

Adult Social Care Contributions Policy 2024-25

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Contributions Policy

1. Policy Statement

- 1.1 London Borough of Lambeth has a duty to facilitate the provision of social care services to cover unmet needs to those individuals who qualify under the eligibility criteria. This policy applies to all individuals eligible for support.
- 1.2 The Council also has a duty to provide best value for money, and in the context of limited financial resources requires those service users who can afford it to contribute towards the cost of their care. This Contributions Policy sets out the framework and mechanisms for setting and collecting those contributions in a fair and transparent way.
- 1.3 The policy is formed in line with the supporting guidance on charging and financial assessment for the Care Act 2014:
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#charging-and-financial-assessment>
- 1.4 The purpose of this policy is to set out how financial assessments will be made and how financial contributions will be collected from service users.

2. Scope and exclusions

- 2.1 This policy applies to all adult social care service users in Lambeth who are assessed as eligible to receive services, e.g. residential care, homecare, day care. However, a fully inclusive list of services is not possible because a principle of personalisation is that individuals may choose non-standard types of provision.
- 2.2 This policy does not apply to the following legally exempt services:
 - After-care services provided under Section 117 of the Mental Health Act 1983.
 - Services provided as part of a time limited Intermediate Care or reablement package – includes specialised day or home care services put in place in order to prevent unnecessary hospital admission and provide the right help after discharge (up to 6 weeks).
 - NHS continuing health care services (for those assessed as having a primary health need as defined by the national framework for eligibility) and the NHS contribution for Registered Nursing Care in a care home.
 - Community equipment and minor adaptations.
 - Advice about the availability of services or for assessment, including assessment of community care needs.
 - Services provided to individuals suffering from Creutzfeldt Jacob Disease (CJD).
- 2.3 This policy does not apply to the following services for reasons of local policy:
 - Carers' services, where there has been a carer's assessment carried out.

- Supported employment.
- Transport.
- Any charges for services which are made directly (e.g. meals on wheels).

3. Financial assessment process

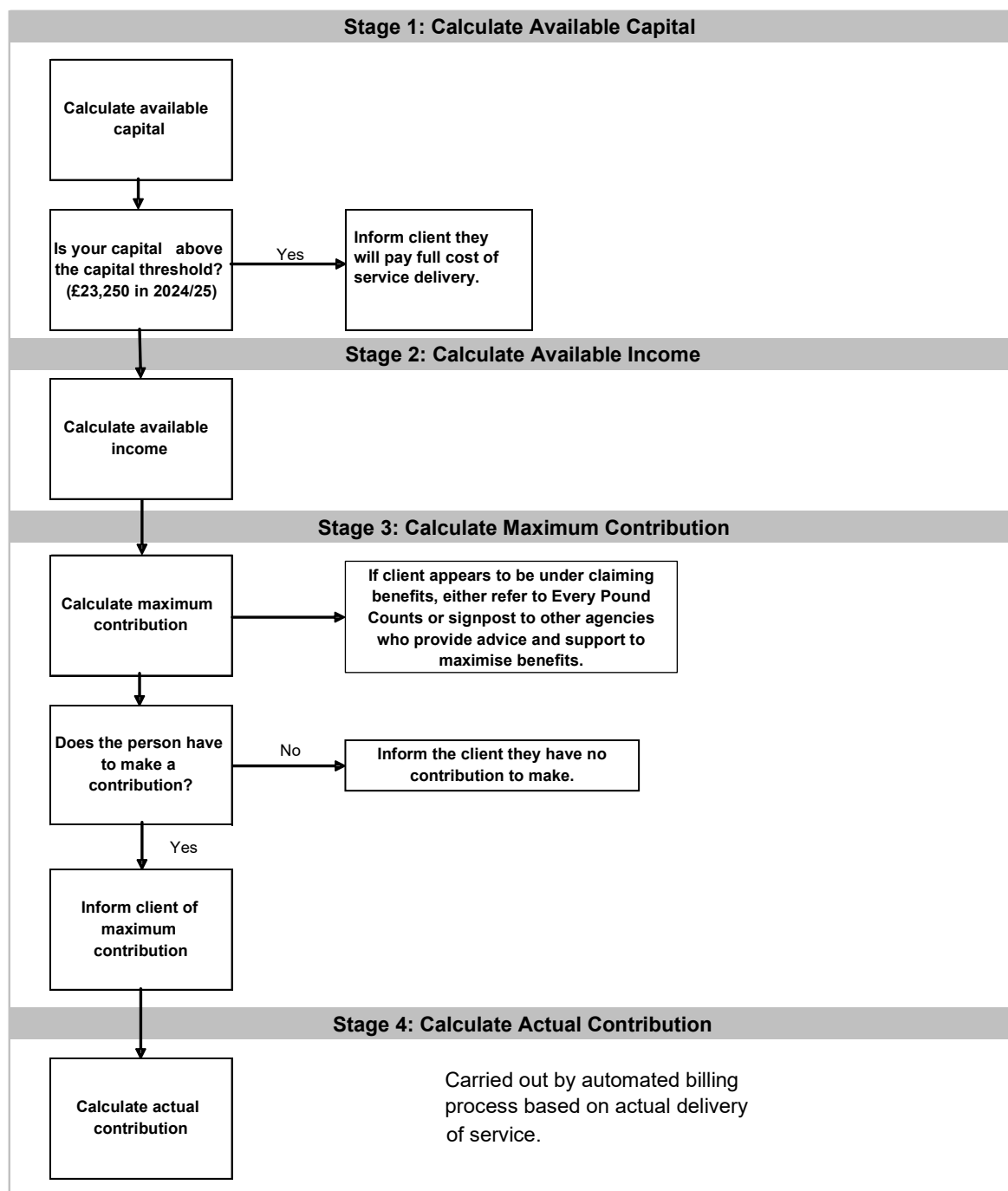
- 3.1 All individuals in receipt of support and care provision will be required to undergo a financial assessment. The individual's contribution will be based on the individual's means and the cost of the service received.
- 3.2 All individuals will be asked if they have or wish to appoint a financial representative at the time of financial assessment. If so, the appropriate signed forms and supporting evidence will be required. The financial representative will then be expected to provide the necessary financial information and ensure that all payments are made as charged.
- 3.3 Where the person in receipt of the care and support provision lacks the capacity to understand the financial assessment, the Council will make enquiries to establish whether there is a person who has the legal authority to act on their behalf (such as a court appointed deputy or a person with a lasting power of attorney). If there is no one with that legal authority, a person who has been given appointeeship by the Department for Work and Pensions will be asked to complete the financial assessment.
- 3.4 People who elect to receive services provided or commissioned by the Council or who elect to have direct payments, but who do not respond to or co-operate with the part of the process relating to assessment of their means will be assessed to pay the full cost. If notified at a later date that the individual chooses to disclose his/her financial details, the revised assessment will be effective from the date that notification of the request was received, unless good reason is provided.
- 3.5 The effective date of the contribution will be the date the service and/or direct payment commenced. Wherever possible a provisional financial assessment will be carried out prior to the service plan being put in place and the individual will be notified of their maximum contribution.
- 3.6 Services provided to individuals whose total income is at or below the 'minimum income guarantee' will not be required to make a contribution for the services and/or personal budget they receive to ensure a basic 'cushion' against unaffordable services.
- 3.7 Annual reviews of the financial assessment will be carried out each April in line with benefit up-rating or as a result of legislative or policy changes.
- 3.8 The Council will review and update the adult social care fees and charges annually as part of the budget planning process.
- 3.9 Any information gathered in the course of making financial assessments or the administration of the contribution policy will be handled and processed in accordance with the Data Protection Act and the Council's Data Protection Policy.

4. Financial assessment calculation

4.1 Individuals are assessed against the total cost of services. However, they only pay up to their assessed ability to pay. This section sets out how the contribution required is calculated for an individual service user.

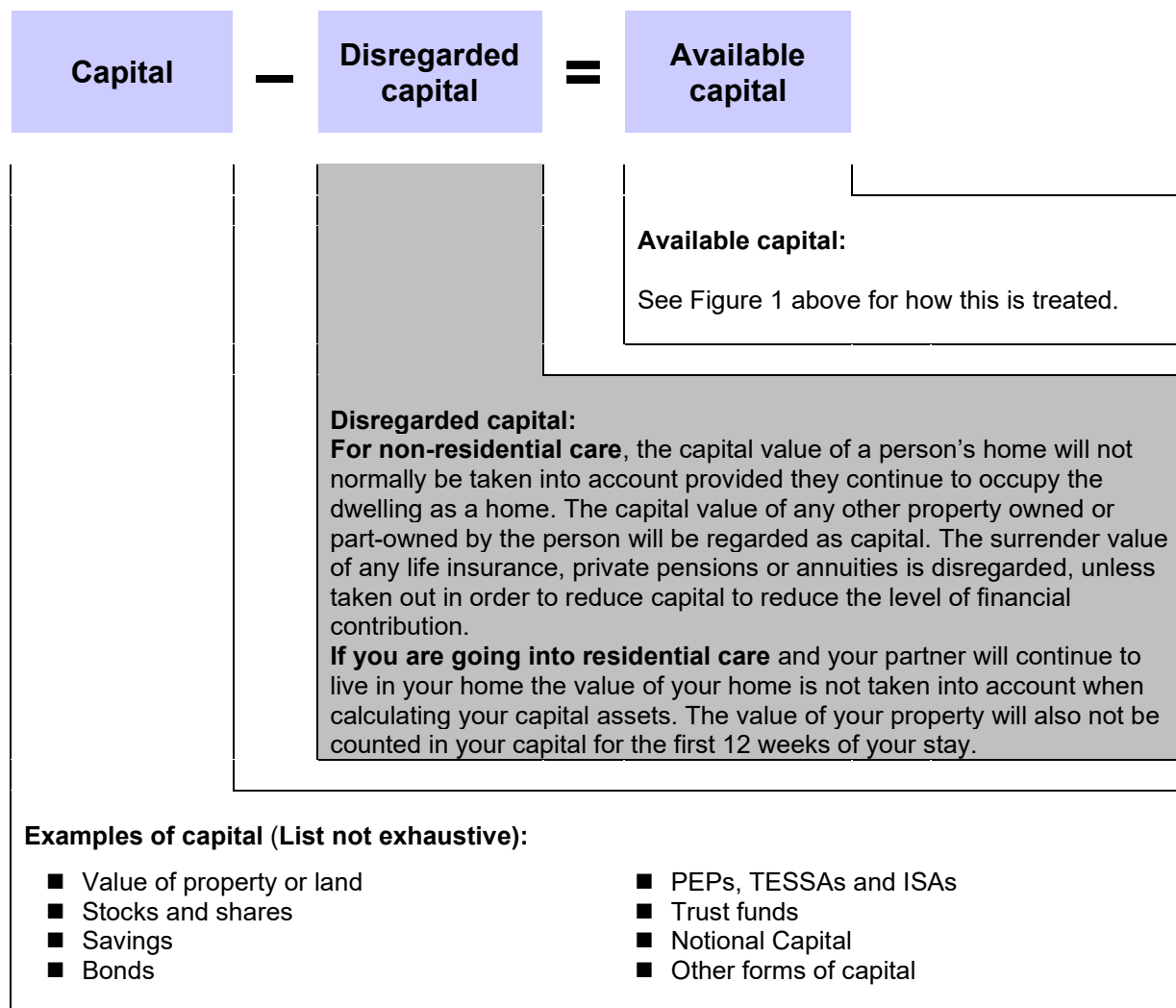
4.2 The various steps in the financial assessment calculation are shown in the figure below. They are explained in detail in the sections to follow.

Figure 1: The Financial Assessment Calculation



5. Financial assessment stage 1: available capital calculation

Figure 2: Calculating available capital



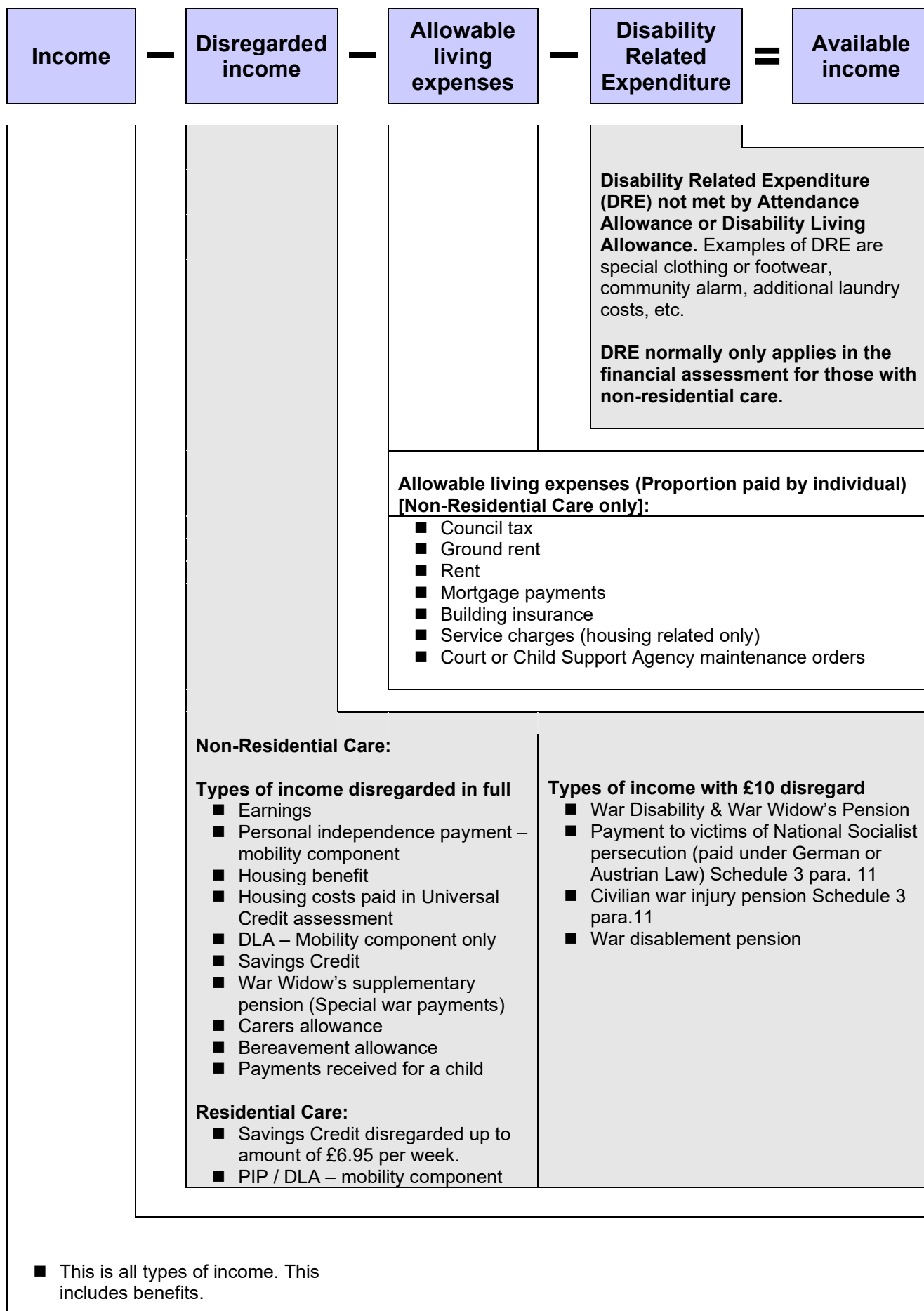
- 5.1 When assessing the value of a capital asset, the Council will follow the supporting guidance on charging and financial assessment for the Care Act 2014, Annex B: Treatment of capital.
<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance#AnnexB>
- 5.2 Where the Individual’s total capital is above the capital threshold set by the Department of Health, they will automatically be charged the full cost of service provision.
- 5.3 The capital and income of an individual’s partner will not be taken into account in any financial assessment.
- 5.4 Where assets (other than land) are held jointly, the value will be assumed to shared equally between all owners. For example, if a couple have savings in a joint account, each will be regarded as having half). Where there is evidence that the asset is not shared equally between all owners, the Council will assess the actual value held be the individual. This also applies to land.
- 5.5 Generally, bonds will be treated as capital if redeemable, but if not redeemable, any income received from the bond will be taken into account.

- 5.6 Some capital assets are disregarded from the assessment. These include the following.
- a) Property, if:
 - the person is receiving non-residential care or temporary residential care.
 - the property is occupied by their partner.
 - the property is occupied by a relative that is either incapacitated or aged 60 or over, or under 18.(see Annex B, paragraphs 34 to 39 of the supporting guidance to the Care Act 2014 for further details on property disregards).
 - b) The surrender value of any life insurance policy or annuity.
 - c) Payments in kind from a charity.
 - d) Personal possessions, unless they were purchased with the intention of reducing capital in order to avoid care and support charges.
 - e) Funds held in a trust / paid from a trust that derive from a payment for personal injury to the person.
 - f) The value of a right to receive various types of income. This does not mean that the income itself is disregarded.
 - g) Numerous other specific items defined in paragraph 33 of Annex B to the supporting guidance to the Care Act 2014.
- 5.7 There are some cases where a person may have tried to deliberately avoid paying for care and support costs through depriving themselves of assets – either capital or income. Where a local authority believes they have evidence to support this, it must read Annex E of the guidance to the Care Act 2014 concerning the **deprivation of assets**. In such cases, the local authority may either charge the person as if they still possessed the asset and treat it as a notional capital or, if the asset has been transferred to someone else, seek to recover the lost income from charges from that person. However, the local authority cannot recover more than the person gained from the transfer.
- 5.8 A person's capital should therefore be the total of both actual and notional capital. Where a person has been 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.

6. Financial assessment stage 2: Available Income Calculation

- 6.1 If a person does not have capital above the capital threshold (£23,250 as of 2024-25), then the second step is calculating their ability to pay based on their income. The available income calculation is as follows:

Figure 3: Calculating available income



Income

- 6.2 When carrying out a financial assessment we will take into account all types of income, other than those excluded by the guidance (see link in 1.3 above).
- 6.3 Total income will be adjusted by deducting any Income Tax and National Insurance contributions payable.
- 6.4 Tariff income from savings between the capital thresholds of £14,250 to £23,250 (2024-25 levels), will be taken into account at the rate of £1 per £250 or part of, in accordance with supporting guidance on charging and financial assessment for the Care Act 2014.
- 6.5 Where an individual receives the highest rate of AA or DLA care component because they have both day and night time care needs, we will take the income received from these benefits at the lower rate of AA or middle rate DLA, unless night time care is being provided as part of the individual's care package. Only the standard component of Personal Independence Payment daily living is taken into account, unless night time care is being provided as part of the individual's care package. This paragraph does not apply to a temporary resident in a care home.

Allowable Expenditure (living expenses)

- 6.6 For non-residential care, an allowance will be made in respect of the following household expenses, not covered by benefits:
- **Council Tax** - The Council Tax notification letter will be required before any allowance can be given.
 - **Ground Rent** - a payment or series of payments made by the lessee to an owner for use of some property, facility, equipment, or service.
 - Allowance will be made in respect of **Maintenance Orders** determined by the Court or Child Support Agency (CSA).
 - **Rent** in payment - defined as the actual amount of rent that is charged excluding any other items charged in the rent, e.g. water, fuel, meals, supporting people charges etc. Before an allowance can be given, proof of payment must be seen. This could be in the form of the HB notification, rent card or receipts from the landlord.
 - **Mortgage Payments.**
- 6.7 In the case of Mortgage and Home Loans interest, no allowance will be given for any payment covered by a Mortgage Protection Scheme.
- 6.8 For residential care the Council may decide to make a further allowance where it would not be appropriate to leave a person only with the personal expenses allowance after charges.

Disability related expenditure

- 6.9 The overall aim of the Council's policy is to allow for reasonable expenditure which arises because of the individual's disability and is required in order to maintain an independent life.
- 6.10 From 19th October 2020 a standard allowance of £10.00 per week will be taken into account when completing a financial assessment for anyone receiving

Attendance Allowance or Disability Living Allowance (Care component) or Personal Independent Payment (PIP) (Daily living component). People who have a greater level of disability related expenditure than this can make a claim and will be assessed on a case-by-case basis and evidence will be required.

- 6.11 The council's policy is to make an allowance for the **additional expense** incurred due to the individual's disability, over what would normally be paid for a similar item for ordinary living purposes.
- 6.12 All claims for DRE must be supported by a breakdown and summary of the type and level of expenses being claimed together with the submission of appropriate evidence, to verify the actual costs that have been or are being incurred.
- 6.13 The decision on claims for a greater level of DRE will be based on the care plan and in consultation with the Social Worker.
- 6.14 DRE normally only applies in the financial assessment for those with non-residential care.

7. Financial assessment stage 3: maximum contribution calculation

- 7.1 Once available income is identified, the next step is to identify the maximum level of contribution. Available income is compared to the protected minimum income levels.
- 7.2 All non-residential care users will have a certain level of their income, called the 'minimum income guarantee', protected.

Figure 4: Calculating maximum contribution

Available income	—	Relevant protected minimum	=	Maximum contribution
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Maximum contribution
 If maximum contribution is a minus figure then maximum contribution equals £0.

Many people who receive adult social care do not have to make a contribution to their adult social care in Lambeth owing to income differentials and local policy.

If an individual has under-claimed benefits then they may be referred to the Every Pound Counts team or signposted to other agencies to advise them on maximising their benefits.

The levels of protected income (known as ‘Minimum Income Guarantee (MIG) are as follows for **non-residential care**:

Protected minimum for non-residential (Figures for 2024-25)	
People of state pension age	£228.71
Adult aged 25 – state pension age	£183.25
Adult aged 18 – 24	£160.30

For those in **residential care** (living in a care home) there is a Personal Expenses Allowance. The amount is reviewed annually:

Protected minimum for residential care (Figures for 2024-25)	
Personal Expenses Allowance	£30.15

The method for calculating available income is shown in the previous step.

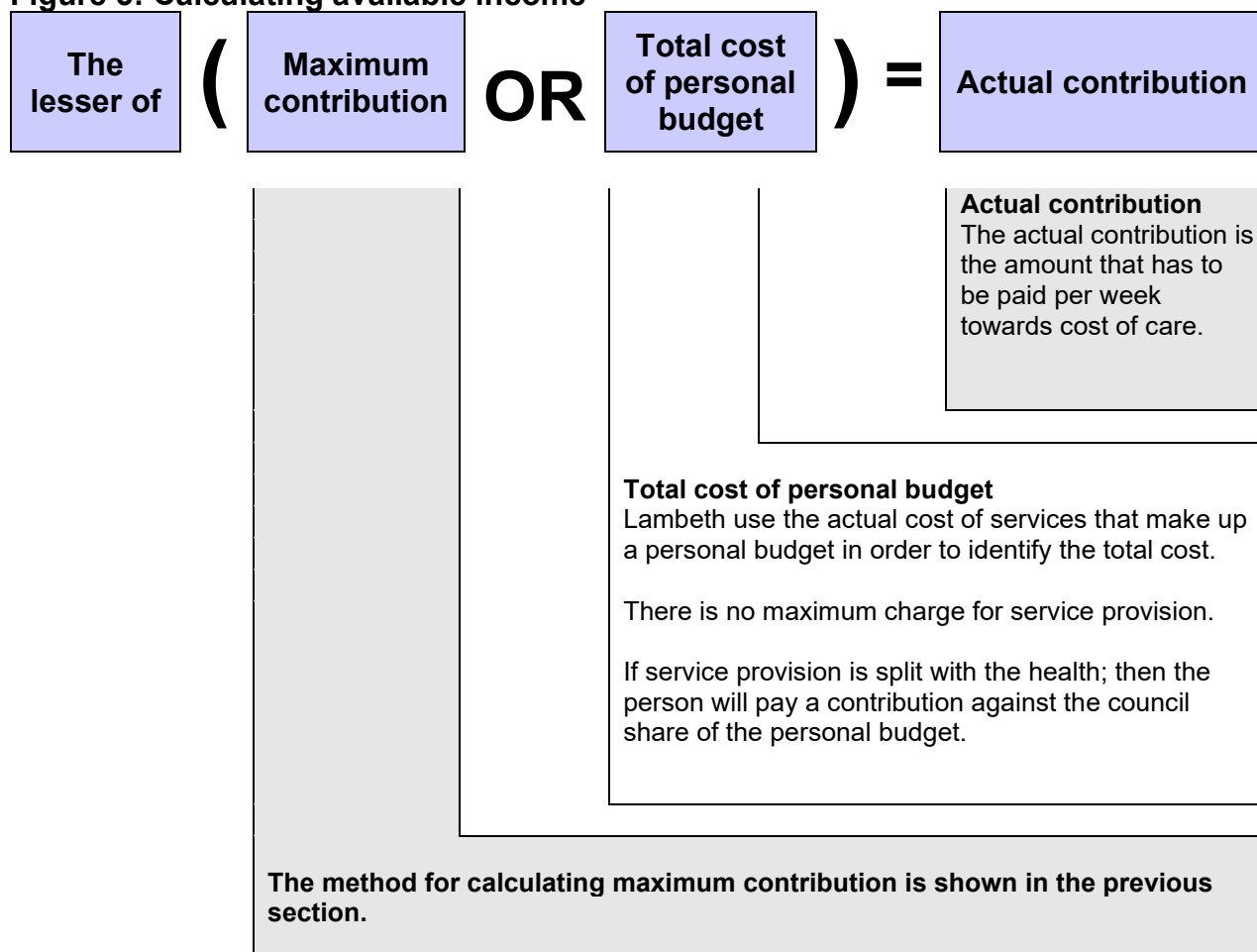
- 7.3 The levels of the minimum income guarantee (MIG) are shown in the table above. The rate differs depending on your age and only applies to those in non-residential care. The minimum income guarantee is the sum of money we disregard from your weekly income to meet all your basic daily living costs such as food, clothing, and standard utility costs.
- 7.4 Lambeth’s minimum income guarantee rates for 2024/5 have been set in line with the statutory amounts published by the Department of Health & Social Care (DHSC).

7.5 For those in residential care, the protected minimum is the Personal Expenses Allowance and is to cover the cost of items such as newspapers or toiletries and it should not be spent on care or support.

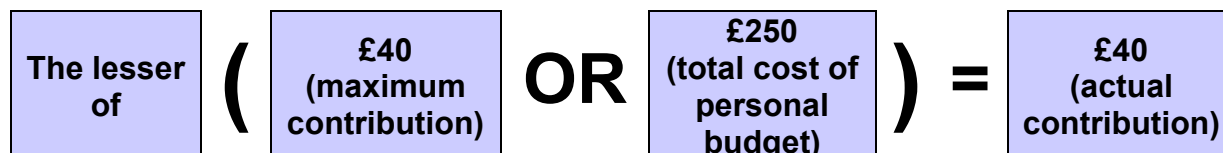
8. Financial assessment stage 4: actual contribution calculation

8.1 The level of actual contribution depends on the relationship between the cost of the total services received and the maximum contribution. Bills are generated automatically by the system. An individual pays the lower of the cost of total services received and the maximum contribution.

Figure 5: Calculating available income



8.2 For example, if a person has a maximum contribution of £40 per week and their services cost £250 per week; then they would pay £40 per week.



8.3 Alternatively, if their maximum contribution was £120 per week and their services cost £80 per week; then they would pay £80 per week.

$$\text{The lesser of } \left(\begin{array}{c} \text{£120} \\ \text{(maximum} \\ \text{contribution)} \end{array} \right) \text{ OR } \left(\begin{array}{c} \text{£80} \\ \text{(total cost of} \\ \text{personal} \\ \text{budget)} \end{array} \right) = \begin{array}{c} \text{£80} \\ \text{(actual} \\ \text{contribution)} \end{array}$$

9. Deferred Payment Agreement

9.1 If the Council assesses that a resident is able to pay the full costs of their care because they own an adequate security which usually will be a property, the resident (or someone authorised to do this on their behalf) can apply to the Council to pay only part of the contribution, and to defer the rest as a debt to the council, using the asset or property as security. They can apply to the Council for a deferred payment arrangement. There are a range of costs involved in making these arrangements and these costs are met by the person seeking the arrangement, repaid along with the rest of the debt.

9.2 The costs are:

Summary of charges for a Deferred Payment Agreement	
Setup (one-off)	£
DPA preparation by Financial Assessments Team	£155.50
Property valuation (estimated between £500 and £750)	£750.00
Solicitors' fees	£500.00
Total for a standard Deferred Payment Agreement	£1,405.50
Total if property jointly owned	£1,619.50
(incurs additional £200 solicitor fee)	
Total if complex case with non-standard terms or DPA created for debt reasons	£2,260.50
(incurs additional £800 solicitor fee)	
Annual Monitoring	£
Updating interest and maintaining invoices	£22.40
Termination	£
Releasing the charge on the property	£117

9.3 Further charges may occur for valuations when there is a significant reduction in property prices, or the service user approaches around the final 10% of equity in the property.

10. Brokerage Administrative Fee

10.1 The Council can arrange **non-residential services** where it has no duty to make such arrangements for people who have been assessed to fund their own care (self-funders). The person (self-funder) will be then liable to pay an arrangement fee of £164 in addition to the costs of meeting their needs to cover the costs of

putting in place the care and support required. This charge covers the administrative costs incurred.

- 10.2 Where the Council chooses to meet the need of a person with resources above the financial limit who requires a **care home placement**, no arrangement fee charge will be made.

11. Treatment of Couples

- 11.1 The Care Act 2014 makes it clear that the Council has no power to assess couples or civil partners according to their joint resources and each person must therefore be treated individually. 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. A local authority should also consider the implications for the cared-for person's partner.

12. Change in personal circumstances

- 12.1 If a person's financial circumstances change, a new financial assessment will need to be carried out.
- 12.2 The onus is on the individual (or representative) to advise the Council of any changes in their financial circumstances. The Council will backdate changes that occur as a result of changed circumstances which the individual has not informed them about (including awards of additional benefit).
- 12.3 If at a later date it transpires that any individual did not declare all their financial details at the time the assessment was carried out or did not advise the council of change in circumstances, a retrospective assessment will be carried out and contributions will be back-dated to the date from which the changes / full disclosure was effective.
- 12.4 Where the delay in the financial assessment is due to the user's unreasonable behaviour (such as continuing to cancel the financial assessment appointments without good reason, or not responding to request for financial information) we will normally assess as full cost. Each case will be looked at individually.

13. Disputes and appeals

- 13.1 Individuals wishing to appeal against the outcome of a financial assessment must first go through the 'Review and Appeal Policy'.
<https://www.lambeth.gov.uk/sites/default/files/asc-complaints-policy.pdf>
- 13.2 The individual will be assessed to pay the latest assessed charge pending outcome of a review or appeal.
- 13.3 All appeals must be lodged within 35 days of notification of the charge (as per the Review and Appeal procedure).

- 13.4 The Financial Assessments Team may refer the individual to the Every Pound Counts Team if they think the individual is under claiming benefits. Or they may be signposted to other agencies who provide advice and support to maximise benefits.
- 13.5 Complaints about the level of charge levied by a local authority are subject to the care and support complaints procedure as set out in The Local Authority Social Services and NHS Complaints (England) Regulations 2009.

14. Affordability

- 14.1 If you do not think you can afford to pay your contribution towards your care and support, please contact us.

15. System for Collecting Charges

- 15.1 Where an individual receives a direct payment the client contribution will be deducted from their personal budget to determine the amount of the direct payments. The individual needs to spend their client contribution (from their own funds) on their care.
- 15.2 Where the service user receives council managed services, contributions will be based on the actual level of service received and will be payable by the individual in arrears and invoices will be raised to cover a four-week period.
- 15.3 Preferred methods of payment:
- Direct Debit
 - Credit/Debit card
 - Bank Giro credit

Non-payment of charges

- 15.4 The corporate Debt Recovery Team is responsible for pursuing outstanding debts, in accordance with the corporate debt recovery policy. The Council will recover any contribution considered reasonable as a civil debt through the ordinary courts.

16. Referral to Every Pound Counts

- 16.1 During the financial assessment process, the Financial Assessment team (FAST) identify clients who may potentially be missing out on claiming their full entitlement to benefits. The individual may be referred to the Council's Every Pound Counts team to provide a benefit check and advice to help claim benefits identified as being under-claimed, or they may be signposted to other agencies who provide advice and support to maximise benefits.
- 16.2 Every Pound Counts is a Lambeth Council service providing specialist benefit advice services, including representing at appeals. This is to ensure clients, and their others in their household have maximised their benefit incomes.

17. Commitment to Equal Opportunity

- 17.1 This policy will be applied fairly to all in accordance with the Equality Act 2010 and Disability Discrimination Act 2005.
- 17.2 Service providers will be required to provide home care and other non-residential services that ensure compatibility with the council's equal opportunities framework promoting anti-discriminatory practices, and have clear policy guidelines on age, race, gender, sexual identity, AIDS/HIV status or any disability.

18. Contact details

- 18.1 If there is a query regarding the Contributions Policy, or if a review of the financial assessment is needed, please contact the Financial Assessment Team by email: financialassessment@lambeth.gov.uk

19. Glossary

After-care services

Support that is provided in your home, or in the community you live in, after you leave hospital having been detained under certain provisions of the Mental Health Act 1983. The term is used in relation to mental health to refer to specific support you may receive, free of charge, from a community psychiatric nurse, counselling, therapy, or support with employment, accommodation, family relationships, finances and other things.

Annuity

A fixed sum of money paid to someone each year, typically for the rest of their life.

Attendance allowance (AA)

Attendance Allowance is a government benefit that helps pension aged people with extra costs if they have a disability severe enough that they need someone to help look after them. It is paid at 2 different rates depending on the level of care needed because of the recipient's disability. The other benefits a person gets can increase if they get Attendance Allowance.

Capital / capital limits

If the value of your capital – any savings you have, as well as assets such as a house you own – is below a certain level (currently £14,250 in England, in 2024/25), your contribution will be based on your income alone. If your capital is between £14,250 and £23,250, you will have to contribute something towards your care in a care home. If your capital is worth more than £23,250, you will be expected to use this to pay the full cost of your care. This will all be looked at and calculated during a financial assessment.

Care Act 2014

A law passed in England in 2014 that sets out what care and support you are entitled to and what local councils have to do. According to the law, councils have to consider your wellbeing, assess your needs and help you get independent financial advice on paying for care and support.

Carer's assessment

If you are an unpaid carer for a family member or friend, you have the right to discuss with your local council what your own needs are, separate to the needs of the person you care for. You can discuss anything that you think would help you with your own health or with managing other aspects of your life. The council uses this information to decide what help it can offer you.

Community care

Social care services that can help you live a full, independent life and to remain in your own home for as long as possible.

Continuing health care

Ongoing care outside hospital for someone who is ill or disabled, arranged and funded by the NHS. This type of care can be provided anywhere and can include the full cost of a place in a nursing home. It is provided when your need for day-to-day support is mostly due to your need for health care, rather than social care. The Government has issued guidance to the NHS on how people should be assessed for continuing health care, and who is entitled to receive it.

Day care

Adult Day Care Centres are designed to provide care and companionship for older adults who need assistance or supervision during the day.

Direct payments

Money that is paid to you (or someone acting on your behalf) on a regular basis by your local council so you can arrange your own support, instead of receiving social care services arranged by the council. Direct payments are available to people who have been assessed as being eligible for council-funded social care. They are not yet available for residential care. This is one type of personal budget.

Disability Living Allowance (DLA)

Disability Living Allowance (DLA) is money for people who have extra care needs or mobility needs (difficulty getting around) as a result of a disability. Disability Living Allowance has been discontinued by the government and is gradually being replaced by Personal Independence Payment.

Disability Related Expenses (DRE)

Money that you have to spend on things because of your disability that you would not have to spend otherwise. This may be for things like extra laundry, high heating bills or special clothes. The law says that your council should look at these expenses when it does a financial assessment, to work out how much you can reasonably afford to pay for chargeable services.

Eligibility

When your needs fit the criteria that allow you to receive a service. See also **Eligible care and support needs**.

Eligible care and support needs

The needs you have for care and support that your council is required by law to meet. Under the Care Act 2014, councils no longer decide for themselves what type of needs they will meet, and now have to follow the new national minimum eligibility threshold. You are likely to have 'eligible needs' if you need a lot of help to do things like washing yourself, getting dressed, getting in and out of bed, and keeping your home safe.

Financial assessment

A financial assessment is a means test that looks at how much money you have and determines the maximum contribution you should make towards the cost of your care.

Full cost clients

When clients are financially assessed to pay the full cost of their care or they do not wish to have a financial assessment because they have income / capital above the threshold to receive financial help, we refer to them as 'full-cost clients'. Even though they pay the full cost of their care, their care assessment will have been done through Lambeth. This is different from 'self-funders' who would not have had a care assessment carried out by Lambeth.

Home care

Care provided in your own home by paid care workers to help you with your daily life. It is also known as domiciliary care. Home care workers are usually employed by an independent agency, and the service may be arranged by the council.

Intermediate care

A wide range of services aimed at keeping you at home rather than in hospital or helping you to come home early from hospital after illness or injury. It is normally made up of a specific programme of care for a fixed period of time, usually up to six weeks, and is free of charge.

Maximum contribution

The maximum contribution determined by your financial assessment is the maximum you should contribute towards the cost of your care.

Minimum income guarantee

A way of keeping some of your income when you have to pay for all or some of the care you receive in your own home. When the council carries out a financial assessment, it must make sure that your care costs do not cause your income to fall below a certain level. There is a different arrangement if you live in a care home, where you will have a personal expenses allowance.

Personalisation

A way of thinking about care and support services that puts you at the centre of the process of working out what your needs are, choosing what support you need and having control over your life. It is about you as an individual, not about groups of people whose needs are assumed to be similar, or about the needs of organisations.

Personal budget

Money that is allocated to you by your local council to pay for care or support to meet your assessed needs. The money comes solely from adult social care. You can take your personal budget as a direct payment or choose to leave the council to arrange services (sometimes known as a managed budget) - or a combination of the two.

An alternative is an individual service fund, which is a personal budget that a care provider manages on your behalf. A personal health budget may also be available: it is a plan for your health care that you develop and control, knowing how much NHS money is available.

Personal Expenses Allowance

The amount of money set by government, used in your financial assessment calculation set aside for you to keep for your own personal needs if you move into a care home.

Personal Independence Payments (PIP)

Personal Independence Payment (PIP) is extra money from the government to help you with everyday life if you've an illness, disability or mental health condition. You can get it on top of Employment and Support Allowance or other benefits. Your income, savings, and whether you're working or not don't affect your eligibility.

Reablement

A way of helping you remain independent, by giving you the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability. It is similar to rehabilitation, which helps people recover from physical or mental illness. The council may offer a reablement service for a limited period in your own home that includes personal care, help with activities of daily living, and practical tasks around the home.

Residential care

Residential care refers to long-term care given to adults or children who stay in a registered residential setting rather than in their own home or family home. There are various residential care options available, depending on the needs of the individual.

Self-funder

Self-funding is when you arrange and pay for your own care services and do not receive financial help from the council. For Lambeth we also use this term to refer to people who do not want a care assessment with Lambeth but may ask us to help them arrange a care package. For those who have had a care assessment with Lambeth but do not receive financial help either because they have not requested a financial assessment or because they are above the threshold for financial help, we refer to them as 'full-cost clients'.

Social care

Any help that you need, such as personal care or practical assistance, to live your life as comfortably and independently as possible, because of age, illness or disability.

Supported employment

A model of employment that provides people with severe disabilities the appropriate, ongoing support that is necessary for success in a competitive work environment. Most individuals in a supported employment program receive services from a community-based service provider.

Tariff income

A way of working out what you can afford to pay towards the care and support you need, if you have savings or assets (property or possessions, but not your own home) above £14,250 but below £23,250. For every £250 (or part of £250) you have in savings or assets between these two figures, you may have to pay £1 per week towards your care and support.

Value for money (VFM)

Whether or not an organisation has obtained the maximum benefit from the goods and services it both acquires and provides, within the resources available to it.