

Tameside Adult Social Care

Charging Policy

2024 -2027



LIVING WELL AT HOME

Version Control

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1. INTRODUCTION

- 1.1 This policy complies with The Care Act 2014 which provides a single legal framework for charging for care and support in Adult Care Services.
- 1.2 The main aim of this policy is to produce a consistent and fair framework for charging for all people who receive care and support services from adult social care (referred to as 'people' in the rest of this document), following an assessment of their individual needs and their individual financial circumstances.
- 1.3 [Section 17 of The Care Act 2014](#) permits local authorities to undertake a financial assessment which will determine the level of a person's financial resources, and the amount (if any) which the individual is assessed able to pay towards the cost of meeting their care and support needs.
- 1.4 The [Care and Support Regulations](#) (Statutory Instruments) and [Care and Support Statutory Guidance](#) and Annexes issued under The Care Act 2014 inform this policy.

2. KEY PRINCIPLES

- 2.1 The overarching principle is that where a person is required to pay for care and support, they should only pay what they can afford. Some people will be entitled to financial support on a means-tested basis and some people will be entitled to receive free care and support.
- 2.2 The key principles of the charging policy include:
 - It is equitable and fair
 - Is sustainable for the Local Authority in the long term
 - Has a charging calculation that takes account of ability to pay
 - Charges for a package of care and support are based on the amount of personal budget and an individual's ability to pay
 - Ensures that the Council charging arrangements reflect the true cost of services
 - Has a simple, efficient, cost effective financial assessment and income collection process
 - Ensures that there is consistency in charging, applying the charging policy and collecting income
 - Has an effective formal complaints process
- 2.3 The Council will:
 - ✓ Encourage people to claim all the welfare benefits that they are entitled to receive

- ✓ Carry out an assessment of people's finances, taking into account relevant outgoings and disability related expenditure
- ✓ Ensure that the charges people are asked to pay for non-residential services do not reduce their disposable income below the minimum income guarantee
- ✓ Ensure that people know how to ask for their financial assessment to be reviewed or complain against the charge they are asked to pay
- ✓ Collect payment for all services via a number of methods e.g. standing order, cheque, debit or credit card and deduction from any direct payments
- ✓ Financially assess people as individuals.

2.4 The Council will not:

- ✗ Charge for services provided to carers
- ✗ Charge for intermediate care services (including reablement up to 6 weeks in duration)
- ✗ Charge for community equipment or minor adaptations (less than £1000)
- ✗ Charge people for assessing their care needs
- ✗ Charge people for providing advice about the services that are available
- ✗ Charge for support that relates to Mental Health Act section 117 aftercare needs
- ✗ Charge people more than the full cost of providing their services, over the duration of their services
- ✗ Ask people to pay any more than they can reasonably afford
- ✗ Subsidise the charge for services or provide continuing protection from the full cost of eligible services.

3. CHARGING AND FINANCIAL ASSESSMENT FOR NON-RESIDENTIAL SERVICES

- 3.1 This section should be read in conjunction with the Care and Support (Charging and Assessment of Resources) Regulations 2014.
- 3.2 The council will charge for care and support delivered in a person's home (for example, home care) and other community settings (for example, day services). Home could be in supported accommodation, extra care accommodation or in Shared Lives.
- 3.3 Those requiring care and support in their own home or other community settings must have eligible care and support needs as determined by the [national eligibility guidance](#). Only where a person has eligible care and support needs will a financial assessment be required.
- 3.4 Most non-residential services are provided via a personal budget. A personal budget is the amount of money that is required to meet eligible care and support needs, including the amount a person can contribute towards the cost. The difference is the amount of funding support that the local authority will provide.
- 3.5 There will be no reduction in the contribution that a person is required to make even if the weekly amount of support received reduces on a temporary basis. For example, if the person goes on holiday, cancels some support or goes in hospital, unless the person's circumstances have also changed.
- 3.6 There are some services that the council offers that are not provided via a personal budget, these include; Appointeeship services, telecare (Tameside Community Response Service) and deferred payments.

FINANCIAL ASSESSMENT

- 3.7 Section 17 of The Care Act 2014 permits the council to undertake a financial assessment to determine the amount a service user can contribute towards their care and support costs. The key principle of this process is that it is fair and equitable:
- Ensuring that a person is only required to pay what they can afford to pay
 - The charge to the person for services provided is no greater than the cost of the services being received
- 3.8 Where a person has an eligible care and support need, the council will determine an indicative virtual budget first through an initial costed support plan. Thereafter, the council will carry out a detailed financial assessment to determine the final personal budget and what the person can afford to pay towards their care. The final personal budget will be the basis for charges. People will be charged against this value or the cost to the council of services delivered, whichever is the lower.
- 3.9 The financial assessment takes into consideration income, capital, housing related expenditure (HRE) and disability related expenditure (DRE). Those with savings / capital in excess of the higher capital limit (£23,250.00) will be responsible for meeting all of their care and support costs. Evidence will be required to substantiate a person's financial circumstances and disability related expenses will be included

from the date of receipt of the evidence. Any funeral plans will be treated as capital for the purposes of the financial assessment. Income and capital will either be disregarded (ignored), partly disregarded, or included in the calculation.

- 3.10 Property owned other than the person's main or only home will be included within the financial assessment as a capital asset.
- 3.11 The [Care Act 2014](#) requires that financial assessments are completed for people as individuals. Where capital is held and income is received on a joint basis, then it is assumed that each party is entitled to 50% of that capital / income. A couple is defined (for the purposes of this charging policy) as two people living together as spouses or partners.
- 3.12 Following the financial assessment, the individual will be given a written record of the assessment, which will explain how the assessment has been carried out, what the weekly charge will be, how often it will be made and when it will be reviewed. People will be informed if they are considered as able to self-fund their care costs, or of the weekly amount they must contribute towards their care and support costs. Contributions are normally payable from the date care commences.
- 3.13 The council will arrange services for those who are self-funding if requested to do so. There is a fee for this for people new to adult social care non-residential services from April 2022 (See appendix 2 for current charge).
- 3.14 Those who are not self-funding will have the option to take a personal budget as council commissioned services or as a "direct payment", or a combination of both.
- 3.15 Where a person declines or refuses a financial assessment they will be required to pay for the full cost of their care and support services. Where there are unreasonable delays in the provision of information to support the financial assessment the Council will usually charge the full cost of care until the information is provided. **Charges will be backdated to the start of the services.**
- 3.16 Where a person has substantial difficulty understanding or completing a financial assessment and there is no other appropriate person available who can support them, the council will consider requesting an independent advocate to support the person complete the process. Where a person lacks capacity and does not have a legal representative a financial assessment will be undertaken using the information available. The financial assessment will usually be updated and backdated if subsequently further information becomes apparent.
- 3.17 Financial assessments are completed every year to take into account any changes the government makes to the amount of state retirement pensions and all other state benefits. A new financial assessment also needs to be completed when there is any other change in the person's financial circumstances, for example where their income goes up or down or there is a change in their savings. People must tell the Client Finance Team about any change within one month of the change happening and we will then complete a new financial assessment from the date of the change.
- 3.18 If people do not tell the Client Finance Team about any change within a month and the change means that they have been paying too much for their care we will only complete the financial assessment from the week we are told about the change.

- 3.19 If people do not tell the Client Finance Team about any change within a month and the change means they haven't been charged enough they will have to pay the extra charges going back to when the change happened.
- 3.20 If people are not sure whether or not we need to know about a change they should tell us anyway.

4. NON-CHARGEABLE SERVICES

- 4.1 The Council will not charge for the following services as they must be arranged free of charge:
- Intermediate care, including reablement, which will be provided **free of charge for up to six weeks**. Any continuation of services beyond that will be chargeable from the beginning of the seventh week.
 - Community equipment (aids and minor adaptations). Aids must be provided free of charge whether provided to meet or prevent/delay needs. A minor adaptation is one costing £1,000 or less;
 - Care and support provided to people with Creutzfeldt-Jacob Disease (CJD);
 - After-care services/support provided under section 117 of the Mental Health Act 1983; (Services that meet needs which are unrelated to Section 117 will be subject to the local authority charging policy and may result in a client contribution. The local authority is also permitted to charge for the difference between the actual cost of preferred accommodation and the usual cost of providing or arranging for the provision of accommodation of that kind under Section 117).
 - Any service or part of service which the NHS is under a duty to provide. This includes Continuing Health Care and the NHS contribution to Funded Nursing Care;
 - More broadly, any services which the Council is under a duty to provide through other legislation may not be charged for under the Care Act 2014;
 - Assessment of needs and care planning may also not be charged for, since these processes do not constitute "meeting needs".
 - Any services which a local authority is under a duty to provide through other legislation may not be charged for under the Care Act 2014.

5. CHARGING AND FINANCIAL ASSESSMENT FOR RESIDENTIAL SERVICES

- 5.1 Those requiring care and support in a residential care home must have eligible care and support needs as determined by the national eligibility guidance.
- 5.2 The council will charge for care and support delivered in a residential care home on a temporary or permanent basis. A temporary resident is defined as a person whose need to stay in a care home is intended to last for a limited period of time, and where there is a plan to return home. Those who have a temporary stay that becomes permanent will be assessed for a permanent stay **at the date permanency is confirmed**.

- 5.3 Fees and charges for residential services will be reviewed each year in line with costs of care/support and inflation.

FINANCIAL ASSESSMENT

- 5.4 The financial assessment is carried out in line with the Care and Support (Charging and Assessment of Resources) Regulation 2014.
- 5.5 Where a person chooses a residential care home that is more expensive than what the local authority deems is required to meet their eligible care and support needs, the difference, referred to as a “top up” must be paid by the person or a third party. This is subject to completion of a first or third party contribution written agreement which has been authorised by the council, which will be reviewed on an annual basis.
- 5.6 The Council will ensure that the individual or third party is aware of the consequences of failing to maintain the top up payment which can include a move to an alternative affordable placement that is suitable to meet the person’s care and support needs (subject to a care and support assessment).
- 5.7 The Council will undertake a financial assessment and state benefits check for those moving into residential care on a permanent basis.
- 5.8 The financial assessment will take into consideration income, capital and the value of any assets and disability related expenditure (DRE). Those with assets in excess of the higher capital limit will be responsible for meeting the full residential care costs. Evidence will be required to substantiate a person’s financial circumstances. Where there are unreasonable delays in the provision of information to support the financial assessment the Council will charge the full cost of care until the information is provided. Any funeral plans will be treated as capital for the purposes of the financial assessment.
- 5.9 The financial assessment will take into account statutory amounts required to be retained by the person from their income, known as ‘personal expenditure allowance’.
- 5.10 A person’s assessed contribution will be reviewed on an annual basis at the beginning of April each year in line with the increase in state pensions / benefits. If requested, a person’s contribution can be reassessed where the person’s circumstances have changed, or for self-funding people, if their total savings / capital have fallen to or below the upper capital threshold.
- 5.11 Contributions are payable from the date of admission. If a person self-funds their residential care and their capital falls below the threshold, the Local Authority can only be responsible for any funding from the date the information for the financial assessment is received, or the date the capital falls below the threshold, whichever is the later.
- 5.12 Contributions are due until the day the person leaves or until the date of death. Although the Council pays additional amounts to providers, after the date of death, to enable rooms to be prepared for residency, this will not be passed onto the person’s estate.

6. PROPERTY

- 6.1 There is a requirement that any property owned by a person should be included in the financial assessment unless there is a statutory disregard of the property as defined within the Charging for Care and Support Statutory Guidance.
- 6.2 Where a property is to be included, the Council will ignore its value for the first twelve weeks of permanent residency, this period is called the twelve week property disregard and allows the person time to consider the options available to fund their future care costs.
- 6.3 The value of a main residence will be disregarded when a spouse, partner or other dependent relative continues to reside there.

7. DISABILITY RELATED EXPENDITURE (DRE)

- 7.1 The Council allows a standard disregard for disability related expenses per week (please see appendix 1 for current rate) which is deducted from a person's disposable income following the financial assessment. If a person's disability related expenses are higher than this figure, then the actual amount of the disability related expenses will replace the standard disregard. The standard disregard is reviewed annually.
- 7.2 In assessing disability-related expenditure, local authorities should include the following:
- payment for any community alarm system
 - costs of any privately arranged care services required, including respite care
 - costs of any specialist items needed to meet the person's disability needs
- 7.3 However, it should also be noted that this list is not intended to be exhaustive, and any reasonable additional costs directly related to a person's disability should be included (for further examples, please see appendix 3)

8. CHARGING FOR SUPPORT TO CARERS

- 8.1 Where a carer has eligible support needs of their own, the Council has a duty, or in some cases a power, to arrange support to meet their needs. When the Council is meeting this need by providing a service directly to a carer, it has the power to charge the carer.
- 8.2 The Council values carers within its local community as partners in care and recognise the significant contribution they make. Carers help to maintain the health and wellbeing of the person they care for, support this person's independence and enable them to stay in their own homes for longer.

- 8.3 The Council do not charge carers for support.
- 8.4 The support, which the council can charge the carer for, must not be provided directly to the adult being cared for. The council does not presently routinely charge carers, but can exercise its discretionary power to only provide funding the council feels is appropriate to the “cared for” persons eligible care and support needs.
- 8.5 In some circumstances the council may not agree to fund certain support requested by a carer, in which case they would be expected to pay for this support themselves.

9. DEFERRED PAYMENTS

- 9.1 The Council operates a Deferred Payment Scheme. Deferred Payments are designed to prevent people from being forced to sell their home in their lifetime to meet the cost of their care. The Deferred Payment Scheme is open to those people moving into residential settings. Those who own a property over which security can be taken, may be eligible to defer care costs against the value of the property, this is referred to as a deferred payment.
- 9.2 For further details relating to the Deferred Payments Scheme, please refer to our adult social care website pages about [‘paying for care.’](#)

10. DEPRIVATION OF ASSETS

- 10.1 Deprivation of assets means where a person has intentionally deprived or decreased their overall assets in order to reduce the amount they are charged towards their care. This means that they must have known that they needed care and support and have reduced their assets in order to reduce the contribution they are asked to make towards the cost of that care and support.
- 10.2 This can be by either depriving themselves of their capital or income. There may be good reasons why someone no longer has an asset but the Council must ensure all cases are explored before concluding whether a deprivation of assets has occurred.
- 10.3 Where this has been done to remove a debt that would otherwise remain, even if that is not immediately due, this must not be considered as deprivation.
- 10.4 In all cases, it is up to the person to prove to the council that they no longer possess an income or an asset, and the reason for this. The council will determine whether to conduct an investigation into whether deprivation of income or assets has occurred.
- 10.5 An investigation will be conducted under guidance contained within the [Regulation of Investigatory Powers Act, 2000](#). Following the investigation, where the council decides that a person has deliberately deprived themselves of an asset or income in order to reduce a charge for care and support, the council will initially charge the person as though they still owned the asset or income.

- 10.6 Where the person has transferred the asset to someone else, that person, is liable to pay the Council the difference between what it would have charged and did charge the person receiving care and support. However, the person is not liable to pay any more than the benefit that they have received from the transfer. If the person has transferred funds to more than one person, each of those people is liable to pay the Council the difference between what it would have charged or did charge the person in proportion to the amount they received.

11. DEBT RECOVERY

- 11.1 Where a person has accrued a debt to the Council, we will use our powers under the Care Act to recover that debt. The powers granted to the council for the recovery of debt also extends to the person or their representative, where they have misrepresented or have failed to disclose (whether fraudulently or otherwise), information relevant to the financial assessment of what they can afford to pay.
- 11.2 The council will approach the recovery of debt reasonably and sensitively, in accordance with part three of the recovery policy [Debt Recovery Policy](#). The Council will only take Court action as a last resort.

12. IF YOU DISAGREE WITH YOUR FINANCIAL ASSESSMENT

- 12.1 Any concerns, complaints or comments with the process of the financial assessment and benefit check should be directed in the first instance to the Client Finance Team (contact details are provided below)
- 12.2 Everyone can ask the Council to look again at the amount they have been assessed to contribute toward the cost of their service, including Disability Related Expenses (DRE), if they think something is incorrect.
- 12.3 You may wish to point out any mistakes that you think the Council have made. You may think we have made a wrong decision because we have missed some information, or we do not know something about your circumstances, including any exceptional expenses because of an illness or disability.
- 12.4 Where you have indicated that you do not agree with the outcome of your financial assessment, or any aspect of the assessment such as the DRE considered, this will be considered an appeal to the financial assessment outcome/decision.
- 12.5 If you wish to appeal your financial assessment, (including Disability Related Expenses (DRE) or any other aspect of your assessment), you need to put the reasons you disagree in writing to the Client Finance Team who will consider your request based on the evidence you provide.
- 12.6 You can do this by:
- writing to Client Finance, PO Box 304, Ashton-U-Lyne, OL6 0GA

- or by email at AdultServicesFinance@tameside.gov.uk
- or by phone 0161 342 3220

12.7 The Council will then look at your charges again and change any details where we can. Your financial details will be amended, and you will be notified of your revised contribution in writing, including the date from which the amendment is effective.

12.8 If our decision is found to be correct, we will write to you and explain why.

12.9 We aim to complete this review in 28 working days from receipt of your request.

12.10 If you are still not satisfied with the decision, you can make a formal complaint through the [Corporate Complaints](#) process.

GLOSSARY:

Non-residential services	Non-residential care is care, other than in a care home, usually in peoples', own homes
Residential Care services	<p>Residential care means long-term care provided in a care home. It's for people who need substantial help with their personal care. There are two main types of care home:</p> <ol style="list-style-type: none"> 1. Residential - they offer personal care, such as help with washing, dressing, going to the toilet and taking medication. 2. Nursing - they provide personal care and also have qualified nurses on duty at all times. They can be suitable for people who require frequent medical attention.
Package of Care	The range of services offered to you as an individual by your council, following an assessment of your needs. It may include day services, aids and adaptations for your home and personal care.
Eligible care and support needs	<p>An individual will be deemed eligible for care if their needs, arising from disability or illness, prevent them from achieving two or more 'outcomes' – everyday activities (for example managing nutrition and hygiene) which if not completed, would have a 'significant' impact on their wellbeing.</p> <p>Section 13 of the Care Act 2014 and the Care and Support (Eligibility Criteria) Regulations 2015 sets out the national eligibility criteria which must be followed to determine if an individual has eligible needs for care and/or support.</p>
Financial assessment	A financial assessment or means test works out if the council will pay towards your care. It looks at how much money you have.
Personal Budget	A personal budget is the amount of money that is required to meet eligible care and support needs, including the amount a person can contribute towards the cost. An indicative personal budget is costed when the support plan is developed. A finalised personal budget is clarified after the financial assessment is completed.
Self-funders	When a person has been financially assessed to pay full cost for their care and support services; they will not be entitled to financial support from the Council. These people may be referred to as 'self-funders'.
Capital	<p>Capital 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.</p> <p>The following list gives examples of capital. This list is intended as a guide and is not exhaustive.</p> <ol style="list-style-type: none"> (a) Buildings (b) Land

	<p>(c) National Savings Certificates and Ulster Savings Certificates</p> <p>(d) Premium Bonds</p> <p>(e) Stocks and shares</p> <p>(f) Capital held by the Court of Protection or a Deputy appointed by that Court</p> <p>(g) Any savings held in Building Society Accounts and Bank Current Accounts, Deposit Accounts or special investment accounts. This includes savings held in the National Savings Bank; Girobank and Trustee Savings Bank; SAYE schemes; Unit Trusts; Co-operatives share accounts.</p> <p>(h) Cash</p> <p>(i) Trust funds (in certain circumstances).</p>
<p>Minimum Income Guarantee (MIG) / Protected Income</p>	<p>The purpose of the Minimum Income Guarantee is to promote independence and social inclusion and ensure that a person has sufficient funds to meet basic needs such as purchasing food, utility costs or insurance. This will be after any housing costs such as rent and council tax net of any benefits provided to support these costs – and after any disability related expenditure.</p> <p>The Council will ensure that a person's income is not reduced below a specified level after charges have been deducted. This level will be set at the minimum income guarantee level set out in the Care and Support (Charging and Assessment of Resources) Regulations 2014 and reviewed annually by the Department of Health and Social Care.</p>
<p>Deferred payments</p>	<p>Deferred Payments are designed to prevent people from being forced to sell their home in their lifetime to meet the cost of their care. The Deferred Payment Scheme is open to those people moving into non-residential settings.</p>
<p>Top up</p>	<p>In some cases, a person may actively choose a setting that is more expensive than the amount identified for the provision of the accommodation in the personal budget.</p> <p>Where they have chosen a setting that costs more than this, an arrangement will need to be made as to how the difference will be met. This is known as an additional cost or 'top up' payment and is the difference between the amount specified in the Personal Budget and the actual cost.</p>
<p>Disability Related Expenditure (DRE)</p>	<p>Disability Related Expenditure is the extra costs that arise as a result of disability to meet any needs which are not being met by the local authority.</p> <p>For example, if your relative needs several changes of clothing each day, there are additional costs for laundry, wear and tear on the washing machine and tumble dryer, electricity costs etc.</p>

APPENDIX 1

CHARGING POLICY CURRENT THRESHOLDS AND ALLOWANCES

Applicable from April 2026

CHARGING FOR NON RESIDENTIAL SERVICES

Capital Thresholds

The lower threshold is £14,250 and the higher threshold is £23,250

Tariff income between these two amounts is £1 per week for every £250 (or part of) held

Minimum Income Guarantee (MIG) - the protected income levels

People aged 18-24 £146.95 per week

People aged 25 or older but less than pension age £171.95 per week

People at pensionable age £241.45 per week

People at pensionable age (couple) £184.30 per week

There is an additional £25.15 per week protected income per week for people on Enhanced Disability Premium.

CHARGING FOR RESIDENTIAL SERVICES

Capital Thresholds

The lower threshold is £14,250 and the higher threshold is £23,250

Tariff income between these two amounts is £1 per week for every £250 (or part of) held

Personal Expenditure Allowance

£31.80 per week up to £144.00 per week for a service user on a Deferred Payment Scheme.

People new to services are encouraged to pay by Direct Debit.

DISABILITY RELATED EXPENDITURE (DRE)

The standard disregard for disability related expenses is £17.40 per week.

APPENDIX 2

TAMESIDE ADULT SOCIAL CARE - ADDITIONAL CHARGES

Applicable from April 2026

For a list of current adult social care fees and charges, please see the council's 2026/27 [budget report](#) (appendix 6).

	Tameside Charges
<p>Court of Protection Fees Fees for applying to act as court appointed deputy are fixed and are set by the Court of Protection: https://www.gov.uk/become-deputy/fees</p>	<p>There are additional fees payable for Financial Affairs Deputyship:</p> <ul style="list-style-type: none"> ○ Deputyship Fee (assets >£16k) - Setup Fee £944.00 ○ Deputyship Fee (assets >£16k) – First year £982.00 ○ Deputyship Fee (assets >£16k) – Subsequent years £824.00 ○ Deputyship Fee -OPG annual report (if requested) - £274.00 <p>Tameside currently does not take on clients with a property.</p>
<p>Appointeeship fees A review of an Appointee's capital will be completed on an annual basis.</p>	<p>For people living in the community the charge is:</p> <ul style="list-style-type: none"> ○ Appointeeship Fee - £13.00 per week
<p>Deferred Payments In Tameside, the Deferred Payment Scheme is open to those people moving into residential settings.</p>	<ul style="list-style-type: none"> ○ All new Deferred Payment agreements will incur a setup fee of £864.11 + compound interest. ○ Interest is subject to change twice a year (01 January & 01 July). ○ Charges are added to the accruing debt.
<p>Self-Funders arrangement fee – non residential The council will arrange services for those who are self-funding if requested to do so.</p>	<p>For the arrangement of non-residential services:</p> <ul style="list-style-type: none"> ○ there is a charge of £106.85

APPENDIX 3

DISABILITY RELATED EXPENDITURE (DRE) EXAMPLES

Where disability-related benefits are taken into account, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority.

In assessing disability-related expenditure, local authorities should include the following.

- (a) payment for any community alarm system
- (b) costs of any privately arranged care services required, including respite care
- (c) costs of any specialist items needed to meet the person's disability needs, for example:
 - (i) Day or night care which is not being arranged by the local authority
 - (ii) specialist washing powders or laundry
 - (iii) additional costs of special dietary needs due to illness or disability (the person may be asked for permission to approach their GP in cases of doubt)
 - (iv) special clothing or footwear, for example, where this needs to be specially made; or additional wear and tear to clothing and footwear caused by disability
 - (v) additional costs of bedding, for example, because of incontinence
 - (vi) any heating costs, or metered costs of water, above the average levels for the area and housing type
 - (vii) occasioned by age, medical condition or disability
 - (viii) reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's disability and not met by social services
 - (ix) purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include IT costs, where necessitated by the disability; reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the local council
 - (x) personal assistance costs, including any household or other necessary costs arising for the person
 - (xi) internet access for example for blind and partially sighted people
 - (xii) other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs. In some cases, it may be reasonable for a council not to take account of claimed transport costs – if, for example, a suitable, cheaper form of transport, for example, council-provided transport to day centres is available, but has not been used
 - (xiii) in other cases, it may be reasonable for a council not to allow for items where a reasonable alternative is available at lesser cost. For example, a council might adopt a policy not to allow for the private purchase cost of continence pads, where these are available from the NHS

This list is **not exhaustive** and any reasonable additional costs directly related to a person's disability will be considered:

However, flexibility is needed. What is disability-related expenditure should not be limited to what is necessary for care and support. For example, above average heating costs should be considered.