *(Participant 4)*

People also highlighted that delays in the financial assessment means that people can be sent a large (back-dated) bill for charges that they didn't know they were expected to pay. One interviewee said:

> **Obviously the kind of reassessments meant to be done around finances on a regular basis, but often they're put back just due to capacity, which I think causes a lot of stress, particularly when thinking about sort of backdating that might occur later down the line.** *(Participant 16)*

Some people are not even aware that charges will be coming:

> **[You get people who] weren't aware that a financial assessment or anything had been done, weren't informed of it, weren't asked for their disability-related expenses or anything. But just sent, you know, a year in, a bill for something like £6,000. I mean, I don't know anyone, really, who can afford that, let alone people on benefits.** *(Participant 11)*

Several interviewees noted that the migration to Universal Credit had increased people's charges because elements of the benefits were no longer disregarded by the local authority as they had been under Employment Support Allowance. The move has also led to delays in people getting charged:

> **What happens is obviously the benefits sections and councils get told that people have moved to Universal Credit because they stopped getting housing benefit. But social care finance section don't know. So a lot of people have been getting slapped with massive bills. Because the amount they have to pay has been backdated to April or when they moved to Universal Credit.** *(Participant 12)*

This was not flagged in advance and seemed to be simply a side effect of the way UC brings different benefit streams together.

What helps those who pay social care charges?

We asked participants what might help to improve the current approach to social care charging. They talked about support networks and skills development which would help, and also discussed whether the abolition of care charges was a viable approach.

Who can help?

Peer support and informal networks were highlighted as a key channel to help Disabled people with care charges (Facebook groups, informal workshops, friends and relatives). Disabled People's Organisations and voluntary and community sector organisations were also consistently mentioned (although it was noted that there are often no charities available or with resource to do this work). Bodies such as the Citizen's Advice Bureau and legal firms were potential avenues for support; however, participants felt they often don't have the capacity, knowledge or experience to support individuals with their charges. Finally, participants said that MPs and councillors could help with the issues presented by charging but that often it is hard to get them to take the time to listen to and understand the challenges.

What can help?

Interviewees gave many suggestions of the types of activity which can support Disabled people with their care charges. Firstly, participants said that accessible information that is clear and detailed would be helpful, and many highlighted the importance of inclusive formats such as easy read, sign language and translations. Participants also stated that having skilled and knowledgeable social workers and advice and support workers would be of great benefit. Participants recommended greater personalisation of services, such that care packages, financial assessments and charges were calculated based on the individual rather than blanket applications of policy. One interviewee recommended:

> **Financial assessments that [are] done really, really well with kind of really in-depth, proper conversations with people, really exploring for them. As an individual. You know what DREs might be and… not coming at that conversation with the kind of perspective of, oh, I know what we allow and we don't allow. But really listening and understanding what people's needs are and why they might consider something as a DRE. So I think that might make a difference.** *(Participant 9)*

The knowledge, skills and personal attributes of the individuals faced with care charges were also highlighted. An individuals' level of understanding and capacity to understand the care charging process was said to be essential in dealing with the complexity and variation of the system. Resilience, confidence and persistent were also noted as key attributes which help Disabled people to advocate for themselves and to challenge unfair charges.

Different forms of advocacy including advocating for oneself, informal advocacy through charities or relatives, and the use of formal advocacy providers were mentioned as potentially beneficial. However, access to advocacy varies highly between local authorities, and one participant noted that accessing it can be an uncomfortable process as often advocates have to be approved by a social worker. Interviewees also noted that it was hard for advocates to understand and advise on charging cases (particularly if they didn't have a benefits advice background). As one interviewee said,

> **You can get advice from this organisation [or] from this organisation, but the advice is so general it's not as granular as I think people really need.** *(Participant 6)*

Activism and campaigning to raise awareness with policy makers and decision makers was described as another potential activity which could support Disabled people. Activity like this was said to be able to influence those with power and raise the prominence of social care charging issues, potentially leading to better service design and reform. Participants highlighted the importance of 'whole system approaches' and 'multi-party approaches', targeting national policy and encouraging collaboration between political parties to address charging. Co-production of charging policy and practice was said to be helpful when and where it happens, but this is something which needs to increase for Disabled people's voices to be represented.

Could care charges be abolished?

Many campaigners are seeking to abolish social care charging, citing the damaging effects they have on Disabled people as well as the additional resources required by local authorities to chase up debts and prosecute people (Pring, 2022; Ryan, 2023)

Non-residential social care support has been free in the London Borough of Hammersmith and Fulham since April 2015 (Hammersmith & Fulham Coalition against Cuts, no date; London Borough of Hammersmith & Fulham, 2025). An effective campaign by Disabled people in the borough over many years led to the change [see Campaign Video]. One interviewee – involved in the campaign – highlighted how the change had been the result of close working with local politicians, and the framing of charges as a human rights issue:

> **If we don't get people, politicians, to start from a human rights position, we will never move them on to away from it just being a process... about managing budgets and bringing money in.** *(Participant 15)*

In the ten years since the charges were abolished, more than 5,000 people in Hammersmith and Fulham have received free social care support. The borough was the first and only local authority to have provide free social care at home until April 2025, when the London Borough of Tower Hamlets also abolished care charges (Tower Hamlets, no date).

The DLS report on social care charging cites key budgetary factors which facilitated the policy in Hammersmith and Fulham (Disability Law Service, 2024b). Hammersmith and Fulham planned their budgeting based on the idea that the only cost of abolition would be the loss of income from charges which was predicted to be £324,000 per year in December of 2014 when the policy was announced. This loss of income was ameliorated by cuts in other areas, such as to council publications, lamp post banners, and public relations – amounting to £400,000 of savings according to Disability Rights UK (2014). Interviewees in our research also spoke of the savings which Hammersmith and Fulham have made as a result of no longer having to pay for financial assessments and processing debt collections:

> **They've actually managed to believe it or not, save monies by doing this. Because they haven't had to pay for all the different financial advisors, the different taking people to courts, you know, all the different sort of charges and costings that they would have done.** *(Participant 11)*

The DLS argue that all local authorities are capable of similar cost cutting which could facilitate abolition of care charges (Disability Law Service, 2024b). However, the extent to which Hammersmith and Fulham offers a model for other local authorities to follow is disputed. The borough has some distinctive features: it only introduced charging in 2006, later than many other boroughs; it has a relatively small population compared to many other local authorities (London Borough of Hammersmith & Fulham, 2024); and it has a relatively low proportion of older people compared to other local authorities.

Local authorities considering abolishing charges have to consider not only the loss of existing income but also the possibility that demand for care will rise if charges are removed. Beresford and Slasberg (2023) present an analysis of NHS Digital data to explain what happened to demand for social care in Hammersmith and Fulham in the years following 2015. By 2019/20, the number of older people accessing social care in Hammersmith and Fulham was nearly double the national average. In order to meet this increased demand, Beresford and Slasberg argue that the borough had to tighten eligibility. Between 2015/16 and 2019/20 there was a 35 percent reduction in the number of working-age Disabled people who received support, and the annual spend of working-age people was decreased to 30 percent of the average of Inner London boroughs. The authors suggest that it was the use of the eligibility process itself that enabled Hammersmith and Fulham to balance the budget. They go on to say that the 'eligibility process covertly operates to undermine a local authority which is seeking to adopt measures intended as progressive and worthwhile' (Beresford and Slasberg, 2023, p.65). Similar conclusions are drawn by the Campaign for Real Care (2024). Whereas the reduction in care packages in the borough could be due to 'outcome focussed and person centred assessments and from effective prevention work', it is highlighted that all council make claims such as this and that Hammersmith and Fulham offer no evidence to suggest why they would be more effective than other councils (Campaign for Real Care, 2024). Without increases in budgets and greater support from national government to local authorities, it would appear that levels of support have to be reduced in order to balance the books.

The future of social care charging

We asked participants what they felt would need to change about social care charging in the future. Firstly, participants spoke about a need to raise awareness of the issues and challenges of care charging with policy makers and wider society, and to increase understanding of social care and the lives of Disabled people more generally. Participants argued that the whole system nationally needs 'rethinking' and there needs to be a movement away from charging being left to local authority discretion. Nearly all participants simply stated that they felt that care charging needed to be abolished nationally due to the harm it causes to Disabled people.

However, most participants acknowledged that widescale abolition was an unlikely scenario given the financial pressures facing local government social care budgets. Whilst this had been done in Hammersmith and Fulham (and now also in Tower Hamlets), there was recognition that there were particular features in those boroughs which were not necessarily transferable elsewhere. As this participant stated, abolishing charges needs to be done in way that improves the system for all:

> **I think it should be abolished but it needs to be abolished in a responsible way because I don't want to pull the drawbridge up on other people and other generations. I don't want it to be that my social care charging has been abolished but nobody else can get social care. I want to find a sustainable solution…** *(Participant 2)*

Several interviewees made the point that charging against income could be dropped without needing to also drop the charging against wealth:

> **[T]o do it, lock stock and barrel is probably going to do something like double the bill, because there is a very large self funding market… If you abandoned charging against income, that will disproportionately benefit… working age, Disabled people.** *(Participant 1)*

This would have less severe financial consequences for local authorities and avoid the issue of local authorities needing to fund people with assets above the higher means-test threshold.

Although such system-wide change could be hugely beneficial, several interviewees also identified incremental changes that can be made to improve the current system. Recent uplifts to the MIG for example were given as an example of incremental improvements. A number of participants said that the national government should further increase the MIG to be representative of the actual cost of living for Disabled people.

Local authorities have substantial discretion in how they set charges and offset DREs and some do so in a way that helps people to keep more of their income. There is scope for more learning between local authorities in how to make charges less complex and punitive. Some local authorities are coproducing their charging policies with Disabled people, and this provides a model for others to follow. National and regional networks such as the Association of Directors of Social Services (ADASS) could help to share best practice between local authorities in relation to charging.

Other participants gave ideas for how charging calculations could be changed at the individual level. One participant suggested social care charging could mimic debt repayment models where fees are calculated only at what can be afforded based on individual circumstances. Similarly, participants said that there should be greater personalisation of DREs, looking at individuals' needs on a case-by-case basis. Participants said there also needs to be more commissioning of services which can provide accurate and helpful support.

Conclusions and recommendations

This research highlights a system of social care charging in England that is widely experienced by Disabled people as complex, inconsistent, burdensome and punitive. The system places considerable responsibility on Disabled people to navigate unclear rules and respond to decisions that are often inadequately explained. Variation between, and within, local authorities compound the complexity of charging policy, reinforcing a sense of unpredictability and inequity.

The consequences of charging are substantial. Disabled people report increasing financial strain, debt, hardship, and the deterioration in mental, emotional, and physical wellbeing as a result of charging. Some Disabled people even opt out of receiving care altogether due to charges being unaffordable, leading to further consequences for their health. Our findings mirror patterns seen across the limited existing literature, that charging exacerbates inequality and pushes those already experiencing hardship further into poverty (Bolderson, 2023; DLS, 2024).

Our report is titled ***Social care charging: is it worth it?*** In relation to the hardship and distress that charges create for Disabled people, they are hard to justify. They are punitive, poorly understood by most people including local authority staff and hugely variable across localities. However, for cash-strapped local authorities, it is easy to see why these charges – which aren't publicly visible in the way that say council tax is – represent a welcome source of income. Hammersmith and Fulham, and more recently Tower Hamlets, demonstrate that abolition of charging is possible in specific local contexts. There is some very helpful learning from the Hammersmith and Fulham experience, and we understand that further research on this is due to be published soon. Participants in our study expressed a clear preference for abolition of social care charging although most acknowledged that this may not be feasible in the short term and especially without changes to national funding structures. However, there are steps that could be taken, short of full abolition, which would help minimise the damaging effects of charges. Below, we present a number of recommendations.

Recommendations

1. National policy

- **Increase consistency in charging policy nationally**, including clearer definitions of DRE, income disregards, and treatment of benefits
- **Increase the MIG** to better reflect the actual cost of living for Disabled people
- **Consider abolishing charges based on income** (as opposed to wealth)

2. Improving local authority practice

- **Simplify and standardise charging information**, ensuring that policies, guidance and letters are accessible and written in clear language
- **Ensure accessible formats** (for example, easy read, audio, British Sign Language, translations) are routinely available
- **Improve training for social work and finance teams**, particularly around DREs, statutory guidance and Care Act duties
- **Encourage co-production** in local and national charging policy, ensuring Disabled people shape service design

3. Support, advocacy and advice

- **Invest in independent DPOs**, which provide essential advice, support and challenge to local authorities
- **Expand access to independent advocacy**, ensuring advocates have sufficient training in charging and financial assessments

4. Personalisation and fairness

- **Increase personalisation in financial assessments**, with more careful exploration of individual needs and expenditure
- **Improve transparency and consistency in DRE decisions**

5. Longer-term change

- **Continue to evaluate the outcomes of local abolition of charges**, identifying impacts on Disabled people and what can, and cannot, be usefully transferred to other areas

We hope that social care charging will receive attention from the Casey Commission and that the Commission will recommend changes to it. However, the recent history of social care is littered with unfunded reforms that have not been implemented (see e.g. Needham and Burn, 2025), so the Commission will need to give attention to financing and implementation as well as proposed changes.

References

Baxter, K., Heavey, E., & Birks, Y. (2020) Choice and control in social care: experiences of older self-funders in England. Social Policy & Administration, 54(3), 460-74.

Beresford, P., & Slasberg, C. (2023). The future of social care: From problem to rights-based sustainable solution. In The Future of Social Care. Edward Elgar Publishing, The Future of Social Care – From Problem to Rights-Based Sustainable Solution | Elgar Online: The online content platform for Edward Elgar Publishing.

British Medical Association (2024) Social care in Northern Ireland. https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/social-care/social-care-in-northern-ireland.

Bolderson, C. (2023) 'It's the fairness isn't it?' The experiences and perceptions of social care charging policy and practice for disabled adults of working age and their families. University College London, unpublished Masters thesis.

Bottery, S. (2024) Labour never loved the idea of a cap on care costs – now it must decide what to do instead. The King's Fund [blog], 2 August. Available at: https://www.kingsfund.org.uk/insight-and-analysis/blogs/labour-cap-on-care-costs

Braun, V. and Clarke, V. (2021) Thematic analysis: A practical guide.

Campaign for Real Care (2024) 'Abolishing non-residential charging: A winnable campaign objective,' CampaignRealCare, 29 November. https://www.campaignrealcare.org/post/abolishing-non-residential-charging-a-winnable-campaign-objective

Care Act 2014, c. 23. Available at: https://www.legislation.gov.uk/ukpga/2014/23/contents

Carers UK (no date) Disability-related expenses | Carers UK. https://www.carersuk.org/help-and-advice/financial-support/benefits-if-you-are-disabled-ill-or-injured/disability-related-expenses/.

Community Care and Health (Scotland) Act 2002. Available at: https://www.legislation.gov.uk/asp/2002/5/contents

Cowell, C. (2025) Transforming adult social care in 2025: What to expect. https://advancedaca.co.uk/transforming-adult-social-care-in-2025-what-to-expect/.

DHSC (Department of Health and Social Care) (2025a) Independent Commission into Adult Social Care: terms of reference. Independent commission into adult social care: terms of reference - GOV.UK

DHSC (Department of Health and Social Care) (2025b) Adult social care finance report, England: 2024-25. Available at: Adult social care finance report, England: 2024 to 2025 - GOV.UK

DHSC (Department of Health and Social Care) (2026) Social care - charging for care and support 2026 to 2027: local authority circular. [online] GOV.UK. Available at: https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2026-to-2027/social-care-charging-for-care-and-support-2026-to-2027-local-authority-circular.

Disability Law Service (2024a) Ending the charging system for non-residential care for Disabled adults in England. 24.07.2024-final-report.pdf

Disability Law Service (2024b) The London Borough of Hammersmith and Fulham model. https://dls.org.uk/wp-content/uploads/2024/07/HF-model.pdf

Disability Rights UK (2014) Council agrees to scrap home care charges. https://www.disabilityrightsuk.org/news/2014/december/council-agrees-scrap-home-care-charges?theme=dark

Eley, A. and Holt, A. (2023) Social care costs see thousands chased for debt. https://www.bbc.co.uk/news/uk-64668729.

Hammersmith & Fulham Coalition against Cuts (no date) https://www.hafcac.org.uk/.

Health and Social Care Committee (2025) Adult Social Care Reform: the cost of inaction. Second Report of Session 2024–25. HC 368. Available at: https://committees.parliament.uk/publications/47713/documents/249329/default/

Henwood, M., Glasby, J., McKay, S., & Needham, C. (2022) Self-funders: still by-standers in the English social care market?. *Social Policy and Society*, 21(2), 227-41.

JRF (2026) Time to end social care charging in Scotland, Time to end social care charging in Scotland | Joseph Rowntree Foundation

Llywodraeth Cymru (2025) Charging for social care | GOV.WALES. https://www.gov.wales/charging-social-care. [Accessed 29 July 2025].

London Borough of Hammersmith & Fulham (no date) Care and support costs. https://www.lbhf.gov.uk/living-independently/care-and-support/financial-support/care-and-support-costs.

London Borough of Hammersmith & Fulham (2024) Who we are. [online] Available at: https://www.lbhf.gov.uk/councillors-and-democracy/about-hammersmith-fulham-council/borough-profile/2024/who-we-are.

Lunt, N. and Baldwin, S. (1997) 'Charging ahead in the community: local authority charging policies for community care', Health & Social Care in the Community, 5(6), pp. 418–20. Available at: https://doi.org/10.1111/j.1365-2524.1997.tb00139.x.

National Health Services Act (1946) Available at: https://www.legislation.gov.uk/ukpga/1946/81/pdfs/ukpga_19460081_en.pdf

Needham, C., & Burn, E. (2025) 'Law but not law': explaining unenacted policy as a type of policy failure. *Policy & Politics*, 53(2), 273-95.

NHS Digital (2023) Adult Social Care Survey (ASCS), England 2022-23. https://app.powerbi.com/

NHS England (2025) Getting a care needs assessment. https://www.nhs.uk/social-care-and-support/help-from-social-services-and-charities/getting-a-needs-assessment/.

Pring, J. (2022) Tens of thousands driven into debt by care charges, new figures show. https://www.disabilitynewsservice.com/tens-of-thousands-driven-into-debt-by-care-charges-new-figures-show/.

Ryan, F. (2023) '"It's a tax on disability": rising UK social care costs force many into debt', The Observer, 28 May. Available at: https://www.theguardian.com/society/2023/may/28/tax-on-disability-rising-uk-socialcare-costs-debt

The SDS Handbook (2025) Paying towards your social care support (care charging) - The SDS Handbook. https://handbook.scot/sds-handbook/article/paying-towards-your-social-care-support-care-charging/.

Tower Hamlets (no date) Paying for my care. https://www.towerhamlets.gov.uk/lgnl/health__social_care/Health-and-adult-social-care/ASC/Paying-for-my-care.aspx

Glossary

Asset – assets include savings, investments and property, and are taken into account during a financial assessment.

Care Act – the Care Act 2014 is the main piece of legislation concerning social care in England.

Centre for Care – the Centre for Care is a collaboration between the Universities of Sheffield, Birmingham, Kent and Oxford, the London School of Hygiene & Tropical Medicine, the Office for National Statistics, and three leading charities: Carers UK, the National Children's Bureau and the Social Care Institute for Excellence. The Centre funded this research study.

DHSC – Department of Health and Social Care

DLS – Disability Law Service

DPO – Disabled People's Organisation. These organisations are led, managed and controlled by Disabled people, often with at least 75% of Disabled people as Board members or trustees.

DRE – Disability Related Expenses. These are extra costs that Disabled people may have because of their impairment or health condition, for example food for a specialised diet or adapted clothing.

ESRC – Economic and Social Research Council. This organisation funds the Centre for Care.

Income disregards – These are specific types of income or benefits that local authorities must exclude when calculating how much an individual contributes to their care costs.

MIG – Minimum Income Guarantee. This is an amount of money set aside for individuals by the local authority when carrying out a financial assessment. It is intended to ensure that people keep a level of income that covers their living costs.

Threshold – a threshold is the limit or amount, beyond which people are charged in different ways for the care they receive. There are two thresholds that are relevant to a financial assessment, upper and lower thresholds.

About the authors

Eleni Chambers is a Community Associate with the ESRC Centre for Care

Catherine Needham is a Professor of Public Policy and Public Management at the University of Birmingham and a Co-Investigator in the ESRC Centre for Care

Anne Pridmore is a Community Associate with the ESRC Centre for Care

Sam Teo is a Research Associate at the University of Birmingham

Acknowledgements

To cite: Chambers, E., Needham, C., Pridmore, A. and Teo, S. (2026). Social care charging: is it worth it?. Centre for Care Working Paper 8, CIRCLE, Sheffield: University of Sheffield

ISBN 978-1-0666227-2-6

This research was funded by the Economic and Social Research Council (ESRC), award ES/W002302/1, with contribution from the National Institute for Health and Care Research (NIHR) (Department of Health and Social Care). The views expressed are those of the author(s) and not necessarily those of the ESRC, UKRI, NHS, the NIHR or the Department of Health and Social Care.

Contact

Please get in touch if you would like to know more, or to work with us on related issues, by contacting our support team:
centreforcare@sheffield.ac.uk

Website: centreforcare.ac.uk
LinkedIn: @Centre for care