

Newcastle City Council

**Charging and Financial Assessment Policy
For Adult Care and Support Services**

Effective from 1 April 2015

updated April 2021

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1. Introduction

This document sets out Newcastle City Council's policy for assessing the financial contribution to be made by adult recipients of social care support and is effective from 1 April 2015. The policy has been designed to comply with The Care Act 2014.

2. Legal basis for charging and financial assessment

2.1 Section 14 of The Care Act 2014 provides local authorities with the power to charge adults and carers the cost they incur meeting eligible care and support needs, where the local authority is permitted to charge for the service being provided.

2.2 Section 17 of The Care Act 2014 requires local authorities to undertake an assessment of financial resources. The financial assessment will determine the level of an adult's financial resource, and the amount (if any) which the adult may be likely to be able to pay towards the cost of meeting their needs through care and support services.

3. Policy Aims

This policy provides a framework for the calculation of contributions to be made by adult recipients of social care support. It aims to do this in a reasonable and fair manner, whilst promoting independence and social inclusion. Income generated from contributions will help maintain and develop services for vulnerable people.

4. Services covered by this policy

4.1 This policy covers any chargeable care and support provided to an adult or carer following an assessment of their eligible needs.

4.2 A full list of services not specifically covered by this policy is at Appendix A.

4.3 This policy will apply to all adult recipients of social care support, except where:

- Support is provided under Section 117 of the Mental Health Act
- The recipient is a sufferer of Creutzfeldt Jacobs Disease
- The recipient is an Asylum Seeker

- The support is provided as a Reablement service and for a period of six weeks or less
- The recipient is new to social care services and the support is for end of life care (i.e. the recipient is not expected to live beyond 12 weeks)
- The recipient is a parent with a disability who requires support and assistance in the care of their children.
- The service is provided as a result of a Carers Assessment that has not been incorporated into the Personal Budget.
- The recipient is under 20 years of age and unable to receive benefits due to their continuing education at a 6th Form school.
- The recipient has fully funded NHS care

5. Principles

5.1 Where an adult is assessed as having the means to make a financial contribution to the cost of their social care support, they will be required to make such a contribution, except where the local authority is required to arrange care and support free of charge.

5.2 After a needs assessment and a financial assessment the adult will be provided with information about the amount of funding available to them to meet their needs and the maximum weekly contribution they may be required to make towards that funding, so that they can then plan their support.

5.3 The contributions requested will be fair and reasonable. Due care will be taken in assessing the adult's finances and their ability to contribute towards their support according to their means.

5.4 Contributions will be calculated in the same way regardless of whether the support is directly provided by the Council, delivered on behalf of the Council by a contracted provider or purchased via a Direct Payment.

5.5 Adults will not be expected to make a contribution in respect of social work support and advice given during the assessment and support planning process.

5.6 The Council has the option to charge an arrangement fee to cover the costs incurred of arranging care. This could be the cost of negotiating and/or managing the contract with the provider plus any administration costs.

5.6 Benefits advice and assistance will be offered to all adults with the aim of maximising their income, and to help them contribute to their support.

5.7 The adult will have the right to request a review of their contribution if they feel it is incorrect or if there has been significant change in their financial situation.

5.8 Adults and their partners who wish to work will not have their employment earnings included as part of their financial assessment.

5.9 Where an adult lacks capacity to undertake a financial assessment the local authority will consult with a suitable person. A suitable person is someone who holds:

- Enduring Power of Attorney (EPA), or
- Lasting Power of Attorney (LPA) for Property and Affairs, or
- Lasting Power of Attorney (LPA) for Health and Welfare, Property and Affairs, or
- Deputyship under the Court of Protection, or
- any other person dealing with that person's affairs (e.g. someone who has been given appointeeship by the Department of Work and Pensions (DWP) for the purpose of benefits payments).

5.10 Adults who refuse to pay their assessed contribution will not have their support removed. But where an adult is in receipt of a Direct Payment and fails to make their assessed contribution, this implies that their needs have reduced and they will be required to undergo a reassessment of their social care needs.

5.11 The Council will recover arrears from contributions through the courts where an adult clearly has the ability to pay but refuses to do so.

5.12 All client information (verbal and written) will be treated in confidence and due care will be given to disclosing information that is in the interests of the adult only. However, the Council has an overriding duty to make sure that the money we use is safe from fraud, and information provided may be used for the prevention and detection of fraud.

6. Basis for contributions

6.1 For care and support in care homes on a permanent basis

6.1.1 Where an assessment of need identifies that eligible needs should or would be met by the permanent provision of care and support in a care home, the adult will be offered a financial assessment.

6.1.2 If the adult refuses a financial assessment, or does not engage with the process within four weeks of the offer of assessment being made, we will undertake a 'light touch assessment' and will assume that the adult is able to afford the full cost of the service to be provided.

6.1.3 Adults will be made aware at the outset of the maximum amount of funding the council makes available towards care and support provided by private sector care homes. This is known as 'The Local Authority Contracted Rate'. This rate is inclusive of any assessed adult contribution, and in the case of nursing care, includes the free nursing care element (FNC) paid by the NHS.

6.1.4 Where an adult is eligible to receive local authority funding support, but decides to reside in another local authority area, Newcastle City Council will match the Local Authority Contracted rate for the area where the adult decides to live.

6.1.5 Adults that would like to live in accommodation that costs more than the Local Authority Contracted Rate can do so providing a third party, or in some cases the adult, is willing able to meet the additional cost. This additional cost is known as a 'top-up'.

6.1.6 Where a top-up is required to be paid, the person paying it (usually a third party) is required to enter in to a written agreement, which will cover:

- confirmation that they are able to meet the costs of the top-up for the duration of the agreement, including any price changes that may occur.
- Details of the cost and to whom payment is to be made, together with the frequency, the consequences of failing to maintain payment and the effect changes in any parties' financial circumstances will have on the agreement

- Provision will be made for reviewing the agreement on an annual basis.

6.1.7 Adults who own a property may be eligible to defer care costs against the value of the property. This is known as a Deferred Payment Agreement. Newcastle City Council will make deferred payment agreements available under the national 'Universal Deferred Payment Agreement Scheme' and 'The Newcastle City Council Deferred Payment Agreement Scheme' providing the eligibility criteria has been met. Details of deferred payment agreements can be found within the council's deferred payment agreement policy.

6.1.8 The Council will undertake a financial and benefits check for adults entering residential care on a permanent basis. This is normally done before the adult starts to receive care.

6.1.9 Contributions are payable from the date care commences.

6.1.10 The Financial Assessment will take into account income, capital and the value of any assets. The charging process will take into consideration any mandatory disregards of income, capital and property as defined in the Care and Support (Charging and Assessment of Resources) Regulations 2014.

6.1.11 The financial assessment will take into account statutory amounts required to be retained by the adult from their income. These are known as 'Personal Expenditure Allowance' (PEA) and 'Disposable Income Allowance' (DIA). These amounts are dependent upon the adults' financial circumstances and are reviewed annually by the Department of Health.

6.1.12 Disposable Income Allowance is only applicable to those people who have a Deferred Payment Agreement.

6.1.13 The Personal Expenditure Allowance is to ensure that a person has money to spend with as they wish. It must not be used to cover any aspect of their care and support contracted by the local authority and/or assessed as necessary to meet the person's eligible needs

6.1.14 Where a person has no income, the local authority is not responsible for providing one. The local authority should, however, support the person to access any relevant state benefits or independent advocacy service.

6.1.15 Financial assessments will be updated annually.

6.2 For care and support in care homes on a temporary basis

6.2.1 Where an assessment of need identifies that eligible needs should or would be met by a temporary stay in a care home, the adult will be offered a financial assessment.

6.2.2 If the adult refuses a financial assessment, or does not engage with the process within four weeks of the offer of assessment being made, we will undertake a 'light touch assessment' and will assume that the adult is able to afford the full cost of the service to be provided.

6.2.3 A temporary resident is defined as a person whose need to stay in a care home is intended to last for a limited period of time and where there is a plan to return home. The person's stay should be unlikely to exceed 52 weeks, or in exceptional circumstances, unlikely to substantially exceed 52 weeks.

6.2.4 Where a person's stay is intended to be permanent, but circumstances change and the stay becomes temporary, then the council will assess and charge as a temporary stay.

6.2.5 Adults that have a temporary stay that becomes permanent will be assessed for a permanent stay at the date permanency is confirmed and the support plan is amended.

6.2.6 The council will financially assess all adults having a temporary stay in a care home and will charge from the date of admittance.

6.2.7 The financial assessment for temporary stays will completely disregard the adult's main or only home where the adult intends to return to that home.

6.2.8 The financial assessment will treat income and capital in the same way as if the adult was entering a care home on a permanent basis with the following exceptions:

- Where the adult is in receipt of Disability Living Allowance, Personal Independence Payment or Attendance Allowance, these are completely disregarded from the financial assessment.
- Where the adult receives Severe Disability Premium or Enhanced Disability Premium, these benefits cease when Disability Living Allowance, Personal Independence Payment or Attendance Allowance ceases.
- The financial assessment will be adjusted where the temporary stay extends into this period.

6.2.9 The council will ensure that where a spouse or partner resides in the same residence as the adult, that the spouse/partner will have an income of at least the basic level of income support or pension credit, to which they would be entitled to in their own right.

6.2.10 The council will ensure that payments made by the adult to keep and maintain their home, such as rent (net of any housing benefit), water rates, insurance premiums are disregarded.

6.2.11 Contributions are payable from the date care commences.

6.2.12 A new financial assessment will be required in each financial year where an adult requires temporary accommodation in a care home.

6.3 For care and support in other care settings (non-residential) including a person's own home

6.3.1 Where an assessment of need identifies that eligible needs should or would be met by care and support in an adult's own home or other care settings, the adult will be offered a financial assessment.

6.3.2 If the adult refuses a financial assessment, or does not engage with the process within four weeks of the offer of assessment being made, we will undertake a 'light touch assessment' and will assume that the adult is able to afford the full cost of the service to be provided.

6.3.3 Adults will retain a level of income equal to their appropriate Minimum Income Guarantee amount, as set out in the Care and Support (Charging and Assessment of Resources) Regulations.

6.3.4 Adults with partners will be given the opportunity to be financially assessed both as an individual and as a couple. This is to ensure that any contribution will not leave a household with less than the appropriate level of Minimum Income Guaranteed amount. We will always request the lowest contribution possible.

6.3.5 The maximum contribution per week will be 100% of the cost of support or £400, whichever is the lower and subject to their assessed ability to pay. The cost of support is based on the full price paid by the Council to the providers of the service, or the full Direct Payment.

6.3.6 The total adult contribution to the cost of support will not exceed the total cost to the Council of providing that support. Contributions will

be reviewed and reconciled at least annually to ensure that the adult has made an appropriate contribution based on actual cost of the service provided.

6.3.7 For people in receipt of a Personal Budget, it is expected that weekly contributions will not vary based on the actual level of service provided in any given week. This is to ensure that the person has maximum flexibility in deploying their Personal Budget whilst also ensuring they make a contribution based on their assessed ability to pay. Exceptions to this are covered in section 10 below.

6.3.8 An individual assessment of Disability Related Expenditure (DRE) can be requested if an adult feels that their disability related costs have an impact on their ability to pay their assessed charge. Guidance on DRE is attached in Appendix C.

6.3.9 Adults who delay financial assessment without good cause for a period of 4 weeks or more will be deemed to be able to pay a contribution equal to the full cost of their support up to a maximum of £400 per week.

6.3.10 Adults who refuse to be assessed, or who are not willing to provide the necessary information during financial assessment will be required to make a contribution equal to the full cost of their support up to a maximum of £400 per week.

6.3.11 Contributions are payable from the start date of services, subject to our discretion.

7. The Financial Assessment

7.1 Adults will be referred to the financial assessment officers for a financial assessment. This assessment will determine their ability to make a contribution to the cost of their care services. This contact may take the form of a visit to the adult's current residence or may be conducted by telephone.

7.2 The financial assessment officers will arrange to contact the adult or their financial representative to gather information for the financial assessment and provide benefit advice.

7.3 The financial assessment will cover:

- Income
- Savings and Capital
- Any property that the adult has a legal or beneficial interest in
- Any allowable expenditure appropriate to the setting in which care and support is to be provided. See section 8.4 below for examples of different allowances made in different settings.

7.4 Light Touch Assessments will be given to adults who have capital in excess of the higher capital limit or choose not to disclose their finances. Light touch assessments can also be given where the cost of the service is low and the adult agrees they are able to meet the cost.

8. Information required for a financial assessment

8.1 The information gathered for the financial assessment will be used to calculate the maximum contribution that the adult is able to make towards the cost of their care services.

8.2 Income

8.2.1 Examples of income taken into account as part of an assessment are set out below. This list is not intended to be exhaustive:

- Pension Credit (savings credit is not included)
- Retirement Pension
- Income Support
- Occupational Pensions
- Attendance Allowance (AA)
- Disability Living Allowance (DLA)
- Severe Disability Premium (SDP)
- Incapacity Benefit
- Severe Disablement Allowance
- War Pension
- Employment and Support Allowance (ESA)
- Personal Independence Payments (PIP)

8.2.2 Some types of income will be disregarded for the purposes of financial assessment. These are:

- Any income from employment
- The mobility component of Disability Living Allowance (DLA) and Personal Independence Payments (PIP)

- For care and support in non-residential settings - the elements of DLA, Attendance Allowance (AA) and PIP that relate to night care, provided only daytime support is required
- The first £10 of any War Pension or War Widow's Pension
- Child Support maintenance payments

8.3 Savings and Capital

8.3.1 Examples of savings and capital taken in to account as part of an assessment are set out below. This list is not intended to be exhaustive.

- Bank / Building Society balances
- Stocks and Shares
- Premium Bonds
- National Savings Certificates
- Income from any Trust Funds not administered by the High Court or the Court of Protection

8.3.2 In the case of Trust Funds administered by the High court or the court of Protection, both capital and income are disregarded.

8.4 Treatment of Property

8.4.1 Property other than the person's main home will be included within the financial assessment as a capital asset unless the person intends to occupy the property as their home. In this case the asset value will be disregarded for 26 weeks.

8.4.2 In the following circumstances the value of the person's main home will be disregarded:

- Where the person will be receiving social care services and continuing to live in their main home
- If the person's stay in a care home is temporary, and they intend to return to their main home
- Where the person no longer occupies the property, but the property will continue to be occupied as the main home by one of the following:
 - the person's partner, former partner or civil partner (except where they are estranged), or
 - a qualifying relative who is
 - Aged 60 or over
 - Is a child of the resident aged under 18
 - Incapacitated

- Subject to our discretion on individual cases, we may also disregard the adult's main property in cases where a qualifying relative that does not fit the criteria above lives in that property as their only home, and will continue to do so following the adult's move in to permanent residential care.

8.4.3 Care and support in other settings - The home in which the adult resides will not be classed as capital for the purposes of assessment for non-residential care services.

8.4.4 Deferred payments - Details of deferred payment agreements can be found within the council's deferred payment agreement policy.

8.5 Allowable Expenditure

8.5.1 The following expenses are considered as part of the financial assessment, and are netted off against any income, savings or capital:

- Council Tax (net of any council tax support)
- Rent (net of any housing benefit and service charges)
- Mortgage
- Water rates – where appropriate to the setting in which care and support is provided
- Disability Related Expenditure (DRE), which is described in detail in Appendix B where appropriate to the setting in which care and support is provided.

9. Calculation of Assessable Income

9.1 The Financial Assessment will calculate the adult's assessable income, which is the maximum amount that they can afford to contribute towards the cost of their care.

9.2 Financial Assessments based on the adult's income

9.2.1 Where the financial assessment is calculated based on the adult's income, the person's maximum contribution to the cost of their care will be calculated as follows:

- Total income (including any tariff income applicable to capital, see Capital below)

- Less any allowable expenditure applicable to the setting in which care and support is to be provided
- Less the appropriate minimum guaranteed income amount, personal expenses allowance, or disposal income allowance, applicable to the setting in which care and support is to be provided

9.3 Financial Assessments based on Capital

9.3.1 Where the adult has appropriate capital valued at £23,250 or more, they will be offered a light touch financial assessment, and will be expected to make a contribution equal to the cost of their support.

9.3.2 Where the adult has capital valued at between £14,250 and £23,250, the financial assessment will be carried out in line with section 9.2 above but will include an amount of tariff income. This tariff income will be calculated at a rate of £1 of additional income for every £250 (or part thereof) of capital between £14,250 and the actual value of the adult's capital.

9.3.3 Where the adult has capital valued at less than £14,250, the entire value of that capital will be wholly disregarded for the purpose of financial assessment.

10. Notification of Contribution

10.1 Once the Financial Assessment is complete, the adult will be notified in writing of their maximum weekly contribution. The details of the assessment and an explanation of how charges are calculated will be provided.

10.2 Information will be provided regarding the appeals process.

10.3 The actual contribution will either be the full cost of the support plan or the maximum weekly contribution, whichever is the lower.

10.4 Contributions are payable from the start date of services, subject to our discretion.

11. Continuity of contributions

11.1 Services not provided or received

11.1.1 The cost of services used to calculate the contribution will be based on the contract between the Council and any provider of services within the Support Plan. These contracts set out the circumstances under which providers may claim payment for services not provided to the adult. Any claims that fall within the scope of the contract will be used to calculate contributions.

11.2 Services provided which are covered by other Charging Policies or arrangements

11.2.2 Where the adult begins to receive services for which charges are made based on legislation other than the Care Act 2014, all contributions covered by this policy will be suspended for the period that the alternative services are provided.

11.3 Hospital Admissions

11.3.1 We will temporarily suspend all contributions when the adult is admitted to hospital. This will apply regardless of whether the provider claims payment as outlined in their contract with the Council.

11.3.2 The adult, or someone on their behalf, must notify the Adult Social Care Business Finance team of the admission in order for contributions to be suspended in this way. If there is a delay in notification, contributions will be adjusted retrospectively.

11.3.3 The suspension will apply only to the period that the adult is in hospital.

12. Re-assessment of circumstances

12.1 Any adult who feels that their assessed contribution is incorrect may request a review of their contribution.

12.2 Financial Assessments will be reviewed on a regular basis. As a minimum, adults will be reassessed when their financial circumstances appear to have changed or the adult informs the Council that they have changed.

13. DRE and Waiver Panel – care and support in other settings

13.1 Any person who feels that payment of the assessed contribution would cause financial hardship should contact their social worker who can request a full Disability Related Expenditure (DRE) assessment.

13.2 Any social worker who feels that the request for payment of the assessed contribution may result in the person or someone else being put at risk may apply for a temporary waiver. The social worker should make a detailed case using the WAIV2 form to explain why it is appropriate to waive a contribution.

13.3 All Disability Related Expenditure Assessments and requests for a Waiver will be considered by the DRE and Waiver Panel. This panel is made up of:

- A Senior Business Finance officer
- Two Social Work Team Managers

13.4 Requests for Waiver and Disability Related Expenditure assessments will be submitted to the panel administrator. The panel will consider the request or assessment, and may reduce, waive or uphold a contribution. Any decision to waive a contribution will be reviewed on a regular basis.

13.5 The person should continue to pay their assessed contribution while reviews, DRE assessments and Waiver requests are being considered. If the decision is to reduce a contribution a refund will be made, backdated to the date the appeal against the contribution was made.

13.6 Any appeals against the panel's decision should be made within 28 days of the notification of decision to the following address:

Assistant Director of Adult Social Care & Integrated Services
Civic Centre
Newcastle upon Tyne
NE1 8PA

13.7 It is recognised that where an adult does not consider that an application to the DRE and Waiver Panel would serve any useful purpose, they may go directly to an independent investigation officer.

Appendix A – Services not covered by this policy

The following services are not covered by this policy:

- Equipment provided as “community equipment” by the Loan Equipment service under the Community Care (Delayed Discharge) Act
- Adaptations provided by grant funding
- Meals at Home
- Supported Employment Services
- Handypersons
- Standard Supporting People funded Telecare
- Up to 6 weeks of any Reablement service
- Community Rehabilitation
- End of life Care
- Mental Health recovery provision
- Adult Services professional support

The method of providing these services is subject to review and any changes may result in the services becoming subject to this policy in the future.

Appendix B –How we calculate Assessable Income

Care and support in care homes on a permanent or temporary basis

People with capital below £23,250

A full financial assessment calculation will be provided. The calculation is:

- Total of any weekly income
- Any tariff income incurred from a capital asset (not including property)
- Value of any owned property (after 12 weeks)
- Less weekly Personal Allowance (as set by Department of Health: £24.90 per week from 6th April 2015)
- Temporary care only - Less any allowable expenditure for household expenses
- Less any other disregards if applicable (e.g. savings credit, war-widows pension)

For Permanent care, where the person is taking up a Deferred Payment, the financial assessment will be calculated as follows:

- Total of any weekly income (excluding the first 20% of any rental income)
- Any tariff income incurred from capital assets other than the main home
- Less weekly Disposable Income Allowance (as set by Department of Health, up to £144 per week from 6 April 2015)
- Less any allowable expenditure for household expenses
- Less any other disregards if applicable (e.g. savings credit, war-widows pension)

Care and support in other care settings (non-residential) including a person's own home

People with capital below £14,250

A full financial assessment calculation will be provided. The calculation is:

- Total of any weekly income as set out in section 8.2

- Less any allowable weekly expenditure as set out in section 8.4
- Less Disability Related Expenditure as set out in Appendix C
- Less the appropriate weekly Minimum Income Guaranteed amount plus a further 25%. These amounts are published by the Department for Work and Pensions (see www.dwp.gov.uk)
- Equals the Maximum Weekly Contribution. This amount is the most that the person may be required to pay each week.

People with capital between £14,250 and £23,250

The same calculation as set out above will be provided, but the total weekly income will include an additional amount for tariff income. This tariff will add £1 of income for every £250 of capital above £14,250. This may result in a higher Maximum Weekly Contribution.

In calculating allowable expenditure, consideration will be given to the number of adults residing in the same accommodation as the person being assessed.

Appendix C - Disability Related Expenditure

Disability Related Expenditure is expenditure that a person incurs because of their disability or condition for items or services which cannot be addressed in their personal budget.

Where a person believes that their Disability Related Expenditure will have an impact on their ability to pay their assessed charge, they can request a full Disability Related Expenditure assessment.

Social Workers may also request a DRE assessment where they consider that the expenditure cannot be addressed through the person's Support Plan

Adults will be required to provide evidence of the expenditure, which will be considered when:

- The extra cost is incurred to meet a specific need due to a condition or disability recognised in the needs-assessment
- The cost is reasonable and can be verified (receipts will be required)
- It is not reasonable for a lower cost alternative item or service to be used.

The information provided should be considered alongside the needs-assessment and support plan and where necessary discussed with the social worker.

It is not possible to list every item or service which could be allowed under DRE as each adult's DRE is individually assessed. This policy sets out the allowances we will make for specific types of Disability-related Expenditure. We will only consider expenditure not on this list if the criteria above are met.

Item	Evidence required
<p>Fuel and heating</p> <p>Costs over and above the average allowances listed in the fuel costs table</p>	<p>Last 12 months bills showing actual usage.</p>
<p>Metered water charges</p> <p>Cost over above the average allowance of £368.01 per annum (2019)</p>	<p>Annual statement or last 4 payments</p>
<p>Community Alarm System</p> <p>Subject to this being an assessed need, we will allow the actual weekly cost, unless already included as an outgoing in the financial assessment</p>	<p>Bills from provider</p>
<p>Privately arranged respite care</p> <p>Actual cost of contracted service, if the social worker confirms that the service is meeting an assessed need, and the cost of the Support Plan is reduced as a result</p> <p>Consider whether the cost should be included within a Personal budget or Carer's allocated budget.</p>	<p>Bills from provider</p> <p>Evidence of need from social work records.</p>
<p>Privately arranged care services</p> <p>Actual cost @ £16.17 per hour if the social worker confirms that the service is meeting an assessed need, and the cost of the Support Plan is reduced as a result (need to be specific in needs assessment)</p> <p>Consider whether the cost should be included within a Personal budget or Carer's allocated budget. Payments made to family members are not taken into account.</p>	<p>Bills from provider</p> <p>Evidence of need from social work records.</p>

Item	Evidence required
<p>Laundry/washing powder</p> <p>Allow £3.92 per week if laundry needs exceed 4 Loads per week</p>	<p>See needs assessment for reference</p>
<p>Replacement washer/dryer</p> <p>Actual cost divided by 250 (5 year life).</p>	<p>See needs assessment to identify incontinence problem</p> <p>Sight of receipts</p>
<p>Clothing</p> <p>Special clothing or footwear i.e. specially made. Extra wear and tear caused by disability.</p> <p>Footwear – allow up to £74.50 pa (2 pairs shoes) £1.43 per week</p> <p>Clothing – allow up to £22.35 per week</p>	<p>See needs assessment for reference</p> <p>Sight of receipts</p>
<p>Personal hygiene</p> <p>i.e. costs for wipes, tissues</p> <p>Allow up to £8.51 per month</p>	<p>See needs assessment to identify incontinence problem</p> <p>Sight of receipts</p>
<p>Replacement bedding</p> <p>If you qualify for the laundry allowance we will also allow the cost of buying replacement, or additional sets of bedding, which is subject to wear and tear from frequent laundering.</p> <p>We have estimated this cost at £57.45 per annum (i.e. we will only allow expenditure in excess of this).</p>	<p>See needs assessment for reference</p> <p>Sight of receipts</p>

Item	Evidence required
<p>Replacement mattress</p> <p>Actual cost divided by 250 (5 year life)</p>	<p>See needs assessment to identify incontinence problem</p> <p>Sight of receipts</p>
<p>Diet and food</p> <p>Discretionary as special dietary needs may not be more expensive than a normal diet.</p> <p>Costs over and above average guidelines (£31.93pw single £63.86 couple)</p>	<p>Evidenced in needs assessment. We may seek permission to ask your GP for confirmation of special dietary needs</p> <p>Sight of receipts</p>
<p>Gardening</p> <p>Based on the cost of maintaining your garden to a basic standard – allow up to £10.64 per week. (seasonal fluctuations are taken into account)</p>	<p>Bills from provider or at least 4 weeks signed receipts for visits using a proper receipt book</p>
<p>Transport and travel</p> <p>Costs exceeding DLA Mobility component may be allowed (unless DLA mobility is paid towards a mobility car then actual costs may be considered), and providing costs are not included in the Personal Budget or Carer Support Allocation.</p> <p>Allow mileage costs at 28p per mile</p> <p>Allow costs for taxis (considered on individual needs)</p> <p>Costs will not be allowed if alternative transport can be provided free.</p>	<p>Evidenced in needs assessment of need for specialist transport /travel</p> <p>Details of: journeys/activities/mileage.</p> <p>Signed taxi receipts for at least 4 weeks</p>

Item	Evidence required
<p>Disability related equipment: Purchase, maintenance and repair of (if not provided free of charge): Wheelchair £4.08 per week (manual) or £9.92 per week (powered) Powered bed: actual cost divided by 500 (10 year life) up to a maximum of £4.51 per week Turning bed: actual cost divided by 500 up to a maximum of £7.90 per week Powered reclining chair: actual cost divided by 500 up to a maximum of £3.58 per week Stair lift: actual cost divided by 500 up to a maximum of £6.38 per week Hoist: actual cost divided by 500 up to a maximum of £3.13 per week Reasonable hire costs may be included due to waiting for supply of equipment for local council.</p>	<p>See needs assessment to identify needs.</p> <p>Evidence of purchase if available. No allowance if provided free of charge or through a DFG</p>
<p>Activities</p> <p>To assist service users to remain active in the community and provide social stimulation.i.e. evening classes, activity centres, outings, social activities i.e. sports clubs, dance clubs</p>	<p>Evidenced in needs assessment</p> <p>Sight of receipts</p>
<p>Communication needs</p> <p>Costs for a telephone/mobile, internet access would be considered if a service user has a need that means they have additional costs communicating due to disability i.e. with family, friends, carers Costs could include special equipment for service users with a sensory impairment</p>	<p>See needs assessment for reference</p> <p>Bills from provider</p> <p>Sight of receipts</p>

Exclusions

There will be no allowances made in the assessment for the following which should be paid from basic Income Support/Pension credit plus 25%:

- Holidays
- Lifestyle choices e.g. meals out, Sky TV
- Loans including hire purchase and catalogue debts
- Normal food and shopping bills including meals at home and meals at day centres
- Normal household expenses e.g. standard utility bills, TV licence, telephone bills.
- Items purchased privately that are available for free on the NHS.
- Medical and chemist items should be available free on prescription
- Vitamins and supplements should be available free on prescription if the GP agrees there is a medical need.

There will be no allowance made for any item or service included in the service users Support Plan.

Fuel costs			
Any amount of household fuel costs over and above that of the rates identified at table (a) below for relevant accommodation type.			
Accommodation type	Annual cost	Monthly cost	Weekly cost
Single people in flats and terraced housing	£1,256.42	£104.70	£24.16
Couples in flats and terraced housing	£1,655.96	£137.99	£31.85

Single people in semi-detached housing	£1,334.50	£111.21	£25.66
Couples in semi-detached housing	£1,622.51	£135.21	£31.20
Single people in detached housing	£1,622.51	£135.21	£31.20
Couples in detached housing	£2,138.66	£178.22	£41.13

The rates shown above are based on average heating costs for properties in this area. They are inflated annually based on the latest RPI Fuel Index figures published by the National Statistics Office.

To be included in a DRE assessment, the person must prove that they spend more on fuel and heating than the following allowances and can demonstrate why. Only expenditure above these amounts will be taken into account.