

## Adult Social Care & Health Overview & Scrutiny 25<sup>th</sup> October 2011

### Fairer Charges & Contributions – The Impact of Changes

#### Recommendation

That the Committee notes the contents of this first annual monitoring report on Charging and indicate whether the review and its format should be repeated in twelve months time.

#### 1. Introduction

- 1.1 In October 2010, following a three month consultation, Cabinet approved a series of increases in charges for community care under the Fairer Charging guidelines aimed at eliminating subsidy other than by way of means testing. There were, at the time, concerns about the effect of these changes and Overview & Scrutiny Committee requested a monitoring process so that the success of the policy in achieving its objectives could be measured against the impact on customers.

#### 2. Background to Charging

- 2.1 Warwickshire had until 2010, maintained a level of charging well below that of most of its neighbours, There had been a review and significant increase in 2007 but since then charges had only risen by RPI + 1% pa.
- 2.2 Two important factors led to a new approach:
- The need to find ways of achieving savings targets which would not adversely affect service delivery
  - The expansion of personal budgets and new Government guidelines “Fairer Contributions” which required a move away from charging for services to one of making a contribution to the budget ‘pot’.
- 2.3 The basic aim of the new strategy developed for approval in October was to eliminate subsidy within a period of fifteen months whilst continuing to protect those without the means to pay.

- 2.4 There was considerable opposition within the consultation to the changes based on affordability. This was partially addressed within the final decision of Cabinet by extending the original timescales from 6 to 18 months. The rate of increase was, however, high due to the low base that the Council was starting from. The rates of subsidy in charge levels prior to the October decision were as follows:

**Table 1:** Levels of Subsidy Prior to Changes

|                         | Income Recovery | Subsidy |
|-------------------------|-----------------|---------|
| Home Care               | 58%             | 42%     |
| Day Care                | 12% - 22%       | 78%-88% |
| Transport               | 15%             | 85%     |
| Respite *               | 32%             | 68%     |
| Direct Payments for PAs | 91%             | 9%      |
| Telecare                | 100%            | 0%      |

\* Respite subsidy varied since customers were charged for existing services they would have received had they not been in respite care (e.g. day care, home care)

These levels of subsidy existed at a time when many of the other neighbouring local authorities were already at full cost for home care or moving towards it, although there was considerable variation elsewhere in other areas such as day care.

One of the principles concerning the move to full cost was that there would then be greater equity within the charging policy as all subsidy would then be provided by way of means testing. This is a principle enshrined in the Fairer Contributions guidance first published by the Department of Health in July 2009 in line with the moves to Personal Budgets. This does, however, mean that during the period of change, there would be even higher rates of increase for some than for others, depending on the services which they were using.

### 3. Revised Charging Policy

3.1 The key elements agreed by Cabinet in October 2010 were as follows:

- (a) Changes to the charging levels for community care services as set out on as set out in Appendix 1 taking all charges up to full cost in four stages between December 2010 and April 2012;

- (b) The change in the lower income threshold from Income Support + 40% to Income Support +25% to apply from December 2010;
  - (c) That the maximum weekly charge (currently set at £387.13) be removed for all new service users from December 2010 and for all existing service users from April 2012;
  - (d) That the method of charging would change from one based on planned service to actuals.
  - (e) That all charges would increase by inflation from April each year
- 3.2 In September 2011, Cabinet approved the outcome of the further review of day care and transport charges with the decisions as shown in Appendix 2.
- 3.3 The original brief for the Charging Review Board has also been extended to other areas of charging. In May 2011, the Portfolio Holder's decision making session approved the raising of charges in internal residential care homes to the full cost rate of £650/week for new admissions. In September also, a decision was made to introduce full cost charging for carer sitting services with the charges being phased in up to April 2012.
- 3.4 A Revised Charging Policy was developed in November 2010 in readiness for the introduction of the new charges. This is attached as Appendix 3.

## 4 Effects on Service Take-Up and on Customers

- 4.1 At the time of the decision to implement the new Charging Policy, Overview & Scrutiny asked for the effect on levels of service to be monitored. The following statistics have been taken from CareFirst following the introduction of the two stages of increases to date in December 2010 and April 2011:

The actual numbers of customers being charged for services over the last year are therefore as follows:-

**Table 1**

### Total Customer Numbers

| Customers    | Oct 2010    | Feb 2011    | Sept 2011   |
|--------------|-------------|-------------|-------------|
| LD           | 743         | 788         | 786         |
| MH           | 68          | 80          | 89          |
| OPPD         | 4186        | 4050        | 3958        |
|              |             |             |             |
| <b>Total</b> | <b>4997</b> | <b>4918</b> | <b>4833</b> |

**Table 2****Cumulative Changes to Take-Up of Services Following 1<sup>st</sup> Phase increases (Taken in March 2011)**

|                      | <b>MH</b> | <b>LD</b> | <b>OPPD</b> | <b>Other</b> | <b>TOTAL</b> |
|----------------------|-----------|-----------|-------------|--------------|--------------|
| No Ending Service    | 3         | 0         | 18          | 4            | <b>25</b>    |
| No Reducing Service  | 0         | 1         | 9           | 0            | <b>10</b>    |
| No. Changing service | 4         | 1         | 16          | 0            | <b>21</b>    |
| <b>TOTAL CHANGES</b> | <b>7</b>  | <b>2</b>  | <b>43</b>   | <b>4</b>     | <b>56</b>    |

**Table 3****Cumulative Changes to Take-Up of Services Following 2<sup>nd</sup> Phase increases (Taken in September 2011)**

|                      | <b>MH</b> | <b>LD</b> | <b>OPPD</b> | <b>Other</b> | <b>TOTAL</b> |
|----------------------|-----------|-----------|-------------|--------------|--------------|
| No Ending Service    | 11        | 1         | 82          | 4            | <b>98</b>    |
| No Reducing Service  | 1         | 3         | 16          | 1            | <b>21</b>    |
| No. Changing service | 6         | 2         | 29          | 1            | <b>38</b>    |
| <b>TOTAL CHANGES</b> | <b>18</b> | <b>6</b>  | <b>127</b>  | <b>6</b>     | <b>157</b>   |

It can be assumed that the rate of reduction in service will continue to grow as the remaining two phases of increase are implemented. However it is difficult to separate the respective impact of focusing service or higher needs (FACS) from this reduction.

The statistics are not broken down by income bands and no further monitoring is available within the services. It is assumed that the majority ending service will be self funders who will take up services independent to the Council. Those reducing service are likely to be those with intensive community packages of care who will make do with less. There is a particular effect on numbers taking direct payments following the increase in the PA rate to £10.53 in April.

The original savings plan did not quantify the likely reduction in the take up of services since it was assumed that the financial impact from a reduction in service would be similar to an increase in revenue from that service, since the service is currently subsidised.

- 4.2 The Service has a clear responsibility to ensure that the assessed needs of its customers continue to be met in line with the Council's resource allocation system. However, with the existing pressure on assessments and reviews, those choosing to reduce their packages as a result of charging will not be prioritised as a matter of course for a review over and above others waiting for this service. However, if there are concerns raised by those providing services or by families then a re-assessment would be provided to keep a person safe.

The element in the Table described as "changes to services" indicates where customers are seeking less costly alternatives. These may be in the form of direct payments where practicable, moves to day care or perhaps greater use of telecare. However, the numbers changing to day care may well reduce now due to the outcome of the further reviews approved by Cabinet in September and possibly also by the changes to the services relating to personalisation. The move to direct payments will be a major element of strategic direction in the next two years.

- 4.3 The other important barometer of the effect of the Fairer Charging policy changes is the degree of Representations against Policy. The numbers involved have been fairly low in comparison to the previous major review from January 2007 which implemented significant increases with immediate effect and minimal notice.

Fewer than 25 representations have been recorded and dealt with since December 2010, compared to over 100 for the 2007 changes. A major factor in the previous review was Charging on Planned Service and the removal of the 15 minute appointment time for home care. The move to actuals has negated the former and home care appointment times have not featured as an issue this time.

## **5. The Move to Actuals**

- 5.1 Charging by actuals was an important change which was necessary to introduce alongside the move up to full cost. However, its introduction without the required changes in ICT systems has caused a considerable additional burden on staff and the process which they operate.

Care packages on the CareFirst systems only reflect planned care and there is therefore a need to obtain accurate information through invoices from providers. Under current contracting arrangement, this has been difficult to achieve. In addition, there are no electronic means of automatically feeding changes into the Abacus systems used for charging. Staffing resources have therefore been supplemented at a cost of approximately £29k from November 2010 to July 2011 (but ongoing) in order to maintain performance on processing actuals. Short-term ICT solutions are now available for implementation at a further cost of £14k and a Financial Systems review is about to commence which will enable a fully integrated solution to be developed.

Manually intensive processes and systems have created a high opportunity for error & inconsistent/ ad hoc application of the charging policy by interpreting charge exceptions. 1,427 customers received an incorrect invoice between Jan - March 2011 and over 2000 manual corrections were required to rectify this.

## 6. Monitoring of Financial Savings

6.1 The Table below shows the latest forecast savings plan from Charging compared to that at the time of the October 2010 cabinet decision.

**Table 4**

### Latest Savings Plan Projections

|                 | 2011/12 | 2012/13 | 2013/14 |
|-----------------|---------|---------|---------|
| <b>Target</b>   | 2,344   | 3,240   | 3,250   |
| <b>Forecast</b> | 2,269   | 3,150   | 3,150   |
| <b>Variance</b> | (75)    | (90)    | (100)   |

The small deficit on the savings plan shown above is based on the following:

- Actual reductions through reduction of service take-up not compensated for in these figures by savings on service costs (as per the assumptions in the original savings plan – see last paragraph in Section 4.1);
- No allowance made for income from full cost charging in residential homes as no customers have been admitted to date at full cost.
- The customer databases will be further reviewed as part of the work to implement Cabinet decisions from September 2011. This may result in some further increase in projections particularly in the areas of transport and replacement carers.

6.2 Appendix 4 demonstrates how the staged changes have affected the monthly invoiced amounts over the period to date.

## 7. Further Developments

7.1 Members will be aware that the domiciliary care tender has been received and is currently being evaluated. The new full costs resulting from the new contracts will have an effect on the average hourly rates to be charged for both home care and carers sitting services from their introduction.

- 7.2 The continuing expansion of the numbers of customers with personal budgets means that the move to replace charges with contributions is now the main priority. This change will further improve the equity under which customers will pay for their care. All will contribute according to their means while through the RAS, budgets will reflect the actual costs of care. This will enable, therefore, a move away from the use of averages across services to calculate full costs.

### **Background Papers**

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|--|
| Cabinet 14 <sup>th</sup> June 2010 item 3 – Fairer Charges & Contributions<br>Cabinet 14 <sup>th</sup> October 2011 item 2 - Fairer Charges & Contributions<br>Cabinet 8 <sup>th</sup> September 2011 item 2 – Charging for Community Care |
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Head of Service: n/a

Strategic Director(s): Wendy Fabbro

Portfolio Holder(s): Cllr Mrs Izzi Seccombe

## Appendix 1

### Levels of Charges for Community Care

( October 2010 to April 2012)

|                           | <b>Prior to Revision</b> | <b>Dec 2010</b> | <b>April 2011 *</b> | <b>Oct 2011 *</b> | <b>April 2012 **</b> |
|---------------------------|--------------------------|-----------------|---------------------|-------------------|----------------------|
| Home Care/Hr              | £9.66                    | £11.36          | £13.36 *            | £15.10            | £16.84               |
| Day Care/day              | £5.55                    | £10.43          | £15.69              | Subject to review |                      |
| Respite/Day               | £4.13                    | £51.80          | £51.80              | £51.80            | £51.80               |
| Direct Payments/Hr        | £9.66                    | £10.00          | £10.78              | £10.78            | £10.78               |
| Telecare/wk               | £4.76                    | £4.76           | £4.76               | £4.76             | £4.76                |
| Transport/Journey         | £1.33                    | £3.25           | £5.29               | Subject to review |                      |
| Other Chargeable Services | 58.7%                    | 75%             | 100%                | 100%              | 100%                 |

\* As approved in October 2010 plus 2.4% inflation from April 2011

\*\* As above but will be amended further by inflation from April 2012



## Further reviews of Charging from Cabinet Approvals in September 2011

### Day Care

| £ Per Day                | April 2011 | December 2011 | April 2012 |
|--------------------------|------------|---------------|------------|
| Day Services – OP / OPMH | £15.69     | £22.60        | £25.21     |
| Day Services – PD        | £15.69     | £36.12        | £40.28     |
| Day Services – LD        | £15.69     | £41.91        | £46.74     |

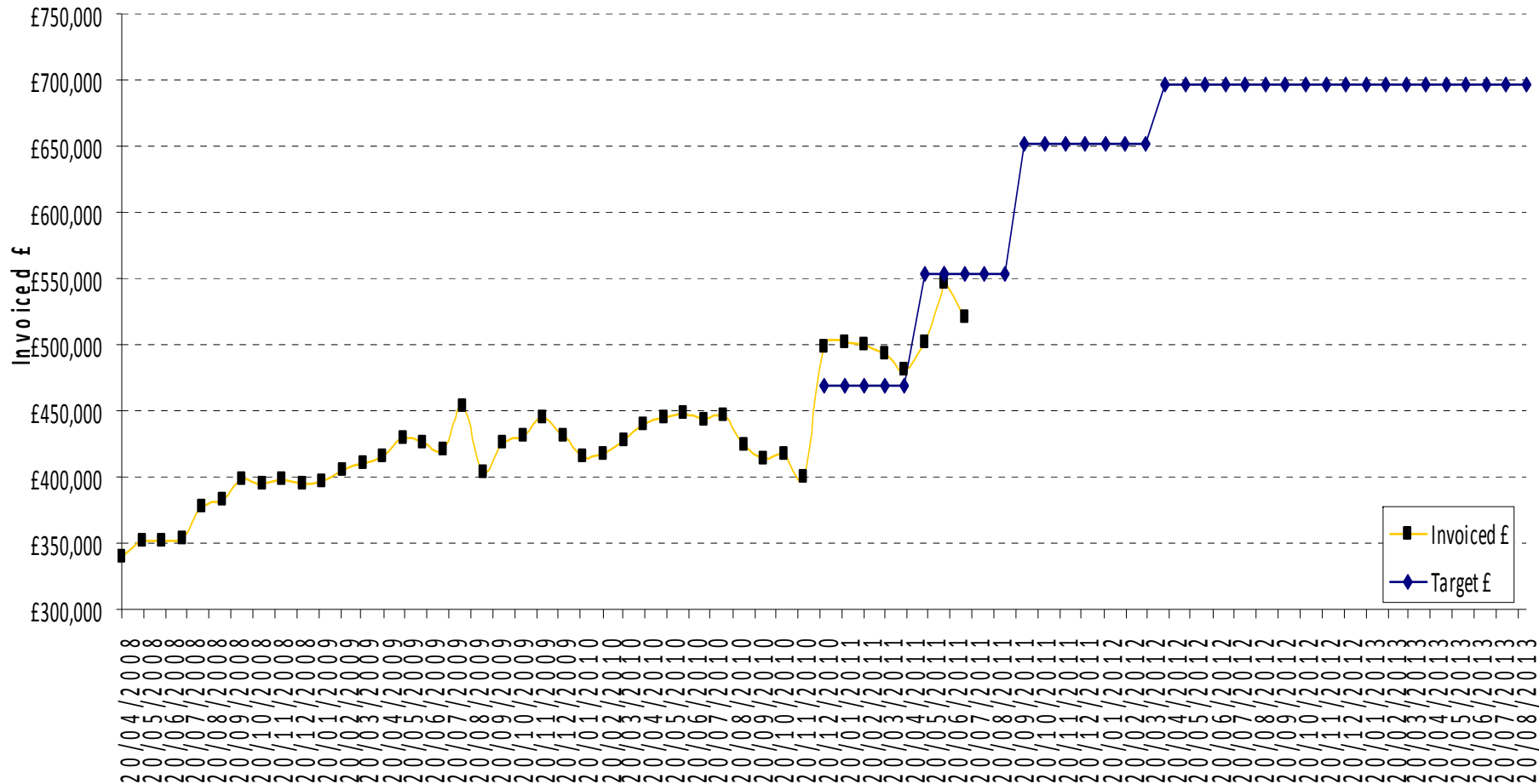
### Transport

| Journey length        | April 2011 | April 2012 |
|-----------------------|------------|------------|
| Up to 5 miles         | £5.29      | £5.17      |
| 5 to 10 miles         | £5.29      | £8.63      |
| 10 & over (avg. 12.5) | £5.29      | £12.23     |

### Replacement Carer

| £ Per Day                                       | April 2011 | December 2011    | April 2012        |
|---|------------|------------------|-------------------|
| Replacement Carer Services/<br>Sitting Services | Free       | 50% of full cost | 100% of full cost |
| Carers' Personal Budgets/Direct payments        | Free       | Free             | Free              |

Domiciliary 4 weekly Client Invoice values



Warwickshire County Council

Adult, Health & Community  
Services Directorate

**Policy on Fairer Charging for  
Community Care Services  
(non-residential services)**

## 1. Introduction summary

This policy outlines our aims and principles on how we ensure a fair approach to contributions made by individuals to their social care services. It covers:

- background to charging;
- aims and principles;
- who we charge for our services;
- the services we charge for;
- how we calculate the contribution;
- how we decide if an individual cannot afford to pay a contribution;
- what to do if an individual's financial circumstances change;
- when to start paying contributions;
- what happens if an individual fails to make their contributions; and
- what to do if an individual has a dispute and would like to make a complaint.

## 2 Background to charging

Warwickshire County Council is entitled to charge a contribution for non-residential services provided to adults under Section 17 of the Health and Social Services and Social Security Adjudication Act (1983), hereafter referred to as "the Act". Under Section 17 (3) of this Act, individuals can request a review of their assessed contribution at any stage.

In November 2001, the Department of Health issued statutory guidance to Local Authorities on contributions for non-residential Social Services entitled:

"Fairer Charging Policy for Home Care and other non-residential Social Services - Guidance for Councils with Social Services Responsibilities".

This guidance required all Social Services' Departments implement a Fairer Charging Policy. To supplement the Fairer Charging Guidance, the Department of Health issued the Fairer Contributions Guidance in July 2009. This policy reflects the requirements of the latest guidance.

## 3 What guidance and policies are used

- Fairer Charging Guidance;
- Fairer Contributions Guidance;
- Charging Residential Accommodation Guidelines (CRAG); and
- Warwickshire County Council Direct Payments guidance.

## 4. Our aims and principles

The main principle to be applied in this Policy is that charges will be based on the full cost of the service and that individuals will pay 100% of this charge where they can afford to do so.

We adopt the following principles to ensure a fair approach to individual contributions.

- Contributions will be calculated through an individual financial assessment and based on service subject to individual agreement and provision of information.
- Individual financial assessments will ensure that individuals contribute based on their ability to pay calculated using national guidelines and our Council policy.
- The financial assessment will ensure that all individuals will retain at least their basic Income Support or Pension Credit Guarantee level plus an additional 25% as a minimum level of income to be retained. No contribution for services within the financial assessment process will apply where income is equal to, or lower than, this level.
- Individuals can receive a benefits check as part of their financial assessment to maximise their full benefit entitlement.
- Services users have the right to decline a full financial assessment and may instead choose to contribute the maximum level for their service.
- Any contribution raised will not exceed the cost of providing a service.
- Where contributions are not made debt recovery may be pursued for all outstanding contributions.
- A waiver process is in place for contributions in exceptional cases as defined by our waiver policy.

## 5. Who we charge

This policy applies to all adults provided with non-residential services where Warwickshire County Council is entitled to charge a contribution under Section 17 of the Health and Social Services and Social Security Adjudication Act (1983) with the following exceptions:

- Individuals with Creutzfeldt Jacob Disease (CJD) in accordance with Fairer Charging Guidance 2003 XI s.75.
- Individuals with services provided under s.117 of the Mental Health Act (1983).
- Individuals in receipt of funding from the Independent Living Fund (ILF).

## 6. What services we charge for

A contribution will be made for the following services:

### Home Care

The charge will be based on the agreed level of service with the provider based on 30-minute blocks. Individuals who fail to provide **24-hours** notice to cancel or change their care arrangements, will be charged in accordance with planned/proposed service activity.

### Day Care

The charge will be based on attendance per day.

### Transport

The charge will be based on a standard rate per journey. A journey can be defined as “getting from one place to another”.

### Telecare

The charge will be based on the actual cost of the weekly “Telecare” monitoring service.

### Direct Payments

For Direct Payments used to employ Personal Assistants (PAs) the charge will be based on the total cost of paying and employing PAs.

### Other Chargeable Services

Other chargeable services apply when a person receives a service that does not ordinarily fall into the chargeable services defined above i.e. home care, day care, transport, telecare and personal assistants. The charge will be based on the people/providers that support the customer.

## Exemptions from Contributions

The following services are exempt from contributions:

- Community equipment and minor adaptations in accordance with the Community Care (Delayed Discharges etc) Act (Qualifying Services) (England) Regulations 2003 and LAC (2003)14.
- Day Care service where it forms part of an individual's residential care contract as defined within the Charging Residential Accommodation Guidelines (CRAG) s1.032.
- Other services offered by the authority agreed to be exempt from Charging. If this applies, details can be found in the relevant service policy.

All current charging rates are contained within our leaflet "Charges for Community Services" which is available on Warwickshire's website or by telephoning 01926 410410.

## 7. Calculating the contribution

### Capital

The value and treatment of capital and assets will be based on the definitions within CRAG, National Assistance (Assessment of Resources) Regulations (1992) and Fairer Charging Guidance. Where guidance or the Act refers specifically to residential accommodation the term residential may be replaced by the term non-residential services for the purpose of this policy.

Where an individual's capital (excluding the value of their main home) exceeds the upper capital limit specified within Charging for Residential Accommodation Guide (CRAG), they will be required to pay the maximum contribution towards the service.

## Income

The value and treatment of income will be based on the definitions within CRAG, National Assistance (Assessment of Resources) Regulations (1992) and Fairer Charging Guidance. Where guidance or the Act refers specifically to residential accommodation the term residential may be replaced by the term non-residential services for the purpose of this policy.

All individuals will be offered the opportunity to have a full financial assessment to calculate their contribution. It is the individual's responsibility to provide information to complete this and failure to satisfy the Council will result in the maximum contribution being applied.

The financial assessment will ensure that individuals:

- retain a basic level of income equivalent to the Income Support or Pension Credit Guarantee level plus an additional 25%, which is disregarded within the assessment calculations;
- retain income to meet basic housing costs and agreed disability related expenditure.

The basic principle of the financial assessment calculation is:

$$\begin{array}{r} \text{Individual} \\ \text{Income} \end{array} \quad \text{LESS} \quad \left[ \begin{array}{l} \text{Income Support or Pension Credit +25\%} \\ \text{allowance} \\ \text{Housing Costs \& Expenses} \\ \text{Disability Related Expenditure} \end{array} \right] \quad = \quad \begin{array}{l} \text{Net} \\ \text{Available} \\ \text{Income for} \\ \text{Contribution} \end{array}$$

This net available income for contribution being the maximum level an individual may be asked to contribute.

The actual contribution will be the lower of either the individual's available income or the maximum contribution level for the service.

The minimum weekly contribution level will be £1.00 per week. There is currently a maximum contribution rate of £397.18 pw for individuals in receipt of services on 6<sup>th</sup> December 2010. This will continue unchanged until 4<sup>th</sup> April 2012 after which point, there will no longer be a maximum amount for weekly contributions. For all new individuals after 6<sup>th</sup> December 2010, there will be no maximum weekly contribution.

Individuals assessed with no available income for contributions will not have to contribute towards the service.



## **Deprivation**

We will consider questions of deprivation of capital if:

- the individual ceases to possess capital assets which would otherwise have been taken into account for the purpose of assessing their contribution towards their care services;
- the individual deprives themselves of capital assets which would otherwise have been available to them, i.e. ownership of a property other than their main residence is transferred to another person or the beneficiary of an insurance policy is changed so that the monies are not available to the individual.

Where deprivation is decided we may treat the individual as still possessing the capital asset.

## **Household costs/bills**

Some expenditure may be allowed based on the individual's circumstances. This will be determined through discussion with the individual and include consideration of average levels for household types.

Evidence of expenditure may be requested in certain circumstances to verify requests e.g. exceptionally high values, unusual type of expense. Failure to supply evidence following a written request will result in those expenses being excluded from the calculations.

## **Disability Related Expenditure (DRE)**

Disability Related Expenditure is considered as a reasonable additional expense the individual incurs due to a disability or condition.

Appendix A provides further details of DRE allowances and exclusions, where an item is not reflected within the appendix it will be determined by the decision maker within Warwickshire County Council.

## **Joint/shared costs**

If more than one person lives in the individual's home, costs may be shared between occupants when calculating the financial assessment. This will be determined by the decision maker within Warwickshire County Council.

## Couples

When assessing one member of a couple, we will assess a charge based on income and capital either:

- jointly assessed as a couple incorporating both parties income and capital;
- or
- a single person based on the individual's income and capital.

The method chosen from these will be the method that provides the 'most beneficial outcome' e.g. the lowest contribution.

However, a spouse or partner is not obliged to disclose their information under this policy and may decline a joint assessment.

## 8. Changes in an individual's financial circumstances

A change in a contribution may be triggered either by a change in type or level of service or the financial circumstances of the individual.

Individuals must notify changes to their financial circumstances as these can affect their financial assessment. Changes to contributions may be backdated to the actual date of change subject to the backdating guidance in appendix B.

We reserve the right to review all financial assessments at any point relating to current or historical services provided. This may require individuals to provide new or additional information and evidence where necessary.

Where individuals fail to provide information following written requests, contributions will be recalculated to the maximum level from the date of the first written request. These recalculations may be backdated to earlier dates dependent upon information available and the backdating policy.

In addition an individual may request a review of a financial assessment due to revised information or an error at any time.

Where appropriate we may automatically reassess contributions based on changes that we become aware of through policy changes, Department of Works and Pensions or regulation changes. For example annual increases to standard benefit payments, State Retirement Pension or service cost increases.

Details of automated reassessments will be provided in writing and it is the responsibility of the individual to check the figures and contact us if any details are inaccurate.

## 9. Contribution start date

Contributions start from the day that service commences.

Where a full financial assessment is outstanding, the contribution may be the maximum contribution until completion of the financial assessment. Any subsequent adjustment in contribution will be backdated to the service start date subject to the backdating guidance.

For our Home Care, Day Care, Transport and Telecare Services individuals will be invoiced for contributions four weekly in arrears and payment can be made by a variety of methods. For more information on methods of payment, please contact Money Management & Income Control on 01926 413012.

Direct payments are made weekly or four weekly to bank accounts net of the individual's contribution. Individuals will pay their contribution into that account on the same basis in accordance with their Direct Payment Agreement.

## **10. Non-payment of contribution**

Where an individual fails to make payment of invoices or contribute in accordance with the Direct Payment Agreement action will be taken in accordance with our Debt Recovery Policy and/or Direct Payment Policy. This may result in legal action being taken and extra cost to the individual.

## **11. Advice on benefits**

As part of the financial assessment process and where applicable, advice will be provided to individuals regarding benefit entitlement. This may include assistance to complete applications or signposting to relevant agencies and services.

## **12. Disagreements or complaints**

Where these situations occur we will attempt to work with individuals to resolve these and this may involve either:

- a review of the financial assessment (appendix C) and/or service;
- a complaint or representation against policy; and
- an application for a waiver of the contribution (appendix D).

### **13. How personal information may be used**

We work with partners to provide public services. To do this, we may need to share information. We will do this in a way that protects an individual's privacy in accordance with Warwickshire Full Privacy Notice.

We are under a duty to protect public funds and may use any of the information provided for the prevention and detection of fraud. We may also share information with other bodies that are responsible for auditing or administering public funds.

Individuals have the right to know what information we hold about them and we try to make sure it is correct.

**Direct payments** are made to eligible customers who choose to make their own care arrangements, rather than receiving services provided by Warwickshire County Council (WCC).

**Fairer Charging** (for Community Care) refers to Government guidelines on how local authorities charge for non-residential care services. Warwickshire County Council, like other local authorities, operates a Fairer Charging policy.

**Fairer Contributions** an extension of the **Fairer Charging** guidelines to cover the introduction of **individual or personal budgets** for non-residential care customers.

**Individual or personal budget** is the monetary value of care and support services a customer is assessed as being entitled to receive, either as a **direct payment** or **virtual budget**.

**Reablement** is a new service introduced in March 2010 helping new home care customers to regain the skills and confidence they need to continue living independently at home. Currently free of charge for up to six weeks.

**Respite services** are provided to give partners or family carers a break or holiday, and are chargeable.

**Telecare** equipment is to help keep people safer in their own homes, using sensors such as fall detectors and personal pendants linked to a monitoring and response centre.

#### **Abbreviations**

|      |  |
|------|--|
| CRAG | Charging for Residential Care Guidance |
| DOH  | Department of Health                   |
| WCC  | Warwickshire County Council            |
| PA   | Personal Assistant                     |
| ILF  | Independent Living Fund                |
| CJD  | Creutzfeldt Jacob Disease              |
| DRE  | Disability Related Expenditure         |

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|                                       |   |
|---------------------------------------|---|
| <b>Date of policy implementation:</b> | <b>6th December 2010</b>                                  |
| <b>Policy Owner:</b>                  | Ron Williamson, Head of Communities & Wellbeing/Resources |

**Benefits Advice & Income Control****RULES FOR THE ASSESSMENT OF DISABILITY RELATED EXPENDITURE  
2010 / 11 (With effect from April 2010)**

There are four over-riding principles that govern the assessment of Disability Related Expenditure (DRE) as agreed by the "Fairer Charging" Working Party on 30 September 2002. This was reviewed in March 2007 and it was agreed that no changes were required.

1. Where there is another adult residing in the home that would ordinarily have an **equal responsibility** for the maintenance and upkeep of the property, the Council would expect them to assume an equal proportion of the costs incurred.
2. If a **relative** is **residing** with the individual, then the Council would not normally accept payments to that relative as DRE.
3. **Validation and verification** of claimed expenditure will only be sought where the amount of DRE being claimed exceeds the discretionary amounts specified within these rules.
4. Principles of **Reasonableness** are to be applied and consideration given to whether claimed expenditure is likely to be necessitated by the person's disability, taking account of the care plan as prescribed in "Fair Access to Care Services". Some discretion is needed as care plans may not always record specialty items required by the individual, nor take account of items purchased prior to assessment or to meet needs that have arisen since the care assessment. In all cases assessments of DRE should be made taking account of the individual's views and requesting where necessary that future receipts be kept for later verification or re-assessment. Should there be any doubt as to the appropriateness of any item claimed as DRE, reference should be made to the relevant Social Worker for clarification.

These over-riding principles seek to achieve a balance between the requirements of the Fairer Charging Guidance and a minimisation of the "intrusiveness" of the assessment. They are designed to limit "Verification" requirements whilst allowing flexibility for individual circumstances where extraordinary costs are being incurred.

The following paragraphs list items as identified for inclusion and consideration. The list is neither exclusive or exhaustive but represents what are the most regularly cited items as indicated by the DoH Guidance "Fairer Charging", the Disablement Income Group and the National Association of Financial Assessment Officers "Good Practice Guide".

1. FUEL

Additional fuel costs are calculated by comparing the individual’s actual costs over a 12 month period with the **average** costs for a similar household. West Midlands average costs exceed national average by 7% therefore we take the national average plus 7% to determine the **average** cost. The actual costs are then compared to the **average** and the difference (calculated to a weekly amount) is taken into account as DRE. West Midlands **averages** (including the additional 7%) for the Financial Year 2006/07 are shown below:

| Accommodation Type  | 1 Occupant | 2 Occupants | Each additional Occupant (Not to include Children) |
|---------------------|------------|-------------|--|
| Flat/Terraced House | £1067.00   | £1405.00    | £338.00  |
| Semi Detached House | £1132.00   | £1492.00    | £360.00  |
| Detached House      | £1377.00   | £1815.00    | £438.00  |

2. COMMUNITY ALARM SCHEME

The actual cost of a Community Alarm is taken into account as DRE as evidenced either by bills or verification with the service provider. It should be noted that the cost will differ throughout the County dependant on the area and service provider.

3. PRIVATE CARE

The actual cost of private care where it is provided “Professionally” can be taken into account where evidence is produced in the form of invoices or receipts and the individual’s Care Plan indicates that it is “reasonably required”.

4. PRIVATE DOMESTIC HELP

The actual cost of private domestic help is to be allowed where the care plan identifies it is reasonably required and, appropriate invoices or signed receipts are available.

Where informal domestic help is claimed, a maximum of 2 hours per week at £6.13 per hour can be calculated as DRE without verification. That is a total maximum of £12.26 each week.

Where ironing is claimed in addition to domestic help receipts must be seen supported by a short report.

Where an individual’s partner is caring full time for the individual the full amount can be allowed for domestic help and “Partner Caring” written on the DRE form under comments. However, where the partner is able to assist with domestic work the amount claimed is to be halved.

5. LAUNDRY

A fixed price of 99 pence per load is allowable for each load in excess of 2 each week for an individual and in excess of 4 loads each week for a couple. 2 loads each week is considered as the normal wash load for an individual and 4 as the normal wash load for a couple.

Where there is no access to a washing machine at home the full launderette price can be allowed minus the price that is considered as the normal wash load. That is £1.98 for an individual and £3.96 for a couple

6. BEDDING

Where bedding requires to be replaced on a regular basis due to spillages or incontinence etc and no provision is made to the individual for this through the NHS, the full reasonable cost of replacement can be attributed to DRE.

7. DIET

This is discretionary and may be based on medical confirmation of special dietary needs and/or actual or estimated weekly expenditure where those needs are likely to improve or maintain the individual’s health. For example fortification drinks not available on prescription or extensive nutritional aids such as Benecol. In cases where dietary requirements are claimed for conditions such as Coeliac Disease estimation should be taken (from shopping receipts) as to the weekly cost of the individual’s diet. The excess expenditure attributable to the individual can be calculated by deducting £25.57 for an individual from the individual’s estimated weekly bill and the difference allowed as DRE.

8. CLOTHING

Any special clothing or footwear, particularly where these are specially made, or due to exceptional wear and tear caused by a person’s disability can be allowed. Discretion should be used and reasonableness applied to cases where mental health problems and learning disabilities may cause tearing of clothing, staining or exceptional wear due to individuals’ particular circumstances. Care should be taken to distinguish clearly between need based on disability as indicated in the care plan and “choice” where, for example, an individual may opt for “designer” rather than practical/functional items.

9. WATER

Additional metered costs of water, above the average levels for the area and housing type can be attributed to DRE where water consumption results in higher costs due to the individual’s disability. The following table shows the average levels for the area and housing type including the overall average increase from April 07 of 5.7% as published by Severn Trent Water.

| No. of Occupants | Flat/Terraced | Semi-Detached | Detached |
|------------------|---------------|---------------|----------|
| 1                | £188.85       | £219.25       | £240.65  |
| 2                | £282.43       | £307.50       | £332.58  |
| 3                | £355.96       | £381.03       | £413.01  |
| 4                | £424.92       | £442.85       | £467.92  |



## 10. GARDENING

£6.13 per week can be allowed for basic maintenance without verification. Exceptional costs such as tree lopping and removal, hedge trimming etc are subject to verification by way of invoice/receipts. Discretion and reasonableness should also be applied in exceptional circumstances, for instance where a individual has a larger than average garden.

## 11. WHEELCHAIRS

Where an individual has had to purchase their own wheelchair we can allow the replacement cost, maintenance and service contract costs up to a weekly maximum of £3.24 each week (manual) and £7.89 each week (powered). This allowance should be calculated on a five year life expectancy and not have been purchased using the Motability facility.

## 12. POWEREDBED

The actual cost of a powered bed not supplied by NHS or under the Disabled Facilities Grant can be allowed up to a maximum of £3.63 each week based on a life expectancy of 10 years. Where possible receipts should be verified, but as a minimum visual confirmation that the item is "in situ" is required. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as DRE.

## 13. TURNINGBED

The actual cost of a turning bed not supplied by NHS or under the Disabled Facilities Grant can be allowed up to a maximum of £6.29 each week based on a life expectancy of 10 years. Where possible receipts should be verified, but as a minimum visual confirmation that the item is "in situ" is required. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as DRE.

## 14. POWERED RISER/RECLINER CHAIR

The actual cost of the item if not supplied by NHS or under the Disabled Facilities Grant can be allowed up to a maximum of £5.06 each week based on a life expectancy of 10 years. Where possible receipts should be verified, but as a minimum visual confirmation that the item is "in situ" is required. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as DRE. Discretion and reasonableness may be required where an individual has had to obtain a customised chair to meet their particular needs.

If a manual reclining chair has been purchased life expectancy should be treated as 5 years.

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**NOTE:** Where second hand equipment has been purchased DRE should be calculated over the remaining life expectancy of the equipment, EG if a 2 year old wheelchair has been bought for £200.00, this figure should be calculated over 3 years =  $200 \div 156 = £1.28$  per week.

## 15. STAIR-LIFT

The actual cost can be allowed up to a maximum of £5.06 each week where this has not been provided by NHS or under the Disabled Facilities Grant and based on a life expectancy of 10 years. Where possible receipts should be verified, but as a minimum visual confirmation that the item is "in situ" is required. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as DRE.

## 16. HOIST

The actual cost can be allowed up to a maximum of £2.50 each week where this has not been provided by NHS or under the Disabled Facilities Grant and based on a life expectancy of 10 years. Where possible receipts should be verified, but as a minimum visual confirmation that the item is "in situ" is required. Annual maintenance costs for upkeep, service contracts and insurances for the item are to be aggregated and divided by 52 to determine a weekly amount to be considered as DRE.

## 17. HOLIDAYS

Additional costs in excess of normal costs for a similar holiday can be allowed usually based on 1 holiday per year. Discretion may be required where therapeutic aspects are involved resulting in more than 1 holiday per year and/or where the costs of carers/companions are a requirement.

## 18. PRESCRIPTIONS

Where the individual does not have an exemption from prescription charges the annual prescription fee can be allowed as DRE divided by 52 to give a weekly figure. 09/10 annual fee provided by NHS is £104.00 therefore maximum weekly amount allowed = £2.00

## 19. TRANSPORT

Transport costs are discretionary dependant on the individual's needs and whether the Mobility component of DLA is in payment. Where the individual is incurring exceptional costs, as an example, due to a requirement for regular hospital outpatient visits and/or treatments, the costs above the level of DLA Mobility payments can be considered. Transport provided by Warwickshire County Council (for example to attend day care) is **not** to be included however exceptional costs for other social and recreational costs may be given consideration.

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**NOTE:** Where second hand equipment has been purchased DRE should be calculated over the remaining life expectancy of the equipment, EG if a 2 year old wheelchair has been bought for £200.00, this figure should be calculated over 3 years = 200 divided by 156 = £1.28 per week.

**20. COMMUNICATIONS**

Equipment for the enablement of communication is discretionary based on the individual's disability and established need. For example, large buttoned telephones, "Possum" specialist equipment, voice activated equipment and/or similar. Receipts/invoices should be seen as verification for all specialist equipment and the cost calculated over its life expectancy. Care should be taken to ensure that such equipment has not been provided or funded by NHS, Disabled Facilities Grant or charitable organisations.

**21. CHIROPODY**

The cost of services provided by a Chiropodist can be allowed up to a maximum of £23.90 per 6 weekly visits (£3.98 per week) where the NHS does not provide this.

**22. DISABILITY EQUIPMENT**

Items such as Zimmer frames, walkers, trolleys, specialised equipment, infra red systems etc that have not been provided by the NHS or Social Services Department can be allowed with the cost averaged over a 52 week period to provide an aggregated weekly amount of DRE. This includes surgical and support wear.

**23. OTHER ITEMS**

Discretion should be used at all times where the individual requires additional items of creams, lotions, non prescription items, homeopathic items etc particularly where skin conditions, incontinence and/or ulcerations are prevalent and the individual may wish to be taken into consideration.



## Benefits Advice & Income Control

### Non-Residential Care Services – Contributions Procedure

#### Revision of Contributions following refusal of visit or provision of financial details

In some instances an initial visit may be refused or information not supplied by the individual. The result of this is that the individual will be required to contribute the maximum amount for the service in line with the contributions policy.

#### Effective Date of assessment

Where the revised information is provided that will result in a reduction in the contribution the following procedure must be considered where backdating is required.

For the purposes of this procedure in all paragraphs the word individual should be taken as also referring to any representative acting or assisting in some capacity on their behalf.

#### Backdating a Contribution Reduction

##### **The general rule**

Any new information affects the contribution from the Monday after the date on which it occurs (unless this is a Monday).

Changes that result in a reduction of contributions may be backdated for a period up to 1 month from the date the authority is notified provided appropriate evidence is supplied.



## **Non-Residential Care Services – Contributions Procedure**

### **Revision of Contributions following notification of a Change of Circumstance/Receipt of Information**

#### **Effective Date of assessment**

The effective date of a reassessment where Non-Residential contributions are to be increased will be the actual date of the change (effective on Abacus from the following Monday, unless the change is a Monday).

However where the change will result in a reduction in the contribution the following procedure must be considered where backdating is required.

For the purposes of this procedure in all paragraphs the word individual should be taken as also referring to any representative acting or assisting in some capacity on their behalf.

#### **Backdating a Contribution Reduction**

##### **The general rule**

Any change in circumstance affects the contribution from the Monday after the date on which it occurs (unless this is a Monday).

Changes that result in a reduction of contributions may be backdated for a period up to 1 month from the date the authority is notified provided appropriate evidence is supplied.

##### **Advantageous changes reported late**

The policy set out above still applies and the change may have to be treated as if it occurred on a later date than it actually did.

Individuals must report advantageous changes in their circumstances to the council **within one calendar month** of the date on which the change occurs. Where the individual is notified of a change after the date it occurred then the one month period to notify the council commences from the date they were first notified.

An advantageous change is one that results in a reduction of contributions. Advantageous changes include increases in Disability Related Expenditure (DRE) and decreases in income or capital.

**Advantageous changes reported within one calendar month**

The normal effective date rules apply.

**Advantageous changes reported outside one calendar month**

The change is treated as occurring on the date on which the council is notified of it. This date is then subject to the normal effective date rules.

**Example**

- The individual's capital reduces on 20/02/2010. They notify the council on 15/03/2010 and so the change is backdated to 20/02/2010.

**Example**

- Income decrease effective from 11/04/2010.
- The council receives notification of the increase on 05/06/2010. This is outside the one calendar month time limit, which expired on 11/05/2010.
- The income decrease is treated as if it had happened on 05/06/2010 (the date the council were notified of it). The normal effective date rules are then applied.

**Example**

- Benefit decrease effective from 11/04/2010.
- The individual receives notification from the Department of Works & Pensions (DWP) of the change on 11/05/2010 and notifies the council on 05/06/2010. This is outside the one calendar month time limit from the change date (11/04/2010), but within the one calendar month time limit from the date the individual received notification (11/05/2010).
- The benefit decrease is treated as if it had happened on 11/04/2010 as the individual notified the council within one month of their notification.

**Extending the calendar month time limit**

The individual must always be notified of the date on which the change of circumstance affects their contribution. They should be advised why a date later than the actual date of change has been used. Individuals should be advised that they can apply for an extension to the time limit if there are good reasons why that change was not reported on time. The maximum time the council will consider backdating is 26 weeks from the date actual notification of the change was received in writing.

The individual must request backdating and must explain the reasons why they were unable to notify the office within the time limit. The longer the delay, the more compelling the reasons must be. Once the council is satisfied that there are good reasons the notification should be treated as if it was received in time. The effective date rules are then applied to the actual date of change and contributions decreased.

**Backdating**

Before backdating an advantageous change, the council must be satisfied

- the individual has shown good cause for failing to notify earlier and
- that good cause existed continuously during the period for which backdating (if any) is allowed, up until the date the request for backdating was made.

**Good cause**

To establish if a individual has shown good cause for not notifying the council earlier, the council must be satisfied the reason for not claiming earlier is such that any reasonable person of that age, health and experience would probably not have notified us earlier in the same way as the individual. The burden of proving good cause rests on the individual but you should consider all the relevant facts in each case such as care needs, capacity, whether a representative should have notified us etc.

Fairer Charging provisions do not include recommendations on backdating and good cause, however the DSS Adjudication Officer's Guide (AOG) (now replaced) has an extract on 'good cause' contained in [Annex A](#) which may be a useful guide. see link:-

<http://webarchive.nationalarchives.gov.uk/+/http://www.dwp.gov.uk/housingbenefit/manuals/hbgm/annex/a2annxa.pdf>

A backdate decision form should be completed when making a decision and this decision must be confirmed by the team manager. Should an assessment not be backdated, a written explanation must be issued stating the reason why. Any dispute with this decision must follow the council's official complaints procedure.

Below is suggested wording to be included in an initial notification letter:-

Dear

**Late notification of a change in your circumstances**

When assessing contributions for Non-Residential care we consider your income, capital and certain expenses that you have. This means that you must report changes in circumstance that affect your income, capital and expenses within one calendar month of the change happening. If a change is reported late the Council will treat the change as happening on the date we were notified.

As you have not notified us within one calendar month your contribution has been amended from the date that we received written notification.

If you can show special reasons why you failed to notify this office of your change in circumstances within one calendar month, then we will consider whether your contributions can be reassessed using the actual date of the change in circumstances.

Yours sincerely,



**Non-Residential Care – Backdate Request Decision**

This form is to be completed where a backdated beneficial change request has been made.

Individual Name: \_\_\_\_\_

Ref: \_\_\_\_\_

Date: \_\_\_\_\_

Decision: Agreed / Disagreed

Reason: \_\_\_\_\_

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Letter issued: Yes / No

Decision made by: \_\_\_\_\_

Confirmed by: \_\_\_\_\_



## Benefits Advice & Income Control

### Appeals Process

#### WHAT TO DO IF YOU THINK THE FINANCIAL ASSESSMENT OF YOUR ABILITY TO MAKE A CONTRIBUTION (CHARGE) TOWARDS THE SERVICES YOU RECEIVE IS INCORRECT.

#### REVIEW

If you feel that your financial assessment has been calculated incorrectly, or you disagree with any of the figures used in the assessment, you have the right to request a "Review" of your assessment. To do this you should telephone, or write to, the Financial Assessment and Benefits Advice team within 7 days of receiving your assessment. The address and telephone details to contact are noted below.

#### APPEAL

When your "Review" has been completed, if you are still unhappy you can request an "Appeal" against the review decision. The type of situations this might cover include:

- A disagreement about the calculation of your disability-related expenditure
- A disagreement about the capital assets taken into account, for example property you do not live in.

If you wish to make an "Appeal" you should write to the Finance Assessments and Benefits Advice Team within 28 days of the date of your "Review" decision. The reasons why you disagree with the "Review" decision should be detailed along with any other factors you believe should be considered.

The details of your "Appeal" will then be passed to the Head of Communities and Wellbeing who will consider your reasons and reply to your letter within 14 days.

#### WAIVER

If you agree that we have applied the rules correctly, but you cannot afford to pay the charge, you can apply for a "Waiver". This would mean that you may not have to pay all or part of the charge, if you can show that you would suffer severe hardship or your health would be at serious risk.

If you wish to apply for a “Waiver” you should contact the Money Management and Income Control team to request a “Waiver” application form.

## **COMPLIMENTS AND COMPLAINTS**

If you accept that the charge is correct, but are not happy with the way we have treated you, for example, you thought we were rude or unhelpful, you can make a “Complaint”. If you feel you have been treated well and would like to pass on your “Compliments” you may do so by contacting our Customer Relations Team whose details are noted below.

## **POLICY REPRESENTATION**

If you disagree in principle with the Council’s charging policy, you can make a “Representation” against the policy by contacting the Customer Relations Team or your local Councillor.

## **CONTACT DETAILS**

### **Finance Assessments & Benefits Advice Team**

3<sup>rd</sup> Floor, Warwick House,  
Wheat St,  
Nuneaton  
CV11 4AJ

Tel: 01926 413985

### **Money Management & Income Control Team**

3<sup>rd</sup> Floor, Warwick House,  
Wheat St,  
Nuneaton  
CV11 4AJ

Tel: 01926 413012

### **The Customer Relations Team**

PO Box 9  
Shire Hall  
Warwickshire County Council CV34 4RR

Tel: 01926 414102



## Benefits Advice & Income Control

### Waiver Procedure for non- residential contributions

#### Background

Under Warwickshire County Council's Fairer Contributions policy, the amount that individuals are required to pay depends on the services that they receive and their assessed ability to pay using the framework outlined in the "Fairer Charging" guidance.

Both Warwickshire County Council's policy and the Fairer Charging guidance are designed to be reasonable and ensure that no one is required to contribute more than they can reasonably afford. However there may be occasions when, because of the special circumstances of the individual and/or any relevant carers, an exception could be made to reduce or fully waive the contribution in their case. This paper describes the waiver decision making process.

It should be noted that this policy is different to that used where there is a question or disagreement about whether the contribution has been calculated correctly or not (because, for example, it is believed that there has been a change of circumstances, an error, or a question about how the policy should be applied). The two are entirely separate processes and consider different issues. **Before considering the waiver policy you must first check that the contribution has been calculated correctly and any action to review the contribution has been completed.**

The contribution can be waived on either of two possible grounds:

- **That the individual cannot afford to pay the contribution.**
- **That the Council believes that the individual can afford the contribution but special factors apply and the contribution should not be collected.**

The decision making process for waiving a contribution is slightly different, depending on the grounds that are being considered, see the following for additional guidance.

#### The individual cannot afford the contribution

This will only exceptionally be the case, because as described above, both Warwickshire County Council's policy and the Fairer Charging guidance are designed to be reasonable and ensure that no one is required to contribute more than they can reasonably afford. However, there may be exceptional circumstances in some cases that the contributions policy does not take account of.

It is important to ensure that decisions on this question are taken in a consistent way based on the principles of Fairer Charging guidance and practice.

- In these cases, the decision will lie with the Head of Resource Management.

### **The Council believes the individual can afford the contribution but special factors apply and the contribution should not be collected**

The factors that form the basis of an exception being made in these cases are essentially “Social” and not “Financial” – for example, if the contribution were to remain in force:

- The individual would be admitted to residential care or hospital.
- The individual (or relative/carer) would require the care to be reduced or withdrawn, and this would be a significant risk to the health and safety of any person, **or** it would not be possible to deliver services to the individual that will improve their ability to perform activities of daily living and reduce their need for care and support funded by the Council.
  - Because these issues are essentially social, the decision lies with the relevant Service Manager in each case.

### **Responsibility**

The Head of Communities and Wellbeing and Finance Manager - Performance, Development & Income Control may delegate all or some of the tasks, including decision making to others, but they are responsible for them.

It is the responsibility of the person dealing with the request for a waiver (i.e. the Head of Communities and Wellbeing or the Service Manager) to ensure that:

- the individual and anyone representing them (e.g. carers and/or relatives) are kept fully informed, including :
  - How the matter will be dealt with;
  - How they can make their own comments if they wish;
  - The decision;
  - Action they may take after the decision is made (formal complaints procedure).
- They have all the information necessary to make a decision.
- The decision is made in a timely manner (normally within one month of the request being made).
- Money Management & Income Control are notified of all decisions whether successful or unsuccessful.

### Application for a waiver

The individual (Practitioner, allocated worker or Benefits Advice & Income Control staff) has the responsibility to discuss a request for a “waiver” with the individual where it may be required.

**Before considering a waiver of contributions, you must first check with Financial Assessment & Benefits Advice that the contribution is correct and any action to review the contribution has been completed.**

If the contributions are correct, proceed and collect information providing details in the Waiver of Non-Residential Contributions Request Form (appendix 1).

The individual should decide whether the reason for the request is that **‘the Council believes the individual can afford the contribution but special factors apply and the contribution should not be collected’** or **‘that the individual cannot afford to pay the contribution’**.

Where ‘the Council believes the individual can afford the contribution but special factors apply and the contribution should not be collected’, **send details to the appropriate Service Manager for approval.**

Where the request is ‘that the individual cannot afford to pay the contribution’, **send details to the Money Management and Income Control Team**, who will report to the Head of Communities and Wellbeing.

### Duration of a waiver

Waivers should be time limited, with the length of the period varying according to the circumstances. The decision maker should decide the period for which contributions are to be waived and should review the waiver at the end of the time period. Only in very exceptional cases should the waiver exceed one year before it is reviewed.

A change in financial or social circumstances may mean that the waiver decision is reviewed at an earlier date when it can be extended or withdrawn.

A waiver is specific for the individual and does not set a precedent for other individuals.

A waiver can be for all or part of the contribution.

The Finance Manager - Performance, Development & Income Control must be informed of any decision to make or refuse a waiver. Details will be shown in the Contribution Waiver Log maintained by the Benefits Advice & Income Control unit. This enables the use of the waiver process to be monitored and implemented.

When a waiver is due to expire, the person responsible for collecting the contribution (i.e. the Finance Manager - Performance, Development & Income Control, or where the individual is receiving direct payments, the person responsible for authorising the payments) will inform the original decision maker (defined by post, not person) of the

need to review the decision. The normal contribution is to be collected from the end of any waiver period unless a fresh decision to the contrary is made.

**Monitoring**

The Finance Manager - Performance, Development & Income Control will produce a report each year showing details of waiver decisions and reasons. The report should be sent to the Head of Resources Management.

The Head of Resources Management will use these reports to ensure consistency and effectiveness of the waiver process.

**Waiver of Non- Residential Contributions Request Form**

|                         |  |                     |  |
|-------------------------|--|---------------------|--|
| <b>Reference No:</b>    |  | <b>Name:</b>        |  |
| <b>Date of Request:</b> |  | <b>Referred by:</b> |  |

**Check list**

|   |            |           |   |
|---|------------|-----------|---|
| ✓ Have you checked with Financial Assessment & Benefits Advice that the contributions are correct?  | <b>Yes</b> | <b>No</b> | If no, contact FABA before continuing.                              |
| ✓ Is the reason that 'the individual cannot afford to pay the contribution'?  | <b>Yes</b> | <b>No</b> | If yes, send request to the Money Management & Income Control Unit. |
| ✓ Is the reason that 'the Council believes that the individual can afford the contribution but special factors apply and the contribution should not be collected'? | <b>Yes</b> | <b>No</b> | If yes, send request to the Service Manager.                        |
| ✓ Have you given reasons for the request and attached any appropriate evidence/information?   | <b>Yes</b> | <b>No</b> | If no, do not refer until you have provided reasons                 |

**Reason for Waiver Request**

**For completion by Decision Maker Only**

|               |  |                         |            |           |
|---------------|--|-------------------------|------------|-----------|
| <b>Name:</b>  |  | <b>Date:</b>            |            |           |
| <b>Title:</b> |  | <b>Waiver approved:</b> | <b>Yes</b> | <b>No</b> |