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Living Fund

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Policy Circular

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Owner: Corporate Affairs Team

Subject: Carers Allowance

Version: 3 of 3

Last Amended: July 2013

Date Reviewed: July 2013

1.0 Background

The Carer's Allowance (CA) is a benefit for people who provide at least 35 hours of care per week to a severely disabled person where that disabled person is in receipt of the middle or highest rate of DLA or AA. This can be payable to the user's partner.

The CA is paid directly to the 'carer' and not the disabled person, however where CA is in payment the disabled person cannot then claim Severe Disability Premium. Therefore a carer may choose not to apply for CA even if eligible as it may be financially disadvantageous to the disabled person to do so.

Because CA involves both a financial amount and an element of care provision the Funds need to consider how to treat CA both in regard to the care assessment and, where the benefit is being paid to the partner, the financial assessment.

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2.0 Policy

2.1 Financial Assessment

The Conditions of Grant Agreement 2007 (COGA) states that CA should be disregarded as an income for the purposes of a notional assessment calculation.

Therefore where a partner is in receipt of CA in respect of the user, the ILF will disregard CA as an income.

A carers premium should be included as part of the allowances and premiums on the notional assessment if a partner is entitled to receive CA, whether or not CA is actually in payment (please see DRH and Available Income policy for procedural guidance on personal allowances & premiums).

2.2 Care Assessment

Because the benefit is only payable dependent on the minimum of 35 hours of care being provided the Funds must ensure that these hours are being provided when assessing the total care requirement.

Care provided by a person who is in receipt of CA is not restricted to tasks listed as qualifying support and services in the ILF Trust Deed. This means that the 35 hours may be made up of care tasks that the ILF would not consider funding, such as a sitting service. The tasks carried out during the 35 CA hours are decided between the user and their carer.

3.0 Procedure

The Funds will need to check if CA is in payment but will not require details of who provides it.

The ILF Assessor will ensure that the 35 hours of CA funded care are represented on the care plan and will only recommend for the Funds to consider any additional level of care above the 35 hours.

Caseholders should ensure that where someone is in receipt of CA in respect of the user, 35 hours of care are represented on the care grid. However, no questions need to be asked as to the nature of the care tasks carried out during those hours.

4.0 Source

Trustees Meeting October 2004

Conditions of Grant Agreement 2007

Trustees Meeting 18 September 2013

5.0 History Date Reviewed

20 December 2007

July 2010

July 2013