REPORT CARE

Time to end social care charging in Scotland

Social care charging is an unfair, inconsistent system that leaves low-income families in significant financial hardship and masks unmet need.

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Executive summary

Social care charging is a complex system, both for those who rely on it and those who administer it. Despite aiming to develop a system that is fair, current charges are inconsistent, mask unmet need and cause significant financial hardship to disabled people. There are things that could be done to make the system fairer, but ultimately these charges need to end.

The Scottish Government committed to ending non-residential social care charges in 2021, but since then, no meaningful progress has been made. This research shows that charging policies across Scotland are inconsistent, mask unmet need and are causing significant financial hardship. People in similar circumstances on low incomes can be contributing markedly different amounts to their care. While those administering these policies aim for fairness within a complex system, current charging policies leave working-age households with very low incomes that are unfair and damaging. Reform of the system is needed.

Recommendations

The Scottish Government and the Convention of Scottish Local Authorities (COSLA) should work together without delay to clarify and articulate a clear policy objective, scope and timeline for removing non-residential care charges. The aim should be to create a social care system that is sufficiently well-resourced to meet people's needs and free at the point of use.

Local authorities should implement a more consistent and fair approach to financial assessment, including:

- improving the capture of inescapable disability-related costs
- increasing Minimum Income thresholds to ensure that disabled people are left with a more adequate income
- levelling up to the best practice in other areas (for example, treatment of partner incomes, disregarding disability assistance, accounting for the costs of children) — we suggest ways in which this could be done, as a stepping stone ahead of wider reform and COSLA and the Scottish Government should agree appropriate additional funding to cover these improvements (income foregone)
- local authorities and COSLA should commit to greater transparency, boost their use of data and evidence and meaningfully involve people using services to guide their decision-making in this area
- local authorities, COSLA and the Scottish Government should commit to developing a clear plan to scale up social care provision to better meet identified needs
- the Scottish Government's commitment to deliver social care support with a human rights-based approach must be followed with a system that is sufficiently funded to meet people's needs with care that is provided free at the point of use.

1. Introduction

The Scottish Government committed to ending non-residential social care charges by 2026 with COSLA committing to explore their removal alongside the Government. This followed an independent review of adult social care and builds on the principle of personal and nursing care being free at the point of use in Scotland. With local authorities reporting rising demand, need and costs, the achievement of this commitment by 2026 is looking very unlikely.

At the same time, disabled people face deepening poverty and rising costs, and despite Adult Disability Payment (ADP) being devolved, the UK Government remains on course to cut the main means-tested benefits. Disabled people feel brutalised by state systems that leave them to pick up the costs of budget shortfalls: these costs are both human and financial.

Disabled people's access to social care support is critical to the realisation of their human rights, and to ensure full and equal enjoyment of equality, human rights and fundamental freedoms. These rights and entitlements are set out in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), the International Covenant on Economic, Social and Cultural Rights, and the UK Equality Act. Despite these provisions, which seek to protect people across many areas of life, disabled people are routinely denied basic rights which non-disabled people take for granted. This is compounded by disabled people's higher and deeper levels of poverty. In this context, every element of expenditure incurred by disabled

households needs to be considered for the impact it may have on the level of financial strain experienced.

This project sought to understand how the social care charging policy is currently being implemented, its varying impact on different local areas and groups of disabled people, and whether there were recommendations that could reduce the pressure on disabled people ahead of wider reform and removal of charges.

2. Context

Disability, poverty and financial strain

Disabled people's experience of structural inequalities means they face higher rates of poverty, including higher rates of deep poverty, and are less likely to be in work (JRF, 2025). The Disability Employment Gap (the difference between the employment rate for disabled people and non-disabled people) has stubbornly stayed at 29% (JRF, 2025), but even when disabled people are in work, they experience a disability pay gap – this gap was 18.5% in Scotland in 2021 (ONS, 2022). Inadequate social security, extra costs for disabled people and the discrimination that disabled people regularly face are factors that continue to sustain this cycle of poverty. Around a half (52%) of all Scottish children living in poverty live in a household with a disabled adult or child (JRF, 2025).

Extra costs for disabled people create what Scope calls a 'disability price tag'. In 2024–25 this meant that disabled households needed an average of £1,095 more a month to have the same standard of living as a non-disabled household (Scope, 2025). Scope's analysis shows that by 2029–30 this price tag is expected to rise to £1,224 per month. These extra costs include specialist disability-related products and services, and greater spending on transport and essentials such as energy to help manage conditions.

The estimated average shortfall in disabled household income between disability benefits and actual extra costs is £630 per month (Scope, 2025). Alongside and due

to these long-term structural inequalities, austerity, the Covid-19 pandemic and the cost-of-living crisis have disproportionately affected disabled people (Abrdn Financial Fairness Trust, 2022), with particularly acute impacts for disabled women (Women's Budget Group, 2024; GDA, 2022). Evidence demonstrates that the impact of the pandemic has pushed more families with a disabled person in the household into poverty (Inclusion Scotland, 2023).

From a human rights-based approach, the UN Committee on the Rights of Disabled People has been scathing of insufficient action in the UK, which has failed to address the 'systematic violations' of the human rights of disabled people (Committee on the Rights of Persons with Disabilities, 2024).

The Scope research conducted across the UK (with different social care charging regimes across the nations) highlighted that care contributions were felt by disabled households as one of the greatest extra costs they faced; one research participant described them as a 'tax on disability' (Scope, 2025).

Recent surveys by Glasgow Disability Alliance (GDA) and Disability Equality Scotland have found that disabled people in Scotland are concerned about their finances and are making difficult decisions daily about where to spend and where they can make reductions to their outgoings.

A GDA survey from October 2024 highlights what this financial precarity means for disabled people:

- 93% were worried about money and financial security

- 71% could not meet their needs on their income (through benefits or work)
- 86% could not find accessible welfare rights support, outwith GDA
- 68% could not pay their utilities costs without cutting back other spending
- 67% could not access social care that met their needs (Glasgow Disability Alliance, 2024).

In an earlier survey, conducted in Glasgow by GDA and the Scottish Women's Budget Group (SWBG) in 2023, 63% of respondents stated that they struggled to manage social care charges, and 26% were having to make changes to other household expenditure to manage these costs (GDA & SWBG, 2023). Within this, respondents stated that they were cutting back on care services due to rising costs. This included removing personal alarm services, cutting care hours to reduce costs and not taking social time within care plans. These strategies particularly have a negative impact on individual women in terms of their standard of living, with many saying they are barely surviving and that their lives have shrunk.

As well as this individual cost, there are also societal costs: first, to the wider community of women being unable to participate in their communities and second, to the NHS and other services due to increased costs from a deterioration in carers' health and well-being. Above all, the cost is to disabled women who cannot participate in their own lives, contribute to their families and communities or take up opportunities available to them.

"I have to buy what food is reduced, the cheapest or go without. Have to decide what is the most important. Have many disabled aids to charge up, so cannot reduce

consumption and due to having muscle wasting condition need a warm home in the winter. Rent increase, council tax increase, have to pay for gardener. Fuel prices up, but need car to take me to work, place of worship and shopping. My contribution to my care has increased by nearly 50% which has thrown me into extreme poverty despite working." (GDA and SWBG, 2023).

Recent research by the Fraser of Allander Institute and Scottish Commission for People with Learning Disabilities found that of those interviewed:

- 70% of households did not meet the minimum income standard
- This rose to 86% if additional cost payments were removed[1]
- 56% of those interviewed experienced relative poverty when additional cost payments were removed.

A number of participants stated that non-residential social care charges have an effect on their overall sense of financial security (Fraser of Allander & Scottish Commission for People with Learning Disabilities, 2025).

Local authorities and social care charging

At the same time as disabled people and their households are facing rising costs across essential goods and utilities, local authorities are making decisions to increase non-residential social care support charges and raising eligibility thresholds for accessing support. (To access support, individuals must be assessed as having critical or significant needs.) Analysis of local budget information previously carried out by the SWBG found that in 2024–25 at least 14 local authorities increased non-

residential social care charges. In other local authorities, changes to policies and rates were considered outside the Councils' budget process. At present, the income requirements from charging are being borne by a small group of people, some of whom are on very low incomes, to enable councils to set a balanced budget.

The Public Bodies (Joint Working) (Scotland) Act 2014 put in place arrangements for health boards and local authorities to work together to agree a model of integration to deliver quality, sustainable care services. This Act saw the creation of Integration Authorities, the majority of which are Integrated Joint Boards (IJBs). These are responsible for strategic planning and service delivery for care services, including managing the allocated budget and other resources (Scottish Government, 2015).

IJBs are facing stark financial pressures. Despite recent real terms increases in funding in social care, Audit Scotland has noted the unprecedented challenge and uncertainty they face, a widening inequality gap for those receiving support, increasing demand and unmet need, and increasing variation in the experience of those receiving support. Audit Scotland started to raise concerns about tightening budgets for IJBs in 2016 and highlighted that the pace of change in social care was too slow (Audit Scotland, 2016). In August 2025, social care providers declared that without a substantial cash injection, social care support services were at risk of being pushed over the edge of sustainability (Coalition of Care and Support Providers in Scotland and The Alliance, 2025).

Charging may be seen as an area of the budget the local authority can have more control over; however, unlike other forms of income raising by councils, it is a charge

targeted at those who are often marginalised in other ways and already at significant risk of poverty.

The findings of this research provide an outline of the wide variation that can be experienced by individuals due to differing applications of guidance for social care charging.

Who accesses care

Public Health Scotland statistics show that in Scotland, 89,620 people received care at home support in 2022–23, and that 90% of people receiving care at home services in quarter 4 of that year received personal care. Half of those receiving care at home support during 2022–2023 also had a community alarm or telecare (Public Health Scotland, 2023).

Working-aged adults (16–64):

- 16,545 received social care support
- 75.9% received personal care.

Pensioners aged 65-75:

- 13,555 received social care support
- 93.1% received personal care.

Pensioners aged 75–84

- 28,030 received social care support
- 95.5% received personal care.

From this data we can assume that those in the 18–64-year-old category are more likely to receive chargeable services due to the lower rate of free personal care received. This is likely due to the different client groups that make up those receiving social care support in this age range, which has a higher proportion of people with physical/sensory disabilities, learning disabilities, other conditions and mental health conditions. Older age groups accessing support are more likely to include the elderly/frail and dementia client groups.

Table 1 outlines the information from Public Health Scotland on the client groups accessing social care support by age.

Table 1: Social care client group numbers taken from Public Health Scotland Insights in social care

Client group	Age 18–64	Age 65–74	Age 75–84	Age 85+
Elderly/frail	1,140	7,940	12,130	14,700
Physical/sensory	6,445	5,345	7,155	8,195
Other	4,920	2,870	2,925	2,420
Mental health	3,720	1,345	805	405

Client group	Age 18–64	Age 65–74	Age 75–84	Age 85+
Learning disability	5,160	745	230	50
Dementia	135	735	2,185	2,030
Not recorded	1,340	955	1,195	1,115

Note: Numbers rounded to the nearest 5.

Source: Public Health Scotland, 2023

Those accessing social care support, and the amount of support accessed, varies across the Scottish Index of Multiple Deprivation (SIMD) areas in Scotland. Higher proportions of people in the most deprived areas receive home care support: 26% of people receiving home care support lived in the most deprived areas, compared to 13.9% living in the least deprived areas. This varies further by age: 36.2% of those aged 16–64 who received support lived in the most deprived areas; only 7.5% of those receiving support lived in the least deprived areas.

These figures reflect the higher poverty rates experienced by disabled people. The difference for working-age adults (16–64) is particularly relevant when considering the impact of non-residential social care charges and how the policies interact with people of different ages, outlined within our findings below.

People in the most deprived areas are also most likely to be amongst those who feel they need support but are not getting it (Scottish Government, 2022). Research in England has found links between those living in deprived areas and unmet need (Brimblecombe and Burchardt, 2021).

The figures continue for unpaid care, with unpaid carers in the most deprived areas spending more time caring:

- 47% of unpaid carers in the most deprived areas spend more than 35 hours a week caring, compared to 24% in the least deprived areas
- young carers (under 25) are more likely to have a higher rate of caring in the most deprived areas (Scottish Government, 2015).

An increase in unpaid carers has been highlighted through both the Scottish census and the Carers Census (Scottish Government, 2024). Access to care, including limiting access due to charges, may be influencing these changes. The majority of those who access care are women. The majority of those providing paid and unpaid care are also women. Care is a highly gendered area, and the impact of social care charges in compounding gender inequality should also be considered.

Publication of specific data on who is affected by non-residential social care charges is limited. No national dataset breaks this information down, and there is limited publicly available information at a local level. Within Equality Impact Assessments (EQIA), 2 local authorities have provided indications of those affected by charges.

Glasgow City Council undertook a review of 40 service users. This review identified that, after the financial assessment, 87.5% were subject to charges. The average weekly charge ranged from £54.45 to £93.03 across the client groups, with a maximum charge of those selected of £294.30 in Older People, £123.57 in Physical Disabilities, £171.39 in Learning Disabilities and £156.41 in Mental Health. Of the service users reviewed, 20% had undergone an assessment for Disability Related Expenditure (DRE).

Aberdeen City Council provides a detailed breakdown of those receiving housing support- chargeable services within the city. This data shows that people with a learning disability make up the largest proportion of those receiving housing support, followed by people with mental health conditions.

At a local level, especially in smaller, rural or island local authorities, local authority staff hold the knowledge about who is accessing care and who pays towards the services. However, a national picture of those who are affected is lacking; this is likely to hamper progress to ending charges, as well as data-driven decision-making.

Policy context

The current legislative framework for charging includes services provided under the Social Work (Scotland) 1968 Act, which defines the duty on local authorities to assess needs and prepare plans for community care services. Under section 87 of the Act, charges must be both ‘reasonable and practicable’ for an individual to pay. The 1968 Act was further updated by the Community Care and Health (Scotland) Act 2002,

which introduced free personal and nursing care to those over 65 in Scotland. This was extended to those under 65 from April 2019. Decisions on whether to charge for other forms of non-residential social care support sit with local authorities. There is no legal duty to apply social care charges.

Since 2002, COSLA has been producing guidance, as set out in the Act, to support local authorities by defining a set of principles to underpin the development of local social care charging policies.

However, the social care system continues to fail too many people, both those receiving (or needing) support and those who work in it. The 2021 Independent Review of Adult Social Care (IRASC) stated that the process of accessing care is 'notoriously difficult, over-complicated and bureaucratic', with a disparity of access to social care between local authorities. Barriers to accessing social care support included eligibility criteria and the charging regime. The review found that charging for services and supports deemed necessary presented a significant challenge for many individuals on reduced incomes, substantially affecting their ability to make choices (Feeley, 2021). Alongside this, social workers shared their frustrations with the process and the pressure to be gatekeepers for cash-strapped local authorities.

The review highlighted the transformational change needed in social care, including the need to challenge the prevailing narrative around social care support and acknowledge social care support as an investment in society that enables rights and independent living. It set out a number of recommendations, including that charging for social care support should be fundamentally reformed and ultimately removed, to

allow a greater emphasis on prevention and early intervention. Crucially, it highlighted that social care support should not be seen as the end goal, but rather as part of an interconnected system that prioritises people's well-being, supports independent living and is grounded in human rights (Feeley, 2021).

In 2021, the Scottish Government committed to ending non-residential social care charges. It has reaffirmed this commitment in each Programme for Government (PfG) since, and in multiple statements with COSLA. Appendix 1 provides a table outlining commitments made to ending non-residential social care charges. Neither the Scottish Government nor COSLA have published any detailed information on progress towards this or what is meant specifically by the commitment. Greater clarity could help forge a path to delivering on the commitment. For example, there is no clear definition of what charges would be removed to fulfil this commitment. GDA defines social care as the practical support people need to live the lives they want to live and participate in society alongside non-disabled people. This support can include home care, personal care, telecare, respite, day services and self-directed support. In the absence of detail, assumptions have been made that the commitment to end charges relates to all these forms of support. It looks unlikely that this commitment will be met by the end of this parliamentary term, as promised.

The costs of care

Across local authorities, there is considerable variation in the services provided and those that are charged for. While most local authorities implement social care charging, there is significant variation in practice; not all authorities charge for the

same services, the rates differ and not all chargeable services are actually charged for.

Chargeable services include aspects of domiciliary care, day care centres and social support, home support services such as laundry and shopping, transport to day care, community alarm service, telecare support, meals and lunch clubs. Local authorities set hourly rates for provisions of some of these services and flat rate charges for others. Mixed market provision of care services means that there are different providers of care, including public provision directly by the local authority or health and social care partnership, voluntary sector provision and private provision. The mix of different providers varies across localities in Scotland, with island locations having the highest rate of public sector provision.

Flat rate charges are implemented on a number of services; in the vast majority of local authorities these are not included within the financial assessment process. This is a choice made by local authorities – national guidance does not mention the inclusion of these charges in the financial assessment process. Typically, flat rate charges are used for community alarms, telecare equipment and meal services (if provided). The rates vary from £3.24 per week to the highest rate of £6.37 per week for a community alarm system and between £2 per week and £17.60 per week for telecare equipment. A spreadsheet outlining costs and charges is published alongside this research.

Questions this project set out to answer

1. How are local authorities setting social care charges? What informs their decision-making and what evidence do they draw on?
2. To what extent are disabled people's rights and needs considered (particularly those living on a low income)?
3. What impact are social care charges having on disabled people and their families (particularly those living on a low income)?
4. What impact is current access to social care and support having on disabled people and their families (particularly those living on a low income)?
5. What are the opportunities, challenges and trade-offs to making progress against the commitment to end social care charging, particularly for those living on a low income?

To answer these, this research undertook:

- an evidence review of the past 10 years on the context of social care charging in Scotland to inform work with stakeholders in the project
- policy analysis of non-residential social care charging policies across all 32 local authorities in Scotland and national guidance provided by COSLA
- participatory workshops with disabled people to understand their views on non-residential social care charging, the impact it has on their lives and recommendations to improve the process; 65 disabled people were engaged across 8 local authorities, including an island location
- interviews with council officers and councillors; we spoke to 8 council officers involved in delivering elements of social care charging policy across urban,

rural and island authorities, and 4 councillors on their perception as decision-makers on policy

- engagement with the COSLA Charging Guidance Working Group and other stakeholders, including the Coalition of Care Providers in Scotland, Glasgow Disability Alliance and The Health and Social Care Alliance.

3. Findings

Barriers of living under complex systems

Disabled people live within complex interacting systems which create barriers and exacerbate poverty. Those engaged in this research were clear that they are expected to navigate a range of systems, including engagement with social work, various social security processes and health systems that routinely do not talk to each other. The non-residential social care charging regime is just one of these systems. This includes the need to undergo a financial assessment to understand the level of charge they face, as payment is means-tested.

Figure 1: Complexity of the system disabled people live within

Due to the eligibility criteria, those who receive social care support are highly likely to be in receipt of ADP, Personal Independence Payments (PIP) or Disability Living Allowance (DLA) (to be transferred to ADP). These payments are made in recognition of the extra costs of living with long-term health conditions and disability, as outlined in the Scope research shared above. At current rates, these contribute towards, but would not fully meet, the extra costs that Scope outlined.

However, disability benefits are not fully disregarded within the financial assessment process, and the policy as it is applied presumes the use of disability-related benefits

to cover some essential social care costs. This adds complexity to the system – people are awarded benefits by the state that are then returned to the state (or other care provider) in the form of care charges. It also expands the definition of extra costs of disability to include essential care provision, which runs counter to the human rights-based approach highlighted in both the COSLA care charging guidance (COSLA, 2024) and guidance from Social Security Scotland. The 1968 Act outlining charges stated that these were to be 'reasonable and practicable'. A key question asked by one of the research participants was:

"What's reasonable? The cost or the money we get?"

Focus group participant

This question gets to the crux of the issue. Existing benefit rates for disabled people expose them to poverty. On top of this is layered the need to pay for essential care services on which they rely for everyday activities. As costs have risen over recent years, benefits have not kept pace with rising costs and limited incomes are stretched.

During a focus group exercise looking at guidance on disability-related expenditure and comparing across the experiences of the group, a participant told us how expectations of 'reasonable' varied across local authorities.

"Different councils seem to have different definitions of what reasonable is."

Focus group participant

The COSLA guidance highlights that, alongside processes to undertake a financial assessment, local authorities should seek to work with service users to maximise their income to reduce the financial hardship experienced. This point was emphasised throughout the local authority interviews, with processes outlined to ensure people had access to income maximisation support. However, questions were raised by others involved in the research about the extent to which this was being achieved across Scotland. One local authority interviewee said:

"The first priority is to maximise their benefits, the second priority from that is to make sure that we're charging them the correct amount at the correct time. That's absolutely crucial. So that's split between personal care and non-personal care, non-chargeable elements, the legislation that we have does make it a really kind of complex environment."

The care assessment is a crucial process in determining whether some forms of care are personal care or non-personal care. During a focus group discussion, one participant stated that whether something is classed as personal care or non-personal care can be down to individual workers' interpretations. This issue emerged in a couple of the local authority interviews, where interpretations about what is personal and non-personal care can and did differ across staff and areas.

"By trying to be fair and trying to balance so many things, we've actually made a very complex environment for our service users."

Local authority interviewee

Noting that the assessed needs of people with learning disabilities are more likely to be for social care support, one focus group participant shared that they thought ‘it feels like people with learning disabilities are more likely to be charged and have higher charges’, especially when living independently rather than in supported accommodation.

Impact of social care charges

We found that care charges have both an immediate financial impact on individuals’ budgets and a potential long-term effect on preventative care, as funds used to pay for care could otherwise be directed toward other essential costs or supportive services that enable opportunities. Those who participated in the research highlighted areas they had to ‘compromise’ on due to care charges and financial constraints, with one focus group participant reporting "Less washing – sacrifice baths, showers and hair washing."

Other participants shared that their family had to make compromises to provide unpaid care to cover their needs:

"A lot of sacrifices are being made by family and friends because they’re having to step up to support us. The fact that family and friends are having to step in to truly help us survive is such a big sacrifice on them and our relationships with them."

Finally, those involved in the research highlighted areas that they had had to cut back on due to constrained finances, with a reflection that not having to spend on social care charges may provide some disposable income or an ability to invest in other

supports:

"You're having to sit in a house on your own because you can't afford to go out to go anywhere to do anything."

Focus group participant

Charges in policy

The 2025–26 COSLA guidance – which is developed from a human rights perspective – highlights that charging policies should be accessible, transparent, fair and equitable (COSLA, 2025). As highlighted above, this guidance sits within the backdrop of charges being reasonable and practical.

Of Scotland's 32 local authorities, all implement charges of some kind. East Renfrewshire Council and Fife Council currently only charge for telecare services. However, East Renfrewshire Council has just reached an agreement to bring in wider non-residential social care charges from April 2026 (COSLA, 2025).[2]

For local authorities that choose to develop and administer a charging policy, COSLA provides 7 over-arching objectives to support local areas to:

- determine whether to charge a person for social care support at home, taking into consideration the full range of legal, financial and policy drivers
- develop a policy that is fair, equitable, accessible and transparent for people who use support, their families and carers, and staff applying it

- support local areas to work together to generate greater consistency across Scotland
- ensure the personal, social and economic circumstances of individuals are given due regard in determining whether charges should apply, and the level of charges to prevent financial hardship
- ensure that people who use services understand the reasons for charging and its contribution to supporting their social care
- ensure that charging policies at a national and local level are developed together with people who use services
- ensure that the human rights of supported people and the financial implications of charging on the supported person's quality of life, in terms of both their standard of living and their social and economic participation within the community, are considered in the development of charging policy and its application in practice.

"If a human rights approach was taken, I should be able to shower every day."

Focus group participant

The guidance highlights the need to create an enabling environment for those who use social care support and their carers, and to ensure that people's human rights are being fulfilled. However, views gathered during this research challenge how fair and to what extent a human rights approach is driving the delivery of this. Disabled people's organisations and their members have clearly articulated their view that social care charges are a breach of people's human rights and go against the

Scottish Government's own anti-poverty approaches. In the GDA Manifesto 2024, a GDA member was quoted:

"To be a disabled person – especially one needing social care support – is to live a life without choices or any sense of personal autonomy. The financial context determines whether disabled people have human rights and are even able to be in charge of our own life. We need to start from understanding of this as a fundamental injustice when planning how we might be heard or even dare to complain."

It was clear from interviews with those working at local authorities that the role at present is to deliver this policy in a way that is fair for all. Fairness was sometimes equated to everyone being charged the same based on their income. However, the wider question of whether this policy is fair from a national perspective has not been tackled. The commitment from the Scottish Government and COSLA to make progress towards ending charges, following recommendations from the IRASC, would suggest a national-level recognition that charging for social care is not fair.

However, a lack of clarity on the specifics of the commitment and the time frame for implementing it is challenging for those working with the social care charging policy. This research heard from one local authority that had started making changes to reduce charges in line with the commitment and with the expectation that national progress would follow quickly; as this has not happened, they have now started to reverse those changes to increase income. Expectations have also been raised with disabled people, carers and disabled people's organisations that change would have happened or be imminent at this stage in the parliamentary term.

Below is an outline of some key areas that have been highlighted over the course of this research that challenge how well the over-arching objectives are built into national and local policy-making.

Charges in practice

Transparency

Transparency is a key principle drawn out in the COSLA guidance and is particularly important to disabled people themselves. However, analysis of publicly available information found varying levels of transparency. Among local authorities, 21 had policies available and 4 provided a partial policy. Another 4 had no policy on their website, and 2 had no local policy available but instead directed people to the COSLA guidance. One local authority, East Renfrewshire, is currently developing its policy, but will not start charging until 2026.

Of those local authorities that published policies, the majority are for the financial year 2024–25, and 4 are older policies, with the oldest being from 2018. Lack of transparency within the assessment process was brought up by disabled people in this research.

Thresholds

The COSLA guidance sets out charging thresholds. From our review of local policies, these thresholds are used throughout Scotland, outlining the importance of the national guidance in this area. The thresholds are linked to the rates set by the UK

Government Department for Work and Pensions (DWP). However, there is no assessment of the impact of, or clear rationale for, the thresholds set by the DWP. In particular, it is unclear what the impact is or is intended to be of the lower threshold at which charges start for those aged 18–64 years old.

The guidance states that 'This threshold ensures a person retains a level of income to meet their daily living expenses.' The threshold is set using DWP rates combined with a buffer, of 25%. The guidance goes on to state that it is important 'to recognise that not all of a person's income should be taken into account when calculating charges for people on low incomes or who may incur additional living costs due to their impairment or to support frailty'.

However, the rates for those aged 18–64 are particularly low as they are based on DWP rates for income support and disability premium that are legacy benefits, rather than using current benefits levels for Universal Credit and disability elements, which would raise the threshold from its current level. There is no detail provided on why these legacy benefits are used to set the threshold. Nor is there evidence for how the level set ensures a person retains an adequate level of income to meet their daily living costs. The thresholds at which charges apply have not undergone any impact assessment. This appears to be a critical gap in evidencing that charges are 'reasonable and practicable'.

For people below the state pension qualifying age, the income support personal allowance and the disability premium are added together with the buffer added to the sum of these 2 rates, as shown below.

Table 2: COSLA guidance on calculating the charging threshold for 18–64-year-olds

	Income Support – Personal Allowance	Disability Premium	Buffer 25%	Charging threshold (weekly)
Single person	£92.05	£43.20	£33.81	£170
Couple	£144.65	£61.65	£51.57	£258

On an annual basis, this amounts to an income of £8,840 per year for a single person of working age and £13,416 for a couple of working age.

Applying rates from Universal Credit would change the weekly threshold for a single person to £233.99 using the lower work allowance rate, which amounts to an annual income of £12,167.30. Using the higher work allowance rate, the weekly threshold would rise to £312.74, which amounts to an annual income of £16,262.35. Workings are outlined in Table 3. Similarly, the charging threshold for couples would increase if up-to-date Universal Credit rates were applied.

Table 3: Alternative threshold rates based on Universal Credit

	Universal Credit Standard Allowance*	Work allowances	Buffer 25%	Charging threshold (weekly)

Single person – lower work allowance	£92.34	£94.84	£46.80	£233.98
Single person – higher work allowance	£92.34	£157.85	£62.55	£312.74
Couple – lower work allowance	£114.95	£94.84	£52.45	£262.24
Couple – higher work allowance	£114.95	£157.85	£68.20	£341

Note: *Using rates for those aged 25 years and over.

For people of state pension qualifying age or above, the Pension Credit Guarantee is used as the basis for the charging threshold calculation, with the buffer added as shown below.

Table 4: COSLA guidance on calculating the charging threshold for pensioners

	Pension Credit – Guarantee Credit	**Buffer 25%**	**Charging threshold (weekly)**
Single person	£227.10	£56.77	£284
Couple	£346.60	£86.65	£434

On an annual basis, this amounts to an income of £14,768 for a single person of pension age and £22,568 for a couple of pension age. One local authority interviewee said:

"I do feel the charging is slightly unfair towards anybody that's under pension age because the thresholds are so much lower... I don't understand why somebody under pension age has less expenses than a pensioner, because especially if they're needing care, that doesn't make much sense to me."

Alongside the income thresholds, 2 different capital level thresholds are taken into account within the financial assessment. These are £6,000 for 18–64-year-olds and £10,000 for those 65+ or defined by the local policy. These rates are reflective of the DWP's lower capital thresholds. Individuals also highlighted that it can be hard to save when on a low income and managing higher household costs. Capital threshold limits were felt to penalise savings at a relatively low level. Participants in this research shared that if they managed to save, it was often to prepare for future costs such as replacing or servicing equipment.

The COSLA guidance recommends that thresholds are uprated on an annual basis and updates the guidance yearly with new DWP rates to reflect this.

Disability-related expenditure

"The problem I have with my local authority is, they won't give me the guidance to say what is disability-related expenditure… I asked for it and they told me no, twice."

Focus group participant

In reference to their local charging policy, one focus group participant stated, 'Too much vague and complicated jargon'. This was particularly the case in understanding what could be included as DRE. DRE is one area within the guidance and policies that adds complexity, yet is very important to capture in order to accurately understand disposable income. It can be difficult for disabled people always to know which of their costs are specifically disability related, as for them they are just their costs. Identifying the additional cost of charging an electric chair or breathing machine, for example, can be hard to itemise but contributes to higher energy usage.

A particular challenge identified in the focus group discussions was that the DRE levels set out in the guidance do not reflect the true costs. For example, a cleaning budget of £1,300 a year is suggested; however, this amounts to £25 per week, which is likely to support one hour of cleaning. One focus group participant said:

"'Heating costs': they want bills from your energy provider, bank statements, but if you can't afford to put your heating on because you haven't got any money, how can you show them what you would be paying to be heating your home? I've never switched the water heating on because I can't afford it, so I don't know what it would be."

The review of local authority policies found that information on DRE was not always clear, as outlined in Figure 2. In 10 areas, the policy did not mention DRE. A further 7 areas did not have policies available, one area did not provide disregards and another viewed the 25% buffer as the disregard for DRE. In total, this means 19 local authorities are not effectively or proactively providing disregards on disability-related expenditure, while 11 local authorities state that they will review actual costs if evidence is provided.

Not only can the evidence requirements for costs be burdensome for people, but the costs also need to be identified within the care assessment to be included in the later financial assessment. This approach places the onus on individuals rather than the local authority. At the same time, it was highlighted within local authority interviews that this section of a financial assessment can often be left blank, meaning no disregard is given.

Some areas took a more proactive approach, with one local authority interviewee sharing that a last-resort form of support would be for the financial assessor to review an individual's bank statements to understand their levels of spend accurately. Another local authority applies to everyone a calculation based on 20% of the standard rate of ADP. This amounts to £14 DRE per week. While this ensures everyone receives some DRE disregard, disabled participants in this research felt that the rate was still too low to adequately reflect costs.

Figure 2: How Disability Related Expenditure (DRE) is considered by local authorities

"The evidence required for some of the DRE is not practical, way too much work for the individual or their family. Having to meet strict deadlines for providing this can be difficult for people with certain disabilities."

Focus group participant

Relationship building is needed for disabled people to feel comfortable with sharing intimate details of their financial information, especially given the lack of trust with social work and local authorities. Another participant shared that her financial assessment was undertaken without her involvement, based only on her income. This was described as feeling like 'a real breach of trust and a lack of transparency'. The practice in her local authority was for an in-house money advice service to review all income information for individuals and pass this on to the team calculating charges. This process does not provide an opportunity to include DRE.

A further complication is that one-off costs to replace or service equipment do not fit the financial assessment process or may be easily missed by individuals. For example, for one focus group participant, it costs £600 to replace their wheelchair battery.

If the financial assessment is to ensure a fair outcome, and charges are to be reasonable and practicable, then DRE has to be more routinely and realistically captured, as otherwise the outcome will automatically lead to hardship.

Rates, tapers, and disregards

In reviewing practice across all the local authorities for which we had data, we found that rates for how much disposable income is recovered (from any income above the threshold level) vary from 30% to 100%. This is known as the taper rate. Taper rates are determined by local authorities, although COSLA provides some guidance in determining these. Three local authorities placed the taper rate at 100%, meaning that all available income above the threshold could be applied to any charges. A further 12 areas had a taper rate above 70%. There was no information available for 8 areas on what taper rate was applied, meaning the national picture is incomplete. Figure 3 outlines the analysis of charging policies.

Figure 3: Taper rates vary across local authorities

We found that local authorities took different approaches to how they treated partner incomes, joint assets and any other householders. COSLA guidance recommends that partner incomes are disregarded within the financial assessment process for both working-age adults and pensioners. However, we found this was not the approach taken universally: 3 local authorities include partner incomes within the financial assessment to at least some degree; 4 include jointly held savings and bank balances in jointly held current accounts; and 6 more specifically state that partner income is disregarded. The remainder are silent on the topic.

In relation to children within the households, all local authorities disregarded child benefits within the financial assessment. Given the child poverty rates for households with a disabled member, it appears an important area for further consideration, including understanding the number of households that may be affected. Selecting at random a few Child Poverty Plans to review, we found no mention of social care charging and the impact this may have on local authorities' intentions to tackle child poverty. One local authority interviewee reported: "[extra costs of children in the household] that's certainly not completed in the financial assessment."

The following examples demonstrate how the variation in policies affects people differently across Scotland and the income people are left with following charges to cover all costs and bills.

Example 1: Single, working-age adult, over 25, receiving Universal Credit

Weekly income is made up of the following components:

- Universal Credit £248.11
- Adult Disability Payment (ADP) enhanced rate £110.40.

Total income: £358.51 per week.

	Local authority A	Local authority B	Local authority C

Disregarded income policy	Threshold £170 Disregard of £36.50 from ADP	Threshold £170 Disregard of £36.50 from ADP	Threshold £284 Disregard of £33.65 from ADP
Taper rate	50%	75%	100%
Total amount of disregarded income	£206.50	£206.50	£317.65
Income after disregard	£152.01	£152.01	£40.86
Maximum that this household would be charged in the local authority area per week	£76.00	£114	£40.86
Available Income per week after charges and housing costs	£282.50	£244.51	£317.65

Example 2: Couple, over pension age, one receiving old state pension and one new, £50 per week occupational pension

Weekly income is made up of the following components:

- £406.70 per week from pensions
- Attendance Allowance (AA) enhanced rate £110.40.

Total income: £517.10 per week.

	Local authority A	Local authority B	Local authority C
Disregarded income policy	Threshold £434 Disregard of £36.50 from AA	Threshold £434 Disregard of £36.50 from AA	Threshold £284 Disregard of £33.65 from AA Only 50% of income assessed = £258.55
Taper rate	50%	75%	100%
Total amount of disregarded income	£470.50	£470.50	£317.65
Income after disregard	£46.60	£46.60	£0
Maximum that this household would be charged in the local authority area per week	£23.30	£34.95	£0
Available income per week after charges and housing costs	£493.80	£482.15	£517.10

Example 3: Single pensioner getting new full state pension

Weekly income is made up of the following components:

- Pension £230.25
- Pensions Credit £79.75
- Savings Pension Credit £17.30
- Attendance Allowance enhanced rate £110.40

Total income: £437.70 per week.

	Local authority A	Local authority B	Local authority C
Disregarded income policy	Threshold £284 Disregard of £36.50 from AA	Threshold £284 Disregard of £36.50 from AA	Threshold £284 Disregard of £33.65 from AA
Taper rate	50%	75%	100%
Total amount of disregarded income	£320.50	£320.50	£320.50
Income after disregard	£117.20	£117.20	£117.50

	Local authority A	Local authority B	Local authority C
Maximum that this household would be charged in the local authority area per week	£58.60	£88.12	£117.50
Available income per week after charges and housing costs	£379.10	£349.88	£320.50

Local authority income from charging

Clarity on income from social care support charges, and therefore the cost of removing charges, varies. Indeed, one of the great weaknesses of evidence in this area is a readily available figure for how much money is raised from disabled people through social care charging.

There are, however, a few sources that can be used to build some insight. Evidence from the local finance returns 2023–24 would suggest client receipts for areas that would align with non-residential social care support come to £47.9 million (Scottish Government, 2025).

The IRASC stated that the 2019/20 local authority income from user charges was £51 million (Feeley, 2021). The review also notes that the increase in free personal and nursing care led to an increase in usage, and this should be planned for in removing non-residential social care support charges. The Fraser of Allander Institute conducted additional analysis of the IRASC financial calculations and concluded this

is likely to be an underestimate, based on the likely increase in uptake following removal of charges (Congreve et al., 2022).

COSLA's own survey data provides differing figures, however. It has been stated that this is collected for benchmarking purposes rather than a final account.

Those interviewed as part of this research often stated that the income from charges was low in relation to the full social care budget. While some local authorities are now considering moving to full cost recovery, this is not the current policy anywhere in Scotland. The income from charges may be viewed as low in relation to wider social care and local authority budgets, but the burden for generating the roughly £50 million is being borne by a small group of people, some of whom are on very low incomes, to enable councils to set a balanced budget.

It was clear from local authority and councillor respondents that additional funds would need to be provided to local authorities to cover the cost of removing charges. If this is not fully funded, respondents were very concerned that it would further limit who can receive care, reduce services available and increase unmet need.

"I mean, if there was a way not to charge people with a disability or social care needs, that would have been great as long as the Scottish Government made up the difference and the income that we would lose."

Local authority interviewee

The budget position was highlighted as a driving factor in decision-making in many areas. However, in island and rural communities, staffing shortages and the costs of agency staff were identified as more pressing issues, with action to reduce these costs a priority to manage the tight budgets.

"It was a very dire budget position and so one of the options that were put up to councillors was to increase the taper."

Local authority interviewee

"I think that in a local point of view, everyone's just so focused on, I have this budget gap, I need to meet this budget gap. So there's decision-makers are thinking, what can I do?"

Local authority interviewee

Cost, time and complexity of charging

As there is no publicly available comprehensive data on the cost of running the social care charging regime, it is unclear what the actual costs of running this system are. It would include the costs of staff time across local authorities to administer the charging policy, conduct financial assessments, run billing processes and properly inform people of the charges.

"If charging was removed, the time it would free up within the council. It would free up all of our social workers and our teams to be able to focus on providing that care."

Local authority interviewee

On top of this, in some cases local authorities are passing over responsibility for collecting charges to contracted providers, including responsibility for chasing up non-payment. This fundamentally changes the relationship between the workers and the service, and the supported person. It also adds further costs to the process that are often borne by service providers, particularly when debt is accrued.

Care provider discussion participants stated:

"It destroys the relationship with a lot of people."

"People are stepping back from care because of the charge."

"We see people getting into crisis and needing more support because they can't afford to pay for the little bit of support they need."

Lack of data-driven decision-making

This research highlights that there is a consistent lack of data available to understand who is being charged for support and what the local need for adult social care is. This means that decisions made at the individual and local level are not data-driven.

"For the most part. No data, just vibes.

Councillor interview"

One local authority interviewee said:

"The decisions we take are focused on balancing the need for us to generate income and making it a financially worthwhile process to support our overall budget position, but also being mindful that we can't just impose a load of flat rate charges to try and generate more income because people just won't be able to pay it."

It was clear from the interviews that neither local population data nor data about who was affected by charges was routinely used by decision-makers. The local variation identified through this research appears to have been driven to a greater extent by budget concerns, with a local authority interviewee saying: "The cause of (the increase in the taper level) was the budget position."

As highlighted above, local authority respondents and the COSLA Charging Guidance Working Group were clear that delivering this policy fairly was a critical element to avoid harm. Respondents stated that it was their role to deliver this policy, but that wider decisions about whether disabled people should be paying towards care were taken at the political level and were not their responsibility.

"We only look at our process and say are we applying a fair process."

Local authority interviewee

In these circumstances, it is critical that EQIAs are being undertaken to support decision-making and policy development. In the review of local authority policies, only 7 had EQIAs available for charging policy changes. One other local authority referred to an EQIA, but this was not publicly available. Of the 7 EQIAs, only 2 contained substantive data. This is outlined in the Who Accesses Care section of this paper and supports an understanding of who is accessing chargeable care services.

As highlighted, no assessment has been undertaken of the charging thresholds.

Councillors involved in this research shared a feeling that they cannot challenge IJB decisions, and the decisions are not interrogated to the same degree as within council committee processes.

One councillor interviewee stated:

"It's pretty much a rubber stamp. The way the IJB works in terms of my involvement at that strategic level and the council work are like chalk and cheese. So there's really, really hard lines within health and IJB of what's operational level and we do not get involved in that on pain of death."

Councillors in both urban and rural local authorities highlighted that they often only receive high-level budget information and data.

Alongside the lack of data driving decisions on social care charging is the well-recognised lack of data on unmet care needs. This complicates the removal of social care charges, due to concerns about increased demand when charges are removed, based on existing unmet need. In order to better understand unmet need, research at the University of Glasgow has highlighted the need to bring in a statutory definition of unmet need, better record unmet need and conduct a nationwide aggregation and analysis of unmet social care needs (Zarkou and Brunner, 2023).

In addition, challenges to co-production or even consultation (principles from the COSLA guidance) were highlighted in a local authority interview in relation to budget timescales. With the national budget being shared in December, there was limited

time to look at the specifics of charging ahead of local budget approvals by March. This research found examples of consultation undertaken on changes to local policy, but the ambition for co-production was limited, and there are no publicly available examples of where a process of co-production has taken place. At a national level, none of the major disabled people's organisations have been engaged in the policy review, and no national analysis or modelling has been conducted on the impact on low-income households.

Conclusion

Social care charging is a complex system that exists amongst a range of complex systems that disabled people and their carers must navigate. This means that people with the same needs are treated differently and charged differently depending on where they live (and sometimes on who carries out the assessment).

While local authority interviewees highlighted the lengths to which they go to deliver the charging policy fairly, the disabled people involved in this research did not feel the policies were fair. The lack of fairness extends beyond questions about how the policy is administered and interpreted, to more fundamental questions about whether charges for essential support breach people's human rights in principle, and whether people are being left with incomes that allow them to live in dignity.

Disabled people shared the ‘compromises’ and ‘choices’ they made in relation to their care to manage costs. In reality, this meant weighing up the freedom, dignity, choices and control they could exercise, for example having a shower or meeting socially. Wider evidence demonstrates the financial precarity that disabled people experience. In this context, examination of the thresholds at which charging starts is critical in moving towards ending charges. The lack of any EQIA on charging thresholds and the limited data publicly available on who is affected by charges is seriously concerning and needs urgent attention.

In addition, despite the Scottish Government’s commitment to ending charges, little detail was provided on the type of charges, funding arrangements and timescale for

delivering this commitment. This is challenging for those in local authorities and for disabled people.

There are multiple ways that the Scottish Government and COSLA could start to reduce the financial hardship facing disabled households, even if removing charges in full, for everyone, is not immediately possible. Raising the income thresholds and increasing the identification and disregard of disability-related expenditure within the financial assessment processes are key areas in the current system that could be changed to make a difference to disabled people immediately.

The Scottish Government and COSLA could also ensure that local authorities 'level up' to the best practice being taken forward in particular areas, and they could significantly increase the thresholds via updating to Universal Credit levels, including a work allowance, disregarding disability assistance, allowing for child-related expenditure to be included and/or increasing the 'buffer'.

Social care is deeply under-resourced and fragile. We are therefore mindful of not recommending improvements that cannot be afforded or delivered. However, neither can that challenge continue to be an excuse for inaction while disabled people are denied essential support and face hardship. We urgently need to win public support for raising and allocating the funds needed to deliver the Feeley vision.

Based on our analysis of current practice and the findings of this research, we set out below a series of recommendations, both short- and medium-term, to improve support for low-income disabled people and make progress towards the commitment to ending charges.

We have not undertaken detailed modelling to assess the impacts of any particular approach, in part because we do not have good enough data. However, we believe there are improvements that could be implemented within the next year, if properly resourced, and then built upon progressively.

Our interim recommendations enable local authorities and Scottish Government to at least take some steps towards ending social care charges and reducing hardship, as they work out the route-map to get there, from where we find ourselves, in collaboration with disabled people, carers and the expert groups supporting them.

Recommendations

The fastest way to improve the lives of disabled people is to remove social care charges. However, if charges cannot be removed in full immediately, there are clear improvements that can be implemented quickly.

Any interim changes to social care charging should be guided by a simple set of principles:

- no one should be pushed into poverty or hardship by their social care charges
- there should be no reduction in services (or raising of eligibility thresholds) as a result of changes to charging policy
- co-production with disabled people and disabled people's organisations should be at the heart of developing systems that work well

- the system should be based on simplicity, ensuring it is easily understood by those facing charges
- there should be equity across the age groups and conditions for those who are affected by the charges.

Recommendation 1: Define clear purpose and scope of commitment to remove care charges.

The Scottish Government and COSLA should work together without delay to clarify and articulate a clear policy objective, scope and timeline for the removal of charges. This should include:

- clarity of purpose for the removal of charges — that is, a human rights-based approach to social care support alongside tackling poverty in disabled households
- agreement on scope — which services are in scope for the removal of charges, which delivery providers are to be included
- agreement on data needs and collection process to support the implementation of this policy – this should include forecasting data and a realistic assessment of the costs; it may also include COSLA/Scottish Government collating national data
- clarity over how disabled people and disabled people's organisations will be involved in co-designing the approach
- a timeline of effective actions for the removal of charges without further delay.

Recommendation 2: Make the financial assessment fairer and more consistent.

Local authorities should implement a more consistent and fair approach to financial assessment, including improving the capture of inescapable disability-related costs, increasing minimum income thresholds to ensure that disabled people are left with a more adequate income and levelling up to the best practice in other areas.

The following actions should be part of this process:

- At a minimum COSLA to increase the recommended minimum income threshold from which charges will be applied within their guidance, so that this is in line with Universal Credit, applying at least the lower work threshold and retaining a 25% buffer. This should be amended in the 2026–27 guidance document and within the next Parliamentary term, in line with a minimum income guarantee for disabled people.
- COSLA guidance for 2026–27 should recommend automatic disability-related expenditure disregards of 50% of ADP, Attendance Allowance or Pension Age Disability Payment, with the option for people to request a personalised disregard based on actual costs, if these are likely to be higher and relatively easy to evidence.
- The disregard of disability payments should progressively increase towards 100% as quickly as possible, in recognition of the founding principle of the purpose of ADP to support the extra costs disabled people face, and in line with a human rights-based approach. The Scottish Government should make clear the purpose of ADP.

- Disposable income should be net of flat fees being charged.
- Partner incomes should be disregarded within the financial assessment process, consistently across all of Scotland.
- Further financial disregards should be added for households with children to recognise the additional costs these households will face.

These actions are urgent. They should be undertaken to influence the next policy update and be progressively improved over time.

Recommendation 3: Commit to working in the open, alongside people who need social care support, to drive and shape further reform.

- Local authorities and COSLA should commit to greater transparency, boost their use of evidence and insight and involve people who use or need social care support services to guide further progress.
- All local authorities should make an updated charging policy based on the refreshed guidance publicly available (supporting Recommendation 2).
- Local authorities should ensure that information about the assessment process and the support available to help people understand and undergo the financial assessment is available, accessible and clear to disabled people.
- COSLA should undertake an impact assessment of the charging threshold rate set out in their guidance to evaluate to what extent it meets the 'reasonable and practicable' elements laid out in the 1968 Act.

- Local authorities should undertake and publish an impact assessment on their individual policies and guidance which includes clear data about who is affected. A suggested template for the data that should be included in an impact assessment is provided in Appendix 2.
- Scottish Government, local authorities and COSLA should work together to conduct a cost-benefit analysis of how much charging policies cost to run, and the income it brings to different local authority areas.

Recommendation 4: Improving access and the shift to early intervention.

Local authorities, COSLA and the Scottish Government should commit to developing a clear plan to scale up social care provision to better meet identified needs. They should:

- collect data on unmet need and the reasons for this, including when care charges are a factor; unmet need should be defined by the number of adults that need some, more or different social care to be able to live life 'in all its fullness' in Scotland, and the range of those unsatisfied by care and support needs (Zarkou and Brunner, 2023)
- understand if and how social care charging acts as a barrier for different groups to access preventative support and the costs of this, such as people with learning disabilities living independently, older people living in their own home
- calculate the potential benefits of reducing the threshold for accessing social care support, including reducing the need for more expensive, acute care.

Recommendation 5: A commitment to fully resource social care.

Based on the Scottish Government's commitment to deliver social care support with a human rights-based approach, this must be followed with a system that is sufficiently funded to meet people's needs with care that is provided free at the point of use.

Through this research process, we discussed recommendations with disabled people and raised the possibility of piloting the removal of charges from certain areas, either geographically or certain areas of support. There was a unanimous response that this approach would not be welcomed, as well as a feeling that it would bring greater confusion and unfairness within the system.

Ideally, the Scottish Government and COSLA would agree swiftly to remove charges at the point of use, including a mechanism for determining what level of resource (income foregone) should be compensated for, and how to monitor and update it.

However, if charges cannot be removed in full immediately, as set out above, there are clear improvements needed that can be implemented more quickly, which would reduce the financial burden on low-income households.

Glossary of terms

Adult Disability Benefit (ADP): ADP is a benefit for disabled working-age adults who live in Scotland. It is meant to help with the extra costs of being disabled or having a long-term health condition. ADP is paid by Social Security Scotland and replaces Personal Independence Payment (PIP) in Scotland.

Attendance Allowance: Attendance Allowance is for people of State Pension age or older. It is for people who have a health condition or disability requiring a certain level of care or supervision, to help with extra costs. Attendance Allowance is being replaced in Scotland with Pension Age Disability Payment.

Disability-related expenditure: Local authorities will decide what they consider to be disability-related expenses. This should include the extra costs a disabled person faces because of their condition or impairment. This could include things like extra heating costs, extra costs of special dietary needs, extra or specialist clothing, extra washing, equipment or technology purchased, a community alarm or saving for disability-related equipment.

Housing support: Housing support services help people to live as independently as possible in the community, in a wide range of supported housing in mainstream housing across tenures. Housing support services are regulated by the Care Inspectorate. Housing support services include help to claim welfare benefits, to fill in forms, to manage a household budget, to keep safe and secure, support social skills and tackle social isolation, help access health services, help access other services to

improve a person's housing situation, for example through housing adaptations, to obtain furniture and furnishings from other specialist services, and to help with shopping and housework. The type of support provided aims to meet the specific needs of the individual.

Human rights-based approach: An approach to policy-making and the day-to-day running of organisations that ensures both the standards and the principles of human rights are integrated. A human rights-based approach is grounded in the PANEL Principles of participation, accountability, non-discrimination and equality, empowerment and legality.

Independent living: All disabled people having the same freedom, choice, dignity and control as other citizens at home, at work and in the community. Independent living does not necessarily mean living alone or fending for oneself. It means rights to practical assistance and support to participate in society and live an ordinary life. The Right to Independent Living is also provided for in Article 19 of the UNCRPD.

Personal and nursing care: The Community Care and Health (Scotland) Act 2002 sets out a list of personal care tasks that may not be charged for by a local authority. For example, this can be support with personal hygiene, at mealtimes, immobility problems, medication and general well-being.

Personal Independence Payment (PIP): PIP is meant to help with extra living costs for people who have either a long-term physical or mental health condition or disability and have difficulty doing certain everyday tasks or getting around because of the condition or impairment. It is not a work-related benefit.

Non-residential social care: The practical support people need to live the lives they want to live and participate in society alongside non-disabled people. This support can include home care, personal care, telecare, respite, day services, and self-directed support.

Appendix 1: Policy timeline and SWBG analysis

Policy timeline for removing social care charging 2021–2025

Date	Commitment/update
February 2021	IRASC recommends ending non-residential charging for social care support.
March 2021	The Scottish Government and COSLA put out a Joint Statement of Intent in 2021 committing to explore an end to non-residential charging for social care support as soon as possible.
April 2021	The SNP election manifesto commits to scrapping all non-residential social care charges over the course of the 2021–26 Parliament. Stating that 'we believe social care services, just like health care services, should be provided on a truly universal basis, free at point of use. An SNP Government will therefore abolish charges for non-residential care'. Similar commitments were made by the Scottish Liberal Democrats and the Scottish Labour Party, with Labour taking its commitment further to include the reversal of narrowing eligibility criteria.

Date	Commitment/update
September 2021	The first Programme for Government (PfG) of the parliamentary term set out commitments to social care support in Chapter 1 – A Caring Society. As part of this, the Government stated, 'we will rethink ways care is provided protecting the fundamental principle of providing care free at point of need for everyone who requires it'. The 2021 PfG committed the Government to developing options to remove charging for non-residential care.
December 2022	The Scottish Government and COSLA put out a second Joint Statement of Intent. The statement provided an update to commitment in the 2021 statement of intent, stating that the action was in-progress, that a short life working group had undertaken data collection to ascertain local expenditure and income related to non-residential social care charges, with further work now underway to develop plans to end charging and secure agreement on a way forward.
September 2023	PfG stated, 'we will explore with local government and agree an approach to ending all non-residential social care support charges within the lifetime of this Parliament'.
April 2024	Scottish Labour includes a commitment to ending non-residential social care charges in Scotland in the UK election manifesto.
September 2024	PfG stated, 'we will continue to work with COSLA to identify options for removal of non-residential care charges as part of wider work with partners on social care improvement'.

Date	Commitment/update
January 2025	A further update on work can be found from a Freedom of Information (FOI) request that was submitted to government. The FOI requested an update on progress made on exploring and agreeing an approach to ending non-residential social care support charges, in particular if meetings between Scottish Government and COSLA had taken place, dates of meetings, recommendations or agreements and minutes/notes of these meetings. In response to this FOI, actions from some joint meetings in October 2024 and January 2025 were shared, no minutes of meetings were taken. These actions include Scottish Government taking the charging survey data gathered by COSLA to analyse and produce a report for COSLA and Scottish Government colleagues. At the meetings, notes state that Scottish Government and COSLA began the conversation on the importance of understanding the true cost of care as they work together to understand charging costs within wider social care reform. The meetings in late 2024 and early 2025 agreed to set up a working group on ending care charges.

Date	Commitment/update
January 2025	Minister for Social Care Maree Todd stated in answer to a parliamentary question: 'The Scottish Government and our partners remain absolutely committed to reviewing non-residential care charges as part of the broader reform of social care. I have heard directly from disabled groups and vulnerable individuals across Scotland about the significant impact that those charges have on their lives, and I have directed my officials to continue working with COSLA and local partners to explore any possible options to achieve that objective, considering the current economic climate.'

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Local Authority Policies - SWBG analysis spreadsheet XLSX, 36 KB

(https://jrf-jrht-brand.frontify.com/api/asset/eyJjbGllbnRJZCI6ImNsaWVudC1tenFieWtsc2Z0ZHpoN3V3IiwiaWQiOj rowntree-foundation:xvG17o1h5USEoFXzsTnaVOIEnXm0daU4_SemmoRGkhI/download)

Appendix 2: Social care charging impact assessment checklist

1. Provides disaggregated data on the following:

- Number of people who currently use services – this should be disaggregated by age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation and socio-economic status.
- Number of people who are likely to be affected by the proposal and in what way (how many are estimated to see no change, how many will see increased charges and of what level, and so on. This should include numbers that any mitigations are expected to help and this should be broken down demographically).

2. Clearly uses demographic data to evidence identified needs of communities. We would expect to see some or all of these within an assessment:

- Demographic data used throughout which is disaggregated by all Equality Act 2010 Protected Characteristics and socio-economic status. Where there are data gaps, these should be highlighted along with what action can be taken to address these gaps, for example, using secondary sources of evidence such as from community-led organisations, third sector, participatory research and lived experience-related work and so on.

- Data on socio-economic status and how socio-economic status affects use of social care and how this will affect poverty levels.
- Data on health inequalities and how this proposal/policy will affect closing health gaps.
- Consideration of unpaid care and how the proposal is likely to affect carers, taking into account that the majority are women, including marginalised women such as disabled women.

3. Evidence presented in the impact assessment should clearly link to the policy/proposal.

4. The assessment should show how the information has been used to inform the proposal/policy or how the proposal/policy will affect the equalities evidence presented. For example, data on health inequalities should be used to estimate any increase in the requirement for unpaid care that is likely to result from the proposal or policy.

5. Evidence of consultation, including the demographic data of those who have been consulted. Results should be disaggregated by all Equality Act 2010 Protected Characteristics and socio-economic status to identify any differences:

- Efforts should be made to involve organisations mandated to represent those with specific protected characteristics and single-issue groups where these exist, for example, disabled people-led organisations, race equality organisations, one-parent families' organisations and so on.

- Consultation should include information on possible behaviour change that will happen as a result of the proposal; longer-term consequences of the change; impact on other policy areas, for example, child poverty targets; and where there is danger of opposing other policy intent, for example, poverty reduction and maximising income versus creating more poverty.
- Highlight the groups that have not been part of the consultation process and how those groups' needs have been considered, and if they have not, why not, for example, single parents, people from Black Minority Ethnic (BME) communities.

6. Where the proposal is expected to save money or bring in additional revenue, the calculations on which this is based should be clearly visible. Any assumptions which lie behind these should be clearly articulated, that is, if it is assumed that there will be enough space in care homes or that the third sector can pick up any changes, then this should be clear and should inform the consultation or the evidence-gathering process.

7. Sets out how the impact of the change will be monitored, including how they will assess if the mitigation suggested are having the desired effect.

Notes

1. The definition of additional cost payments are ‘benefits to compensate the additional costs of disability’. This paper uses the same methodology as the Scottish Government in measuring poverty for disabled people on a like-for-like basis with the rest of the population.
2. Response provided by Fife Council to an FOI request.

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