

Adult Social Care Fairer Contributions Policy

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Adult Social Care Fairer Contributions Policy

Version	Date	Author	Principal Changes
4	25/01/2016	Principal planning and policy officer	
5.1	04/12/2024	Policy Review Officer	Following public consultation: This policy replaces Financial Assessment and Benefits Team Policy and Procedural Guide
	24/02/2025	Policy Review Officer	Updated appendices following the Social Care – charging for care and support 2025 to 2026: local authority circular

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1. Introduction

- 1.1 Gloucestershire County Council (we/the council) provide adult social care services under the Care Act 2014 (The Care Act) and Regulations under the Care Act for:
- People who as a result of a disability, illness or mental ill health, may need help with everyday activities to stay independent and safe, and
 - Their carers
- 1.2 The Care Act 2014 provides a single framework for charging for care and support. It enables councils to decide whether or not to charge a person when arranging to meet the person's care and support needs or a carer's support needs. If a council decides to charge, it must follow the Care and Support (Charging and Assessment of Resources) regulations and have regard to the statutory guidance, including the areas of discretion.
- 1.3 The aim of this policy is to ensure when the council charges for adult social care it will:
- ensure that people are not charged more than is reasonable for them to pay
 - be comprehensive, to reduce variation in the way people are assessed and charged
 - be clear and transparent, so people know what they will be charged
 - promote wellbeing, social inclusion, and support the vision of individualisation, independence, choice and control
 - support carers to look after their own health and wellbeing and to care effectively and safely
 - be individual-focused, reflecting the variety of care and caring journeys and the variety of options available to meet needs
 - apply the charging rules equally so those with similar needs or services are treated the same and minimise anomalies between different care settings
 - encourage and enable those who wish to stay in or take up employment, education, or training, or plan for future costs of meeting their needs to do so
 - continue to be sustainable for the council in the long term.

1.4 The statutory guidance requires local authority to consult people with care and support needs when deciding how to exercise its discretion. You can find out more on the council's 2024 consultation and equalities impact assessment here:
<https://glostext.gloucestershire.gov.uk/mgDelegatedDecisions.aspx?bcr=1&DM=117C>

1.5 In this policy, where the term 'representative' is used it refers to someone in a legal position to support and manage a person's finances. This includes:

- A Registered Lasting Power of Attorney for Property and Finances
- Enduring Power of Attorney
- Court-Appointed deputy
- DWP Appointee

1.6 The definition of some words and phrases used in this policy can be found in Appendix 1.

2. Legal Context

2.1 When a local authority chooses to charge for adult social care services, it must do so according to:

- The Care and Support Statutory Guidance
- The Care Act 2014 and Regulations
- The Human Rights Act 1998
- The Equalities Act 2010

2.2 The Care Act and Care and Support Statutory Guidance, defines areas where the council can apply discretion when deciding how to charge for adult social care.

2.3 Local authorities must have a clear and transparent policy on how they charge for care and support, explaining how they exercise their discretion and how they have chosen to charge for care.

- 2.4 All information is kept in accordance with the UK GDPR requirements. More information on how we use your information can be found in the Adult Social Care Privacy Notice on our website.

3. Policy Scope

- 3.1 This policy sets out what the council does and does not charge for when providing care for anyone aged 18 and above, who have an/some unmet eligible need(s) determined by a care and support assessment, which council intends to meet:
- In their own home and through community support (such as day centres)
 - Permanently in a care home
 - Temporarily in a care home
 - In a supported living placement or shared lives scheme

4. Personal Budgets

- 4.1 Everyone who is eligible for financial support towards their care and support, when their needs are met by the council, will receive a personal budget.
- 4.2 The personal budget forms part of a persons' care and support plan. The person can choose to take their personal budget by:
- Asking the council to arrange care and support for them
 - Taking the budget as a direct payment or
 - A mixture of care and support where a direct payment is used to meet some needs, and the remainder of the personal budget is managed by the council.

5. When will charges apply

- 5.1 The council has decided to charge for all care and support services (excluding those exempt from charging, and services for carers). It will follow the Care and Support (Charging and Assessment of Resources) 2014 regulations and will have regard to the care and support statutory guidance.
- 5.2 The council will not charge more than the cost that we incur in meeting the assessed needs of the person. The Fairer Contributions Policy will ensure that people are not

charged more than it is reasonably practicable for them to pay. The policy is comprehensive, to reduce variation in the way people are assessed and charged, and is clear and transparent, so people know what they will be charged. It also promotes wellbeing, social inclusion, and supports the vision of personalisation, independence, choice and control.

- 5.3 The council will apply charges from the day on which it begins to meet the needs and incur costs. We issue invoices up to 8 weeks in arrears, so the person receiving a service should set aside funds to pay for their care and support from the date on which it begins.
- 5.4 However, a person will not be invoiced until the council has:
- Carried out a financial assessment (except where the adult has declined to have / did not provide the information requested to complete their financial assessment)
 - Advised the person or their representative the amount the person with care and support needs should pay
- 5.5 This means that if there is a reasonable delay in the financial assessment, or invoicing, a person will still be charged from the day their care starts.

6. How to pay

- 6.1 The preferred method of payment is through direct debit.
- 6.2 When the council arranges care and support for someone, there are alternative ways to pay, such as the automated payment line. Please call the number on the contribution letter, or the invoice helpline number for more information.
- 6.3 When an adult has a direct payment, they should pay money directly into their dedicated account.

7. Exceptions from charging

7.1 The council will not charge for:

- Information and advice about care and support
- Assessing or re-assessing needs
- Planning care and support
- Reviewing a support plan
- The financial assessment, re-assessment or advice from the financial assessment and benefits team

7.2 The council charges for all types of care and support except for:

- Care and support provided to adults who have Creutzfeldt-Jakob Disease
- Care and support provided to adults aged under 20 who are still in fulltime education and whose parents still receive child benefit for them
- Community Equipment (aids and minor adaptations). This means an aid or minor adaptation to a property to help with nursing at home or daily living. Aids are provided free of charge.
- A time limited period of intermediate care. The length of the period depends on a person's needs and circumstances, but will not exceed 6 weeks except in exceptional circumstances. Charging and financial assessment will apply to care and support provided/arranged by the council when the intermediate care period ends
- After-care services/support provided under S117 of the Mental Health Act 1983
- Any service / part of a service which the NHS has a duty to provide. This includes Continuing Healthcare (CHC) and the Registered Nursing Care (Funded Nursing Care – FNC)

8. Providing information and advice

- ### 8.1
- The council will provide universal information about charging, financial assessments and where to get financial advice about paying for social care on its website. We will provide personalised information to people involved with adult social care.

- 8.2 The information will be provided in the most suitable way for a person's needs.
- 8.3 The council will also make people aware of the independent financial advice that is available to them and how to access it.
- 8.4 Information about different ways to pay for care and support will also be available, such as Deferred Payments.

9. The Financial Assessment

- 9.1 When the council has decided to charge for the services included in a person's care and support plan, the council will carry out a financial assessment.
- 9.2 The financial assessment is a means-test to establish how much a person should pay towards their care and support services.
- 9.3 Some people may only need a light touch financial assessment (see section 11).
- 9.4 We will actively support everyone to be involved in their financial assessment. We will make reasonable adjustments in line with our duties under the Equalities Act 2010 and the Accessible Information Standards to overcome barriers to involvement.
Please see also our: Adult Social Care Accessible Information Policy and Independent advocacy in Adult Social Care Policy
- 9.5 The type of support service(s) a person is receiving determines the type of calculation used in the financial assessment.
- 9.6 The financial assessment will be carried out in accordance with the detailed Care and Support statutory guidance (Annex B, C, E and F). The guidance sets out how capital and income should be treated, including when someone deprives themselves of assets to reduce care costs, and how income and capital is treated differently when a person has a short stay in a care home. For further detailed information about capital limits and tariff income, please read appendix 2.

Consent to the financial assessment

- 9.7 When the council has agreed to meet some / all of an adult's needs by providing a chargeable service, we will seek their consent to have a financial assessment.
Consent can be provided through a written or digital consent form.
- 9.8 The council will assume a person has the requisite mental capacity to undertake the financial assessment, unless there are reasonable doubts, in which case a capacity assessment will be undertaken, or a relevant mental capacity assessment has already been completed (see section 13).
- 9.9 Once consent is provided, the council's Financial Assessment and Benefits (FAB) Team will carry out a full financial assessment.
- 9.10 Adults with the requisite mental capacity to do so:
- may nominate someone else (for example a family member or friend) to support them in respect of the financial assessment and
 - may withdraw this consent at any time by writing to the FAB Team.
- 9.11 When a person has capacity and nominates someone to support them, the person with care and support needs remains responsible for ensuring the client contribution is paid.
- 9.12 People who lack mental capacity to give consent to a financial assessment and who do not have anyone with legal authority to be involved in their affairs may require the appointment of a Property and Affairs deputy by the Court of Protection.
- 9.13 When an adult lacks capacity to consent to a financial assessment or review, the Financial Assessment and Benefits Team will:
- seek the consent of their legally appointed financial representative (i.e. a deputy appointed by the Court of Protection or someone who holds a registered power of attorney given by the adult before they lost capacity) or

- delay the financial assessment until a deputy is appointed by the Court of Protection.

10. How we complete financial assessments

- 10.1 Following a care act assessment, the social care worker will refer to the financial assessment and benefits team when eligibility has been confirmed, and a chargeable service is likely to be put in place to meet an eligible need. The social care worker will also provide information around estimating a person's cost of care and how to submit financial assessments online.
- 10.2 If someone chooses to complete the financial assessment online, once their information is submitted, a financial assessments and benefits officer will review the information provided and complete the financial assessment.
- 10.3 If an online assessment has not been completed, the financial assessment and benefits team will contact the person or their representative within 4 weeks, or as soon as reasonably practicable, depending on who will be completing the financial assessment and if they have legal authority to do so.
- 10.4 If the person does not have the mental capacity to complete the financial assessment and there is no-one with legal authority to undertake the financial assessment, the financial assessment team will not accept the referral, and the person will be referred to the social care team to ensure the person is adequately supported with their finances.
- 10.5 If the referral is refused as per provision 10.4, once the person has someone legally supporting them, a financial assessment can be completed and may be backdated to the date care started (see section 5).
- 10.6 The financial assessments can be:
 - an in-person visit from a financial assessment visiting officer in the person's home, their representative's home, or another reasonable venue of their choice
 - completed through an online portal

- A telephone appointment with a financial assessment officer

- 10.7 Alternatives may be provided when the above can not be completed such as via the post.
- 10.8 When a person or their representative has consented to the financial assessment and received a period of a chargeable service, but the financial assessment was not completed before the person died, the council may request a financial assessment is completed where they believe the person may have needed to contribute to their care.
- 10.9 The council will liaise with the next of kin or the executor of the estate to request the financial assessment is completed and any contribution is paid from a person's estate.

Capital and income

- 10.10 The financial assessment looks at all of a person's capital and income during the means-test, except where the regulations say it must be disregarded, like earnings for employment. More example of capital and income can be found in appendix 2.
- 10.11 The financial assessment does not include any income from other household members, or partners.
- 10.12 When a person has joint assets, for example a joint bank account, the assessment can only take into account the share which belongs to the person with care and support needs. It will be assumed their share is 50 percent, unless the person shows otherwise.

Capital limits

- 10.13 Capital limits are financial thresholds put in place by central government to determine when a person can ask the local authority for financial support to meet their care and support needs.
- 10.14 A person may be asked to pay for all of their care if they have over the capital limit. This is known as "self-funding".

- 10.15 If a person has capital between the lower and upper limit, they will be asked to contribute from both their income and their savings. The contribution from their savings is known as a 'tariff income' (see appendix 2).
- 10.16 A person will not be asked to contribute from their savings once their capital reaches the lower limit, however they will still be asked to pay from their income, if this does not fall below the Minimum Income Guarantee after disregards.

Administration fees

- 10.17 Where a person has over the upper capital limit, the council may charge an administration fee for arranging non residential-care and support services.
- 10.18 The administration fee will be an annual charge, subject to review.
- 10.19 The administration fee will not exceed the cost actually incurred by the council for arranging care and support for someone with over the upper capital limit.
- 10.20 Where someone has under the upper limit, they will not be charged an administration fee.

Deprivation and notional capital

- 10.21 If during the financial assessment, a council officer identifies a person may have deprived themselves of assets or income to avoid paying for care and support the council will follow an administrative process, including asking questions about a person's expenditure to determine intention.
- 10.22 If the council has made the decision that someone has deprived themselves of assets they will seek to recover the lost income by:
- Charging the person as they still possess the asset or income or
 - If the asset has been transferred to someone else, seek to recover the cost from the person who received it.

- 10.23 When the person will be treated as having this capital asset or income, they will have a notional capital or notional income included in their financial assessment.
- 10.24 The council can only apply 'notional capital' if they are satisfied that:
- The person has deprived themselves of an asset.
 - They have done so with the intent of reducing what they have to pay towards the cost of their care and support.
- 10.25 Alternatively, where the person has transferred the asset to a third party to avoid the charge, the council can seek to recover the difference between what it would have charged and did charge the person receiving care from the third party.
- 10.26 Where a person has been financially assessed as having notional capital, the value of this must be reduced over time. The rule is that the value of notional capital must be reduced weekly by the difference between the weekly rate the person is paying for their care and the weekly rate they would have paid if notional capital did not apply.
- 10.27 Notional income is income which
- would be available on application but hasn't been applied for,
 - is due but has not been received
 - a person has deliberately deprived themselves of for the purposes of reducing the amount they are liable to pay for their care.
- 10.28 An example of notional income is: When a person is eligible to claim a certain benefit, but chooses not to the council will treat their income as though they are claiming, and support the person to get help to claim.
- 10.29 The council has a legal duty to protect and prevent the misuse of taxpayer funds and may share information with the Department of Work and Pensions (DWP), HM Revenue and Customs (HMRC) and other public bodies to investigate concerns. This may result in criminal prosecution.

Outcome of the financial assessment

- 10.30 Written notification of the completed financial assessment calculation will be sent to the person, or their legal representative within 7 working days.
- 10.31 The person or their representative will be provided with the calculation used to work out how much they should pay.
- 10.32 The outcome of the financial assessment may be higher than an adult's personal budget (or their cost of care), but they will only ever be charged the cost of their care.
- 10.33 This information will be provided in a format that the person or their representative can easily understand, in line with our duties on providing information and advice.

See also: The Accessibility Information Standards Policy

Reviewing the financial assessment

- 10.34 We will review financial assessments:
- When a person requires a different type of care
 - Annually in line with the Department Of Work And Pensions (DWP) state benefit increase
 - When a person asks us to
 - When there is a change of financial circumstances

The annual review

- 10.35 The council will review financial assessments every year, usually in April at the same time state benefits, pensions and allowances increase.
- 10.36 A written notification of this change will be provided, explaining the new calculation.
- 10.37 If any of the information is incorrect on the review notification, the person or their representative must complete the form sent out by the financial assessment and benefits team and return it to the financial assessment and benefits team for a review.

Requests for review

- 10.38 The council is committed to ensuring that invoicing for social care is accurate, therefore it's important a person or their representative notifies the council of any changes that affect their ability to pay.
- 10.39 The person or their representative may ask for a review at any time, especially when:
- they feel they cannot afford the assessed contribution.
 - they receive an increase/decrease in benefits (see 8.28)
 - their financial circumstances change to ensure their charge remains accurate.
 - their a change disability related expenditure (see Section 17)
- 10.40 If charges change as a result of benefits being awarded after a financial assessment has been completed, the council will take the benefit payment into account from the date that it has been awarded from, not the date it is paid and will consider any backdated payments.
- 10.41 Any review will be confirmed in writing, or in accordance with the person or their representative's communication needs.

Further information on complaints and appeals can be found in section 18

11. Light Touch Financial Assessments

- 11.1 In some circumstances, the council may choose to treat a person as if a full financial assessment had been carried out. This is known as a light touch financial assessment. The council will conduct a light touch assessment when
- A person or their representative does not wish to undergo a full financial assessment a but wishes nonetheless to access local authority support in meeting their needs and can evidence financial resources significantly above the upper capital limit

- The charge is small, or nominal and a person is clearly able to meet it and be left with the relevant minimum income, therefore carrying out a financial assessment is disproportionate.
- Where a person is in receipt of benefits to a level which demonstrates they would not be able to contribute to their care and support costs

11.2 Where the council is going to meet the person's needs, and it proposes to undertake a light-touch financial assessment, it will take steps to assure itself that the person concerned is willing, and will continue to be willing, to pay all charges due. It must also remember that it is responsible for ensuring that people are not charged more than it is reasonable for them to pay. Where a person does not agree to the charges that they have been assessed as being able to afford to pay under this route, a full financial assessment may be needed.

11.3 Evidence that the council may ask for when conducting a light touch financial assessment includes

- Property worth more than the upper capital limit where they are the sole owner or have a clear share
- Savings over the upper capital limit
- Sufficient income left following cost of care

11.4 Example of a light touch assessment:

- **When a person or their representative knows their capital assets are above the capital limit**

a full financial assessment may not be necessary. The council will ask the person or their representative to sign a document stating they have over the capital limit, then will write to the person or their representative with the outcome, and what to do when their capital starts to reduce closer to the capital limit.

The council's financial assessment and benefits team will still provide advice and information on welfare benefits and signpost for support to apply for these.

If a person asks the council to arrange their care and support services, other than permanent care in a care home, they will pay the full cost of the care and support services arranged by the council. Arrangement and administration fees might apply.

12. Refusal to complete the financial assessment

- 12.1 Where the person has refused a financial assessment or the council has been unable to carry out a full financial assessment because of the person's refusal to cooperate or unreasonable delay, we will assume the person has financial resources in excess of the upper limit and will charge them the full cost of their care. 'Unreasonable delay' will be decided on an individual basis, but generally, the council expects a person or their representative to complete the financial assessment within 2 weeks of being contacted by the financial assessment and benefits team.
- 12.2 If a person or their representative is asked to provide further information, this should be received by the council within 2 weeks of the date requested.
- 12.3 If the financial assessment is deemed to be 'unreasonably delayed' the council will invoice the full cost of care from the date the care started and inform the person or their representative.
- 12.4 If the assessed charge is less than the full cost of care once the financial assessment is completed, the council will backdate the assessment and credit the person's account by:

If full cost invoices have been paid:

- Crediting the account when someone continues to receive a chargeable care and support service, so paid money can be used towards further invoices
- Refund the person when they no longer receive a chargeable care and support service

If full cost invoices have not been paid:

- Create and send credit notes for issued invoices and send a statement of accounts to confirm what is due for payment

13. Where people lack mental capacity

13.1 The council will assume that people are able to make their own decisions about matters relating to their financial assessments. Where this may not be the case, we will follow the Gloucestershire Multi Agency Mental Capacity Act policy and guidance.

13.2 Where a person lacks mental capacity, they may still be assessed as being able to contribute to their care.

13.3 When a person lacks mental capacity, the council will include the appropriate person in their financial assessment. This may be a person who holds:

- Enduring Power of Attorney
- Registered Lasting Power of Attorney for Property and Finances
- Court appointed deputy
- Any other person dealing with a person's financial affairs, such as someone given appointee-ship by the Department of work and pensions when the person's sole income is benefits and capital is below £5,000)

13.4 When a person with care and support needs does not have the requisite mental capacity to complete the financial assessment, and does not have a representative as listed above, they may require the appointment of a court appointed deputy.

13.5 The council will provide information and advice to friends and family to see if they are willing to act for the person.

13.6 Where there are no friends or family, or a person's friends or family do not wish to become a legal representative, the council may apply to the Court of Protection to become the person's deputy.

14. Nursing care and funding support from the NHS

14.1 When a person requires nursing care, the NHS will arrange to carry out a nursing care assessment and may contribute some of the cost of care. This is known as Funded Nursing Care (FNC).

- 14.2 FNC is separate from the council's contribution towards care. It will not change a person's client contribution, as the FNC cover the nursing element of care only.
- 14.3 Some people may be eligible for full NHS funding called Continuing Healthcare (CHC)
- 14.4 When a person is eligible for CHC, the person is not expected to contribute towards their care package. More information can be found here:
<https://www.nhs.uk/conditions/social-care-and-support-guide/money-work-and-benefits/nhs-continuing-healthcare/>

15. Safeguarding

- 15.1 During the financial assessment, the financial assessment and benefits officer have a duty to protect a person from abuse.
- 15.2 If the financial assessment and benefits officer considers there may be evidence of abuse during the financial assessment process, a referral may be made to the relevant authority to consider. This includes:
- Gloucestershire Adults Safeguarding Team
 - Gloucestershire Social Work Team
 - The Office of Public Guardian
 - The Department of Work and Pensions

16. Carers

- 16.1 When the council meets the needs of a carer, by providing a service to that carer, the law says it may charge the carer.
- 16.2 The council does not currently charge to meet carers' eligible needs.

17. Charging for care and support in settings other than a care home

- 17.1 This section looks at how the council charges where people are receiving care and support in their own home, and in any other accommodation setting such as in extra care housing, supported living accommodation or shared lives arrangements.

Disposable income

- 17.2 Statutory guidance states local authorities may choose to disregard additional sources of income, set maximum charges, or charge a person a percentage of their disposable income, but this should not lead to two people with similar needs, and receiving similar

types of care and support, being charged differently.

- 17.3 The council includes the full amount of someone's disposable income when assessing how much they can pay towards their care.

The Minimum Income Guarantee (MIG)

- 17.4 The charging arrangements outlined in this policy for meeting care and support in a person's own home, and in any other accommodation setting such as in extra care housing, supported living accommodation or shared lives arrangements, will ensure that a person has enough money to meet basic day-to-day living expenses.
- 17.5 The charging rules must ensure they have enough money to meet these costs. After charging, a person must be left with the Minimum Income Guarantee (MIG), as set out in the Care and Support (Charging and Assessment of Resources) Regulation 2014.
- 17.6 To further support people with care and support needs, following consultation in 2024, the council have increased the Minimum Income Guarantee set by central government by £5 per week for people living or funded by Gloucestershire County Council.
- 17.7 The central government, and council Minimum Income Guarantee can be found in appendix 3.

Disability Related Expenditure

- 17.8 Disability Related Expenditure (DRE) is the additional costs that someone with a disability or long-term health condition may incur as a result of their disability or condition. Although we usually check whether additional costs are covered in their care plan, DREs are not restricted to costs related to eligible needs. DRE includes any additional costs incurred as a result of a disability or ongoing condition.
- 17.9 Disability related expenditures are considered when:
- the extra cost is needed to meet your specific need due to a medical condition or disability, as identified in your care and support assessment of needs; and
 - the cost is reasonable and can be verified; and

- it is not reasonable for a lower cost or free alternative item or service to be used.
If a lower cost alternative item or service could have been used, the expense considered will be the lower cost

17.10 The council will consider each individual expense during the financial assessment and may request that evidence is provided before including the cost.

17.11 See Appendix 4 for more information on DREs

Property

17.12 A person's main home will not be included as capital for the non-residential assessment, except where the person has not occupied that property for 52 weeks.

17.13 Any other property, or beneficial interest in property will be counted as capital in the non-residential assessment.

Disability benefits

17.14 Following consultation in 2024, the council has decided to use its discretion when considering how much of someone's daily living component of disability benefits (PIP, DLA, AA) is included as income in the financial assessment.

17.15 The council will not include the difference between lower/standard rate disability benefits and the higher rate.

17.16 This means if a person receives higher rate disability benefits, the standard rate will only be included in the financial assessment.

When care is not received

17.17 When the council arranges services for a person, they are expected to contribute the full amount of their contribution each week.

17.18 The person will be charged for the actual amount of care received, not on planned care.

17.19 This means, if the person does not have a care call, they will not be charged for it except where the weekly cost of actual care received is still more than the client contribution.

Example: George pays £100 per week towards care which actually costs £630 per week (£90 a day). If George is away for 2 days, his care for the remaining 5 days will still cost £450 so George will still have to pay £100 for his care that week. But if George is away for 6 days, his care for the week will only cost £90 (1 day) so George will only pay £90 for that week.

17.20 In supported accommodation and shared care arrangements, the person must still pay shared care costs while away. This is because the placement and the care services that support it have continue while the person is away.

17.21 A person should inform the Adult Social Care helpdesk of planned hospital admissions, or holidays 2 weeks prior to event to allow communication to the care provider, and to ensure their invoices remain correct.

18. Charging for care and support in a care home

18.1 People in a care home will contribute most of their income, excluding any earnings towards their care and support.

18.2 The treatment of capital and income will be undertaken in accordance with the detailed guidance set out in Annex B and C of the Care and support statutory guidance.

18.3 The cost of a person's care may be higher than their means-tested contribution if they choose a care home that is outside of their personal budget. In these circumstances, the person, their family or friends may be asked to pay a "top up".

For more information, please read: Choice of accommodation and top ups policy

Personal expense allowance

- 18.4 The regulations require the council to leave a person with a set amount of money to spend on personal items such as clothes and other items that are not part of their care plan. This is known as the Personal Expense Allowance (PEA).
- 18.5 There are times when a person may request a higher allowance from the council, such as when they need to maintain their home which is under a Deferred Payment. For information about the current PEA please see appendix 3

Residential care

- 18.6 Fees for residential care are payable at all times, even if the person has to spend some time in hospital or another setting.
- 18.7 If a person dies while living in a care home, the fees are payable until the date of death.

“Self funders”

- 18.8 If a person has above the capital limit, they may not be eligible for financial support from the council and should pay the full cost of their care. We call these people “self-funders”.
- 18.9 Generally, a person, or their family and friends can arrange the care themselves, without the council arranging the placement and will be expected to pay the care home directly.
- 18.10 In some cases, the council may support with arranging a care home service for someone. When the council arranges the care, the person is expected to pay the council for their full cost of care.
- 18.11 A person may also be classed as a ‘self funder’ if they:
- Own a property and do not wish to enter into a deferred payment
 - Own a second property, part of a property or have a beneficial interest in a property they do not live in.

- Have any other capital or assets that are above the capital limit (see appendix 2)

- 18.12 When a person's capital is nearing the upper capital threshold, they should contact the Adult Helpdesk, ideally when there are three months of expenses above the upper limit.
- 18.13 The Adult Helpdesk may refer the person to the social care teams to see if they are eligible for local authority support.
- 18.14 Once eligible needs are confirmed, the financial assessment will be requested to see if/when the local authority may support funding their care.
- 18.15 If the person qualifies for financial help through the council, we can only help from the day on which their funds fall below the capital threshold or the day they contact us (whichever is the later). Therefore, we ask people to contact us 3 months before they think they will reach the upper capital threshold.

People eligible for local authority financial support

- 18.16 If a person has under the upper limit in capital, they may be eligible for financial support from the council.
- 18.17 If a person has capital between the lower and upper limit, they will be asked to have a financial assessment and contribute from both their income and their savings until their capital reaches the lower limit, where they will only contribute from their income.
- 18.18 The council will pay the full cost of a person's care to the care home and invoice the person or their representative for their client contribution.
- 18.19 The person or their representative will receive notification of the amount they should pay towards their care.

- 18.20 Generally the first 4 weeks is more expensive, and after 4 weeks, the on-going contribution is lower than when the person first entered into the care home. This is usually due to the change in DWP benefit eligibility when living in a care home.
- 18.21 The responsibility of informing the council of the changes in savings, is for the person or their representative as soon as they are aware of depleting savings.
- 18.22 A person may also request support from the council if they have under the upper capital limit, own their own home and enter into a deferred payment agreement.

Property and property disregard

- 18.23 If a person with care and support needs that are to be met in a residential care home owns a property, part of a property or have a beneficial interest in a property, the council will consider the property as capital, except when a property disregard applies.
- 18.24 When a person's care and support needs are met in a care home, and they no longer occupy their main home, their main property will be fully disregarded when it has been continuously occupied before the person moved into a care home by:
- The person's partner, former partner or civil partner (except when they are estranged) remain in the property
 - a 'qualifying relative' (see definitions) who is over 60, under 18 or disabled
- 18.25 In some other circumstances, the council will exclude the value of a person's home. The council will balance the use of this discretion with the need to ensure that it doesn't maintain residents with assets at public expense.
- 18.26 People have a right to appeal the decision to include the value of a property as capital in the financial assessment process.

12-week Property disregard

- 18.27 If a person owns, or part-owns, or has a beneficial interest in a property that was occupied as their main home before needing care home accommodation, and the value is not disregarded in the financial assessment, the council will disregard (ignore)

the value of the property capital for up to 12 weeks when a person first becomes a permanent resident in a care home. This is to give them time to decide how to fund their long-term care.

- 18.28 If the person qualifies for funding during the disregard period, the council will pay the weekly care home fees and invoice the person for their client contribution.
- 18.29 The person or their representative may request a deferred payment agreement from the council during the 12-week disregard period. This allows a person with under the capital limit to delay paying the full cost of their care before they sell their home or die.
- 18.30 When the property disregard period ends, the person will be responsible for paying their care home fees in full directly to the care home unless they enter into a deferred payment agreement, or another agreement with the council.
- 18.31 Apart from when the property sells within the 12-week disregard period, the person will be responsible for paying the full cost of their care fees from the date the property sells.

Please see the Deferred Payment Policy for more information.

Temporary or short stays in a care home

- 18.32 A person will be asked to contribute towards their short stay in a care home providing it is not respite or intermediate care.
- 18.33 If a person has over the capital limit, they will be expected to pay the full cost of their care.
- 18.34 If a person owns their own home, their main property will be disregarded for this assessment if the short stay is temporary.

- 18.35 If a person owns a home that they have not lived in for 52 weeks, the value of the home will be counted as capital in the short break assessment.
- 18.36 Expense allowances will be made to ensure the person can maintain their home, such as standard charges for utility bills, so the home remains safe for the person to return to.
- 18.37 Where a person receives Attendance Allowance, Disability Living Allowance or Personal Independence Payments, this income is disregarded from the financial assessment under the temporary stay rule.
- 18.38 If a person has already had a financial assessment for a previous short stay or for recent care in their own home, a 'light touch' financial assessment may be undertaken, unless the person requests a full financial assessment.

19. Appeals and Waivers

Appeals

- 19.1 The person or their representative have a right to appeal any decision made on the financial assessment.
- 19.2 Any appeal should be made in writing to the financial assessment and benefits team within 14 days of notification of the person's contribution.
- 19.3 When an appeal is received, the council will assign a different financial assessment officer to review the person's contribution and notify the person of the outcome within 7 days of the completed revised assessment.
- 19.4 If the financial assessment remains the same, and the person or their representative remains unhappy, they can request the case is reviewed by the lead financial officer who may take it to the council's adult social care financial panel (see 19.11)

Waivers

- 19.5 If a person feels their assessment is correct, but is unaffordable, they can request that the charge, or part of the charge is waived.
- 19.6 The council will usually only waive a charge in exceptional circumstances where the charge would have a significant detrimental impact to a person or their dependents.
- 19.7 The charge to be waived must be for a specific period of time and subject to review.
- 19.8 A waiver request must be referred to the financial panel by a person's social care worker or debt recovery officer.
- 19.9 If a waiver is agreed, the person will not have to pay the amount requested in the waiver, however will be asked to pay anything outstanding, or on-going to the council.
- 19.10 The council will work with the person to support them paying any debt, and arrange re-payment plans where appropriate.

Financial panel

- 19.11 Specific areas of an appeal may be presented to a financial panel, such as:
- Appeals against Financial Assessments
 - Unusual Disability Related Expenditure (DRE) claims and appeals
 - Deprivation of assets appeals
 - Direct Payment appeals
 - Waiver requests for assessments and charges
 - Deferred payment appeals
- 19.12 The financial panel is made up of a group of council officers, including representatives from the social care teams, financial teams and Assistant heads of services. The complaints manager and a representative from the council's legal services attend to provide advice. The aim of the financial panel is to ensure person centred and consistent decision making to ensure as far as possible people with similar needs and

circumstances are treated similarly.

- 19.13 A person with care needs, or their representative may ask the council officer who is supporting them (either social care worker, or financial assessment officer) to bring any financial concerns to panel if they dispute a decision.
- 19.14 The financial assessment officer or social care worker may also refer cases to panel if they feel the decision would benefit from a collective conversation. The person or their representative will be informed of this.
- 19.15 Panel generally meet every 4 weeks, but they may be called at anytime to review urgent cases.
- 19.16 The outcome of panel will be sent to the person or their representative within 14 days of the decision and provide sufficient information as to how the panel considered the request and further options if the request was not upheld.
- 19.17 All information provided to the person or their representatives must be written to suit their communication style, in line with the Accessible Information Standards.

For more information on the review and appeals process, please see appendix 5

Complaints

- 19.18 If a person is still not satisfied with the panel decision has the right to make a complaint to the Local Government and Social Care Ombudsman and will be provided with information about how to do so.
- 19.19 Any other concerns or dissatisfaction with council services, a council decision or feels that they have been treated unjustly and this has not been reviewed by panel, have the right to make a complaint to the council in the first instance and subsequently to the Local Government and Social Care Ombudsman and will be provided with information about how to do so.

20. Debt Recovery

- 20.1 If a person is struggling to pay for their care, the council encourages a person or their representative contact us straight away so we can check their circumstances and make sure their charges are correct.
- 20.2 If there is no error in the financial assessment, or a waiver request is denied, the council may start the debt recovery process.
- 20.3 Services cannot be withdrawn because a person refuses to pay their contribution. The council, however, will pursue a debt in accordance with the council's Debt Recovery procedures.

Invoiced client contributions

- 20.4 Once a person has completed their financial assessment and receives the first invoice from the date care started, payment is due immediately.
- 20.5 All future invoices are also due immediately.
- 20.6 The person or their representative will receive a reminder 21 days following the invoice date if the invoice remains unpaid.
- 20.7 If the invoice remains unpaid, the person or their representative will receive a final demand.
- 20.8 Once the final demand has been sent, we may refer your debt to our debt recovery team within 60 days from the date of the invoice. The debt recovery team will contact the person to find out the reason for non-payment and to discuss appropriate options to bring their account up to date.
- 20.9 The Care Act allows the council to begin legal proceedings where all reasonable attempts to recover debt have been made. This means someone may be taken to court to recover the cost of care and incur in addition court costs.

Direct payment client contributions

- 20.10 Many people who receive care packages arranged by the council can choose to receive cash payments instead of commissioned services, to allow them to arrange their own care.
- 20.11 When someone has a direct payments, the council will look at someone's personal budget, deduct the amount of their contribution before the direct payment is made to their payment card account.
- 20.12 Unlike invoiced contributions, the person must pay their client contributions into their payment card account four-weekly.
- 20.13 If a person does not pay their full client contribution into the payment card account, the council may suspend or stop a person's direct payment and meet their needs in a different way.
- 20.14 The person will be invoiced for their missed client contribution.
- 20.15 If this invoice is unpaid, the person may be referred to the debt recovery team.

Please see the Direct Payments Policy for more information.

Outstanding payments following bereavement

- 20.16 If a person dies with outstanding costs of care not covered by a deferred payment, the council will work sensitively with the person's next of kin/executor.
- 20.17 The council will assume there is enough money in a person's estate to pay for the outstanding care costs, unless evidence to show otherwise is provided.
- 20.18 The council understands the process of going through probate is a difficult time and will keep in touch to see how things are progressing.

Deferred payments

20.19 There are slightly different rules and processes when the debt to the council is from a Deferred Payment.

20.20 A Deferred Payment is due:

- On completion of the house sale or
- 90 days after a person's death

20.21 If the Deferred Payment is not paid as above, the team may refer to case to the debt recovery team.

Please see The Deferred Payments Policy for more information.

Disputes

20.22 If there is a dispute on the invoice, for example, the date of care is incorrect, or the person feels they have been overcharged, the council will work to rectify this upon notification.

20.23 A person or their representative will not be chased for payment by the debt recovery team until the council is satisfied of the outcome of the dispute, however the debt recovery officers may be the officer leading the investigation.

20.24 Any other invoices received while the dispute is on-going, are due for payment, unless a separate dispute is raised.

21. Implementation and monitoring

21.1 This policy is implemented from 12th April 2025.

21.2 The policy will be reviewed by April 2028.

Appendix 1 – Definitions

'Qualifying relative'	<p>For the purposes of the disregarding the value of a home in the financial assessment, a relative is defined as including any of the following:</p> <ul style="list-style-type: none"> parent (including an adoptive parent) parent-in-law son (including an adoptive son) son-in-law daughter (including an adoptive daughter) daughter-in-law step-parent step-son step-daughter brother sister grandparent grandchild uncle aunt nephew niece the spouse, civil partner or unmarried partner of the above
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12-week disregard	<p>The local authority must disregard the value of a person's main or only home for 12 weeks in the following circumstances:</p> <ul style="list-style-type: none"> (a) when they first enter a care home as a permanent resident (b) when a property disregard other than the 12-week property disregard unexpectedly ends because the qualifying relative has died or moved into a care home
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46) In addition, a local authority has discretion to choose to apply the disregard when there is a sudden and unexpected change in the person's financial circumstances. In deciding whether to do so, the local authority will want to consider the individual circumstances of the case. Such circumstances might include a fall in share prices or an unanticipated debt

Accessible Information Standard	The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.
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Appeal	The process where a person or their representative disagrees with a decision and a request a reconsideration.
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Asset	'assets' refers to capital such as savings and property or income, such as pensions or benefits. This is in line with the guidance, which defines 'assets' as capital or income.
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Capital	In the Care Act 2014, capital refers to the financial resources and assets that an individual owns. This includes savings, investments, property and other valuables,
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Capital limits	The amount central government has decided someone will be eligible for financial support towards their care.
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Care Act 2014	<p>The Care Act 2014 is the law that sets out how adult social care in England should be provided. It requires local authorities to make sure that people who live in their areas:</p> <ul style="list-style-type: none"> • receive services that prevent their care needs from becoming more serious or delay the impact of their needs • can get the information and advice they need to make good decisions about care and support • have a range of high quality, appropriate services to choose from • have more control over how their care and support is organised.
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Care and support assessment	<p>The assessment determines the kind of social care that would meet your care needs, whether this means adapting your home or moving into a care home.</p> <p>A social care professional will usually come to see you to find out how you're managing everyday tasks.</p>
Care and Support Statutory Guidance	The Care and Support Statutory Guidance sets out what the local authority must do to support adults with care and support needs. It also explains where the council has areas of discretion.
Care Home	<p>Care homes provide accommodation and personal care, for example support with washing, dressing or moving around.</p> <p>Some homes can provide nursing care as well as personal care because they employ registered nurses. The term care home does not</p> <p>include NHS hospitals, private hospitals and clinics.</p> <p>Care homes are regulated by the Care Quality Commission (CQC) who is responsible for regulating care and support in England.</p>
Carer	<p>A carer is anyone, including children and adults who looks after a family</p> <p>member, partner or friend who needs help because of their illness, frailty,</p> <p>disability, a mental health problem or an addiction and cannot cope</p>
Continuing Healthcare (CHC)	<p>Some people with long-term complex health needs qualify for free health and social care arranged and funded solely by the NHS. This is known as NHS continuing healthcare.</p>
Court of protection	The Mental Capacity Act (MCA) created a specialist Court to make decisions about the property, finances, health and welfare of people who lack mental capacity to make decisions for themselves. The Court can appoint a deputy to make ongoing decisions on behalf of someone who lacks capacity. It is also able to grant Lasting Power of Attorney (LPA).

<https://www.gov.uk/courts-tribunals/court-of-protection>

Court-appointed deputy
/ Property and Affairs
deputy/ deputy

A deputy is a person appointed by the Court of Protection to make decisions for people who lack mental capacity to make decisions for themselves.

Deputies have to be over 18 and cannot be appointed without their consent.

Panel deputy:

The Office of the Public Guardian has a panel of professional deputies (mainly specialist solicitors) who may be appointed to deal with property and affairs matters in some circumstances, for example if they are complicated or in dispute.

Creutzfeldt-Jakob
Disease

Creutzfeldt-Jakob disease (CJD) is a rare and fatal condition that affects the brain. It causes brain damage that worsens rapidly over time.

There's currently no cure for CJD, so treatment aims to relieve symptoms and make the affected person feel as comfortable as possible

Deferred payments

A deferred payment is when the council pays your care home fees, until you are ready to sell your home and use the money raised to pay back the council.

This lets you delay selling your home until you choose to, or until after your death.

It is designed to help you if the council has assessed that you can afford to pay the full cost of your care home fees, but most of your assets are tied up in your home.

Department of Work
and Pensions (DWP)

The Department for Work and Pensions (DWP) is a ministerial department of the Government of the United Kingdom. It is responsible for welfare, pensions and child maintenance policy.

Deprivation	Deprivation of assets means where a person has intentionally decreased their overall assets to reduce the amount they are charged towards their care.
Direct payment	Direct payments allow you to receive payments from your local authority instead of care services. This can give you much more flexibility and greater control of your support package.
Disability	The Equality Act 2010 describes disability as follows, “A person (P) has a disability if — (a) P has a physical or mental impairment, and (b) the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.”
Disability benefits	This refers to welfare benefits such as Personal Independence Payments, Disability Living Allowance and Attendance Allowance
Disability Related Expenditure (DRE)	Disability Related Expenditure means the additional costs that someone with a disability or long term health condition may incur as a result of their disability or condition. Although we usually check whether additional costs are covered in the care plan, DRE is not restricted to costs related to eligible needs. DRE includes any additional costs incurred as a result of a disability or ongoing condition.
Discretion	<p>In the context of the Care Act 2014, discretion refers to the ability of local authorities to make decisions and take actions based on their professional judgement and individual circumstances, rather than strictly following predetermined rules.</p> <p>This means that while the Care Act provides the framework and guidelines, local authorities have the flexibility to arrange policies and processes which best meet the unique need of individuals and situation.</p>
Disregard	To not include
DWP appointee	<p>The Department for Work and Pensions (DWP) can appoint the Council to receive benefit payments and pay living costs if the person cannot do this for themselves and has no family or friends who can help.</p>

If the Court appoints a property and affairs deputy for someone who already has a DWP appointee, the deputy usually takes over the appointee's role.

Eligible need

The national eligibility criteria has three conditions for an adult, the conditions are:

- The adult's needs arise from, or are related to, a physical or mental impairment or illness.
- As a result of the adult's needs, the adult is unable to achieve two or more of the specified outcomes.
- As a consequence of being unable to achieve these outcomes there is, or there is likely to be, a significant impact on the adult's wellbeing.

Enduring Power of Attorney

A power of attorney allows someone with capacity to appoint someone else to act or make decisions on their behalf if they cannot do so for themselves.

Only EPAs made and signed before 1 October 2007 can still be used

Equalities Act 2010

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society.

Estate (in terms of after death)

Everything owned by the person who died.

Executor

A person or institution appointed to carry out the terms of a will when someone dies.

Financial assessment

The financial assessments looks at the amount a person has in capital and income to complete a mean-test to see if a person is eligible for funding support from the local authority.

It is completed alongside, or after a care and support assessment

Funded Nursing Care (FNC)

NHS-funded nursing care is when the NHS pays for the nursing care component of nursing home fees. The NHS pays a flat rate directly to the care home towards the cost of this nursing care.

Gloucestershire Safeguarding Team	The team within Gloucestershire who investigate and support people who may be subject to abusive behaviour, or self neglect.
Human Rights Act 1998	The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to. It incorporates the rights set out in the European Convention on Human Rights (ECHR) into domestic British law. The Human Rights Act came into force in the UK in October 2000.
Income	In the Care Act 2014, income refers to money an person receives regularly, such as pensions and benefits.
Intermediate care	<p>Intermediate care</p> <ul style="list-style-type: none"> • helps people to avoid going into hospital or residential care unnecessarily • helps people to be as independent as possible after a stay in hospital • can be provided in different places (e.g. community hospital, residential home or in people's own homes).
Lasting Power of Attorney	<p>A power of attorney allows someone with capacity to appoint someone else to act or make decisions on their behalf if they cannot do so for themselves.</p> <p>Lasting Power of Attorney (LPA):</p> <p>There are 2 types of LPA:</p> <ul style="list-style-type: none"> • Health and Welfare • Property and Financial affairs <p>Make, register or end a lasting power of attorney: Overview</p> <p>- GOV.UK (www.gov.uk)</p>
Light-touch financial assessment	A light touch financial assessment is when the council choses to treat a person as if a financial assessment has been completed.

This is mostly when the council have evidence that a person has over the capital limit, and therefore would pay the full cost of their care, the care cost is small that the council believe the person would be able to afford it, or when the person has so little income and capital they would not be left with the minimum income guarantee.

Means-test

A measurement of how much income a person has in order to decide if they should receive financial support, and how much.

Mental capacity

Having mental capacity means having the ability to successfully make and communicate your own decisions.

People are presumed to have capacity to do so, unless there is reason to doubt this due to an impairment in the functioning of the mind or brain – the impairment might arise from a mental health condition, learning disability, brain injury or illness.

Where there is reason to doubt, a Mental Capacity Assessment (MCA) will be carried out relevant to the specific decision needing to be made at that time.

In order to be deemed to have capacity to make the specific decision required, you need to be able to understand the relevant information given, retain it long enough in order to

use or weigh the information to reach your decision, and then be able to communicate your decision clearly – whether that be verbally or non-verbally.

Where the MCA concludes you lack capacity to make the required decision, a decision maker will make the required decision in your best interests

Mental Capacity Act (MCA) 2005

The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions

about their care and treatment. It applies to people aged 16 and over.

It covers decisions about day-to-day things like what to wear or what to

buy for the weekly shop, or serious life-changing decisions like whether

	to move into a care home or have major surgery.
Mental capacity assessment	The assessment to establish capacity when it is in doubt. This tests if someone can understand, weight up and retain particular information.
Notional capital	Capital which the person may no longer have following a deprivation decision which is included in the financial assessment as if the person did still have it.
Notional income	Income which the person may no longer have following a deprivation decision which is included in the financial assessment as if the person did still have it.
Office of Public Guardian (OPG)	<p>The OPG protects people in England and Wales who may not have the mental capacity to make certain decisions for themselves, such as about their health and finance.</p> <p>Among other things, the OPG:</p> <ul style="list-style-type: none"> • keeps a public register of deputies and people who have been given a power of attorney • supervises deputies appointed by the Court of protection and makes sure that they carry out their work as required by the Mental Capacity Act • investigates and takes action if there are concerns about an attorney or deputy
Personal budget	Your personal budget is the sum of money needed to pay for your social care.
Personal Expense Allowance (PEA)	This is an amount disregarded from your income. It's meant to allow you to keep money to spend as you want on items like stationery, toiletries, small presents for friends and relatives, and other minor items.
Property disregard	When the value of a property is not included in the financial assessment for either a mandatory disregard, or discretionary one.

Reablement	Reablement is a type of care that helps a person relearn how to do daily activities, like cooking meals and washing after returning home from hospital.
S117 aftercare	<p>Some people who have been kept in hospital under the Mental Health Act can get free help and support after they leave hospital. The law that gives this right is section 117 of the Mental Health Act, and it is often referred to as 'section 117 aftercare'.</p> <p>Aftercare is the help someone will get in the community after they leave hospital. This can cover all kinds of things like healthcare, social care and supported accommodation.</p> <p>Section 117 of the Mental Health Act says that aftercare services are services which are intended to:</p> <ul style="list-style-type: none"> • meet a need that arises from or relates to your mental health problem, and • reduce the risk of your mental condition getting worse, and you having to go back to hospital
Self-funding	Someone who has over the upper capital limit and will pay the full cost of their care, without any financial support from the local authority
Shares lives scheme	Shared Lives Schemes are an alternative to care in a care home or other more formal care arrangements. Schemes offer people who need care the opportunity to live in a family environment rather than a formal care setting. Schemes are regulated by the Care Quality Commission (CQC) who are responsible for regulating care and support in England.
Supporting living	Supported living accommodation is accommodation other than in a care home: <ul style="list-style-type: none"> • in premises which are specifically designed or adapted for occupation by adults with needs for care and support to enable them to live as independently as possible, or • which is provided in premises intended for occupation by adults with needs for care and support where personal care is available if required (but not premises which the adult owns or occupies other than as

	a tenant or licensee). The personal care elements of services delivered in supported living accommodation are regulated by the Care Quality Commission (CQC)
Tariff income	Those with capital between the lower and upper capital limit will be deemed as able to make a contribution, known as 'tariff income
the Care and Support (Charging and Assessment of Resources) regulations	Under the Care Act 2014, these regulations outline how local authorities in England can charge people for their care and support services.
The Minimum Income Guarantee	<p>The charging arrangements are so when a person is receiving care in their own home, and in any other accommodation setting such as in extra care housing, supported living accommodation or shared lives arrangements, local authorities will ensure that a person has enough money to meet basic day-to-day living expenses and any household expenses (such as council tax, mortgage and rent).</p> <p>This is achieved by making sure that after charging, a person will be left with a minimum income guarantee amount (MIG). The Care and Support (Charging and Assessment of Resources) Regulations 2014 provide information about the minimum income guarantee amount. Every year the Department for Health and Social Care (DHSC) publishes the MIG amounts for the current financial year</p>
Top up	A Top Up payment is the additional money needed to be paid by a 3 rd party to meet the difference between the amount that the council will pay and the money the service provider requires for the placement.
UK GDPR	<p>The Data Protection Act 2018 is the UK's implementation of the General Data Protection Regulation (UK GDPR).</p> <p>Everyone responsible for using personal data has to follow strict rules called 'data protection principles'. They must make sure the information is:</p>

-
- used fairly, lawfully and transparently
 - used for specified, explicit purposes
 - used in a way that is adequate, relevant and limited to only what is necessary
 - accurate and, where necessary, kept up to date
 - kept for no longer than is necessary
 - handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage

Waiver

A request to not pay a charge which is due a person if experiencing a period of significant hardship.

Appendix 2 – Capital, income and tariff income

Capital Limits 2025/2026

If someone has over the upper capital limit, they may not be entitled to support with the cost of their care from the council.

If someone has capital above the lower capital limit, but below the upper capital limit, they will be assessed including a tariff income.

If someone has capital under the lower capital limit, their contribution to established by income only.

The upper capital limit for 2025/2026 is £23,250.

The lower capital limit for 2025/2026 is £14,250

Defining capital

Taken from the Care and Support Statutory Guidance, Annex B: Treatment of Capital.

What is capital?

5) Capital can mean many different things and the intention is not to give a definitive definition here as a local authority will need to consult the regulations and consider the individual asset on its merits. In general it refers to financial resources available for use and tends to be from sources that are considered more durable than money in the sense that they can generate a return.

6) The following list gives examples of capital. This list is intended as a guide and is not exhaustive:

1. (a) buildings
2. (b) land
3. (c) National Savings Certificates and Ulster Savings Certificates
4. (d) Premium Bonds
5. (e) stocks and shares
6. (f) capital held by the Court of Protection or a Deputy appointed by that Court
7. (g) any savings held in:
 1. (i) building society accounts
 2. (ii) bank current accounts, deposit accounts or special investment accounts. This includes savings held in the National Savings Bank, Girobank and Trustee Savings Bank.
 3. (iii) SAYE schemes

4. (iv) unit trusts
5. (v) co-operatives share accounts.
6. (vi) cash
8. h) trust funds

Full information can be found here: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#AnnexB>

Tariff Income

Where a person has assets between the lower and upper capital limits the local authority must apply tariff income. This assumes that for every £250 of capital, or part thereof, a person is able to afford to contribute £1 per week towards the cost of their eligible care needs.

Example:

Ivy has capital of £18,100. This is £3,850 above the lower capital limit of £14,250. Dividing the £3,850 by £250 produces a figure of £15.40. When calculating tariff income, the amount is always rounded up. This therefore gives a tariff income of £16 per week

Treatment of Income

Taken from the Care and Support Statutory Guidance, Annex B: Treatment of Income.

5) Only the income of the cared-for person can be taken into account in the financial assessment of what they can afford to pay for their care and support. Where this person receives income as one of a couple, the starting presumption is that the cared-for person has an equal share of the income

8) In all cases, irrespective of setting, employed and self-employed earnings are fully disregarded. [Regulation 13]

Benefits

14) Local authorities may take most of the benefits people receive into account. Those they must disregard are listed below. However, they need to ensure that in addition to the minimum guaranteed income or personal expenses allowance – details of which are set out below –

people retain enough of their benefits to pay for things to meet those needs not being met by the local authority.

15) Any income from the following sources must be fully disregarded:

1. (a) Direct Payments
2. (b) Guaranteed Income Payments made to veterans under the Armed Forces Compensation Scheme
3. (c) War Pension Scheme payments made to veterans with the exception of Constant Attendance Allowance payments
4. (d) the mobility component of Disability Living Allowance
5. (e) the mobility component of Personal Independence Payments

16) Any income from the following benefits must be taken into account when considering what a person can afford to pay from their income towards the cost of their care and support in a care home:

1. (a) Attendance Allowance, including Constant Attendance Allowance and Exceptionally Severe Disablement Allowance
2. (b) Bereavement Allowance
3. (c) Carers Allowance
4. (d) Disability Living Allowance (Care component)
5. (e) Employment and Support Allowance or the benefits this replaces such as Severe Disablement Allowance and Incapacity Benefit
6. (f) Income Support
7. (g) Industrial Injuries Disablement Benefit or equivalent benefits
8. (h) Jobseeker's Allowance
9. (i) Maternity Allowance
10. (j) Pension Credit
11. (k) Personal Independence Payment (Daily Living component)
12. (l) State Pension
13. (m) Universal Credit

17) Working Tax Credits must be taken into account when considering what a person can afford to pay from their income towards the cost of their care in a care home. However, they should be disregarded in the calculation of income for care and support arranged other than in a care home.

Other income that must be fully disregarded

29) Any income from the following sources **must** be fully disregarded:

1. (a) Armed Forces Independence Payments and Mobility Supplement

2. (b) Child Support Maintenance Payments and Child Benefit, except where the accommodation is arranged under the Care Act in which the adult and child both live
3. (c) Child Tax Credit
4. (d) Council Tax Reduction Schemes where this involves a payment to the person
5. (e) Disability Living Allowance (Mobility Component) and Mobility Supplement
6. (f) Christmas bonus
7. (g) dependency increases paid with certain benefits
8. (h) Discretionary Trust
9. (i) Gallantry Awards
10. (j) Guardian's Allowance
11. (k) Guaranteed Income Payments made to Veterans under the Armed Forces Compensation Scheme
12. (l) Payments made to Veterans under the War Pension Scheme with the exception of Constant Attendance Allowance
13. (m) Income frozen abroad
14. (n) income in kind
15. (o) pensioners Christmas payments
16. (p) Personal Independence Payment (Mobility Component) and Mobility Supplement
17. (q) personal injury trust, including those administered by a Court
18. (r) resettlement benefit
19. (s) savings credit disregard
20. (t) Social Fund payments (including winter fuel payments)
21. (u) war widows and widowers special payments
22. (v) any payments received as a holder of the Victoria Cross, George Cross or equivalent
23. (w) any grants or loans paid for the purposes of education; and
24. (x) payments made in relation to training for employment.
25. (y) any payment from:
 - (i) Macfarlane Trust
 - (ii) Macfarlane (Special Payments) Trust
 - (iii) Macfarlane (Special Payment) (No 2) Trust
 - (iv) Caxton Foundation
 - (v) The Fund (payments to non-haemophiliacs infected with HIV)
 - (vi) Eileen Trust
 - (vii) MFET Limited
 - (viii) Independent Living Fund (2006)
 - (ix) Skipton Fund
 - (x) London Bombings Relief Charitable Fund
 - (xi) Scottish Infected Blood Support Scheme

- (xii) an approved blood scheme (this is a scheme approved by the Secretary of State, or trust established with funds provided by the Secretary of State, to provide compensation in respect of a person having been infected from contaminated blood products)
- (xiii) London Emergencies Trust
- (xiv) We Love Manchester Emergency Fund
- (xv) any payment made for the purpose of providing compensation or support in respect of the fire on 14 June 2017 at Grenfell Tower
- (xvi) any payment made by the Post Office or the Secretary of State for the purpose of providing compensation or support which is in connection with the failings of the Horizon system, or otherwise payable following the judgment in *Bates and Others v Post Office Ltd* ((No. 3) “Common Issues”)
- (xvii) any payment made under the Windrush Compensation Scheme (Expenditure) Act 2020
- (xviii) any payment from a scheme established or approved by the Secretary of State for the purpose of providing compensation in respect of historic institutional child abuse in the UK
- (xix) any payment made under the Vaccine Damage Payments Act 1979
- (xx) any payment from the Victims of Overseas Terrorism Compensation Scheme established by the Ministry of Justice in 2012 under section 47 of the Crime and Security Act 2010
- (xxi) Lesbian, Gay, Bisexual and Transgender Financial Recognition Scheme

Savings credit

30) For people receiving care and support other than in a care home, the savings credit the adult receives should be fully disregarded.

Full information can be found here: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#AnnexC>

Appendix 3 – The Minimum Income Guarantee and PEA figures (2025/2026)

The Minimum Income Guarantee

Group of people	Statutory Minimum Income Guarantee	Council applied MIG
A single person:		
Adults under 25	£89.15	£94.15
Adults over 25 to pension credit age	£112.50	£117.50
Pension credit age adults	£232.60	£237.60
A member of a couple:		
Adults over 18 to pension credit age	£88.35	£93.35
One or both adults over pension credit age	£177.55	£182.55

MIG Premiums

The council applies the statutory minimum for MIG premiums

Type of premium	Current Minimum Income Guarantee
Disability premium single person	£49.65
Enhanced disability single person premium	£24.25
Disability premium – adult in a couple	£35.40
Enhance disability premium – adult in a couple	£17.45
Carer premium	£53.25

Adult 18 and over who is lone parent	£110.60
Each Dependent Child Premium	£102.95

Personal Expense Allowance (PEA)

The PEA is the weekly amount that people receiving local authority-arranged care and support in a care home (residents) are assumed to need as a minimum for their personal expenses.

The PEA for 2025/2026 is £30.65 per week

Appendix 4 – Disability Related Expenditure (DRE)

Disability Related Expenditure means the additional costs that someone with a disability or long term health condition may incur as a result of their disability or condition. Although we usually check whether additional costs are covered in the care plan, DRE is not restricted to costs related to eligible needs. DRE includes **any** additional costs incurred as a result of a disability or ongoing condition.

In general, disability related expenses are considered when:

- **the extra cost is needed to meet your specific need due to a medical condition or disability, as identified in your care and support assessment of needs; and**
- **the cost is reasonable and can be verified; and**
- **it is not reasonable for a lower cost or free alternative item or service to be used. If a lower cost alternative item or service could have been used, the expense considered will be the lower cost**

We want to see evidence of this by way of receipts, please have these ready for your assessment, or share copies in your postal assessment.

Examples of DREs

DREs can include, but are not limited to:

- | | |
|---|---|
| • Extra washing | • Community alarms |
| • Special clothing, or extra wear and tear | • Buying and maintaining disability-related equipment |
| • Extra heating costs | • Gardening |
| • Therapies | • Cleaning |
| • Dietary needs | • Additional bedding |
| • Day or night care not being arranged by the local authority | • Extra transport costs |

We won't consider costs for general items or services required for daily living and used by the general population.

If your DRE claim is refused, we will write to you and explain why we believe this cost shouldn't be included as a disregard in your financial assessment.

If you have any questions, please contact the number on top of your letter and a member of the Financial Assessment and Benefits (FAB) Team will be happy to help.

Appendix 5 - Review and Appeal Process for Adult Social Care Financial Services

Under the Care and Support (Charging and Assessment of Resources) Regulations 2014 if you receive a service from the council for which you are being charged you have the right to ask the council to review these charges at any time if you believe you are being charged too much. If you can demonstrate that your means are insufficient for you to reasonably pay the assessed charge it may be reduced and in some cases waived altogether. However, it is for you, with help if necessary from an adviser, friend or advocate to demonstrate that your means are insufficient to reasonably meet the assessed charge.

This document is a guide on how to request a review of your financial assessment for paying for social care. This guidance is for people drawing on our service or their financial representatives who have received a letter stating that they will need to start making contributions to the cost of their care.

Guidance and support

At any point during the financial assessment process, if you do not feel that you have a full understanding of the process or understanding of disability-related expenditure, you can find our paying for your care booklet online at <https://www.gloucestershire.gov.uk/health-and-social-care/adults-and-older-people/paying-for-your-social-care/>

If you would like more information on the financial assessment process, information in another format, or a home visit from a FAB officer, you can contact the Financial Assessment Team.

Contact the Financial Assessment team on:



01452 425805



fabteam@gloucestershire.gov.uk

The review and appeals process

When you receive the letter stating the amount of your contribution for your package of care, if you are unsure of the calculations used in your financial assessment then you should call the FAB officer who completed your assessment – their number will be at the top of the letter. The officer will explain to you the income, expenditure and capital that were used in the calculation of the financial assessment and how they have arrived at the contribution that you have to pay.

Stage one: Informal review

If you do not agree with the contribution that they have calculated then you can ask for the financial assessment to be reviewed. Reasons for asking for a review include:

- You wish to provide details of additional disability related expenditure that was not included in your original financial assessment form
- You have new relevant information that you would like to be taken into account

The informal review follows these steps:

- 1) You can contact the number on the top of your contribution letter and ask for a review
- 2) The FAB team will send you another assessment form or arrange another visit with a different visiting officer to look at any additional information you would like to share. This is to be completed within 28 days of the review request.
- 3) A new contribution letter will be sent within 28 days of you submitting the form/the visit taking place. This will inform you of the revised contribution or the reason there was no change to you assessed charge

During this period you will continue be invoiced for the care and support charges but you will not be expected to pay whilst your review is in progress. You will need to set aside monies that may be due once the reassessment is completed. You should set aside the original amount in case your review does not result in a revised contribution.

Stage two: Formal review

If you are dissatisfied with the outcome the informal review, you can make a request to the council for a formal review by a FAB Lead Officer to investigate your circumstances and help resolve the matter.

You can request a review by contacting the FAB team on the number on the top of your initial review contribution letter and request a formal review.

Once this request has been made, the case will be reviewed within 28 days. The review will be considered by a FAB Team Lead officer who will:

- Review information from the Financial Assessment, ensuring the information is accurate and complete
- Establish whether the person drawing on our service has additional factors or information which should be taken into consideration
- Request the charge to be re-calculated, if appropriate

We will advise you of the review outcome and any changes to the charge, the effective date, and the service user's right to access the next stage of the process if they are still dissatisfied with the outcome and explanation provided.

This advice will be provided in writing and be ready for collection or delivery within 48 hours of the Reviewing Lead Officer's decision.

Stage three: Appeal process

If after following the review process you do not agree with the formal review outcome, you can appeal the decision. Possible reasons why you might want to appeal include:

- you don't believe that the charging policy has been applied accurately;
- you have additional information that you feel is relevant to your financial assessment that has not been considered to date.

You will need to write a letter within 28 days of the outcome of the formal review to the financial assessment lead officer providing information setting out the reason for your appeal.

You can seek support from the Citizen's Advice Bureau.

Please visit: <https://www.citizensadvice.org.uk> Or call 0800 144 8848

Where to get independent financial advice about paying for care and support:

Paying for care and support can be an expensive and long term commitment.

Before you enter into any arrangements, the Council strongly recommends that you seek independent financial advice from a financial adviser who is registered with the Financial Conduct Authority and is accredited with the Society of Later Life Advisers (SOLLA).

You can find an adviser on the SOLLA website:

www.societyoflaterlifeadvisers.co.uk

The Care Advice Line is an independent organisation commissioned by the Council to provide free, personalised and confidential information and advice about how to pay for care and support.

It can also help with information about current benefit rates and entitlements and can facilitate access to specialist financial and legal advice if needed.

The free Care Advice Line service is available to all Gloucestershire people including people who self fund all their own care and support.

How to contact the Care Advice Line:

- **Telephone:** **01452 22 22 00**

Website: <https://www.thecareadviceline.org>

If you would like support in the appeal process, you may be able to get help from the council's commissioner service POhWER. Please contact your Social Worker to see if you qualify for this support.

Please visit: www.pohwer.net/Gloucestershire Or call POhWER on 0300 456 2370

Once your request to appeal have been received, the appeal will be considered by the financial panel and a written response will be provided.

The financial panel may include but is not limited to:

- Adult Social Care Complaints manager

- Assistant Head of Adult Social Care Service and Business Development – Finance and improvement
- FAB Principal Officer
- Assistant Directors in adult services
- Legal support
- Policy Review Officer
- Relevant Locality Integrated Social Care Manager

Other Adult Social Care staff, such as your social worker or social care practitioner will be invited to support with the panel decision and understanding your care and support needs.

The panel will make appropriate recommendations and the person drawing on our service or their representative will be informed of the outcome and any effect on their contribution towards the service charge in writing within 14 days of the panel meeting.

During this period you will continue be invoiced for the care and support charges but you will not be expected to pay whilst your review is in progress. You will need to set aside monies that may be due once the reassessment is completed. You should set aside the original amount in case your review does not result in a revised contribution.

If you are still not happy

If you are not happy that the procedure of appeal has been applied correctly, you can make a formal complaint through the Local Government Ombudsman.

Contact the Local Government Ombudsman



0300 061 0614

See website:

[Home - Local Government and Social Care Ombudsman](http://www.local.gov.uk)

