

Falkland Islands Government
Health and Social Services Directorate



Attendance Allowance Policy

Author: Director of Health and Social Services

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V4.0	Final	Approved at SMT	16/08/2022

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Application Form

Determination of Application Form

Assessor Notes Form

1. Purpose

Attendance Allowance is designed to help people with long term physical and mental health needs to secure the support they need to help with daily living, where they are not receiving that support from the provision of public services. Attendance Allowance is a non-means tested financial benefit, to enable the claimant to pay another person or a service to help them with their daily needs. In most circumstances, the level of allowance paid is not determined on the basis of meeting the actual costs. An overall assessment of the level of a person's support needs determines which of three levels of financial support they receive. It is paid irrespective of the claimant's employment or financial circumstances.

The purpose of this guidance is to provide a framework for fair and transparent decision making, and to outline the key processes involved.

2. Applications for Attendance Allowance

Individuals can apply for Attendance Allowance by contacting Social Services in person, by telephone, or by e-mail to make an appointment for a full assessment of need. The contact details are publicised on the FIG website, and in other appropriate materials and at appropriate locations.

The claimant and an assessor from the Social Services Department will complete a needs assessment for Attendance Allowance. The assessment will enable the assessor to determine if the claimant meets the eligibility criteria and to determine the rate of allowance to which they may be entitled.

An assessor may be anyone nominated by the Head of Social Services to fulfil that role but primarily will be the Income Support Worker. As part of the assessment, information can be obtained from other sources and professionals within the community, which may include a social worker, a medical practitioner, or members of the Community Support Team.

3. Eligibility Criteria

Attendance Allowance is a non-means tested benefit that is payable to people ordinarily resident in the Falkland Islands who suffer from chronic ill health, physical or mental disability severe enough that they:

1. Require help with activities of daily living, which may include (but is not limited to) any of eating, bathing, dressing, toileting, mobility, walking, continence, cleaning, laundry, driving, shopping, taking medications; **and**
2. Require someone to assist them with those activities; **and**
3. Have such difficulties for at least 3 months, and which are likely to continue for at least a further 6 months.

The Head of Social Services may disapply rule 3 in circumstances where a person would otherwise suffer hardship.

When an individual has been told by their doctor that they have an illness that is deteriorating and that they might have 6 months or less to live, special rules for end of life may apply. In this circumstance, none of the above criteria need to be applied, an assessment for Attendance Allowance is not required, and the higher rate will be awarded. If a person receives Attendance Allowance for 12 months under special rules for end of life, their claim will be reviewed.

Children and Young People under the age of 18 are eligible if the level of care provided will be over and above that which is normally required for a child of a similar age.

4. Additional Rules

Attendance Allowance should be paid to the claimant directly unless the person is a child under 18 years or the claimant lacks mental capacity (*as defined in the Assessment and Safeguarding of Adults Ordinance 2020*). In these circumstances payment should be made to the parent/guardian or appointee.

Where an individual's needs can be fully met through a specific and readily-available service or services, which can be purchased at a total cost which is lower than the lowest rate of Attendance Allowance; then the level of Attendance Allowance paid will be set at the level that meets those costs. For example, to meet the cost of cleaning services and/or taxi services.

5. Attendance Allowance for claimants who are admitted into hospital/care setting in the Falkland Islands.

Attendance Allowance will continue to be paid even when a person is admitted into hospital for medical treatment, or into a residential care setting, for a period of up to 13 weeks. After this time the claim will be reviewed, and payments will normally stop until the claimant returns home from hospital. At this point, a review will consider whether payments will be reinstated at their former level, or if the claimant's circumstances have changed sufficiently to justify a higher or lower level of payment.

6. Attendance Allowance for claimants who leave the Falkland Islands.

Attendance Allowance will continue to be paid if the claimant leaves the Falkland Islands for the following reasons, as long as they still meet the Eligibility Criteria:

1. Individuals who go on holiday abroad, will continue to be paid for a period of 13 weeks in any 12-month period.

2. Individuals who go overseas for medical treatment will continue to be eligible for Attendance Allowance throughout their period of absence under the Medical Treatment Overseas agreement (which may last for up to a maximum of 3 years). This is on the basis that their absence is for medical purposes only in order for them to receive treatment for a condition which began **before** leaving the Falkland Islands. For longer term cases, the level of support should be reviewed as necessary and at least every 12 months.

If the claimant leaves the Falkland Islands for any other reason, a review of eligibility will be undertaken at that time.

The claimant should notify Social Services if they are leaving the Falkland Islands for any period of time in all cases, and this information may also be sought from or provided by the Overseas Medical Coordinator.

7. Assessment

An assessor from Social Services will undertake an initial assessment of need at a meeting with the claimant. At that meeting the following objectives will be achieved:

- To ensure that the Eligibility Criteria for Attendance Allowance is met; **and**
- The application form is completed.

Claimants will be assessed using a standard tool, built into the application form, which may be revised from time to time. The information provided in the application form generates a score based on the claimant's ability to undertake activities of daily living unaided or their dependency levels to undertake these tasks.

The assessed scores are based on the information provided on the application form and what is gathered at the initial assessment meeting; and if/as required:

- any further information that may need to be requested from the claimant;
- any information obtained by visiting the claimant at home; and
- any further information sought from any other professional deemed to have sufficient knowledge of the claimant, such as but not limited to: a Social Worker, Medical Practitioner, Health Visitor, members of the Community Support Team, Occupational Therapist and Physiotherapist.

8. Level of Payment

Following the initial meeting and assessment and once eligibility has been confirmed, the assessor will determine the appropriate rate of payment to be made.

The level of support that the claimant requires will determine the rate at which payment is made. Eligible claimants may receive one of the payments below:

- **Variable low rate:** To purchase a particular service (or services) that fully meets the individual's needs and provides better value for money than paying the lower rate of Attendance Allowance (see section 4)
- **Low Rate:** A person scores 1- 8.
- **Medium Rate:** A person scores 9-19
- **High Rate:** A person scores 20-30

The assessor should record the recommended level of payment together with the rationale for the recommendation, with reference to the scores recorded on the assessment tool, and any other factors that may need to be taken into account to ensure that a person receives a level of financial support that is appropriate to their needs. This should be entered into the 'Determination of Application' form and/or the 'Assessor Notes' form as appropriate.

9. Approval Process

Once the Social Services assessor has proposed the appropriate payment level, the 'Determination of Application' form and a copy of the application form will be sent to the Chief Medical Officer, or her delegated representative, for confirmation on the level of need.

The form is then sent to the Head of Social Services, who will consider the recommendation from the assessor and any advice from the Chief Medical Officer and make the final decision on level of payment (either confirming or amending the assessor's recommendation). The Head of Social Services may delegate the authority to make such approvals to a senior member of the Social Services team.

The claimant will be informed whether their application has been successful or not and advised of the amount that they will receive.

10. Payment Process

The Social Services assessor will submit the required information for payment to the Treasury Department once the claim has been approved.

The Treasury will normally pay the claimant on the first Friday following confirmation of a successful claim for Attendance Allowance. Payments may take longer for a new payee, to allow for a new payment account to be set up.

All payments will be paid directly into the claimant's local Standard Chartered bank account on a weekly basis.

11. Monitoring and Reviewing

A review of each on-going Attendance Allowance claim will be undertaken on a regular basis by an assessor from Social Services and the Chief Medical Officer's view will be sought.

The timing of the first of these reviews may vary but should occur within the first 12 months of a successful application.

Following this, reviews will take place on an annual basis, unless information is received that requires an earlier review. In this case, the claimant will be informed that a new assessment of need is required.

Claimants are asked to inform Social Services if their circumstances change and in some cases non-compliance may result in Attendance Allowance being stopped.

12. Appeals

In the first instance appeals against any decision made by Social Services can be addressed to the Head of Social Services. If the claimant is still dissatisfied with the decision they can appeal to the Director of Health and Social Services.

If the claimant is still dissatisfied, they can raise a complaint with a Member of the Legislative Assembly (MLA) who may refer complaints to the Falkland Islands Principal Complaints Commissioner.

Details of FIG complaints and appeals procedures can be found at: www.pcc.org.fk

13. Conflicts of interest

If anyone involved in the assessment or determination of an Attendance Allowance application has a conflict of interest, or might reasonably be perceived by others to have a conflicts of interest, they should remove themselves from any role in that case, as far as that is reasonably practicable.

A conflict of interest may arise in circumstances which include, but are not limited to, a family relationship, a close friendship or a business or other financial relationship. If there is a material doubt as to whether a conflict of interest arises, a person should act as if it does.

A person with a perceived conflict of interest should step aside so that their role can be undertaken by a colleague, or by their immediate supervisor.



The Falkland Islands Government

Social Services Department, 20 Scoresby Close, Stanley, Falkland Islands

Telephone: (500) 27296 | Email: admin.social@kemh.gov.fk

APPLICATION FOR ATTENDANCE ALLOWANCE

APPLICANT DETAILS

Applicant name: _____

Date of birth: _____

Address: _____

Phone number: _____ Email address: _____

Do you have a carer?

By carer we mean anyone who helps to look after you like a relative, friend or neighbour or a member of the Community Support Team. We may need to contact them to help us with our decision. Including their details here means you are happy for us to contact them if we need to.

Yes, I have a carer

No, I do not have a carer

Primary carer's name: _____

Telephone number: _____

If you have more than one carer, please provide the additional names and contact details here:

ABOUT YOUR LONG-TERM PHYSICAL OR MENTAL HEALTH NEEDS

Illness or disability	When did this health issue begin?	How long is this health issue expected to last?
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TYPE OF SUPPORT THAT YOU NEED: PLEASE TICK THE BOX THAT APPLIES TO YOU

Do you need help with walking?

- I can walk independently without physical assistance or the use of aids e.g. wheelchair, walking stick, Zimmer frame
- I can walk independently most of the time, with occasional help from someone or with the use of aids e.g. wheelchair, walking stick, Zimmer frame
- I can walk independently sometimes, with frequent help from someone or only with the use of aids e.g. wheelchair, walking stick, Zimmer frame
- I am unable to walk independently and I am dependent on someone else helping me

Do you need help with driving?

- Not applicable or I can drive myself/arrange my own transportation, without help from anyone
- I can drive myself/arrange my own transportation most of the time, with occasional help from
- I can drive myself/arrange my own transportation sometimes, with frequent help from someone
- I am unable to drive myself/arrange my own transportation at all

Do you need help with shopping?

- I can always manage getting to and from the shops and doing my own shopping without help
- I sometimes need help getting to and from the shops and doing my shopping
- I usually need help getting to and from the shops and doing my shopping
- I'm unable to do my own shopping

Do you need help with laundry?

- I have no problems doing my laundry
- I can manage doing my laundry, but I sometimes need help
- I can manage doing my laundry, but I always need help
- I'm unable to do my laundry myself

Do you need help with cleaning?

- I have no problems with doing household cleaning
- I can manage doing my household cleaning, but I sometimes need help
- I can manage doing my household cleaning, but I always need help
- I'm unable to do my household cleaning myself

Do you need help with eating?

- I have no problems with preparing and eating food
- I can manage preparing and eating food, but I sometimes need help
- I can manage preparing and eating food, but I always need help
- I'm unable to prepare and eat food by myself

Do you need help with bathing?

- I have no problems with managing to bathe myself
- I can manage bathing myself, but I sometimes need help
- I can manage bathing myself, but I always need help
- I'm unable to manage bathing myself

Do you need help with dressing?

- I have no problems with managing to dress myself
- I can manage dressing myself, but I sometimes need help
- I can manage dressing myself, but I always need help
- I'm unable to manage dressing myself

Do you need help with going to the toilet?

- I have no problems with accessing and using the toilet by myself
- I can manage accessing and using the toilet by myself, but I sometimes need help
- I can manage accessing and using the toilet by myself, but I always need help
- I'm unable to manage accessing and using the toilet by myself

Do you need help with managing continence?

- I have no continence problems
- I can manage my continence, but I sometimes need help or the use of continence aids
- I can manage my continence, but I always need help or the use of continence aids
- I'm unable to manage my continence at all

EXTRA INFORMATION

Please provide any other information that you think is important here.

DECLARATION

We are unable to pay any allowance until you have signed the declaration and returned the form to us. Please return the signed form when complete.

I declare the information I have given on this form is correct and complete as far as I know and believe.

I understand that if I knowingly give false information, my allowance may be stopped and I may be liable to legal or other action.

I understand that I must promptly tell Social Services of anything that may affect my entitlement to, or the amount of, this allowance.

I understand that Social Services may use the information which it has now or may get in the future to decide whether my entitlement to this allowance or any other benefit is valid.

I consent to Social Services contacting anyone named in this application and/or other FIG Departments, including the Chief Medical Officer, to verify my health and/or other circumstances.



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Telephone: (500) 27296 | Email: admin.social@kemh.gov.fk

DETERMINATION OF APPLICATION FOR ATTENDANCE ALLOWANCE

APPLICANT DETAILS

Applicant name: _____

Date of birth: _____

DETERMINING LEVEL OF ALLOWANCE

Scoring System:

- 0 No help or assistance required
- 1 Occasional help or assistance required
- 2 Frequent help or assistance required
- 3 Completely dependent on others for assistance

Activity	Score	Tick the relevant box below, based on the total score. If a variable low rate is recommended, provide details overleaf.	
Help with walking	<input type="text"/>	Variable low rate:	<input type="text"/>
Help with driving	<input type="text"/>	Low rate (scores 1 – 8):	<input type="text"/>
Help with shopping	<input type="text"/>	Medium rate (scores 9 – 19):	<input type="text"/>
Help with laundry	<input type="text"/>	High rate (scores 20 – 30):	<input type="text"/>
Help with cleaning	<input type="text"/>		
Help with eating	<input type="text"/>		
Help with bathing	<input type="text"/>		
Help with dressing	<input type="text"/>		
Help with going to the toilet	<input type="text"/>		
Help with managing continence	<input type="text"/>		
TOTAL SCORE:	<input type="text"/>		
Attendance Allowance awarded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If no, provide details of recommendation here:

If variable low rate recommended, please provide details here:

Variable low rate value: _____

Details:

Application assessor signature: _____ Date: _____

Determination sent to CMO/CMO delegate for confirmation? Yes No

CMO/CMO delegate comments:

Determination with CMO/CMO delegate recommendations sent to Head of Social Services? Yes No

Payment rate approved by Head of Social Services:
i.e. Variable, Low, Medium or High _____

Head of Social Services signature: _____ Date: _____



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APPLICATION FOR ATTENDANCE ALLOWANCE: ASSESSOR NOTES

ASSESSOR NOTES/COMMENTS (including any communication with carers, CST, health professionals)

Application assessor signature: _____

Date: _____