

CHARGING POLICY 2026 to 2027



Introduction

This Charging Policy explains how Glasgow City Health and Social Care Partnership (HSCP) on behalf of Glasgow City Council considers and calculates the contribution to care that you may be required to pay towards your care and support. Charges apply whether services are provided direct by the HSCP or are purchased from an external provider or purchased through a direct payment. The charges have been set in line with principles of Convention of Scottish Local Authorities (COSLA) guidance, best value framework, benchmarking against other local authorities and income generation.

The policy is reviewed annually and any revisions to charges and financial assessment rules are approved as part of the annual budget setting process. The policy is based on the following principles:

- you will only be charged for the care and support that you receive
- you will not pay more than you can afford and will not pay more than the cost of the service
- where the charge is subject to a financial assessment, this will be based on your ability to pay, following an income maximisation assessment
- you will know how and why you are being charged
- you will be treated in a fair, transparent and equitable manner



Image courtesy of Glasgow Life / Paul Watt Photography

There are two main types of charges for social care services.

Residential Care

Residential Care is 24-hour care and support provided in a care home setting. The care home must be a registered service with the Care Inspectorate and meet your assessed needs of either residential or nursing basis or both. Care provision can be on a permanent, temporary or respite basis.

It is a legal requirement that if you are assessed and admitted you are required to pay a contribution towards your care and accommodation. Your contribution will be based on your income, savings, capital and investments. To ensure that you pay the correct contribution, we will ask you to complete a financial assessment form. For further information visit [A Guide to paying for your Care Home](#)

Non-Residential Care

Non-Residential Care will support you with a range of services to help you to be able to live as well and as independently as possible in your own home. These services are provided following an assessment of your needs and to assist you to meet your identified outcomes.

To allow us to develop and provide high quality services to meet your needs, most people will have to make some contribution towards the cost of the social care services they use.

What non residential services do we charge for

Non-Residential Care

Meals

A hot meal delivered to your home as part of a Home Care Service, or when attending a lunch club.

Day Care Services

Building based (including transport and meals).

Residency Case Reports

If we are appointed by a Court to investigate and report on all circumstances of a child(ren) and on the proposed arrangements for the care and upbringing of the child(ren).

Community Alarms

Telecare Alarms including a Telecare Digital Transition temporary charge to offset the increased cost of digital connectivity.

Keysafe

You will pay a standard charge for the supply and installation of the keysafe. This is an area of new service provision.

Intercountry Adoption Assessment Fees

To carry out an adoption assessment for Glasgow residents who wish to adopt from overseas.

Care on discharge from hospital

If you paid for social care services before going into hospital and still require these when you get out of hospital, then you will still need to pay for these services and any additional services you may need.

Care at Home

This includes Home Care, Care and Support and Supported Living Services. These supports may be delivered to you by means of an individual / personal budget.

Blue Badge

You will pay a standard charge to cover admin costs.

Are there exemptions from charging?

Exemptions

In some instances, due to specific circumstances, you may be exempt from charging.

The first four weeks of homecare when you leave hospital, where this is new or additional support.

If you are subject to a Compulsory Treatment Order, a Compulsion Order or a Restriction Order.

If you are currently homeless then up to a maximum of 2 years or sooner once you have your own home.

Services provided to meet your carers' needs.

If, due to a disability, you require an aid or an adaptation to your home and it costs more than £25. Unless it is provided as part of reablement or hospital discharge service.

If you have a terminal illness and provide a completed Benefits Assessment under Special Rules in Scotland (BASRiS) form. In Scotland, this form has replaced the DS1500 and SR1 forms.

What services do we not charge for?

Services provided for children under 19 years of age

Justice Social Work Services

Personal care tasks – see Appendix 1 for a list of free personal care services

Providing advice and information about availability of services, assessment of your care needs or care management

If you also receive support from the Independent Living Fund Scotland (ILFS), and pay a charge to them for that support



How are contributions for non-residential care services calculated?

How do I know if I need to pay for services?

You will only need to pay if your weekly income is above a certain amount and what you pay will depend on a number of factors including the cost of the services you use. You will not pay more than you can afford and you will not pay more than the cost of the service.

To find out if you should pay for services we will ask you some questions about your money – we call this a 'financial assessment'. A social work employee will contact you to carry out the financial assessment. We will contact you to provide proof of your income and savings.

When we have all the information we need from your financial assessment we will calculate how much you can afford to contribute towards the services you use. Steps **1 to 5** show how we do this calculation:

1

Income

We will ask you about your weekly income. If you have a partner who lives with you then we will include their income in our calculation. There is some income which we will not include in our calculation – see 'Is there income not included in your calculation?' for more information on these.

2

Income from savings

If you (or your partner) have any savings then we will ask for information about this. The amount of savings you are allowed before we include it in our calculation depends on a number of factors including if you are single or live with your partner. If your savings are over this allowed amount then we will work out how much income you would receive for your savings. See 'How much capital and savings are allowed before this is included in your calculations?'

3

Total Income

We will add your income and income from savings to give us your total income.



Allowable Expenses

We will then ask you for information on the following:

- any rent or mortgage payments you make which are not met by the benefits system
- any service charges on your home not met by the benefits system
- any Council Tax payments
- expenses that are related to your disability – for example, specialist clothing, dietary and heating requirements, help with cleaning (see Appendix 3)

We will add these together giving us the total weekly expenses you are allowed.

5

Weekly income

We will subtract any allowable expenses from your total income and this figure will be your weekly income (we call this 'Chargeable Income'). If your weekly income is above a certain amount then you will need to pay some money towards your service. See 'What is my weekly income limit?' section for more information.

The steps above are a guide and you will have the chance to discuss any concerns you may have with the person carrying out your financial assessment. During the financial assessment we may also give you advice on any benefits and allowances you could be entitled to claim.

You will be advised that any information provided can be checked with the Department of Works and Pension (DWP) or Social Security Scotland and other agencies to verify the information is correct.

What is my weekly income limit?

The weekly income limit is how much income you can have each week before we will charge you for a service. The amount depends on whether you are single or if you live with your partner. We call this the 'Charging Threshold'.

Under 60

You will need to pay some money towards your service if:

you are single and your weekly income is above **£176**

you live with your partner and your joint weekly income is above **£268**

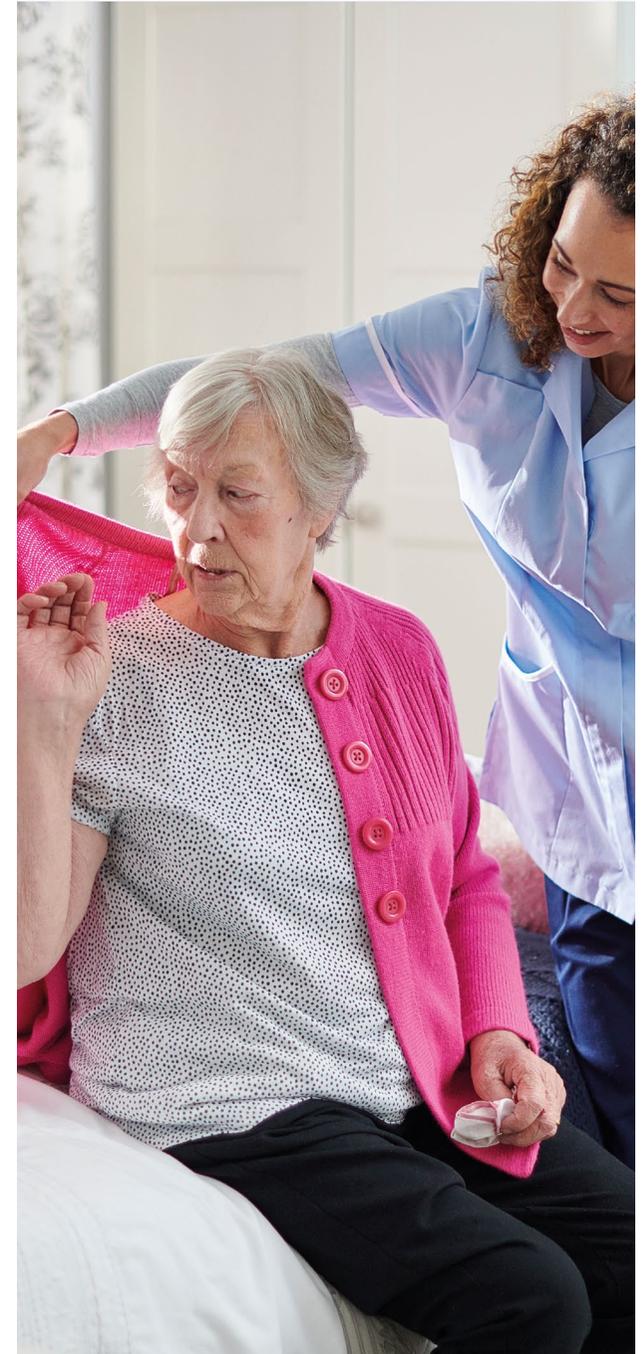
Over 60

You will need to pay some money towards your service if:

you are single and your weekly income is above **£298**

you live with your partner and your joint weekly income is above **£455**

We may consider the income of your liable relatives if you share a home with them. If your income is below these amounts then you will not be charged for your service.



How much capital and savings are allowed before this is included in your calculations?

Under 60

The savings you are allowed if:

you are single - **£6,000**

you live with your partner - combined savings of **£6,000**

For **every £250** (or part) of savings above this amount we will count £1 per week as income from savings.

Over 60

The savings you are allowed if:

you are single - **£10,000**

you live with your partner - combined savings of **£10,000**

For **every £500** (or part) of savings above this amount we will count £1 per week as income from savings.

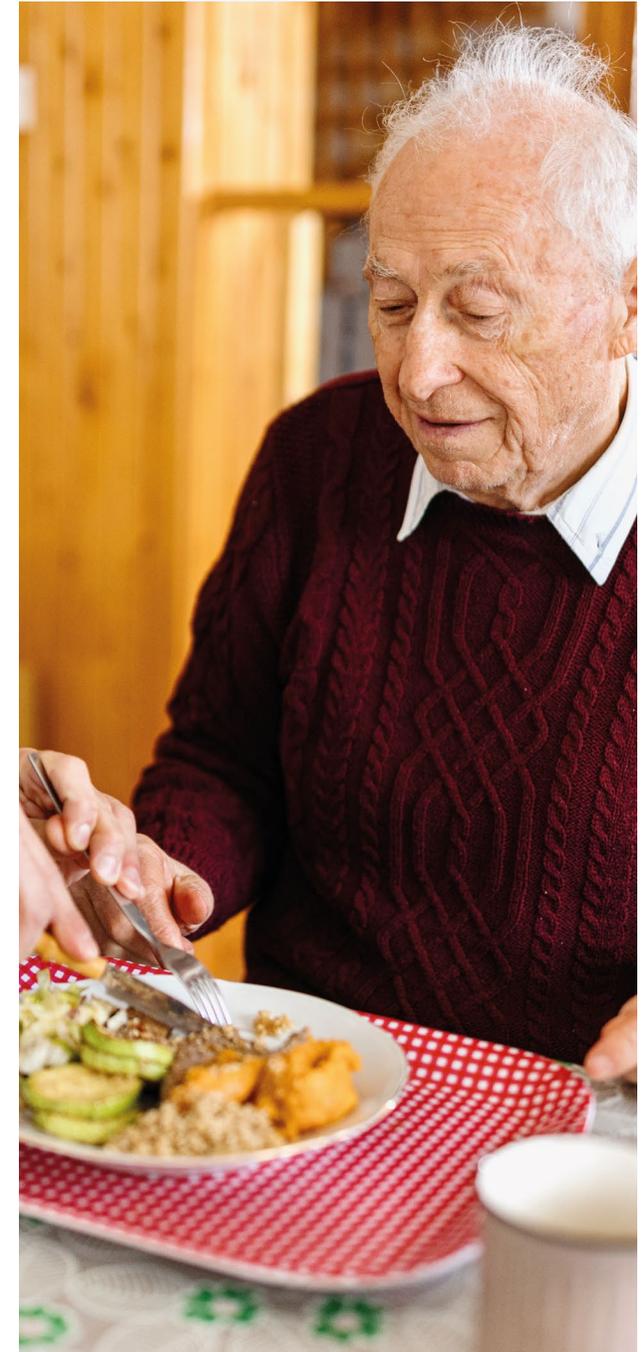
We will only take available capital and savings into account; we will not take into account the value of your home.



Is there income not included in your calculation?

When working out your weekly income we do not include in our calculation the following:

- the Mobility Component of Personal Independence Payments, Housing Benefit, Universal Credit Housing Element & Council Tax Reduction
- payments made under the War Pension scheme
- the first £20 per week of earned income for you and your partner
- your partner's carer benefits.
- any benefits or tax credits paid in respect of dependent children
- any Kinship Care payments
- where no overnight service is in place then only the middle rate of the care component of Disability Living Allowance [DLA] or the lower rate of attendance Allowance [AA] is the maximum level that may be included in the charge assessment even where a service user or their partner receives a higher rate of DLA or AA
- payments made in respect to the Scottish Government Advance Payment Scheme
- Independent Living Fund (ILF)
- Future Pathways Discretionary Fund
- Thalidomide Trust
- Scottish Infected Blood Scheme (SIBSS) (and equivalent UK schemes e.g. England Infected Blood Support Scheme)
- Victims Payment Regulations 2020
- Redress Board (Northern Ireland)
- Payment Scheme for Former British Child Migrants
- Windrush Compensation Scheme
- UK Energy Bills Support Scheme
- Homes for Ukraine Payments
- Infected Blood Compensation



How much will I pay for services?

You will only need to make a payment if your weekly income is above a certain amount. You will not pay more than you can afford and you will not pay more than the cost of the service.

See 'What is my weekly income limit?' to find out how much this amount is for you.

See 'How do I know if I need to pay for services?' and follow steps 1 to 5 to find out how we work out your weekly income.

If your weekly income is more than your weekly income limit then only the amount over the limit can be used to pay for your service. 75% of the amount which is over your weekly income limit will be taken into account when calculating your contribution towards the cost of your service. You will never pay more than 75% and you will never pay more than the cost of your service.

What if I need a service now but have not had a financial assessment?

If you need a service now but have not given us the details we need to do a financial assessment then we will still provide the service. If the service is one that we normally charge for then we will still expect you to pay for it. Unless the service has a standard charge, we will charge you an 'interim charge'.



The 'interim charge' will not be more than £38.35 per week. If the service you need costs less then you will only pay the cost of the service.

As soon as we have all the details we need to do a financial assessment, we will work out how much you need to pay for your service on a weekly basis. We will then look at the difference between the cost of your service and the 'interim charge' you have been paying.

If the amount you need to pay for your service is:

- **lower** - we will give you back any amount you have overpaid
- **higher** - we will not ask you to pay back any money

If you do not provide the information we need to complete a financial assessment then we may need to charge you the full cost of the service and you could be paying more than you would be if we knew your financial circumstances.

What if I cannot afford to pay for my service?

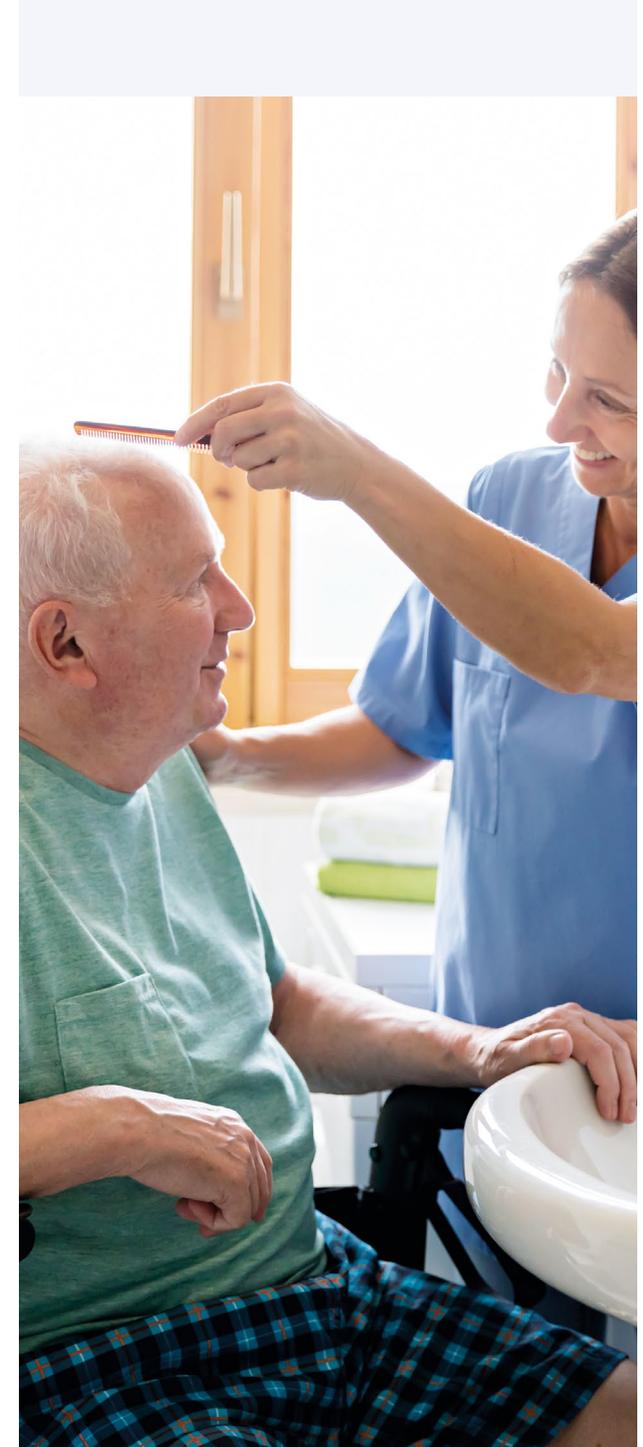
You will only be asked to pay for your service if your weekly income is above a certain amount.

See 'What is my weekly income limit' to find out how much this amount is for you.

See 'How do I know if I need to pay for services?' and follow steps 1 to 5 to find out how we work out your weekly income.

In cases of hardship or exceptional need then an application can be made to allow you to pay less towards your service. In exceptional circumstances we may consider not asking you to pay for your service.

If you feel that you are having problems paying for your service then speak to your care manager.



I have a Direct Payment or personal budget, will I still need to contribute towards the cost of my service?

If you have been assessed as needing a service then we will carry out a financial assessment to check if you should pay towards your service and how much you should pay.

If you have chosen to take a Direct Payment then we will agree how much money we will pay you to allow you to buy the services you need.

We would still expect you to pay some money toward your service and we will tell you how much this will be - see 'How do I know if I need to pay for services' to find out how we work out if you need to pay.

When we make the Direct Payment to you then this will be the agreed amount minus what we expect you to pay. It is your responsibility to make sure your service provider receives the full amount for the service you receive, including your contribution.



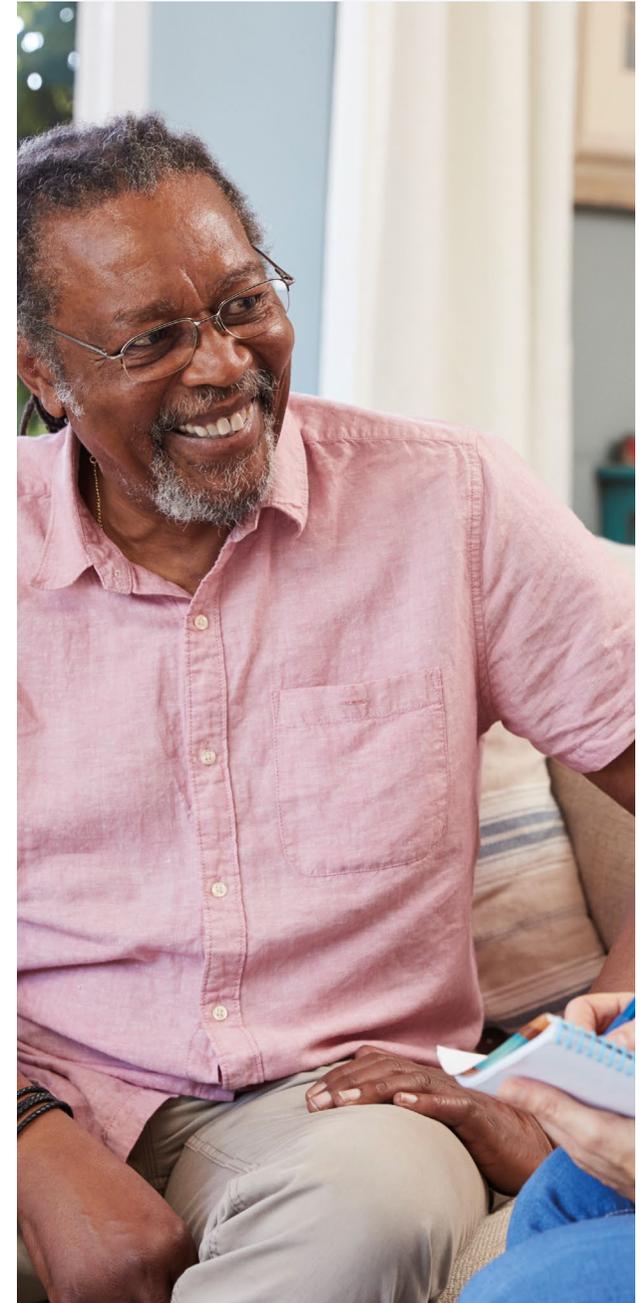
Legislation

It is a legal requirement that if you are assessed and admitted by HSCP to residential care you are required to pay a contribution towards your care. The Scottish Government provides detailed Charging for Residential Accommodation Guidance that is update each year. You can read more information at www.gov.scot/policies/social-care/social-care-support/

The Social Work (Scotland) Act provides the legal basis for charging for social care support at home. The charges have been set in line with principles of Convention of Scottish Local Authorities (COSLA) guidance. You can read more information at www.cosla.gov.uk/about-cosla/our-teams/health-and-social-care/social-care-charging-information/local-authority-non-residential-social-care

www.legislation.gov.uk/ssi/2025/30/made

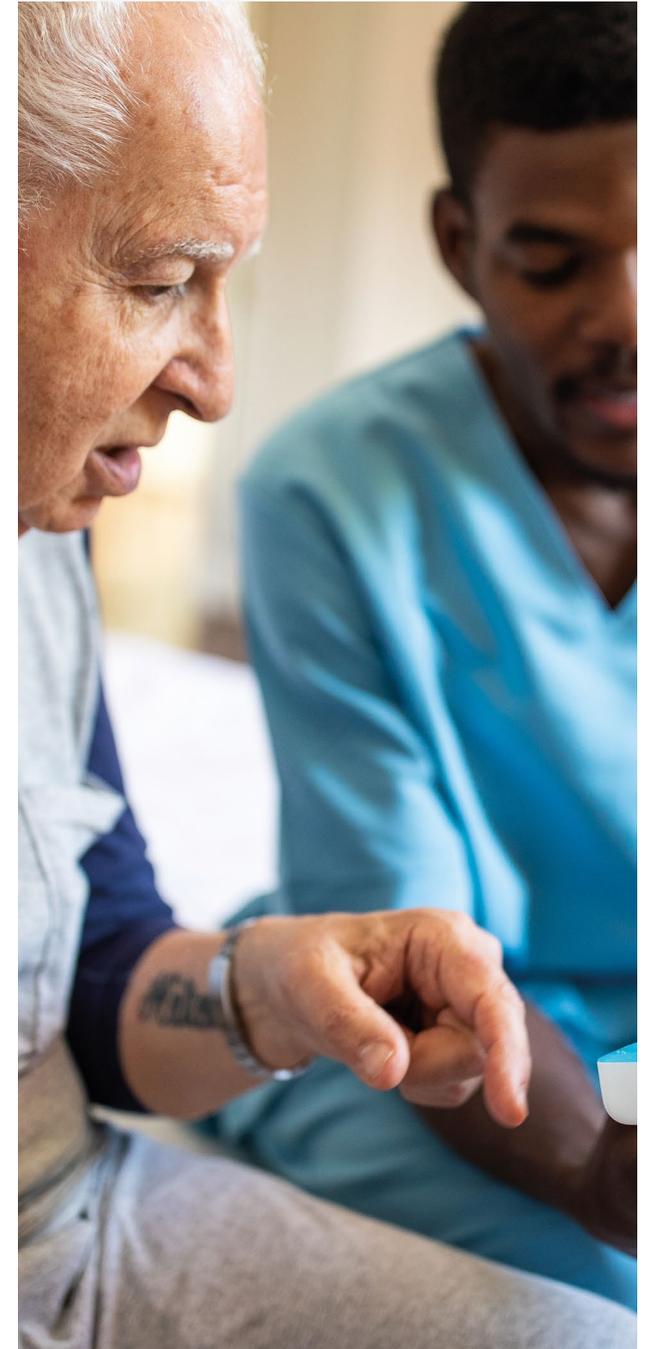
The Carers (Scotland) Act 2016.



Appendix 1 - Personal Care Tasks

We will exclude these tasks when we calculate your assessed charge:

- assistance with laundry associated with a medical condition, for example bed changing
- food preparation including special preparation of food associated with dietary requirements
- assistance with eating and or drinking
- assistance with getting out of bed
- assistance going to bed
- assistance with dressing and or undressing
- assistance with washing and bathing
- assistance with personal grooming and or dental hygiene, for example shaving and nail care
- assistance with continence care
- assistance with toileting
- assistance with stoma care
- assistance with catheter care
- assistance with medication supervising and or reminding
- assistance with mobility
- assistance with skin care
- administering of medication (including administering of oxygen)
- rehab work (under the support of a professional)



Appendix 2 - HSCP Non-Residential Service Charges 2026 to 2027

Where your chargeable support is provided directly by the HSCP, below are the charges of these supports to the HSCP:

Home Care Services (per hour)	£22.95
Home Care Overnight Services (per hour)	£38.19
Homecare – CAPA (per hour)	£34.77
Supported Living (per hour)	£26.93
Community Alarms Service / Telecare Digital Transition	£4.34
Telecare - Digital (per week)	£1.92
Meals Service (Day Care – per 2 course meal)	£4.27
Meals Service (Lunch Clubs – per 2 course meal)	£4.27
Hot Meals	£2.29
Key Safe	£104.80



Day Care Services – Older People	£56.51
Day Care Services – Learning Disability	£160.00
Learning Disability Transport – Single journey	£14.92
Blue Badge Administration (for 3 years)	£20
Residency Cases Reports	£458
Intercountry Adoption Assessment (single application)	£10,827
Intercountry Adoption Assessment (joint application)	£11,127

In relation to Older People Day Care Services, the client contribution will be limited to £21.06 per day, this contribution includes transport.

Learning Disability Day Care Services will be subject to individual assessments to remove personal care which is non-chargeable.



Appendix 3 - Disability Related Expenditure (DRE)

What is disability related expenditure?

Disability Related Expenditure are extra costs incurred by disabled people compared to non-disabled people, to enable them to live as independently as possible.

Disability related expenditure is money that you spend on items and services that helps you manage or cope with a disability or a long-term health condition. It is money that we may recognise as an 'outgoing' when we do a financial assessment to find out how much you can afford to pay towards your care.

Thinking about what disability related expenditure would be

It can be difficult to think about disability related expenditure and what costs relate to your disability and what costs relate to day-to-day life. Try to think about what is different between what you have to spend compared to a relative, friend or neighbour who does not have your disability or long-term health condition.

When claiming DRE, costs and supporting evidence are required to be detailed. A service user must provide detailed costs, bills, invoices, or statements to support their claim. If supporting evidence is not provided, GCHSCP will use discretion to decide if a claim is reasonable.

If specific costs / frequency are not provided, then GCHSCP will be unable to process your application for DRE. Failure to provide this information will result in application for DRE being closed.

Please note DRE is assessed on a case-by-case basis depending on the individual needs of the service user.

GCHSCP will only allow DRE if this is identified in service users Care Needs Assessment and supported by a care manager

Care managers will be required to provide a statement that they support service users claim for DRE.

Items not classed as DRE

Please note that regular outgoings will not be considered as DRE, such as housekeeping if living with parents / guardians, food, and clothing after regular wear and tear.

General items such as broadband and telephone will require justification including a confirmation statement from your care manager detailing why items may be considered as DRE with supporting evidence.



Examples of DRE - Please note this list is not exhaustive and may not include items deemed as DRE by your care manager.

DRE Item	Example	Evidence Required
Additional gas usage	Your costs are higher due to your disability, the amount is over and above average OFGEM fuel bills expected for the size of your property	Latest gas bills, ideally for full year
Additional electricity usage	Your costs are higher due to your disability, the amount is over and above average OFGEM fuel bills expected for the size of your property	Latest electricity bills, ideally for full year
Clothing replaced due to disability	Such as extreme wear and tear of clothing / footwear because of your disability	Receipts or highlighted on bank statements
Bedding replaced due to disability	Such as incontinence	Receipts or highlighted on bank statements
Specialist toiletries	Not general toiletries, but essential due to disability.	Receipts or highlighted on bank statements
Travel costs over and above DLA / PIP / ADP Mobility Component	Transport costs necessitated by illness or disability including costs of transport to Day Services, over and above the mobility component of DLA or PIP if in payment	Receipts or highlighted on bank statements
Disability clubs or activities agreed with Care Manager	Must be disability specific and not general clubs – i.e. gym membership	Receipts or highlighted on bank statements
Essential replacement items damaged or breakages caused solely due to service users' disability	Not general replacement, must be due to disability	Receipts or highlighted on bank statements and confirmed by care manager with covering statement
Medical and essential support unable to be provided through social work	Example podiatry or other private treatment necessary due to your disability	Details of service and costs incurred, must be supported by care manager and / or medical professional
Additional cleaning costs due to disability	Disability or condition prevents the person doing this themselves and only where there is no other able-bodied person residing in the household or not provided by family	Receipts or highlighted on bank statements
Medically Diagnosed Dietary requirements. Only costs over and above regular food expenses considered	Extra food costs specific to your impairment and not available on the NHS	Require breakdown of costs showing specialised purchases and receipts or statements

