

FAIRER CONTRIBUTIONS POLICY

For Non-Residential Care and Support and Personal Budgets

2024/25

Adult Social Fairer Contributions Policy. The policy sets out the framework for assessing a contribution for a service user assessed as eligible for services under Section 9 to 13 of the Care Act 2014; Services provided in the form of a Personal Budget via directly purchased or Council provided services or a Direct Payment.

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1 DEFINITIONS

Personal Budget – the amount of money the local authority has agreed it will cost to fund the support to meet the outcomes in the approved support plan.

Direct Payment – the part of a Personal Budget that is a cash payment made to an individual, so that they can arrange their own services to meet their eligible social care needs.

Carer - A carer is someone who (without payment), provides regular and substantial help and support on an informal basis to someone who could not manage without their help. The person requiring help may be a partner, child, relative, friend or neighbour. The cared-for person may need assistance due to age, physical or mental illness, addiction, or disability.

Maximum Chargeable income - The maximum financial contribution a person will be required to make.

2 LEGISLATIVE FRAMEWORK

- 2.1 The London Borough of Waltham Forest Fairer Contributions Policy is set out in line with the following statutory and regulatory context:
- 2.2 Sections 14-17 and 69-70 of the Care Act 2014 which sets out a single legal framework for charging users and carers for their Council-funded care and support. This section of the Act covers the legislation for charging those in residential care and individuals receiving Council-funded care and support provided in the resident's own home.
- 2.3 A local authority has the discretion to choose whether to charge service users and carers under section 14 of the Care Act 2014 following a person's needs assessment or a carer's assessment. Where a Council does charge it must follow the Care and Support (Charging and Assessment of Resources) Regulations 2014 and have regard to the Care and Support Statutory Guidance 2014.

Regulations:

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

Guidance:

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

3 PRINCIPLES OF CHARGING

- 3.1 The London Borough of Waltham Forest's Fairer Contributions Policy is set in accordance with the following principles:
- 3.1.1 Residents receive a Personal Budget for their eligible social care based on their assessed needs. The contribution is based on the Council-funded care and support services received or the resident's Personal Budget equivalent.
 - 3.1.2 The contribution takes into account the resident's ability to pay. Contributions are calculated in a fair and equitable way and comply with the Government's guidelines.
 - 3.1.3 The financial assessment includes a check to ensure residents are receiving all the Department for Work and Pensions (DWP) income and other welfare benefits to which they are entitled.
 - 3.1.4 Residents whose income is below the minimum income guaranteed amount for their age set by the DWP, are not expected to contribute to their care and support services.
 - 3.1.5 Residents whose savings (capital) are less than the minimum capital limit as set by the Care Act 2014 are not expected to contribute from these savings.
 - 3.1.6 Those with savings above the capital threshold (£23,250 in 2024/5) who need care and support in the community can request that the Council supports them in procuring these services. This support is subject to an administration charge.

Social Care Charging for Care and Support Guidance – 2024/5:

<https://www.gov.uk/government/publications/social-care-charging-for-local-authorities-2024-to-2025/social-care-charging-for-care-and-support-local-authority-circular#:~:text=This%20circular%20sets%20out%20that,increases%20in%20line%20with%20inflation>

- 3.1.7 All residents assessed to contribute towards their Council-funded care and support cost will be required to pay 100% of their assessed financial contribution.
- 3.1.8 The assessed income, savings, pensions, capital, and allowance rates will be reviewed annually in line with government guidance and benefit changes.
- 3.1.9 A schedule of costs for Council provided and managed services will be published regularly and reviewed annually.

4. OPERATION OF THE POLICY

- 4.1 The London Borough of Waltham Forest's Fairer Contributions Policy is operated as follows:
- 4.1.1 Residents receive a Personal Budget for their eligible social care based upon their assessed needs. This is called the Gross Indicative Budget.
- 4.1.2 Residents are expected to participate in the Financial Assessment process before their Personal Budget is approved or as soon as possible thereafter. As set out in the Care and Support Statutory Guidance the Council will undertake a 'light touch' assessment where based on evidence provided that:
- a) The resident has significant financial resources and does not wish to undergo a full financial assessment. In these circumstances the resident will be charged the full cost of the service being provided.
 - b) The local authority charges a small or nominal amount for a particular service which a resident can meet, and the resident is left with the relevant minimum income.
 - c) The resident is in receipt of benefits which demonstrate that they would not be able to contribute towards their care and support costs. This might include income from Jobseeker's Allowance.
- 4.1.3 Where a contribution is due from the resident, the Council deducts it from the Personal Budget to produce a net budget for the resident.
- 4.1.4 Where the resident chooses to receive all or part of their Personal Budget in the form of a cash budget (i.e., as a Direct Payment), the contribution will be deducted before the Direct Payment is made. Where the contribution is more than the cash element of the Personal Budget, residents are invoiced for the balance.
- 4.1.5 All residents who are assessed to make a financial contribution must pay the amount required. If a resident does not pay the assessed contribution, the London Borough of Waltham Forest's debt recovery procedures will be applied.
- 4.1.6 All residents are provided with written notification setting out how their contribution has been calculated. Residents can ask for the calculations to be looked at again if they would like them to be reviewed.

5. COMMENCEMENT OF CONTRIBUTIONS

- 5.1 Contributions are due from the date the Council-funded service / support commences.
- 5.2 Delays to the Financial Assessment process and backdating of charges.

If the resident (or their financial representative) unreasonably delays completing their financial assessment with us, the Council will apply a Light Touch Financial Assessment as if the resident (or their financial representative) has declined a financial assessment and they may be assessed as being able to pay the full cost of their care and support, backdated to the start of the service. If they then provide information for a full financial assessment, which results in a lower charge than this, the Council will refund the difference. 'Unreasonable delay' will be determined on an individual basis, however as a rule we would expect the resident (or their financial representative) to be available to complete a financial assessment within two weeks of contact from our Financial Assessments Team. If the resident (or their financial representative) is completing their financial situation on a paper form that we have sent to them, we expect the resident (or their financial representative) to return this form fully completed to us within two weeks. If we ask the resident (or their financial representative) to provide further information to support or complete their financial assessment, we will usually expect them to provide this within 10 days of the date it was requested.

If we consider that the resident (or their financial representative) has unreasonably delayed their financial assessment, we will assess them based on the information we hold as to what amount they might reasonably be able to pay. All decisions to charge based on unreasonable delay will be referred to the Assistant Director of Care and Quality Standards (or equivalent) for approval.

If following being notified of the amount they are to pay, the resident does not agree with that decision then they must provide all the information to complete their financial assessment before we can make a further decision as to the level of financial contribution payable. If the resident believes that an incorrect decision has been taken by the Assistant Director of Care and Quality Standards (or equivalent) under this process, then the resident may seek a review of that decision from the Corporate Director of Care and Quality Standards.

6 SERVICES NOT COVERED BY THE FAIRER CONTRIBUTIONS POLICY

6.1 The Local Authority must **not** charge for the following types of care and support which must be arranged free, namely;

- Aftercare services under s117 of the Mental Health Act 1983
- Intermediate Care Services (including reablement services) for a maximum of 6 weeks.
- The process for assessing the resident's social care needs and arranging their support plan.
- Community equipment (aids and minor adaptations) which must be provided free of charge (a minor adaptation is one costing £1,000 or less)
- Any service or part of service which the NHS is under a duty to provide, which includes Continuing Healthcare and the NHS Funded Nursing Care (FNC) contribution for Registered Nursing Care
- Provision of information, advice, and guidance
- Care and support provided to people diagnosed with Creutzfeldt-Jakob Disease (CJD)
- Any services which a local authority is under a duty to provide through other legislation, and which cannot be charged for under the provisions of the Care Act 2014

6.2 The local authority has applied its discretion not to charge for the following services:

- Services provided directly to a carer in their own right. Council-funded services that are arranged for the cared-for person to meet the carer's need for respite are chargeable.
- Advocacy and Outreach.

7. SERVICES COVERED BY THE FAIRER CONTRIBUTIONS POLICY

7.1 Services subject to a financial assessment

All the services below are covered by this policy, and the resident's contribution is by a means-tested financial assessment, except where a flat rate charge applies:

- Homecare Support (Personal Care) and Domiciliary Care (Practical support and domestic services).
- Supported Living.
- Shared Lives.
- Day care (excluding day care provided as part of a resident's care package in a residential home or nursing home).
- Transport provided by the Council or as part of their care package.
- Services provided via Direct Payment.

7.2 A flat rate contribution will apply for the following services:

- Meals in a day centre.
- Telecare service.
- One off services (for example, intensive house cleaning).
- Administration support to procure care and support services for residents who are self-funders / full cost payers with savings of £23,250 or more a flat rate fee of £150 applies.
- The minimum standard contribution rates for those in bed-based respite placement are:

Age Band	Weekly contribution in respite care
18 to 24 Years old	£134.45
25 to Pension Credit Age	£134.45
Pension Credit age	£134.45

Note: These rates are subject to an annual uplift in line with Government guidelines.

8. THE FINANCIAL ASSESSMENT PROCESS

8.1 The resident's financial circumstances will be considered at the time of the assessment of need. Each resident will be required to have a means-tested financial assessment based on their income and expenditure to assess their ability to contribute towards the costs of their care and support services.

8.2 The Council will complete a financial assessment for all residents unless:

- a) A light touch assessment applies or
- b) They are in receipt of a flat rate service only. - a flat rate contribution will then apply.

The main circumstances in which the council will carry out a light-touch financial assessment are:

- a) Where a resident has significant financial resources and does not wish to undergo a full financial assessment for personal reasons but wishes nonetheless to access Council support in meeting their needs. In these circumstances, the local authority may accept other evidence in lieu of carrying out the full financial assessment and consider the person to have financial resources above the upper capital threshold.
- b) Where the Council charges a small or nominal amount for a particular service (for example, for subsidised services) which a person is clearly able to meet and would clearly have the relevant minimum income left and carrying out a financial assessment would be disproportionate.

- c) When a resident is in receipt of benefits which demonstrate that they would not be able to contribute towards their care and support costs. This might include income from Jobseeker's Allowance.

A financial assessment will be undertaken at the earliest opportunity. Where possible the financial assessment team will carry out a financial assessment using all information we have access to including land registry and DWP information as well as property databases and any financial records. They will also take into account any financial information you provided during the initial care need discussion with a social worker or care manager.

Where further evidence and/or information is required in order to complete the assessment, a financial assessment officer will liaise directly with you or your named representative as appropriate.

- 8.3 The resident will be provided a full benefits check, advice, and practical support to apply for benefits they may be entitled to. Basic signposting is offered to self-funders. (See section 19 Further information for details of community and voluntary organisations).
- 8.4 Where the individual has capital over the maximum amount, currently £23,250 (in 2024/25), they can disclose that their capital is over the limit without disclosing further information. In these circumstances the contribution will be based upon the cost of the care and support service.
- 8.5 A non-disclosure assessment will be applied where a resident assessed with eligible needs:
- refuses to complete a financial assessment or
 - fails to keep two pre-arranged meetings organised for the purpose of obtaining the necessary information for a financial assessment or review or
 - fails to provide proof of income, expenditure, or assets within 10 working days of the request from the Council.
- 8.6 However in cases where the individual lacks capacity or is unable to provide the financial information, the Council may use their discretion to apply a provisional contribution until a full financial assessment can be completed and a retrospective contribution applied.

9. REPRESENTATION

- 9.1 A resident can give consent for someone else to represent them in managing their financial affairs.

If the resident gives consent for someone else to represent them in managing finances that person must seek the legal authority to do so by applying for Power of Attorney, DWP appointeeship, or to be their Court-Appointed Finance Deputy.

The representative must provide the Council with:

- Evidence of their legal authority to act as the financial representative for that resident – such as a copy of:
 - a registered Lasting Power of Attorney; or
 - a registered Enduring Power of Attorney; or
 - a Court document giving details of Finance Deputyship
- any financial information required to carry out a financial assessment for the person needing care and support,
- evidence that they are in the process of obtaining legal authority to act as the financial representative for that person.

The Council will then:

- Send the resident's representative any correspondence addressed to the person they represent,
- require the resident's representative to sign any financial documents or contracts on behalf of the person they represent,
- require the resident's representative to settle any invoices for care charges raised in the name of the person they represent.

If the representative is to act for a resident with care and support needs who lacks mental capacity to manage their finances: The representative should ask the Department for Work and Pensions (DWP) to appoint you to deal with the state benefits for that person (an 'appointee for benefits').

A DWP Appointee only has authority to deal with the resident's state benefits only for that person and may not have access to their other financial income or assets records belonging to that person. Where state benefits are the only source of income, and there are no other financial assets (such as savings, investments, property) it will usually be possible for a financial assessment to be completed. If the resident who lacks mental capacity has other assets (such as private income, savings, investments, property) a suitable representative will need to make an application to the Court of Protection to become a deputy to be able to deal with that person's financial and property affairs.

- This representative could be a family member, friend, or solicitor. If no suitable representative can be identified, the Council will make the application to the Court of Protection to secure a Finance Deputy-ship Court order.
- The representative who has applied to the Court of Protection, or who intends to apply to the Court of Protection for Finance Deputyship, should also apply to the Department for Work and Pensions to manage the resident's state benefits via DWP Appointeeship – The Council can give the representative information about this.
- If the Council arranges care and support for a resident who lacks the capacity to manage their finances, the representative will be asked to provide information about the steps that they are taking to become legally appointed. tell us what steps you are taking to become legally appointed. The representative will be asked to confirm this in writing.

10. MENTAL CAPACITY AND RESIDENT FINANCIAL SERVICES

10.1 Where the Social Worker assigned to the client identifies that the resident does not

have capacity and there is no legal representative, the financial assessment will not be completed with the resident. A referral will be made to Client Financial Services who will apply for a suitable representative.

11. CONTRIBUTION CALCULATION

11.1 The maximum contribution per week is calculated using financial information received from the resident and other information available to the Council including other Government agencies (e.g., DWP). The calculation will take account of all relevant income and capital.

11.2 When the Council assesses a resident's ability to pay a contribution towards the cost of their care and support, it will ensure that the resident maintains a portion of their income that is at least equivalent to their Minimum Income Guarantee (according to their age) plus an additional 25% of this amount, as a buffer.

11.3 The calculation:

- Adds together all the actual income and capital (savings)
- Less the Minimum Income Guarantee (MIG) plus 25%
- Less allowable expenditure and disregards
- This leaves the total income available as the financial contribution.

Minimum Income Guarantee (MIG)

Residents receiving Council arranged care and support other than in a care home need to retain a certain level of income to cover their living costs. Under the Care Act 2014, charges must not reduce residents' income below a certain amount councils can allow people to keep more of their income if they wish. This is a weekly amount and is known as the Minimum Income Guarantee (MIG) (this is an amount specified by the Department of Health to meet daily living costs such as food and utilities).

For this financial year (2024/2025), the rates of the MIG applied by London Borough of Waltham Forest Council are as follows:

Age group:	Amount (weekly):
Over 65yrs	£285.88
25 to 64yrs	£199.25
18 to 24yrs	£170.56

When calculating the MIG, Waltham Forest Council adds 25% to the Department of Health published amounts for:

Single person	Age 18 -24
	Age 25 - pension age
	Pension Credit age

Lone Parent	Age 18 or older

Couple (Service user will be treated as a single person)	1 or both 18+
	1 or both Pension Credit age

Disability premium (working aged)	where applicable
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Disability /Enhanced disability and Carer's premium
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11.4 Any calculated contribution below £2.00 per week will be waived.

11.5 Where one person in the household has a service, the financial assessment will only be based on the service user's income, capital, and savings. Where any income, expenditure, capital, or savings are identified as joint, they will be halved for assessment purposes only. The service user will be assumed to hold 50% of any joint capital/savings unless it can be reasonably demonstrated that the asset belongs to one individual.

12. TREATMENT OF INCOME

12.1 Income to be included fully or partially excluded when undertaking the financial assessment is set out in the Care and Support Guidance Annex C: Treatment of Income.

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#AnnexC>

12.2. When undertaking the financial assessment only the resident's income will be assessed towards making a contribution including:

- Any money received from benefits such as Pension Credit, Income Universal Credit, Attendance Allowance, Personal Independence Payment (daily living component), Disability Living allowance (care component)

- Any money from private pensions, annuity income or other regular income from investments
- Any other money received such as rental income from property or maintenance allowance etc.

12.3 Some income is wholly or partially excluded. Examples are shown below; this is not an exhaustive list:

- Mobility component of Disability Living Allowance and the Mobility component of Personal Independence Payment
- Night care component of the Disability related benefit where the Council is not providing the night support.
- Working Child tax Credit/Child Benefit
- War Pensions - £10 disregard.
- Earnings from Employment

13. TREATMENT OF CAPITAL

13.1 Capital is defined in the Care and Support Statutory Guidance.

Only capital deemed to be that of the resident will be used in the assessment unless the Council is satisfied that the resident has intentionally deprived themselves of a capital asset to reduce their contribution. The level of capital that is taken into account within the financial assessment is shown in the table below:

Capital	Taken into account	Disregarded
Over £23,250	Contributes fully to their care and support costs	None
Over £14,250 and up to £23,250	Will attract a tariff income of £1 per week for each £250 (or part of £250) which will be included as income in the financial assessment	None
Under £14,250	None	Fully

13.2 Capital includes, but is not limited to:

- Any savings account, Building society, bank deposit, Post office Savings bank, National savings etc. Investments, stocks, shares, unit trust, TESSAs, PEPs, ISAs, premium bonds, or other savings
- The value of investments in property, building and land other than that occupied by the resident.
- Any capital held for the resident who uses services held on their behalf by another party, Court of Protection spouse/partner.

- Any element of compensation payment awarded specifically for the costs of providing on-going aftercare.

14. DEPRIVATION OF ASSETS

- 14.1** This is covered in the Care and Support Statutory Guidance **Annex E: Deprivation of Assets.**

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#AnnexE>

Deprivation of assets occurs where a person has intentionally deprived or decreased their overall assets to reduce the amount they are charged towards their care. This means that they must have known that they needed care and support and have reduced their assets to reduce the contribution they are asked to make towards the cost of that care and support.

In accordance with the Care and Support Statutory Guidance, where the Council identifies that a resident has deprived themselves of income or a capital asset to reduce their contribution towards the costs of their care and support services, this will be referred to the Council's Legal Team/ Fraud Team for further investigation. The Council may treat the resident as possessing the income or capital asset known as 'notional income or capital' and take it into account when assessing the resident's financial contribution.

- 14.2** It is for the resident to prove that they do not have access to the resource however the Council will look at the circumstances when determining whether the resident intended to deprive themselves of the income or capital asset before the notional income or capital asset is applied.
- 14.3** Where the capital asset has been transferred to a third party to avoid the charge, the third party is liable to pay the local authority the difference between what it would have charged and did charge the person receiving care.

15 ALLOWABLE EXPENDITURE AND DISREGARDS

- 15.1** Allowable expenditure is money that is deducted when assessing how much available income the resident contributes towards the cost of their care and support.
- 15.2** Disability Related Expenditure (Appendix 1)
Where disability-related benefits are taken into account when assessing how much the resident is to contribute, the resident should be allowed to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority.

15.2.1 The Council disregards up to £20 per week from the total gross income. Amounts over £20 may apply in exceptional circumstances and will be decided on a case-by-case basis.

15.3 Housing Costs

Housing related costs will be considered as allowable expenditure where the resident is not receiving related benefits to cover the costs and the expenditure is unavoidable. This includes:

- a) Rent (less Housing Benefit/ housing element in universal credit received)
- b) Council Tax (less Council Tax support received)
- c) Mortgage payments (including endowment/life assurance premiums)
- d) Ground rent and service charges

15.4 Other allowable “unavoidable” costs include items such as child maintenance and payments made under a court order.

16. CHANGE OF CIRCUMSTANCES

16.1 If a resident’s financial circumstance changes, they must advise the Financial Assessment Charging Team as soon as possible, as this may affect their assessed contribution. Changes, which should be notified, include:

- a) Receipt of a new benefit or changes to benefits.
- b) Changes to income or allowable expenditure
- c) If the resident’s capital or savings crosses one of the capital thresholds
Changes to living arrangements (e.g., the resident or their partner moves to a care home, the resident moves to another residence or the number of people in the resident’s household changes)

16.2 After a resident has told the Council about changes in their financial circumstances or a review is made, a new financial assessment will be completed using the latest information that is provided. If the revised assessment results in an increase or decrease in the weekly contribution, it will be backdated to when the resident’s circumstances changed, and the resident will be notified of the revised contribution.

16.3 All contributions will be reviewed each financial year to take into account increases to state benefits and service costs. Estimated assessments will be completed based on inflationary uplifts (e.g., to private pensions) and the resident will be asked to confirm whether the estimate is incorrect. If no confirmation is received, the estimated charge will be applied.

REVIEW AND APPEALS PROCESS

17. Assessment, Review, and Appeal

17.1 All residents have the right to request a review of the financial assessment and to appeal against the decision if they do not agree with the level of contribution that has been assessed. This also includes Disability Related Expenses (DRE). The resident can ask for a review if:

- They believe there has been a mistake in the assessment.
- The assessment has not taken full account of their circumstance.
- They feel the assessment is unfair or there is a risk of financial hardship.

17.2 There are four stages to the financial assessment process, including assessment, review, and appeal:

Stage 1: Initial Financial Assessment

To determine the financial contribution required by residents to fund their care, an initial financial assessment will be completed by a **Financial Assessment Officer** within the Financial Assessment Unit (FAU).

Stage 2: Review

If residents believe a mistake has been made in the initial financial assessment, they can request a review by the **FAU Team**. The Team must consider the review, and inform the resident of the outcome, within 10 working days.

Stage 3: First Appeal

If the FAU Team upholds the findings of the Initial Financial Assessment, residents can submit a First Appeal. At the Appeal stage, residents can submit additional evidence that may be relevant. All First Appeals are handled by the **Head of Service**. The Head of Service must consider the First Appeal, and inform the resident of the outcome, within 10 working days.

Stage 4: Second Appeal

If the Head of Service upholds the findings of the Review, residents can submit a Second Appeal. All Second Appeals are handled by the **Assistant Director of Adult Social Care**, who has the discretionary authority to temporarily waive financial contributions. The Assistant Director must consider the Second Appeal, and inform the resident of the outcome, within 10 working days.

17.3 As mentioned above, the Assistant Director of Adult Social Care has the discretionary authority to temporarily waive financial contributions. A waiver is a request to set aside the assessed contribution for a fixed period prior to any invoices being raised. A waiver will only be issued in exceptional circumstances. Examples of reasons to issue a waiver

may include the following (this is not an exhaustive list):

- Where a resident is experiencing trauma (e.g., bereavement of a close relative or family breakdown and where their financial or other circumstances are temporarily unstable).
- Where a resident is in severe financial difficulty and incurring further debt would have a detrimental impact on them.

Requests for waivers will be considered on a case-by-case basis by the Council.

18. Complaints

18.1 If the resident is not satisfied with the process or outcome of their appeal and wishes to make a complaint, they may write to the Complaints Officer. The complaints process is the same for all departments in the Council. Information regarding the Complaints Procedure can be access on the Council's website:

<https://www.walthamforest.gov.uk/content/complaints-compliments-and-comments>

18.2 In circumstances whereby the authority has failed to provide a suitable remedy for a complaint, the person is entitled to refer their complaint to the Local Government and Social Care Ombudsman for investigation (<https://www.lgo.org.uk/adult-social-care/>).

18.3 **The Ombudsman has no legal power to force the local authority to follow its recommendations, however it is good practice for the authority to carefully consider any recommendations made.**

<https://www.walthamforest.gov.uk/content/complaints-compliments-and-comments>

19. FURTHER INFORMATION

Individuals can continue to access advice from voluntary organisations including:

Waltham Forest Citizens Advice

Telephone:08082787838

Website: <https://www.citizensadvice.org.uk/local/waltham-forest/>

220 Hoe Street Walthamstow

LONDON

E17 3AY

Age UK Waltham Forest

Telephone: 020 8558 5512
 Fax: 020 8558 0383
 Email: info@ageukwalthamforest.org.uk
 Website: <https://www.ageuk.org.uk/walthamforest/>
 Waltham Forest Resource Hub (North)
 58 Hall Lane
 Chingford
 E4 8EU

Healthwatch Waltham Forest

Text: 07507 483 288
 Telephone: 020 3078 9990 (between 10am and 4pm)
 Email: info@healthwatchwalthamforest.co.uk
 Website: <https://www.healthwatchwalthamforest.co.uk/contact/>
 Waltham Forest Resource Hub (Central)
 1 Russell Road
 London
 E10 7ES

20. REVIEWING THE POLICY

This policy document will be reviewed annually before each new financial year begins. An annual review will ensure all rates and amounts are consistent with inflation or other relevant changes, which may occur (e.g., changes to benefit rates).

Version Number	Purpose	Author	Summary of Changes	Implementation Date	Approved By	Last Review Date	Next Review Date
2.0	Fairer Charging Policy including financial contributions towards support and care	Laura Phillips Head of ASC Reforms	update on rates. Improved clarity (MIG and financial assessment processes)	2024/25	Adult Social Care & Quality Standards Management Team	March 2024	March 2025

APPENDIX 1

DISABILITY-RELATED EXPENDITURE

The Care and Support Statutory Guidance states:

‘Where disability-related benefits are taken into account, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability related expenditure to meet any needs which are not being met by the local authority’

The Guidance sets out areas of spend the Council should consider when making their assessment. The following are recommended allowances for the items identified and in addition shows reasonable evidence requirements.

Fuel Cost

Ofgem published annual estimates of average energy usage by house size, which can then be extrapolated to find the average energy bills by house size.

The estimate is calculated by multiplying the kWh use by the current average unit rates and adding in the current average standing charges (correct at 23 February 2024 - Rates Effective 1st April 2024)

- Gas 6.04p per kWh
- Gas 31.43p per day (£114.72 per annum) standing charge
- Electricity 24.5p per kWh
- Electricity 60.1 per day (£219.37 per annum) standing charge

	Number of Bedrooms	Gas usage (kWh)	Electricity usage (kWh)	Estimated average annual dual fuel energy bill
Low	1 – 2	7,500	1,800	£1228.09
Medium	3 – 4	11,500	2,700	£1762.19
High	5+	17,000	4,100	£2437.39

Fuel cost will be calculated using the Ofgem average gas and electricity usage. [usage figures](#)

Notes -consideration to be given to additional householder contributing to household costs.

- Evidence of bills to be provided within 28 days of request, if not received within the timescale the allowance will apply from the date that the evidence is provided.

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- Acceptable evidence includes a bank statement showing direct debit, pay as you go receipts.
- Difference between actual and above divided by 52.
- Winter Fuel and Cold Weather Payments should not be taken into account
Allowances to be increased each year by RPI.
- The amount will be reduced by any concessionary fuel or payment for ex-miners.

Other Disability Related Expenses

Item	Amount	Evidence
2.Community Alarm System	Actual costs unless included in Housing Benefit	Bills from provider

Note: - for these items, the Authority will not make an allowance where payment is made to immediate members of the family.

Item	Amount	Evidence
3. Laundry/ Washing Powder.	£4.74 per week. This will not apply if the Council is providing the service	The Care Plan will have identified an incontinence problem. Identify more than 4 loads per week.
4. Bedding.	Covered by NHS Incontinence Service	Refer to section on continence aids
5. Dietary	Discretionary as special dietary needs may not be more expensive than normal.	Details of special purchases.
6.Clothing	Discretionary depending on an individual's circumstances.	Reference within the Care Plan to abnormal wear and tear of clothing.

Privately arranged care Private domestic support	Actual cost where this is not provided as part of the care plan but the amount is reasonable and necessary for their care and support	Evidence of employment arrangement and/or legally correct payments to an employee under UK employment and tax law. Where agency arranged evidence of billing and payment.
Special clothing or footwear/additional wear and tear to clothing and footwear. Additional cost for bedding	Reasonable amount for extra cost caused by disability	The assessment or care and support plan may identify a need. If not evidence from other sources, which may include medical evidence, and consideration of the nature and the impact

		of any health problem or disability may provide a guide. Evidence of purchase and payment.
Transport costs necessitated by illness or disability	Reasonable amounts over and above the mobility component of PiP or DLA. Where support with costs are available from other sources but have not been used this can be taken into account in considering reasonableness. For example transport to hospital appointments or council provided transport to a day centre.	Evidence of payment and purchase

Note: - Clothing allowance is available with War Disablement Pension, which recognises extra wear and tear caused through incontinence and the use of an artificial limb.

Item	Amount	Evidence
7. Water	Excess Costs, only where metered supplies, over normal consumption	Bills.
8 Gardening	Discretionary/reasonable based on individual costs of garden maintenance up to a maximum of £25 per week.	As for Private Care Home
9. Wheelchair	£4.94 per week manual £12.00 per week powered No allowance if provided free of charge	Evidence of purchase.
10. Powered bed	Actual cost divided by 500 (10 yr. life) up to a maximum of £5.46 per week.	Evidence of purchase available.
11. Turning Bed	Actual cost divided by 500 (10 yr. life) up to a maximum of £9.55 per week.	Evidence of purchase available.
12. Powered reclining chair	Actual cost divided by 500 (10 yr. life) up to a maximum of £4.33 per week.	Evidence of purchase available.
13. Stair-lift	Actual cost divided by 500 (10 yr. life) up to a maximum of £7.71 per week.	Evidence of purchase without DFG input.
14. Hoist	Actual cost divided by 500 (10 yr. life) up to a maximum of £3.79 per week.	Evidence of purchase without DFG input.

16.Prescription Charges	Cost of an annual season ticket divided by 52 or actual cost of prescription, whichever is less	For those not eligible for free prescriptions
17.Transport	Discretionary based on costs that are greater than those incurred by an able-bodied person.	Evidence in the Care Plan for the need for specialist transport.

Note: - Mobility Allowance cannot be included in the normal financial assessment as an income but the statutory guidance states that transport costs should be allowed necessitated by illness or disability, including costs of transport to Day Centres, over and above the mobility component of DLA if in payment and available for these costs. This implies that transport costs do not need to be allowed if Mobility Allowance is considered available to meet such costs.

Item	Amount	Evidence
18. Communication	Discretionary based on costs that would not usually be incurred.	Bills.

Note: - communication, e.g., telephone or internet access is often a normal part of everyday living and therefore evidence will be necessary to confirm that the cost is disability related.

Dietary Costs and Contenance Aids

Dietary Costs

Medical conditions/disabilities that might result in the Service User incurring additional costs for special diets Some people may have been referred to specialist dieticians via consultants, GP’s, or Community Nurses, and may be able to provide information.

Examples may include: –diabetics

- weight reducing diets
- Need to be fed by someone else.
- people with a heart condition.
- people recovering from strokes.
- people with a physical disability that requires food to be blended or chopped to enable them to feed themselves.
- people with a food allergy or intolerance to certain foods.
- people with anaemia who might need to increase the amount of red meat into their diet.

Contenance Aids

Contact the Contenance Advisor in Waltham Forest the Health Authority.