

Disability-Related Expenditure

I am writing to ask if you will assist me with my case. I've gone about as far as I can with my local council and now it seems I need to pursue a legal avenue. Do you know that disabled people in Scotland are routinely denied the opportunity to claim Disability-Related Expenditure (DRE), against their care charge. This is available in England where the Department of Health issues detailed guidance (see below). We don't have DRE guidance in Scotland, but we have the same law alleviating care charging:

‘the authority shall not require him to pay more for it than it appears to them that it is reasonably practicable for him to pay’

This means that any unavoidable expenditure by a person on their disability may be set against their Direct Payment care charges. Someone in England with the same disability as myself, under the same law, and with the same benefits may claim ‘any reasonable’ disability costs. Yet as far as I have found on searching, not one local authority in Scotland advises their disabled customers on how to calculate and claim their DRE. Doing so would impact on the extra income that councils here generate from disabled people.

In the absence of any Scottish advice I calculated my own DRE using The Department of Health Guidelines and other council policies in England, (Bromley, Kent, Peterborough). The calculation came to £79 per week and on submitting it to my local authority they grudgingly awarded £5. I've had phone calls, correspondence, and meetings with them over an extended period, and my Housing Association and MSP have also written and met with them to little avail. My local council stands firmly on its policy that says they will allow only ‘exceptional costs’.

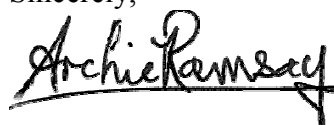
However, the 1968 Social Work (Scotland) Act states that charges should be ‘reasonably practicable’ to pay. And the Scottish Executive Circular SWSG1/97 makes it clear to councils they, ‘...should have regard to any extra expenditure that may be incurred because of the service user’s disability or frailty’. COSLA further advises, Para’s 69, 70, and 73 of their guidance, that councils must ‘act reasonably’ in their charging, rather than depriving and isolating disabled people because they have to pay for services.

If a council removes someone’s disability benefits to pay for care, then they must allow for that person’s normal disability expenditure. The Scottish Office Circular SWSG1/97 (largely adopted in Scotland) says ‘Authorities should... have regard not just to a service user’s income, but his... overall financial circumstances.’ A reasonable calculation therefore has to be made, and local authorities here are not playing by the same ‘fair charging’ rules.

Crucially our councils don't recognise that disability expenditure is driven by basic factors of impairment (see below). The more severely disabled their customer is the more they are penalised by this kind of unfair charging. It is not just a matter of extra pounds and pennies for the council coffers, this is about fundamental values and social deprivation against the most vulnerable people that they serve.

I look forward to hearing from you.

Sincerely,



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main *Assessment of disability-related expenditure*

45. Many users are likely to claim for a small number of items. The process of assessment and claiming for items of disability-related expenditure should not be made unduly complex, particularly for users without high care needs. The process should not be primarily paper-based, or carried out by post, as a full list of possible items without explanation could be confusing for users. The process should be flexible enough to deal with differences in the needs of individual users. Users will very often need personal help and advice on how to claim. Assessments involving disability-related expenditure should, therefore, normally be carried out by personal interview in the user's own home. The approach should support self-assessment by the user as much as possible, taking a holistic view of the user's finances and personal needs, both to support the user's own independence of living and to ensure that any charge assessed is reasonable. Benefits advice should normally be offered to the user as part of the assessment (see below). Specialist assessment staff will need specific training in assessing claims for disability-related expenditure. The process should be simple and straightforward for the majority of users without high care needs, while at the same time ensuring that users with heavy disability-related expenditure can be fully supported to claim for this. Further advice will be included in separate practice guidance.
46. In assessing disability-related expenditure, councils should include the following:
- Payment for any community alarm system [net of Housing Benefit or *Supporting People* grant after 2003]
 - Costs of any privately arranged care services required, including respite care
 - Costs of any speciality items caused by disability – eg:
 - specialist washing powders or laundry
 - additional costs of special dietary needs due to illness or disability; the user may be asked for permission to approach their GP in cases of doubt
 - 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
 - additional costs of bedding, for example, because of incontinence
 - any heating costs, or metered costs of water, above the average levels for the area and housing type, required by age, medical condition or disability
 - reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's disability and not met by social services

- purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include computer costs, where necessitated by the disability; reasonable hire costs of equipment may be included, if waiting for supply of equipment from the local council
- personal assistance costs, including any household or other necessary costs arising for the user
- other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA, 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 a cheaper form of transport, eg, council-provided transport to day centres is available, but has not been used
- in other cases, it may be reasonable for a council not to allow costs where a reasonable alternative is available at lesser cost; for example, a council might adopt a policy not to allow the private purchase cost of continence pads, as these are available from the NHS

47. Although the user's care plan will normally be a guide to what is necessary for care and support, some discretion may be needed, eg, where needs for equipment are not detailed comprehensively, or where care and support was being purchased privately before the care plan was written.
48. Expenditure taken into account should not be limited to that on necessary care and support, eg, above average heating costs should be included, although they would not normally be covered by a care plan. Any additional expenses claimed in relation to a person's disability should be considered. Costs of infrequently purchased equipment will normally be annualised or amortised over a reasonable period for replacement and divided into a weekly equivalent.
49. To a limited degree, it may be possible for councils to set standard allowances for costs such as laundry, but councils will need to be able to justify the levels set and should explore with users at the initial assessment whether they may have higher costs.
50. Evidence of actual expenditure may be requested, at the council's discretion. Where receipts have not been kept, a council may request that this be done for future expenditure. It is legitimate for councils to verify that items claimed for have actually been purchased, particularly for unusual items or heavy expenditure.

Review of existing research on the extra costs of disability

4 What drives costs (and variation in costs)?

From the evidence on additional costs it is clear that costs may vary between individuals with a number of variables. These are discussed under sub-headings below:

4.1 Impairment type

Martin and White (1988) found that the amount of extra costs a person had varied according to impairment type. They found that the impairments most associated with higher expenditure were impairments associated with locomotion; eating, drinking and digestion; and personal care. Hearing, communication and consciousness impairments were the disabilities that incurred the lowest extra expenditure (Table 4.1 shows the ranking of disabilities in terms of additional expenditure caused the study produced).

Table 4.1 Impairments ranked by expenditure they incur

Digestion	Highest additional expenditure
Locomotion	
Disfigurement*	
Personal care	
Behaviour	
Continence	
Reaching and stretching	
Dexterity	
Consciousness	
Seeing	
Hearing	
Intellectual functioning	
Communication	Lowest additional expenditure

* "Disfigurement" may include people with very severe disfigurements, for example, amputees.