The Falkland Islands Government

Social Services Department, 20 Scoresby Close, Stanley, Falkland Islands
Telephone: (500) 27296 | Email: admin.social@kemh.gov.fk

Social Services Department
Falkland Islands Government

Winter Fuel Allowance Policy

Version control

Number	Date (most recent at top)	Author	Notes
3	11/06/25	Adam Hurst	Revised for annual review
2	18/09/24	Adam Hurst	Revised for annual review
1	22/02/2023	Maeve Daly-Llamosa	Revised draft for ExCo
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1. Purpose

The winter fuel allowance is designed to help eligible applicants with the cost of heating their main home in winter. The winter fuel allowance is income tested, based on total household income as defined in the Income Support Operational Manual. Overseas pensions/incomes should be declared and considered. Eligible applicants with household incomes up to a specified threshold will receive the full allowance. A partial allowance may be granted to applicants with household incomes above that threshold.

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

2. Eligibility Criteria

A household is eligible for the winter fuel allowance if on the date of application at least one member of the household:

- receives a retirement pension; or,
- is of normal retirement age on or before 30 September in the year an application is made; or,
- is entitled to attendance allowance at the high or medium rate; or,
- is eligible for income support; and
- is ordinarily resident in the Falkland Islands.

No set of benefit rules can cover all circumstances and there will always be a risk that some people in need will 'slip through the net'. In these circumstances it may be advised to seek support via the emergency assistance outlined in chapter 8 of the Income Support Manual.

3. Applications for Winter Fuel Allowance

Income support staff will advertise the Winter Fuel Allowance in May to promote its availability to eligible individuals.

An application form must be completed every year and applications should be returned to the Income Support office.

In the month of May, income support staff will mail applications and an information sheet to all Falkland Islands residents who are:

- in receipt of pensions from FIPS and/or RPC or other pensions
- in receipt of either of the two higher levels of the Attendance Allowance
- eligible for income support

Individuals who are not in receipt of a pension, the attendance allowance or income support can apply for the winter fuel allowance by contacting Social Services in person, by telephone, or by e-mail to request an application form.

The contact details are publicised on the FIG website, Social Services' website, the Penguin News, Falkland Islands Radio Service and in other appropriate materials and at appropriate

locations.

Applicants will be asked to apply by 30 June if they can; and the aim is that for those who apply by that deadline, payments are processed by the end of June. However, applications will be accepted up until 30 September with no penalty applied.
Eligibility for the Winter Fuel Allowance is based on the household income and the application is designed so that signatures are obtained of all members of the household, except for any dependent children in full time education. Consent is needed for staff to verify total household income amounts with the Taxation Office.

Applicants are required to disclose any information that would impact their eligibility e.g. overseas pensions or income.

4. Pro rata payments for claimants not living in their home for the full winter period

Away from the Islands for a holiday
If an applicant (or the entire household) is to be away from the Islands on holiday they are asked to self-declare this on the application. If the applicant is away for a total of 28 days or more during June-September, payments will be reduced pro-rata for such periods outside the Islands. No deductions will be made if the absences total 27 days or less.

Away from the Islands for medical reasons
In the case of overseas medical travel, an applicant/recipient will not be disqualified from receiving the allowance and it will not be deducted from the applicant's total entitlement.

Short-term Hospitalisation or Respite Care
In the case where a recipient is hospitalised or provided respite care and it is self-declared or comes to the attention of staff, the allowance will not be stopped or daily deductions made.

Age of applicant
In the case where an applicant is not age 65 before 30 June when the application is due, but will turn age 65 before 30 September, they can still apply for the allowance and the payable amount will be pro-rata

5. Assessment

Once eligibility has been established, entitlements are calculated based on gross household income of all household members aged 16 and over living in the household and not in full time education.

The entitlement is then adjusted to take account of any planned time away from the dwelling, and/or the time until the applicant reaches age 65 except for those circumstances described above in Section 4 (hospitalisation and respite)

Provided the total household income is less than the relevant threshold, entitlement will be

the full amount of the allowance less any adjustments. For example if the total household income is above the relevant threshold, the entitlement will be reduced by one pound for every pound it's over the threshold.

The Income Support Worker will check details of household income with the FIG Taxation Department, each person included on the application form must provide a signature to indicate they consent to their income details being verified.

Pensioners applications will be based upon last year's tax assessment to prevent pensioners from having to submit multiple evidence of finances. Those who are applying through the Income Support process will be assessed on a month by month basis.

If an individual's monthly income puts them over the monthly threshold, but their average annual income would fall under the threshold, they would be assessed on their annual income.

6. Level of Payment

The value of the winter fuel allowance and its associated thresholds is determined yearly by FIG during the budget setting process. Once set, the amounts are made public on FIG's website and/or the Social Services Department website.

7. Payment Process

Once entitlement amounts are determined, a standard letter will be sent to the address provided on the application clearly stating the allowance amount to be received for that winter season subject to approval by the Budget Select Committee

Claimants will be given a choice whether they receive the payment in a lump sum, or in monthly payments. Payment will be made into the applicant's SCB account. If the applicant does not have an SCB bank account, alternative arrangements may be made.

8. Claim Reconsiderations and Complaints

An applicant/recipient of Winter Fuel has the right to request a review regarding a decision and/or to make a complaint about the service.

This should be an open procedure and encouraged if an applicant/recipient feels they have been denied service or treated unfairly. Social Services will uphold this right and respond and provide feedback in a respectful and timely manner.

8.1 Claim Reconsideration Procedure

A claim reconsideration can be requested when an applicant/recipient disagrees with a decision made about eligibility for, or entitlement to, Winter Fuel Allowance. They should start by contacting the office to speak to the Assessor about their claim. There can be a separate meeting set up for this or a conversation held in the office or over the telephone. Any conversations should be documented and placed in the person's file.

If the person is not satisfied with that explanation, they can ask for the decision to be looked at again – this is called 'claim reconsideration'.

If an applicant asks for a claim reconsideration, they must do so within one month of the date the decision was made and fill out the **Claim Reconsideration** form. They can ask for a claim reconsideration after one month has passed, but it must be for a good reason and they will need to explain why e.g. hospitalization, or a bereavement.

Once the **Claim Reconsideration** form has been completed, it should be sent to the Head of Social Services immediately. The Head of Social Services will contact the applicant within 5 working days to arrange a meeting and to discuss the claim. This meeting may take place over the phone or in person.

The Head of Social Services will advise the applicant of the outcome of the claim reconsideration; this may be immediately following the meeting or up to 10 working days later, depending on how complicated the review is. This outcome should be sent to the applicant in writing and a copy placed on the file.

If after this meeting with the Head of Social Services the applicant still thinks the outcome of the claim reconsideration is wrong, they should be advised that they can submit their claim reconsideration to the Director of Health and Social Services. This must be done within 1 month of the date the applicant's claim reconsideration was reviewed by the Head of Social Services.

The Head of Social Services will provide all of the information associated with the claim reconsideration to the Director of Health and Social Services. The applicant should not need to submit anything further. The Director of Health and Social Services will review the claim and may consult with other FIG Directors as part of the review process.

The applicant should be advised that they will be contacted within 10 working days to arrange a meeting with the Director of Health and Social Services to discuss the claim reconsideration.

All decisions from this meeting will be followed up in writing; a letter detailing the outcome will be sent to the applicant and copied to the Head of Social Services, and a copy will be kept on the case file.

The Head of Social Services will advise the Income Support Worker of the outcome and will instruct on any changes that will apply to the original decision.

8.2 Complaints Procedure

Complaints can be made when an applicant/recipient feels that they have been treated unfairly or they wish to lodge a complaint about the service. They should be encouraged to start by contacting the Income Support staff member first to see if the complaint can be resolved.

If an initial meeting to discuss the complaint does not satisfy the applicant/recipient they should be advised of the next steps. They should complete a **Complaints** form and that form should be forwarded to the Head of Social Services for review. All timeframes and steps in this process of complaints should be the same as for the claim reconsideration procedure and claim reconsideration.

Any conversations, meeting and letters sent to an applicant/recipient should be documented and placed in the case file.

8.3 Formal Complaints

If there is no resolution with the above procedures and the applicant/recipient requests to elevate the claim reconsideration/complaint, they should be advised they can contact the Principal Complaints Commissioner as the final avenue for claim reconsiderations and complaints outside the Department of Health and Social Services.

Further details on what is involved in this process are available on the Principal Complaints Commissioner's website www.pcc.org.fk.

People should be aware that there is a time limit for the submission of complaints to the Principal Complaints Officer – all complaints must be submitted within 12 months from the date of the matter arising.

9. Conflicts of interest

If anyone involved in the assessment or determination of a Winter Fuel Allowance application has a conflict of interest, or might reasonably be perceived by others to have a conflict 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.

10. Debt recovery

For the purpose of this manual, there are two types of debt that could arise within The Winter Fuel Allowance:

- Overpayments, arising from errors or incorrect information provided by the applicant (whether deliberate or inadvertent) – should be treated as debt.
- Overpayments arising from errors made by FIG – should be recovered if this can be done immediately (i.e. a double payment of the Winter Fuel Allowance has been made) – seek advice from the Treasury.

To recover overpayment of the winter Fuel Allowance from the recipients; each case is considered individually, taking account of the person's circumstances in assessing their ability to repay. In some cases, the agreed repayment may be small, almost a token amount to establish the principle of repaying. In other cases, more substantial or complete repayment may be appropriate.

If it is agreed between Treasury and Social Services that the debtor has no current capacity to repay their debts, then a review date should be set (e.g. 3 months, 6 months or 1 year) and the Treasury must not take further action to progress their debt recovery process in the interim.

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WINTER FUEL ALLOWANCE APPLICATION FORM

Applicant details

Your name: _____

Your address: _____

_____

Your Date of Birth: _____

Your phone number(s): _____ (Mobile) _____ (Landline)

Your email address: _____

Is the applicant in receipt of a pension? ☐ Yes ☐ No

Is the applicant in receipt of the medium or high rate AA? ☐ Yes ☐ No

Is the applicant eligible for Income Support? ☐ Yes ☐ No

Is the applicant in Sheltered Housing? ☐ Yes ☐ No

Does the applicant intend to reside in their home from 1 June to 30 September? ☐ Yes ☐ No

If NO how many days does the applicant intend to spend away from home? _____

Your status in the Islands:
(We ask this question to determine whether applicants are considered ordinarily resident in the Islands)

☐ Falkland Islander/Status Holder or PRP holder

☐ Work Permit holder

☐ Other, please specify: _____

People living in your household

Please list all of the people who usually live in your household:

Person 1:		Person 2:	
Person 3:		Person 4:	
Person 5:		Person 6:	
Person 7:		Person 8:	

Your household income

Please provide the total figure for your household's total taxable monthly income below. You must include your income, your spouse or partner's income, and the income of all people aged 16 or over, who are not in full-time education.

For guidance on what income does and doesn't count, please refer to the Guidance Notes or contact the scheme administrator for advice.

Total taxable monthly household income:

If you or anyone in your household receive any benefits in kind from an employer, including accommodation and board, please provide details below:

	Tick if yes	Number of rooms
Accommodation – whole dwelling, furnished:		
Accommodation – whole dwelling, not furnished:		
Accommodation only:		
Board only:		
Heating and/or electricity only:		
Full board and accommodation:		

If you or anyone in your household receives any payments towards rent or household bills from lodgers, extended family members or other adults in the house, please provide the amounts received per month below:

Rent:

Bills:

Other:

If you or your spouse/partner receive child maintenance payments from a separated partner, please provide the amount(s) received per month:

How We Pay You

Your bank account details:

Name of the account holder:

Account number:

Applicant Declaration

CONSENT FOR ACCESS TO AND USE OF PERSONAL DATA

- ☐ I consent to the Social Services Department contacting my employer(s), landlord, and/or any other FIG Department, including the Taxation Office, for any such details that may be required to verify the information provided in this application form and for the assessment of my eligibility and/or ongoing receipt of the winter fuel allowance.
- ☐ I understand that information related to my winter fuel application, and any payments I receive, may be collected, used and disclosed within Social Services Department and other relevant FIG Departments, or in an anonymised format to other FIG Departments for the purposes of statistical analysis.
- ☐ I understand that the personal information collected, used and disclosed by staff will be limited to the amount necessary to achieve the purpose required.
- ☐ I understand that without consent to collect, use and disclose necessary and relevant information, my application for winter fuel cannot be processed.
- ☐ I understand that my application may be assessed regularly to satisfy the Social Services Department that I am complying with FIG regulations.

DUTY TO REPORT

- ☐ I understand that I must inform staff about any changes to my situation, or the situation of members of my household linked to this application.
- ☐ I agree that when requested I will provide the Social Services Department with any updated information requested for the continuity of my winter fuel allowance.
- ☐ I understand that Income Support/Social Services Department is legally obligated to disclose personal information to comply with a court order or in cases where staff suspect harm may come to me or others.

MY RIGHTS

- ☐ I understand that I can access my information through a written request to the Head of Social Services.
- ☐ I understand that I can make a complaint to the Head of Social Services if I feel that my privacy has not been maintained or that my information is not collected, used or disclosed appropriately.
- ☐ I, the undersigned, declare that the particulars given in this form are correct and complete, and that I may be liable to prosecution if I make a false declaration.

Applicant 1 Name: _____ Signature: _____ Date: _____

Applicant 2 Name: _____ Signature: _____ Date: _____

Applicant 3 Name: _____ Signature: _____ Date: _____

Applicant 4 Name: _____ Signature: _____ Date: _____

Applicant 5 Name: _____ Signature: _____ Date: _____

Applicant 6 Name: _____ Signature: _____ Date: _____

Applicant 7 Name: _____ Signature: _____ Date: _____

Applicant 8 Name: _____ Signature: _____ Date: _____

IS Worker Name: _____ Signature: _____ Date: _____