Care Arrangement Fee Consultation – Findings Report

Version	Date	Author	Comments
0.1	02.10.2025	Esther Elujoba and Lingges Shaswat	Report creation and shared with task giver for initial comments.
0.2	07.10.2025	Esther Elujoba and Lingges Shaswat	Report refinement after sharing findings with consultation team.
1.0	09.10.2025	Esther Elujoba and Lingges Shaswat	Report signed-off by Adam Lacey (awaiting final details of equalities monitoring)
2.0	21.10.2025	Adam Lacey	Report signed off for CMB publication

Executive Summary

Leicester City Council carried out a six-week targeted consultation, from 11 August to 26 September 2025, on the proposal to introduce a new annual care arrangement fee of £165.47 (equivalent to around £3.18 per week). This fee, made possible under powers given by the Care Act 2014, would apply only to people with savings and/or assets over £23,250 who request the council to arrange their home-based care.

The consultation was targeted at those most likely to be affected by the proposal (some 234 people), including individuals who pay for the full cost of their home-based care and currently or previously had their care arranged by the council, as well as carers, relatives, and representatives. Respondents were invited to complete a survey online, by post, via email, or by phone, giving them the opportunity to share their views on the proposed change.

This report provides an overview and analysis of the responses received. It highlights the key themes, concerns, and perspectives raised, which will support the City Mayor and Executive Team in making an informed decision on whether to introduce the fee – which could generate income towards departmental savings targets.

Introduction

The proposal to introduce a care arrangement fee reflects Leicester City Council's intention to make use of powers granted under the Care Act 2014, which allows local authorities to charge for the arrangement of care and support in specific circumstances. At present, Leicester City Council does not charge for this service, meaning the administrative work involved in arranging care is absorbed by the council at no cost to those who use it.

The proposed £165.47 annual fee would cover the council's administrative costs, including sourcing providers, negotiating fees, invoicing, and quality-checking services. The fee would be subject to annual review in line with inflation and would

only apply to people who both meet the financial threshold (savings/assets above £23,250) and choose to have the council arrange their home-based care. Those who arrange their own care would not be charged.

The consultation process aimed to gather views from individuals most likely to be affected by the proposal. Surveys asked participants how the proposed fee might affect them, whether they would reconsider asking the council to arrange care and invited any additional comments or concerns.

This analysis report brings together those responses to identify common themes and provide insight into public opinion. It will ensure that the voices of individuals, carers, and stakeholders are heard and considered as part of the council's decision-making process.

Survey Results

Survey Method of Return

A total of 234 surveys were sent and 75 were completed and returned with a response rate of 32.1%.

65 (87%) were returned by post and 10 (13%) were done online.

About Respondents

- **Individuals:** 56% (42 respondents) currently receive home-based care arranged by Leicester City Council that they pay for themselves.
- **Carers/representatives:** 37% (28 respondents) identified as carers or representatives of someone receiving care.
- **Other:** 7% (5 respondents) selected 'Other'.
    - 3 responses had provided no answer.
    - 1 response did not receive nor provide care.
    - 1 response arranged and paid home-based care by themselves.
- **Organisations:** None of the responses came from organisations representing people and/or delivering care to them.

Ward Information

Respondents were drawn from across Leicester, with 67 respondents providing postcode information. Although this information was sparse, representation from each of the 21 electoral wards in the city was achieved.

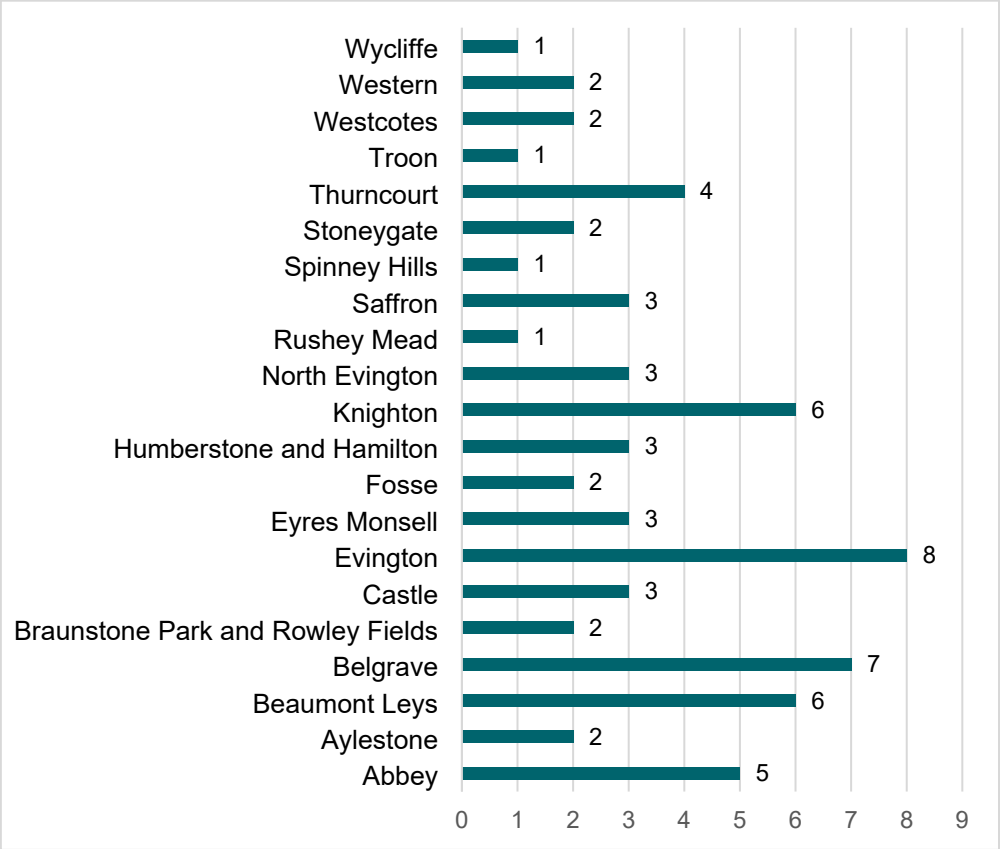

Fig 1. Survey Responses Received per Electoral Ward

Impact of the Proposed Fee

This was a multiple-choice question. A total of 75 respondents answered the question, but they could select more than one option, thus there were a total of 85 responses. Percentages in this section are calculated based on the total number of respondents.

This approach was taken because it provides a clearer view of how many people expressed each view.

When asked how paying an additional £3.18 per week would affect them:

- **45% (39 responses)** said they would be able to manage this.
- **18% (15 responses)** said it would affect them a little, limiting money for "extras or treats."
- **19% (16 responses)** said it would affect them a lot, limiting money for essentials.
- **18% (15 responses)** said they would reconsider asking the council to arrange care for them.

This highlights a mixed public opinion on the proposal: while many feel able to absorb the cost of the new fee, up to a quarter of the respondents expects an impact on their finances that would limit their money available for essentials.

It is worth noting that the Care Arrangement Fee proposed is an optional fee, whereby people will be given the choice to either pay for the council to arrange their care for them, or be asked to arrange their own care (where no fee will be applied).

This multiple-choice format indicated there is some overlap between the categories. The consultation identifies that this proposal has areas of concern which are affordability and service uptake by the council.

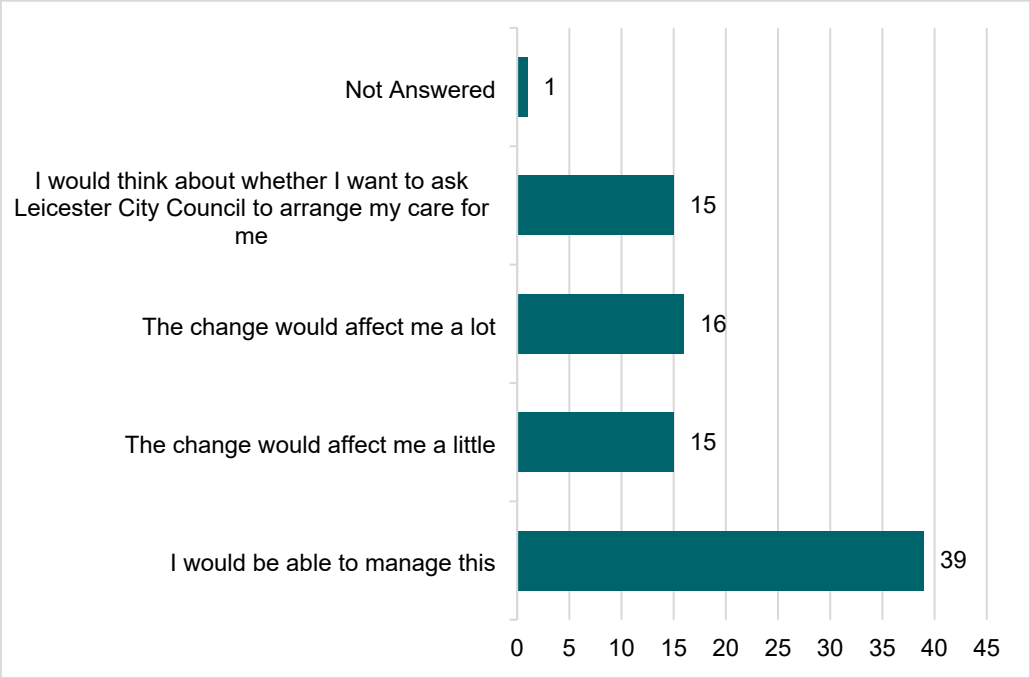

Fig 2. Total Count of How the Care Arrangement Fee Could Impact People

Comments received about the proposal

Of the 75 survey respondents, 25 (33%) provided additional comments. In our analysis, we observed five key themes:

Care Alternatives	Affordability Concerns	Fairness	Value	Payment Preference
•Potential reconsider council-arranged care •Seek alternative arrangements	•Potential financial strain experienced •Accelerate depletion of funds	•Means-tested social care •Disadvantaging savers	•Fee justification •Communication of benefits	•Questioned reoccurence of fee •Linked to value

Care Alternatives (4 comments received)

Some respondents shared that the introduction of a new charge may lead them to reconsider asking the council to arrange their care for them. In most cases, this was not about ending the care received but about seeking alternatives for its arrangement; such as people finding their own provider or making private arrangements.

It is worth noting that the responses did not highlight a potential risk of people cancelling care provision and having unmet care needs, however, the responses indicate a potential risk to the continuity of care should people choose to make alternative arrangements.

Affordability Concerns (11 comments received)

The most common theme raised was the issue of affordability. Several respondents described how their current care costs already place them under financial strain, with outgoings that meet or exceed their income.

Concerns were expressed that the proposed fee could accelerate the depletion of personal savings, potentially leading to earlier reliance on council-funded care once savings thresholds are reached.

One respondent noted that *"It won't be long before savings are gone and will have to claim everything off you to live."*

It should be noted that the proposed care arrangement fee would only apply to individuals who choose to have their home-based care arranged by Leicester City Council. Those who choose to arrange their own care privately would not be subject to this charge.

Fairness (6 comments received)

Some respondents commented on the process of means-testing social care support, noting that individuals with savings and/or assets are required to contribute more towards their care costs. A fraction of comments reflected the view that “people who have saved throughout their lives may feel disadvantaged compared with those without savings”.

Frustration with the fact that social care support is means-tested was interpreted in these comments – with some respondents referencing a lifetime of paying national insurance and income tax, only to have to pay towards the cost of social care when it is needed.

It is worth noting that social care support in England is a means-tested service, assessed according to an individual’s financial circumstances. This approach is set nationally and applies across the wider welfare system, rather than being specific to Leicester City Council. However, it is considered that paying an additional fee to arrange care could contribute towards public feeling of unfairness.

Value (2 comments received)

Some respondents questioned whether the level of involvement and oversight provided by the council justified the introduction of an additional fee. While several accepted the council’s role in arranging initial care packages, they felt there was limited visibility of ongoing monitoring or added value once care was in place. A few comments also referred to negative experiences relating to communication or case management.

This feedback suggests that further clarification would be beneficial regarding what the proposed charge covers and the value it provides. The council’s ongoing involvement offers several benefits to individuals who choose council-arranged care. These include:

- **Value for money**, with the fee itself being competitively priced in comparison to other local authorities providing a similar service.
- **Financial and safeguarding assurance**, offering assurances to people regarding care cost, quality, consistency and stability.
- **Consistency and stability** of care arrangements. The council’s continued oversight provides an additional safeguard for people who might otherwise face challenges managing care arrangements independently or identifying potential risks with care providers.

Payment Preference (6 comments received)

Some respondents proposed alternatives to the annual fee, such as a single upfront payment at the start of care or a reduced recurring fee to cover administration. This indicates that while opposition to the principle of the charge was common, some individuals may be more accepting of a restructured approach that reflects the level of ongoing council involvement.

Helpline and email enquiries

Consultation Helpline Responses

There were 15 calls received on the consultation helpline. Enquiries were mainly to seek clarification on the proposal, and how it would affect the caller.

For example:

Clarifying that the fee would not apply to people that have since moved into a residential care home to receive care.

Explaining that the fee would not be retrospectively charged for arrangement services already provided.

Consultation Email Responses

Two emails were received by the consultation team, including a Councillor enquiry about the proposal:

One email was responded with further clarification on how/if the fee would apply for the sender.

Another email was an (Councillor) enquiry made about the current delivery, cost, income generation and implementation date (should the proposal be approved).

Considerations and Recommendations

The consultation feedback suggests a need for the council to provide clear and accessible guidance on the purpose of the fee and what individual receive in return. Particular attention could be given to monitoring the impact on individuals with disabilities and those already experiencing financial pressure.

Recommendations:

- Consider a 28-day cooling-off period after care arrangement is provided, to allow individuals to settle into their new support, to give opportunities for changes to be made, free-of-charge.
- Strengthen communication about the rationale for the fee and the benefits of council oversight.
- To consider restructuring the fee amount, based on the value provided by the Council – i.e, to reconsider a reoccurring annual fee, and replace this with a fee at point of service delivered.
- Ensure monitoring arrangements are in place to assess the effect of the fee on individuals, particularly those with disabilities or complex needs.

Based on the analysis of the responses received, it is this consultation team's recommendation to continue with the proposal to implement the care arrangement fee.

Whilst findings indicate that some have concerns with the affordability of the fee, the risk of financial deprivation is somewhat mitigated by the fee's core principle: it is an optional fee, with people given a choice to pay for a service provided, or arrange care privately.

Equalities Overview

The demographic profile of respondents shows:

- **Age:** Of the 234 people sent the survey to share their views, 90% were aged 65+. Of the people that disclosed their age in the survey, 78% identified as 65+ years.
- **Sex:** Of the 234 people sent the survey to share their views, 58% were female, with 42% being male. Of the people that disclosed their sex in the survey, 63% identified as female and 37% identified as male.
- **Ethnicity:** Of the 234 people sent the survey to share their views:

  69% identified as White British, 23% as Asian British, 3% as Black or Black British, and 1% as having dual or multiple heritage, while 4% did not provide ethnicity information.

  In response to the survey, 79% identified as White British. 12% identified as Asian or Asian British (Indian), while 4% preferred not to state their ethnicity. The remaining respondents identified as White Irish, White European, Black or Black British, of dual heritage (White and Black African), or another ethnic group—each representing about 1% of responses.
- **Disability:** Of the 234 people sent the survey to share their views:

  75% reported having a physical disability, 12% reported a mental health condition including dementia, 7% reported a learning disability including autism, and 6% reported other vulnerabilities, such as brain injury or sensory impairments including hearing or visual loss.
- Of the people that shared their disability in the survey, 78% reported having a disability, most commonly physical impairments (52%) and long-standing health conditions (37%).
- **Religion:** Of the 234 people sent the survey to share their views:

  26% declined to provide their religious affiliation. Among those who responded, 38% identified as Christian, 16% as Hindu, 13% reported having no religion, 2% identified as Muslim, 2% as Sikh, 1% reported other religion, and 1% declined to answer. Less than 1% identified as atheist or Buddhist.
- Of the people that shared their religious status in the survey, 48% identified as Christian, 14% reported no religion, and 13% identified as Hindu.
- **Sexual orientation:** Of the 234 people sent the survey to share their views:

  72% had no recorded response to the sexual orientation question on their care records. Among those who recorded responses, 19% identified as heterosexual or straight, 5% preferred not to say, 1% were unable to state (potentially due to lack of capacity), and less than 1%

either did not understand the question. Less than 1% also identified as gay.

- Of the people that shared their sexual orientation, 70% identified as heterosexual/straight
- **Pregnancy and maternity:** The average age of the individuals contacted was 66 years, which is above the typical childbearing age.

Caring Responsibilities

- No respondents reported being parents/carers of children under 17.
- 17% reported being carers of an adult aged 18 or over.

These figures show that most responses came from older, White British residents with disabilities, broadly in line with the demographic most likely to be affected by the proposed change.