

Understanding the self-funding market in social care

A toolkit for commissioners

October 2015

2nd Edition



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1 Introduction

This second edition of IPC's Self-funders Toolkit has been produced to help local authorities ensure that they comply with the requirements of the Care Act and to help them understand their self-funder population so that they can facilitate and shape their local care market to meet the needs of the whole population.

The role of local authorities in providing and commissioning social care has changed significantly in the light of financial austerity and the changes introduced by the Care Act, 2014. Local authorities are required to assess the needs of their whole population; to keep people active and to empower them to make choices about what types of care they receive, regardless of their financial position.

The push for greater personalisation and the legal entitlement to a personal budget (for people with care and support needs) has meant that councils have a series of new responsibilities to facilitate and develop a market that delivers a wide range of sustainable, high quality care options for ¹

Historically, those in receipt of local authority funds, either through directly commissioned services, personal budgets or direct payments, were well known to statutory agencies. By contrast, most local authorities have little knowledge of people who pay for their own care in their area, despite this group accessing a range of services and forming a significant part of the total care market².

Not only are self-funders an important part of the total care market but to a significant extent, it has only been possible for councils to secure discounted care fees because providers have been able to charge self-funders fees in excess of the costs of care, to compensate for shortfalls in council fees. Research by Laing and Buisson indicates that the average premium paid by self-funders compared with care arranged and funded by local authorities was over 40% on a like for like basis across 12 county councils. The widening gap between councils' fees and the prevalence of cross-subsidies has affected the profitability of many providers of nursing and residential care, with many providers focussing exclusively on the self-funder market, resulting in a shortage of places for council placements at affordable fee levels. Local authorities could find themselves increasingly struggling to find local placements for people requiring a care home place.

¹ Care Act (2014) http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

² IPC (2011) [People who pay for care: quantitative and qualitative analysis of self-funders in the social care market.](#)

2 Implications of the Care Act

The Care Act has a number of implications for local authorities in relation to self-funders, which mean that local authorities need to understand better the numbers of self-funders they have in their area.

The Act sets out: a cap on the costs of care which individuals will have to pay in relation to eligible care needs; an increased capital asset threshold to a more generous level entitling more people to receive support with the costs of paying for care; and a duty to arrange residential care on request for those who do not qualify for local authority funded care (because of the financial assessment); which were to be implemented in April 2016.

However, in July 2015, the Government announced its decision to delay the implementation of phase two of the Care Act, which included these three elements of the Act, until April 2020. The availability of deferred payment agreements for home owners with limited savings to get help from local authorities with care home costs has been effective from April 2015.

The number of self-funders is predicted to rise due to a range of factors, including population ageing and rising eligibility thresholds. Yet despite this the fourth Care Act implementation stocktake (published in August 2015) indicated that '*uncertainty about additional demand from self-funders*' was the number one risk identified by local authorities in delivering the Care Act reforms. It is therefore essential that local authorities develop approaches to understanding and supporting their local self-funding population.

Although the incentive for self-funders to approach their local authority has temporarily been removed by this change, **there remains an important role for local authorities to:**

- Promote the health and well-being of their entire population including self-funders.
- Improve the provision of information and advice to self-funders - leading to greater opportunities for local authorities to direct people towards a range of services which they may not have been previously aware of, and to push for better early intervention, prevention and reablement services.
- Reduce the likelihood of individuals or families choosing inappropriate, high cost care packages which could deplete their capital assets to the extent that they fall back on local authority resources (by providing better information and advice). The Local Government Information Unit (LGiU) report 'Independent Ageing'³ estimated that on average, 41% of people entering residential care each year are self-funders, and of those, 25% will run out of money.
- Explore synergies between self-funders and personal budget holders and shared interests and needs in the social care market.
- Consider making the social care needs of self-funders much more visible through the assessment process, thereby facilitating strategic planning of services for the whole population and potentially helping to diversify and boost provision in the local care market.

³ LGiU (2011) Independent Ageing: Council support for care self-funders.

The self-funding market is a significant part of the overall care market, with an estimated £4.9 billion being spent in care homes and a further 168,000 places being 'topped' up with individuals' private funds. Estimates in 2011 suggested that the home care market alone was worth around £652 million⁴.

3 The toolkit

The toolkit is aimed at local authority commissioners, market development managers and procurement teams and offers a set of approaches to understanding and engaging with those people who self-fund their own social care.

The original version of this toolkit was prepared by the Institute of Public Care (IPC) at Oxford Brookes University in 2013 as part of the Developing Care Markets for Quality and Choice (DCMQC) Programme for the East Midlands region. This second edition has been revised and updated to take account of the Care Act, and other developments in the last couple of years.

DCMQC was a national programme funded by the Department of Health and supported by ADASS and a range of provider bodies to support the implementation of the White Paper 'Caring for our future: reforming care and support'.

The toolkit is based on a literature review, background research and discussions with commissioners across England. The toolkit forms part of the package of support available to local authorities, which also includes a workshop on 'Understanding Self-Funders'; materials and tools for market facilitation; and bespoke support for individual local authorities.

The toolkit consists of four complementary but distinct sections:

Section A: What do we know nationally about those who fund their own care?

This section provides an overview of the national picture of the self-funder market and sets the context for local data collection.

Section B: What do we need to know locally?

This section suggests the key questions we need to explore locally about the self-funder market, and provides approaches and techniques to enable the collection of information.

Section C: What can we do to support self-funders?

This section provides ideas of how local authorities can support self-funders and offers some examples from around the country

Section D: Tools and resources

A number of tools are provided in section D to support the activities local authorities will need to carry out to understand their self-funder market.

⁴ PC (2011) [People who pay for care: quantitative and qualitative analysis of self-funders in the social care market.](#)

Section A: What do we know nationally about self-funders?

1 Who are self-funders?

A self-funder is someone who:

'pays for all of their social care or support from their own private resources (including social security benefits such as state pension or attendance allowance), or 'tops up' their local authority residential or domiciliary care funding with additional private spending'⁵.

This can include care and/or support to live independently at home or in a care home; in addition to formal care, it can include help with domestic tasks such as shopping and gardening.

However, in analysing and developing services for this population, it is also useful to include people who receive direct payments within this population.



There are three principal categories of self-funder⁶ who generally fund the full costs of their care (with or without any disability-related benefits):

⁵ Baxter K and Glendinning C (2014) People who fund their own social care, Scoping Review, NIHR School for Social Care Research.

⁶ Forder J (2007) Self-funded social care for older people: an analysis of eligibility, variations and future projections, PSSRU Discussion Paper 2505.



There are a number of factors likely to affect the size of the self-funding population, and the balance between self-funding and publicly funded care. The presence of these within a particular local authority will affect the local population.

For example:

More self-funding	More publicly funded care
More older people	More older people and more people with long-term conditions with more complex needs
Increased wealth of older people, particularly property and occupational pensions	Reduced value of some savings due to low interest rates
Reduction in public sector expenditure potentially leading people to pay for services previously freely available	Reduction in public sector expenditure for low level support potentially increasing need for more intensive care
People who are eligible topping up their provision from their own means	Pressure on NHS to move people swiftly out of hospital
Tighter eligibility criteria and increased charging for care	
More people receiving direct payments	
Family breakdown and mobility mean fewer families living close by that are willing and able to provide informal care	

2 What do self-funders purchase now?

Self-funding operates at a wide variety of levels, from people who pay family, friends, neighbours and local contacts to deliver low level domestic support such as assistance with household tasks through to those who purchase residential care with nursing or pay for live-in carers in their own homes. However, little is known about what self-funders currently choose to spend their money on, how this might change over time or the impact this has on social care service provision.⁷

2.1 Care Homes

IPC estimates that 44.9% of registered care home places in England are self-funded. The proportion of self-funded places in residential care homes is 39.6% and 47.6% in nursing homes⁸. Of these, the literature⁹ indicates:

- That a significantly higher proportion of self-funded service users were identified as receiving some type of nursing care (76% compared with 43% among publicly funded residents).
- The type of informal support people were receiving prior to admission was associated with the types of care they received once they had been admitted. Those receiving supervision, physical help, personal care and/or help with taking medication prior to admission were significantly more dependent after admission.
- Self-funders appeared less likely to have local authority arranged home care services prior to admission, and those that did received fewer hours per week.
- Over 90% of friends/relatives of the older people perceived there to be at least one unmet need prior to admission in relation to food/nutrition, personal care, the relatives concern for their safety, social participation and involvement and control over daily life.
- There was some evidence indicating a link between low levels of dependency and unmet needs for social participation, suggesting that some of the motivation for entering a home would be for the company it would provide rather than the need for care or support *per se*.

2.2 Home Care

In terms of those who fund their own home care, because of the breadth of services this may include, it is difficult to assess accurately the numbers or needs of this group.

Estimates of home care self-funders using the English Longitudinal Survey of Ageing (ELSA) indicate that there are 168,701 older people paying for care,¹⁰ purchasing cleaning, personal care, shopping, support to get out and about, and sitting services. Non-personal care is often provided by an individual and sourced through friends, neighbours, and local community organisations. Those people who receive a direct payment from the local authority were found to use these payments to purchase

⁷ Baxter and Glendinning (2014) Op Cit

⁸ IPC (2011) Op Cit

⁹ Hudson B and Henwood M (2009) A Parallel Universe? People who fund their own care and support: a review of the literature, IDeA/ADASS/LGA.

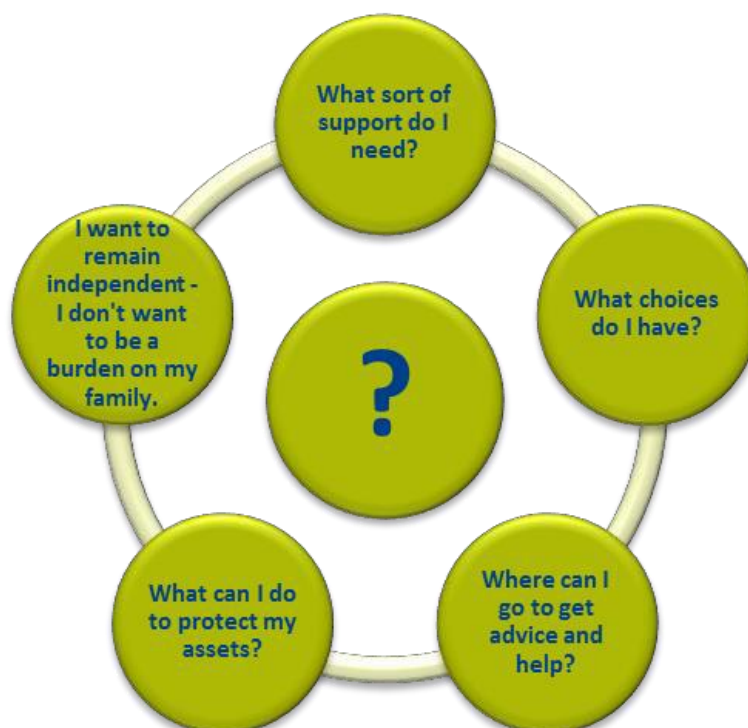
¹⁰ IPC (2011) Op Cit

domiciliary care, day opportunities, equipment or cleaning¹¹.

Just as some people top-up their local authority-funded care home place to pay for additional services or a private room, some people receiving local authority-funded home care purchase additional care and support services with their own funds¹².

3 What do we know about future care choices?

We do know that the majority of people do not think ahead or plan for the possibility that they may need care and support. However, it is important that local authorities build an understanding of how self-funders make choices about the options available to them.



When a crisis occurs, they may not be prepared for remaining in their own home with decisions on their future support needs often made swiftly and, in many cases, by other family members.¹³ Such decisions may be based on the advice and guidance of health professionals, who may not themselves be fully familiar with the complete range of options available. Approaching social services for help is not something which is considered by most self-funders and is often seen as a last resort. Those that do contact their council, typically describe being given a list of care homes and not much more.¹⁴ Research indicates that advice is more difficult to obtain than information, particularly financial advice¹⁵. Thus, having sufficient resources to be self-funding is not, in itself, any guarantee that people will have greater choice or control¹⁶.

¹¹ Think Local Act Personal Partnership (2012) Follow on study: older people who pay for care.

¹² TAP (2012) Op Cit

¹³ IPC (2011) Op Cit

¹⁴ Henwood M (2010) Journeys without maps: the decisions and destinations of people who self-fund – a qualitative study.

¹⁵ Baxter and Glendinning (2014) Op Cit

¹⁶ IPC (2011) Op Cit

While some people are able to be systematic about finding the right solution for their needs, e.g. identifying the right sheltered housing scheme or care home and putting their name down on the waiting list, they will often choose a level of support greater than their current needs.¹⁷

Despite this, there is a wealth of research out there describing people’s aspirations for their own care. The table below sets out the things that are frequently cited as important in relation to care and support or accommodation, as well as the challenges older people face in achieving these aspirations.^{18 19}

Aspirations	Challenges
<p>Type of care:</p> <ul style="list-style-type: none"> ■ Not restricted to their home, but support to do things themselves (e.g. being accompanied when shopping). ■ Consistency of carer and reliability of visits. ■ Flexible care. ■ Support with practical domestic tasks, DIY, transport and gardening. <p>Care setting</p> <ul style="list-style-type: none"> ■ A majority of older people want to stay in their own homes. ■ Equipment and assistive technology to support them in their own homes. <p>If they do move, they wish to have sufficient space for family and friends to stay.</p> <p>Approach of carer</p> <ul style="list-style-type: none"> ■ People knowing and caring about the individual. ■ The importance of belonging and contributing to local communities, family and social groups. ■ Being treated as an equal and as an adult. ■ Respect for routines and commitments. ■ Having and retaining their own sense of self and personal identity – including being able to express views and feelings. 	<ul style="list-style-type: none"> ■ Not knowing where to go to get help or advice. ■ Not knowing or understanding the choices they have, or the types of support appropriate to their needs. ■ Difficulties in navigating the range of information on local care options. ■ A need for more detailed information and advice regarding quality, level, type and appropriate price of care. This includes financial advice which would help self-funders to maximise their income and help them to avoid running out of money and needing state support in the future. ■ Concerns about employment arrangements when self-funders arrange their own care.²⁰

¹⁷ IPC (2011) Op Cit

¹⁸IPC (2007) Care Services Efficiency Delivery: Anticipating future needs Joseph Rowntree Foundation (2009) Older People’s Vision for long term care

¹⁹ Joseph Rowntree Foundation (2009) Older People’s Vision for long term care.

²⁰ Ekosgen (2013) The workforce implications of adults and older people who self-fund and employ their own care and support workers.

With this in mind, facilitating a market which offers support to make the best possible decisions, together with a range of choices and options from which self-funders can choose, means local authorities can go some way to mitigating the risk of inappropriate decisions being made, potentially reducing the demand for local authority funding through poor financial planning.

Research by IPC has identified the following barriers to self-funders taking up local authority assessments:

- Lack of information.
- Eligibility – assuming that as an owner occupier they would not qualify for an assessment.
- Stigma – perception that local authority services are for the poorest.
- Difficult to contact – finding the right person can be difficult and confusing.
- Unhelpful signposting – people may be signposted several times and give up trying to find help.
- Lack of advice relevant to individual circumstances.

Section B: What do we need to know locally?

1 Introduction

A report in 2011 by IPC²¹ which analysed local authority responses to the Care Quality Commission AQAA self-assessment question 9GN097²² indicated that the great majority of local authorities had little information about the numbers of people who pay for their own care. Furthermore, research for 'Which?' in 2011 demonstrated that 50% of local authorities did not keep records of people who funded their own care, with 60% unable to say how many self-funders ran out of money and became dependent on council funding²³. More recently, the Care Act stocktakes have indicated continuing uncertainty about the numbers of self-funders in many areas and limited capacity to undertake self-funder assessments.

So what do we need to know?

- The scope of the self-funding population, both in regulated and un-regulated markets.
- The number of people who start off as self-funders but transfer to state funded care, and the cost burden this will place on the local authority.
- The type of information and advice that self-funders need and want in order to make informed decisions about their care.
- People's experiences of planning and organising care.
- The range and breadth of services available to self-funders.
- How partner agencies interact with self-funders and the advice they give.

Estimating the precise numbers of self-funders is an inexact science for a variety of reasons:

- The service provided (often by non-registered providers) may not be regarded by the purchaser or provider as 'care' (e.g. help around the house).
- People in receipt of council-funded services may top this up through informal care or buying additional hours from registered providers. Consequently there may be some element of double counting.
- Providers may not always be able to identify which care is self-funded or paid for using a direct payment.
- Providers may be unable (or unwilling) to provide information on the numbers of people who self-fund.
- Comparison between local authorities is difficult because of the potential differences in data collected and methods used

²¹ IPC (2011) Op Cit

²² 9GN097 asking 'Please describe services that are provided for self-funders in 2008-9 considering user of community or residential services'

²³ Which? (2011) Long term care information gap

However, with these caveats, it is possible to build a picture of self-funders using research figures and data on current provision, and through working with providers and older people themselves; this picture can then be tested and refined over time as more information becomes available.

The toolkit provides suggested approaches to a range of activities which will enable local authorities to develop this picture:

- Activity 1:** Estimating the number of self-funders in care homes
- Activity 2:** Estimating the numbers of self-funders purchasing home care
- Activity 3:** Obtaining information from providers
- Activity 4:** Estimating the number of self-funders who might fall back on local authority funding.
- Activity 5:** Using a survey to understand the experiences of self-funders
- Activity 6:** Using interviews and focus groups to understand the experiences of self-funders
- Activity 7:** Carrying out a mystery shopping exercise to test current support services.

A number of tools are provided in Section D which support these activities and are referenced as appropriate.

2 Estimating the number of self-funders

2.1 The number of self-funders in care homes

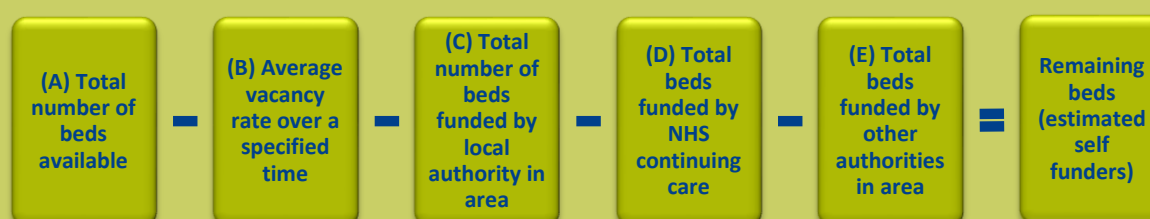
Activity 1

This approach focuses on estimating numbers of self-funding older people in particular. The total number of beds occupied by self-funders is calculated by taking:

- The total number of beds available (A).
- The average vacancy rate over a specified amount of time (B).
- The total number of beds in the local authority which are funded by the local authority (C).
- The total number of beds funded by the NHS continuing care programme (D).
- The total number of beds funded by other local authorities in the authority (E) – if known.

Subtracting (B+C+D+E) from (A) gives an approximate estimate of the remaining number of beds, which can be assumed to be the number of self-funders within an area. This equation is illustrated below.

Calculating the number of self-funders:



See Section D for worked example

IPC has undertaken a number of projects for local authorities in England to estimate the number of self-funders in care homes, using the approach described above. In some areas, it has also been possible to identify beds funded in the local authority by other local authorities which need to be included in the calculation.

Data sources which can support this approach include CQC, Laing and Buisson and the Health and Social Care Information Centre. Advantages of this approach are:

- It is often quick and easy to obtain results which give an indication of the number of self-funders in a given area.
- It refers specifically to regulated care and we can therefore assume that data is reasonably accurate.

Potential issues with this approach include:

- The analysis can only provide a crude estimation of the number of care home beds occupied by full self-funders. The figure obtained is likely to be an over estimate as the data will not take into account the number of beds purchased by other local authorities or other sources of NHS funding.
- This approach identifies current numbers but it will be important to look at projections in terms of numbers of beds (what is known about whether they will increase or decrease in the future) and local population changes.

A second approach is to use local information from commissioners and market management. Where local authorities have good, regular contact with care home providers, it can be relatively straightforward to obtain information about the number of people who pay for their own care home place through a request to providers for this information. The risk here is that the local authority may not have a relationship with those care homes which only provide services to self-funders.

2.2 Estimating the number of self-funders receiving home care

Three approaches to estimating the numbers of self-funders paying for home care are presented below. Overall, the approach based on ELSA appears to be the best available. However, there is a need to make a judgement based on local circumstances and how widely the ELSA based approach differs from the other two presented below. ELSA is a national survey so may not reflect local circumstances – but analysis of ELSA indicates that age, gender and household status are the three key factors correlated with paying for care at home. These data are available at local authority level and can be projected using the POPPI information system. Using Attendance Allowance data is likely to overestimate numbers (depending on levels of take-up) as it will include self-funders in care homes and people receiving local authority domiciliary care. Using a provider survey and data on local authority home care funded provision may be weakened by low provider response and poor quality data from providers, as well as the local implementation of FACS thresholds. The more limited the eligibility threshold, the higher the number of self-funders is likely to be.

2.2.1 Using national survey data - ELSA

Activity 2

Estimate the number of self-funders of home care using the English Longitudinal Survey of Ageing (Wave 5) or ELSA²⁴. In this survey, respondents were asked a number of questions relating to help with care and where they got it from. Respondents were asked whether they have needed help with a range of activities including:

- Getting dressed / Bathing or showering
- Eating (such as cutting up food) / Preparing a hot meal
- Moving around the house
- Shopping for groceries / Doing work around the house and garden
- Making telephone calls / Managing money (such as paying bills and keeping track of expenses)
- Taking medications
- Other problematic activities

This was followed by a question about who, if anyone, helps with these activities including 'privately paid help' or 'privately paid employee'.

Using these data, look at the responses covering the 'Activities of Daily Living' scale²⁵ and the wider range of activities which roughly correspond to the 'Instrumental Activities of Daily Living' scale²⁶.

The tables below (1 and 2) show the rates of people aged 65 and over, who pay for their own care at home, based on (ELSA Wave 5) data. These rates can be applied to local population data²⁷ (POPPI²⁸).

Table 1: percentage of those aged 65 and over who are helped by a privately paid help or employee with:

- getting dressed / bathing or showering
- eating (such as cutting up your food) / preparing a hot meal
- moving around the house

	65-69	70-74	75-79	80-84	85-89	90+
Men	0.13	0.43	0.80	0.35 *	5.92	12.28
Women	0.36	1.44	1.72	3.54	6.52	12.61
Total	0.25	0.96	1.30	2.21	6.28	12.50

Source: ELSA Wave 5

* The figure for men aged 80-84 appears out of line with the other data – and IPC recommend adjusting the cell by doubling to correspond with the rate of increase in women between ages 75-79 and 80-84. This gives a rate of 1.6 for men aged 80-84.

²⁴ IPC (2011) Op Cit

²⁵ Katz, S, Downs TD, Cash HR, et al (1970) Progress in the development of the index of ADL. *Gerontologist* 10:20-30. Accessed 22/9/15 at:

http://gerontologist.oxfordjournals.org/content/10/1_Part_1/20.full.pdf

²⁶ Lawton MP, and Nrody EM, (1969) Assessment of Older People: self-maintaining and instrumental activities of daily living. *The Gerontologist*. 9(3): 179-186. Accessed 22/9/15

²⁷ Putting People First (2011) Op Cit.

²⁸ Projecting Older People Population Information System, <http://www.poppi.org.uk/>

Table 2: percentage of those aged 65 and over who are helped by a privately paid help or employee with:

- getting dressed / bathing or showering
- eating (such as cutting up your food) / preparing a hot meal
- moving around the house
- shopping for groceries / doing work around the house and garden
- making telephone calls / managing money (such as paying bills and keeping track of expenses)
- taking medications
- (other problematic) activities

	65-69	70-74	75-79	80-84	85-89	90+
Men	0.52	0.72	2.61	2.84	8.55	15.79
Women	1.90	2.62	5.85	9.85	13.48	18.49
Total	1.24	1.72	4.35	6.93	11.52	17.61

Source: ELSA

Advantages of this approach are:

- ELSA is a high-quality national population survey, based on a representative sample of over 10,000 people aged 50 and over.
- ELSA demonstrates how the number of self-funders increases with age.

Potential issues with this approach include:

- Other research has identified different prevalence rates which will have an impact on the numbers calculated. For example, Forder²⁹ estimated that 9.3% of the total population of older people (aged 65 and over) are in receipt of community based care. 19% of those receiving community based care are estimated to be self-funders. However, Forder used administrative data (NASCIS RAP) on community based care rather than a representative sample of older people.
- The ELSA data reveal significant differences between men and women, with a higher percentage of women paying for care, which increase with age. It would therefore be important to look at the age and gender profile of the local area.
- The data sets used may not reflect current or local trends. Forder's research was published in 2007 so the data set used would be earlier than this date. The ELSA Wave 5 data are from 2010-11.

2.3 Using Attendance Allowance data

Data on Attendance Allowance is available at local authority level from the DWP website using the tabulation tool: http://tabulation-tool.dwp.gov.uk/100pc/aa_ent/tabtool_aa_ent.html. Attendance Allowance is a non-means tested benefit available to anyone aged 65 and over who has care needs to help with the extra costs of long-term illness or disability. It excludes people under 65 and

²⁹ Forder J (2007) Op Cit.

over 65s who receive DLA or PIP. It is available to people living independently and those paying for care in a care home. Based on the available research, IPC estimate that 29% of older people who receive Attendance Allowance (AA) use it to pay for care in their own home.

Advantages to this approach are:

- Data are easily available.

Potential issues include:

- In most instances, assuming that 29% of older people receiving AA are self-funding their home care is likely to generate a higher level of home care than using the ELSA rates. This is probably due to the wider group of people who receive AA – ie some self-funders in care homes, and some people who receive local authority home care.
- Some people receiving AA may be below the local authority's FACs threshold so would not be eligible for local authority social care, although this will depend on the local authority's FACs threshold and how it is applied.

Worked example: 860 older people in Anytown receive AA. Subtract 198 estimated care home self-funders who are assumed to be receiving AA.

$(860-198) \times 29\% = 192$. However there will be an unknown degree of overlap with LA funded home care recipients which could also be deducted if that information is available from social care.

2.4 Using provider information and proportion of local authority funded home care

A third approach is to survey local home care providers to provide details of the extent and nature of self-funding activity. This could be questionnaire-based research or telephone interviews. Where the response is limited, it may be possible to use the data to calculate the proportion of home care that is self-funded.

Activity 3

Direct contact with domiciliary care providers in the area can be undertaken to provide details of the extent and nature of self-funding activity.

See Section D for an example provider letter and survey

For example, one survey of home care providers in a local authority conducted by IPC found that around 40% of their clients were self-funders. With the data on the number of people funded by the local authority receiving home care or direct payments representing 60% of the total, it is possible to calculate an estimate for the number of self-funders.

Advantages to this approach are:

- A survey can be used to gather a range of information on self-funders, including understanding what types of services self-funders commission, the range of services they provide, and the issues that providers face in responding to the needs of self-funders.

Potential issues include:

- This approach can be labour intensive, depending on the number of providers.
- It often generates a poor response rate. In work undertaken by IPC, 20% of providers responded.
- Providers may not be able or willing to provide this information. There may also be differences in the way providers define or collect information around self-funders which makes it difficult to aggregate or compare. In particular, providers often find it difficult to differentiate between those who pay for care themselves and those using a direct payment.
- Not all home care self-funders use agencies known to the local authority. Some may have private individual arrangements. IPC research in Hampshire³⁰ indicates that the more intensive the need for care, the more likely that a self-funder will use an agency.

Worked example: 720 older people received Anytown funded home care or direct payment. A survey of local home care providers indicates that 40% of clients are self-funders based on 50% response rate. $720 / 60 = 12$
 $12 \times 40 = 480$. This indicates 480 home care self-funders in Anytown.

2.5 Calculating those that might fall back on local authority funding

Activity 4

Two potential methods for estimating the number of self-funders falling back on local authority funding:³¹

- Identifying former self-funders from both new admissions and existing service users over a three month period and using the average of this to obtain an annual figure. This is a labour intensive approach.
- Identifying the number of self-funded care beds over several months, using this to develop an average occupancy level, and assuming that 25% will fall back on state funding (as per the LGIU estimate). This can then be used to forecast an annual figure.
- Both figures can then be multiplied by the cost of a council funded care home bed to estimate the potential size of a local authority's potential annual self-funder liability.

³⁰ IPC (2010) [People who fund their own personal care at home in Hampshire](#), IPC.

³¹ LGiU (2011) Op Cit

3 Understanding the needs and aspirations of self-funders

Understanding the services that self-funders currently purchase and how this might need to change due to increased demand in the future is an important task for local authorities. However, obtaining this information is difficult considering the challenges there are in identifying this group of people. There are a range of options available to local authorities.

3.1 Surveys

In order to better understand the self-funder population a postal survey could be undertaken. Surveys offer a relatively simple and straightforward approach to understanding decisions, attitudes, values and approaches to care. Postal surveys are often the easiest method for gathering information from a large set of people and are relatively low cost. They also offer the option of anonymity which may be particularly pertinent when discussing care needs. Sampling would depend on the exact focus of the questionnaire - whether the total population is considered or whether specific groups of known self-funders should be targeted.

Activity 5

So as to understand the care and support needs within an older population, postal questionnaires could be sent to addresses, with households filtered using MOSAIC categories³² to include only those likely to include someone of pensionable age.

Questions could cover:

- What help do you receive with domestic and personal tasks, who provides this, and how much support do you get?
- What other forms of support do you receive, such as respite care?
- What assistive technology do you use, and what aids and adaptations?
- What do you think you will need in the future?
- What do you know about local authority provided support and how the system works?

ACORN classifications could also be used. Many local authorities' corporate services departments hold licences for one or other of these products.

See Section D for an example questionnaire

In 2010, IPC undertook a project to understand better the care and support needs within the older population served by one local authority³³. Postal questionnaires were sent to 11,000 addresses selected across 11 districts. Households were filtered using MOSAIC categories³⁴ to include only those likely to include someone of pensionable age. The response rate was 12% and the survey offered the local authority an opportunity to reflect on the type of services which were required.

However, there are a number of considerations when using this approach:

³² MOSAIC and ACORN are demographic profiling and classification systems which sort addresses into postcode based neighbourhood types.

³³ IPC (2010) Hampshire County Council: People who fund their own care

³⁴ MOSAIC a demographic profiling and classification system which sorts addresses into postcode based neighbourhood types.

- There are often difficulties in ensuring a representative sample and the likely impact of this needs to be considered in the initial design phase.
- Postal surveys may elicit a low response rate, especially if they are not particularly well targeted, publicised or clearly described.
- Participants may not understand specific questions, or not answer them seriously and the researcher may not pick up on this.
- Often responses are affected by the characteristics of the respondent, their level of buy-in to the issues raised, their memory, or indeed in the case of care needs, their capacity to respond.

3.2 Interviews and focus groups

Activity 6

Qualitative methods such as interviews and focus groups can be used to gather information on specific areas where more detail is required, and where behaviours or particular attitudes need to be explored in more depth.

They can either be used on their own or with more quantitative approaches, such as surveys. They can also be used at the start of a process of gathering quantitative information to highlight the main issues which need to be explored and inform its design, or at the end when it can validate or test the findings from surveys and studies. Consideration of research governance and ethics will be necessary.

See Section D for an example focus group guide

Interviews and focus groups offer flexible and adaptable ways of finding things out about specific groups of people. However, this flexibility can introduce bias and often leads to issues regarding consistency across the groups or interviews. They are both time-consuming methods, which require substantial input to set up and deliver, and a level of skill to execute properly. Moreover the demographic of self-funders may mean that recruiting and accessing particularly frail or vulnerable people could be more difficult.

However, various methods of recruiting participants are available, including:

- Generating publicity through local authority newsletters and local community group publications.
- Contacting those known directly to the local authority (e.g. those who have been assessed, bus pass lists etc.)
- Respondents to an initial postal survey if the focus group is a follow up to an initial piece of quantitative research.
- Approaching agencies known to have contact with self-funders, such as local DWP offices, Citizens Advice Bureaux, Age UK, carer's groups, charitable organisations and community groups.
- Domiciliary care providers may also be able to help, particularly if they are able to access the results of the research. They may even be able to help and contribute to the design process.

3.2.1 Interviews

Interviews, either face-to-face or via the telephone, offer the opportunity for a skilled interviewer to modify the line of enquiry if a particular point has been raised which needs further exploration. Like all qualitative approaches it offers the chance to explore particular issues in detail and requires careful preparation (including a list of questions or prompts to keep the interview on track) in order to ensure the best possible information is gathered.

Questions should be kept simple and only cover one concept at a time; they should avoid jargon; and avoid leading statements. They can be closed or open ended questions but importantly information should be recorded carefully and notes must be written up.

Consideration should be given as to who conducts the interview. Often independent individuals carry more credibility with respondents as the respondents may feel they can be more frank in their comments. It is important to emphasise to participants that their participation is voluntary and that their responses will be anonymised so that they cannot be identified in any report.

Depending on the purpose of the interview, participants can be identified from responses to postal surveys, through community groups, those known to the local authority, provider organisations or through various local forums and charitable organisations.

3.2.2 Focus Groups

Focus groups are often used as a market research tool or by political parties to test policy. They offer the opportunity for citizens to become an active part of policy and service development. They are a highly effective method of gathering qualitative data relatively quickly and easily and participants tend to enjoy the process. However, the number of questions covered is limited (usually fewer than 10) and facilitating a focus group requires considerable expertise so that it is not influenced by one particular idea or concept.

Groups should ideally have between 8-12 participants, although smaller numbers can be used. Homogenous groups will have people with similar experiences, which can aid the exchange of experiences and ideas but which may result in a similarity of views. More heterogeneous groups can mean more dynamic discussions, which will encourage other people to consider other view-points. However, they may result in power imbalances or dominant participants damaging the group process.

The focus process needs to be well managed, and opportunities for those who are less articulate to express opinions must be allowed. Confidentiality can be an issue in group situations, so this needs to be considered in the design of the questions and topics covered, and addressed in the introduction.

For more sensitive topics, one-to-one interviews may be more appropriate. The results from these should not be generalised as they cannot be regarded as representative of the whole population.

3.3 Mystery shopping

Activity 7

Usually carried out by independent individuals or organisations, mystery shopping is a way for local authorities to check that services are being delivered in line with the standards set out and that they meet the expectations of service users, in this case self-funders. This may be particularly useful when assessing or monitoring existing or new services or information and guidance, and in getting a deeper understanding of the issues self-funders face when making decisions about care.

Mystery shoppers are given a brief to carry out a series of pre-agreed tasks including contacting organisations by email, post, telephone and in person, then reporting their findings back to enable a local authority to learn from their experiences, document how well they are doing and make improvements to services as required.

Mystery shoppers can be self-selecting, the local authority could ask a sample of individuals to undertake a particular task, or there are agencies which can support the local authority to do this as well.

Scenarios are developed which represent how individuals may approach a provider or the local authority and detailed report forms are developed to cover every aspect of the interaction. The information captured should include an overview of the interaction from the moment it starts until it ends and capture any specific points which impact on the quality of response from the organisation or experience being evaluated (e.g. was the staff member knowledgeable and polite, was the information up to date, etc.)

IPC undertook a mystery shopping exercise with one local authority to find out how an enquiry regarding extra care sheltered housing was dealt with at first point of contact and what marketing information was made available to the caller. The mystery shopper was given a fully scoped brief about the background to their requests and asked to contact a range of information points including the county, district councils and local extra care schemes. The mystery shopper was looking at the following points:

- To be asked the right questions to determine what it was the shopper wanted.
- To be asked sufficient questions about care needs and the urgency of the request.
- What care was available, how to access support and where to go to find out more.
- If the call was directly to a scheme, then the offer of a visit to the scheme as a follow up to the information.

Mystery shopping is a useful technique in understanding the service user's experience, regardless of the source of their funding. However, it does require time and experience to set up a useful exercise.

Section C: What can we do to support self-funders?

1 Introduction

The 2011 report by the LGIU³⁵ highlighted the fact that 61% of local authorities across England and Wales have no knowledge of the number of self-funders likely to fall back on local authority funding. It also highlighted that local authorities needed to offer clear guidance to self-funders on choosing the care which was most appropriate to their needs.

The Care Act stocktake published in August 2015 indicates that there has been considerable progress since 2011. More than four-fifths (81%) of local authorities stated that they had set up a comprehensive universal information services and three-quarters (75%) have established a comprehensive universal advice service that includes the wider aspects of care and support. Seventy percent has set up online information and advice services and 80% has established arrangements to support people's need to access independent financial advice to help people plan their future care and support.

However, past research has indicated that the information and guidance available was often not of sufficient quality to offer self-funders real choice or support, and that advice was often only given when the self-funder had run out of money.

There are a range of activities that local authorities can undertake both to help self-funders and to improve their performance and understanding of the market³⁶ including:

- Monitoring contact with self-funders requesting care and support.
- Improving information, advice and signposting, in particular offering clear guidance on what to expect and the end-to-end process of accessing care.
- Developing better financial advice and support for self-funders in order that they may capitalise on their investments and assets and ensure they are not over-charged or invest in high cost care packages unnecessarily.
- Looking at developing quality assurance mechanisms for self-funders through directories of care providers.
- Moving towards assessing everyone with care needs, regardless of their financial situation.
- Monitoring those self-funders who transfer to state-funded support.

³⁵ LGiU (2011) Op Cit

³⁶ IPC (2011) Op Cit

LGIU also suggest that local authorities could provide financial information through existing contact points, such as events visited by older people and council offices, but also working through other stakeholders such as care homes, GPs, hospitals, housing associations and domiciliary care agencies. Links with these stakeholders are vital as they come into contact with residents at an earlier stage, when interventions around finance are more productive. Domiciliary care providers are a particularly important stakeholder as they often have the first contact with individuals requiring long-term care.³⁷

2 Improving information, advice and signposting

A review of the literature suggests that although many local authorities have made improvements in the quality and accessibility of information about adult social care in their areas, detailed information and advice which enables self-funders to make informed decisions, including information about costs and needs assessments, is still

lacking³⁸. A qualitative investigation³⁹ to retrospectively track the journeys undertaken by people who pay for their own care and support found that almost nobody identified social services as a source of information or advice; and people who did have contact with their local authority often had a negative experience that focused solely on their financial status, rather than their needs for care and support.

Informal information, word of mouth and reputation were the most significant factors influencing people's decision-making and destinations, yet many authorities advertise their website as a first point of contact for providing access to detailed information and advice. This suggests that there may be a disconnect between the methods people usually use to organise their own care and how the local authority perceives the most effective way of communicating advice. At a minimum, local authorities should ensure the information includes:⁴⁰

- Clear information on who is eligible for care.
- Details about the assessment process.
- Information about funding and costs.
- How to find and pay for your own care.
- Lists of available services.
- Information about the types and quality of care available.
- Relevant commercial information.
- Relevant government information.
- Clear contact details.

³⁷ IPC (2011) Op Cit

³⁸ Baxter and Glendinning (2014) Op Cit

³⁹ Henwood M (2010) Journeys without maps: the decisions and destinations of people who self fund – a qualitative study. Melanie Henwood Associates

⁴⁰ CSCI (2007) Hello, how can I help? An analysis of mystery shoppers' experiences of local council social care information services.

Examples of information and advice provided to self-funders include:

Nottinghamshire County Council - Notts 50+

This [website](#) provides information on services, activities, and organisations in Nottinghamshire aimed at the over 50s.

Gathering this information in one place helps people to:

- Find out what is available and take part in their local community.
- Keep in contact with other people.
- Stay independent in their own homes for as long as possible.
- Enjoy life to the full.

Leeds Centre for Integrated Living (CIL)

Leeds CIL provides a menu of options for self-funders including: recruitment and payroll services, and financial management. Service users can choose from varying levels of service. An online database of personal assistants is also available on the website which can be searched by area, gender, language and postcode.

<http://www.leedscil.org.uk/self-funders>

Hampshire County Council publishes an electronic [guide to funding your own care](#).

Derby Choice

Derby Choice is an independent network of micro support providers (small, personal and flexible organisations) delivering social care support and activities that promote well-being to Derby citizens. The web-site is a one-stop-shop for people who have a Personal Budget or pay for the support themselves to enable them to think about what they would like to do and to see which providers could offer them personal and creative options of support.

On the [website](#) there is a list of providers and descriptions of services provided, detailing for example:

- What they do.
- Geographical areas covered.
- Availability.
- Charges.
- Insurance.
- CRB checks.
- Outcomes to be achieved by the service.
- Professional skills, training and accreditation.

Derby Choice was created out of a Derby City Council market development project. Derby City Council invested in Derby Choice, funded the development of their web site and supported them to become an independent network.

3 Improving financial advice

There is a real need for support to self-funders to maximise their income by ensuring they are receiving benefits to which they are entitled and that they receive independent financial advice to support them in managing their resources. Local authorities need to:

- Develop better advice and guidance which pulls together information from a range of different organisations and providers.
- Assess the needs of all self-funders, putting in measures to enable them to make the right choices about their care.
- Develop ways of describing quality and assisting people in making decisions about who to choose as a provider.
- Raise awareness of available benefits such as attendance allowance, and disabled living allowance which play a useful role in enabling older people to pay for care.⁴¹

Several local authorities have started to address this by offering signposting to independent financial advisors or working with partners to deliver financial information. Examples include:

PayingForCare

A number of local authorities (including Nottinghamshire County Council) are working with PayingForCare⁴², a not for profit organisation, to provide self-funders with valuable information on all aspects of long-term care.

Information from PayingForCare includes:

- The state benefits you may be entitled to.
- The different types of care available.
- The social care system and eligibility rules.
- Access to specialist advice on the best way to pay for your long-term care.
- How to set up a Power of Attorney or Will.

Nottinghamshire have worked to raise awareness of PayingForCare through health and media campaigns and contact with the council, including on the website 'somewhere to live'. They have also worked with care homes on the importance of giving financial advice to self-funders.

BEDS

In addition, Nottinghamshire County Council has implemented a system (BEDS) that will monitor and record the occupancy and vacancies of beds within care homes in Nottinghamshire. The system is web-based and will enable people to search for all care homes in Nottinghamshire and find out how many beds are currently available. Through this system the council will receive monitoring information about bed movements in the care homes. An email is triggered and sent to them and PayingforCare when a self-funder enters a care home. PayingforCare will then arrange for an independent care fees adviser to contact the care home seeking permission to meet the new self-funder.

⁴¹ IPC (2010) People who fund their own personal care at home in Hampshire

⁴² <http://www.payingforcare.org/> accessed 2/5/13.

West Sussex – Carewise

Carewise is a financial advice scheme that offers independent information and advice about paying for care. Carewise was set up by West Sussex County Council, [Age UK West Sussex](#), [the Society of Later Life Advisers](#) (SOLLA) and [West Sussex Partners in Care](#) to help people make the right choices for their situation. Carewise has an approved panel of care fees specialists who are qualified independent financial advisers who offer regulated financial advice about the different options available to pay for long-term care. It also includes free information and advice from Age UK West Sussex about issues relating to care and support, money and benefits. More information is available at

<https://www.connecttosupport.org/s4s/WhereILive/Council?pageId=2138>

Wiltshire Council is working with two independent Care Fees Specialists who can provide people who are responsible for funding their own care with specialist information and advice and help them to understand the funding solutions available to fund their care and protect their wealth and inheritance legacy. The Council also provides an [on-line fact-sheet](#) for self-funders covering some of the financial aspects of self-funding.

4 Providing directories of providers

Many local authorities have directories of local providers. They vary as to the quality of information provided and how the providers register in terms of whether they have to pay to register and/or offer any quality assurance assessment. However, many councils run some form of trusted trader scheme which provides some indication of quality.

Derby City Council – Personal Assistant register

Derby City Council has created an Online Register in association with Disability Direct for customers to find Personal Assistants and for Personal Assistants to have a place to advertise their skills and availability, therefore creating a more productive service.

In joining this register the Personal Assistants can voluntarily agree to the terms and conditions of a Code of Conduct. It specifies a set of standards that are designed as guidance to ensure that Personal Assistants are equipped to deliver good quality services to customers

The information provided about each personal assistant includes:

- Personal details – name, gender, and contact details.
- Employment status and previous experience.
- Services provided – including quality accreditation.
- Charges.
- Training details.
- Availability – detailing preferred time of day start and finish times and availability in terms of morning, afternoon, evening and night times.
- Area of Derby covered.
- Full driving licence and use of a car.

- General information – including specialist skills or experience, additional languages spoken, Criminal Records Bureau check done, gender preference, comfortable handling or preparing meat or dairy products, comfortable with pets, interests and hobbies.

Derby City Council also provides information and advice about becoming an employer and where to find help.

Derby City Council – [The do what you want directory](#)

This is a service that began in Derby that provides information about what is available for purchase in Derby and elsewhere. It provides information about:

- Activities – including sports, leisure, education and alternative therapies.
- Services – including domestic and care services, home maintenance, transport and payroll services.

Information includes accessibility and features such as induction loops, braille etc.

ChooseMySupport – Leicestershire

This is a [website](#) which provides people with more choice and control to decide which services enable them to have independent lives. The website helps people to buy and sell social care and associated services. It is available for people with a personal budget and for all others. Advertising on the site for providers includes an approval process with the local authority.

North West Personal Assistance

[North West Personal Assistance](#) is a not for profit, secure, easy-access on-line recruitment tool that offers Individual Employers and Personal Assistants the option to search for the 'Right Person or the Right Job', in one place. North West Personal Assistance is owned and run by a partnership between Age UK Cheshire and Cheshire Centre for Independent Living, acting as facilitators only.

WirralWell – On-line directory

WirralWell is an on-line directory for health, social care, well-being and events. Users may browse by category and location and providers can register to promote their services.

<http://www.wirralwell.org/>

Warrington Borough Council – My Care and Support directory

Warrington Borough Council has developed an on-line directory of social care and support services, clubs, groups, community and voluntary organisations, for people in the Warrington area. The directory can be browsed by a range of categories, or searched with an A-Z search facility.

<http://www.warrington.gov.uk/MyCareandSupportDirectory>

Section D: Tools and Resources

The following tools and resources are provided to support the activities described in Section B above.

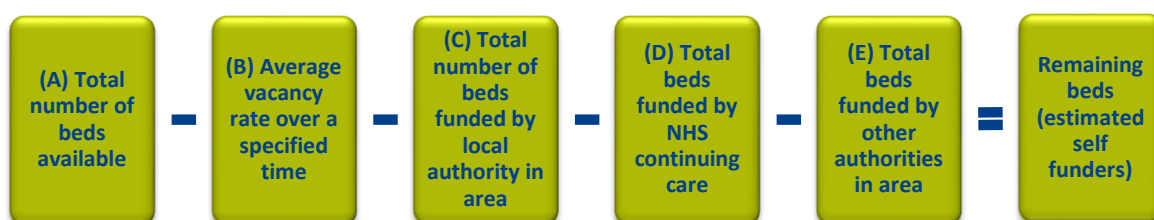
Activity 1: Worked example illustrating estimation of self-funders in care homes

Activity 3: Example provider letter and survey

Activity 5: Example older person questionnaire

Activity 6: Focus group guide

1 Estimating the number of self-funders in care homes – worked example



Care home self-funders: Anytown

	A Total numbers of places available at 31.3.15	B Vacancy levels over previous 12 months	C Anytown Local authority funded placements in Anytown*	D NHS funded placements	E Total beds funded by other authorities in Anytown	Number of self-funders A-B-C-D- E=F
Residential care home	330	30	150		25	125
Nursing care home	390	35	130	70	15	140
Total	720	65	280	70	40	265

Thus this analysis suggests there are 265 self-funders in care homes in Anytown, purchasing approximately 37% of the beds in the authority.

2 Provider Letter and Survey

Provider Letter re survey

Dear Colleague

Survey of providers of care to self-funders

Anyshire County Council are very keen to understand more about the numbers of people who fund their own care, and the type of support the Council could provide to them to enable them to make their care and support choices.

As part of this project, we are carrying out a postal survey and a sample of phone interviews with home care and care home providers in four case study areas to obtain information about the number and needs of the self-funders they provide a service to, and the kinds of service provided. We would like your help in getting a better picture of self-funding in Anyshire and enclose a brief questionnaire which we would be very grateful if you could complete and return in the enclosed freepost envelope or email to me directly at officer@anyshire.gov.uk by Friday 24th June.

This project is supported by the local care home association (add name). The results of the project will appear in a final report which we expect to be able to share with you through the provider forum. We hope that this will contribute to a better understanding of how local authority commissioners can work more effectively with providers to develop the market for self-funded care.

We hope that you will be able to help with this piece of work. We know that you may not hold all the information we would ideally like, but what you have will still be helpful to us. We appreciate that some of this information could be commercially sensitive and would like to make it clear that the information you share with us will be collated with others for the purposes of this study, and that none of the information you pass on will be attributable directly to your organisation.

If you have any questions please do not hesitate to get in touch.

Survey for Care Home Providers

This questionnaire is concerned with people who pay for their own care and those who pay with a direct payment. The questions aim to obtain a snap shot and all questions therefore request details of the position **at the end of March 2015** unless otherwise stated.

1) What type of care do you provide:

- a. Care home
- b. Care home with nursing
- c. Both

2) What was the total number of clients in Anyshire that you provided a service to as of the end of March 2015?

3) How many residents were completely council funded as of the end of March 2015?

4) How many residents paid for their own care (by themselves or family) without any funding by the council as of March 2015?

5) How many residents were on a Third Party Top Up (TPTU) as of a March 2015?

6) What was the average value of Third Party Top Up across all relevant residents per month?

- 7) What do you think are the main reasons for residents, or families of residents, opting for a Third Party Top Up?

- 8) Do you have any other comments?

Many thanks for completing the questionnaire.

Please complete the form and return to xxx in the Freepost envelope provided by 24th June or email to officer@anyshire.gov.uk

3 Older person example questionnaire

Survey

Care needs and funding in Anyshire

How to complete the questionnaire

Please read each line and tick all appropriate answers. There are no right or wrong answers. We are interested in your experiences. All information is completely confidential.

1. We would like to know if you need or have any help with some everyday activities, and if you do have any help, we would like to know the amount of help you receive.

	Do you need help with any of the following? Please tick all appropriate boxes	Do you have help with any of the following? Please tick all appropriate boxes	If yes, how many hours help do you tend to receive each week? Please write number of hours per week
Walking			
Climbing stairs			
Getting dressed			
Eating or drinking			
Personal care, eg, help with washing and bathing			
Taking medicine			

2. If you do have any help, we would like to know if you pay for the help yourself, and if the help is provided by the Council.

	Do you pay for the help yourself? Please tick all appropriate boxes	Is the help provided by Anyshire County Council? Please tick all appropriate boxes
Walking		
Climbing stairs		
Getting dressed		
Eating or drinking		
Personal care, eg, help with washing and bathing		
Taking medicine		

3. If you do **pay for any of the help** listed above, we would like to know the reasons why you pay.

Please tick all that apply to you.

I did not know the County Council might provide this kind of help	
I thought I would not qualify for help from the County Council	
I prefer to manage my affairs independently	
I do not want to share information about my financial or personal situation with Social Services	
I contacted Anyshire County Council but they explained I did not meet their eligibility criteria (ie, my needs were not high enough)	
I contacted Anyshire County Council but they explained that although my needs were high enough, I was above the income threshold so would have to pay myself	
Other (please give details)	

4. Do you need help with any of these other everyday activities? Please tick all that apply to you

Cleaning your home	
Shopping for groceries	
Looking after your garden	

5. Which District Council area do you live in? Please tick appropriate box

District A		District E	
District B		District F	
District C		District G	
District D			

To help us analyse the results of this research, it is useful to have a little background information.

6. Are you: Male Female

7. How old are you?

Under 65 65-74 75-84 85 or older

8. Do you provide a significant amount of unpaid care on a regular basis for a member of your family or a friend?

Please tick appropriate box

Yes No

9. Do you live? Please tick appropriate box 10.

Alone	
With partner/spouse	
With friend or family	
Other	

11. Which of the following best describes your ethnic origin?

Please tick appropriate box

White	
Asian or Asian British	
Black or Black British	
Mixed Ethnicity	
Chinese or Other Ethnic Group	

Please return in the FREEPOST envelope provided as soon as possible.

Many thanks for your help.

We would like to **carry out some telephone interviews** to find out more about the reasons why some people pay for help or for their own care. These would last around 15 to 20 minutes. Your **participation is entirely voluntary**.

Please could you provide us with your name and day time telephone number if you would be willing to take part in an interview?

Your answers will be treated in confidence and you will not be identified in any report of the findings.

If you have any questions, please contact Officer at Anyshire on Tel?

This slip will be detached from the survey to ensure that there is no way of identifying how an individual responded to the postal survey.

Name..... Daytime phone number.....

Please return in the FREEPOST envelope provided as soon as possible.

Many thanks for your help.

4 Understanding the self-funding market in social care

Introduction (10 mins)

Hello my name isand thank you very much for attending today and agreeing to participate in this discussion.

Before we start, it is important just to go over some house-keeping arrangements:

We have up to 1.5 hours for this discussion. The toilets are....

Fire alarms

Mobile phones please turn off/ or on to silent

[Quick introduction about yourself and then individual introductions – first names only]

Background

We have been asked by the Anyshire to carry out this study to help with forming a picture of the use of self-funded care that is being used by older people. Self-funded care is care that you yourself pay for.

This could include paying for:

- Care to help with moving around the house, washing and dressing, eating and preparing meals, taking medicines
- Personal assistants
- Day centres
- Help with cleaning and shopping
- Handy person services
- Gardening
- Transport – for example to medical appointments
- Supported housing
- Independent living schemes

We are thinking of services that help you or those you care for to be more comfortable or independent at home, or to improve the quality of your life (non-NHS chiropody, privately arranged frozen meals, home hairdressing). Some of this care may also 'top-up' what is already bought from, or provided by, the council on your behalf.

We are running this focus group to get a better picture of self-funded and unregulated care to help the council to develop a better understanding of how to support people who pay for care.

Before we start

- No right or wrong answers – interested in your views and opinions
- Reassure participants about confidentiality.
- Permission to record – for analysis purposes only.

Questions

- Around the room, what type of care services do you currently pay for? (Probe type of service eg personal care, cleaning etc; and type of provider eg agency or individual) **(Up to 25 mins)**
- On average how many hours does this consist of a week? **(Up to 10 mins)**
- How did you find the care provider? (Probe eg council list, ad in local shop, and explore ease or difficulty) **(Up to 15 mins)**
- How is this paid for (direct payment, private transaction)? **(Up to 15 mins)**
- Why did you decide to pay for care? (Probe eg refused care by council, did not want to approach council etc.) **(15 mins)**
- Any other type of services that you think would help you to be more independent and comfortable at home? **(Up to 10 mins)**
- Any other comments?

Conclusion

Thank you very much for all of your contributions. We also have a form (Appendix A) to fill in to give us some further information should you wish to do so – this is confidential.

This information will be used only for describing the general characteristics of the focus group.

Thank you – check all expenses sorted and hand out gift vouchers.

[Forms to be printed and participants encouraged to fill them in prior to leaving – place on seats before they come in]