



Social Services Department
Falkland Islands Government

Attendance Allowance Policy

Version control

Number	Date (most recent at top)	Author	Notes
7	31/5/26	Roddy Cordeiro	Final revision for ExCo submission
6	30/03/26	Nikki Murphy	Revised. Minor amendments for ExCo paper 49/26 and a request from Chief Executive to propose a scoping exercise to be undertaken during 2026/2027 to consider implications of introducing means testing for this allowance.
5	16/07/25	Adam Hurst	Revised and agreed a wider policy change is required this - is set to commence in September 2025
4	05/01/23	Adam Hurst	Revised draft to include Claim Reconsiderations and Complaints
3	22/4/21	David Jeffreys	Revised draft for ExCo 84/21
0	7/19/19	Abbie Heathman	Prepared for ExCo, but never submitted

Table of Contents

1. Purpose	2
2. Applications for Attendance Allowance	2
3. Eligibility Criteria	2
How the Eligibility Criteria applies to Children (anyone under 18)	3
4. Additional Rules	3
5. Attendance Allowance for claimants who are admitted into hospital/care setting in the Falkland Islands.	3
6. Attendance Allowance for claimants who are sentenced or remanded to prison in the Falkland Islands.	4
7. Attendance Allowance for claimants who leave the Falkland Islands.	4
8. Assessment.....	4
9. Level of Payment	5
10. Approval Process.....	6
11. Payment Process	6
12. Monitoring and Reviewing.....	6
13. Claim Reconsiderations and Complaints.....	7
13.1.2 Claim reconsideration procedure	7
13.1.3 Determination Review	7
13.1.4 Claim Reconsideration	7
13.1.5 Complaints procedure.....	8
13.1.6 Formal complaints	8
14. Conflicts of interest	9

Appendices

[APPLICATION / REAPPLICATION FOR ATTENDANCE ALLOWANCE](#)

1. Purpose

Attendance Allowance is designed to help people with long term physical and mental health needs to secure the support they need to help with daily living, where they are not receiving that support from the provision of public services. This allowance supports disabled people to overcome the inequalities they face and to remain independent. It is not based on the condition an individual has or the medication they take. It is based on the level of help a person needs, because of how a condition affects them, and where that need is not already being met via publicly provided services.

You're assessed on the level of help you need with specific activities.

Attendance Allowance is a non means tested financial benefit, to enable the claimant to pay another person or a service to help them with their daily needs. In most circumstances, the level of allowance paid is not determined on the basis of meeting the actual costs. An overall assessment of the level of a person's support needs determines eligibility and which of four levels of financial support they are eligible to receive. It is paid irrespective of the claimant's employment or financial circumstances.

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

2. Applications for Attendance Allowance

Individuals can apply for Attendance Allowance by contacting the Financial Assistance Worker in person, by telephone, or by e-mail to make an appointment for a full assessment of need. The contact details are publicised on the FIG website, and in other appropriate materials and at appropriate locations.

The claimant and an assessor from the Financial Assistance Service will complete an application form for Attendance Allowance. The application is the basis of the assessment and will enable the assessor to determine if the claimant meets the eligibility criteria and to determine the rate of allowance to which they may be entitled.

An assessor may be anyone nominated by the Head of Social Services to fulfil that role but will usually be the Financial Assistance Worker or a Social Work Assistant. As part of the assessment, information can be obtained from other sources and professionals within the community, which may include a social worker, a medical practitioner, or members of the Community Support Team.

3. Eligibility Criteria

Attendance Allowance is a non-means tested benefit that is payable to people ordinarily resident in the Falkland Islands who suffer from chronic ill health, physical or mental disability severe enough that they:

1. Require help with activities of daily living, which may include (but is not limited to) any of eating, bathing, dressing, toileting, mobility, walking, continence, cleaning, laundry, driving, shopping, taking medications; **and**
2. Require someone to assist them with those activities; **and**
3. Have such difficulties for at least 3 months, and which are likely to continue for at least a further 6 months.

In cases where an individual is terminally ill and medical advice has confirmed that they are not expected to live for more than 6 months, none of the above criteria needs to be applied. An assessment for Attendance Allowance is not required, and the higher rate will be awarded.

The Head of Social Services may disapply rule 3 in circumstances where a person would otherwise suffer hardship.

How the Eligibility Criteria applies to Children (anyone under 18)

In addition to the eligibility criteria above, for a child to be eligible for Attendance Allowance, the child must:

- Have needs that require significantly more assistance with the activities of daily living than a child of the same age who does not have a long-term illness or disability.

The rate the child gets will be assessed on the level of looking after they need that is:

- over and above the level of looking after of a child of the same age who does not have a long-term illness or disability.

4. Additional Rules

Attendance Allowance should be paid to the claimant directly unless:

1. the person is a child under 18 years or
2. the claimant lacks mental capacity and has an Appointed Person.

In these circumstances payment should be made to the parent or guardian (in the case of a child) or to the person, department or organisation that has been legally appointed to administer the financial affairs of the claimant. This may include Appointed Person, Enduring Power of Attorney - Property and Finance, or court appointed Receiver – Property and Finance.

Where an individual's needs can be fully met through a specific and readily available service or services, which can be purchased at a total cost which is lower than the lowest rate of Attendance Allowance; then the level of Attendance Allowance paid will be set at the level that meets those costs via the Variable Rate. For example, to meet the cost of cleaning services and/or taxi services.

5. Attendance Allowance for claimants who are admitted into hospital/care setting in the Falkland Islands.

Attendance Allowance will continue to be paid even when a person is admitted into hospital for medical treatment, or into a residential care setting, for a period of up to 13 weeks. The claim will be reviewed within that period, and payments will normally stop until the claimant returns home. At this point, a review will consider whether payments will be reinstated at their former level, or if the claimant's circumstances have changed sufficiently to justify a higher or lower level of payment.

Recipients who move to Tussac House on a permanent basis, or whose temporary placement is confirmed as permanent will require a review of their Attendance Allowance when their permanent placement begins, as per the date of their residential agreement letter, and in any event within the 13-week period.

6. Attendance Allowance for claimants who are sentenced or remanded to prison in the Falkland Islands.

If an individual in receipt of Attendance Allowance is either sentenced to prison or remanded to prison, payments will be reviewed within 7 days.

Prisoners can apply for Attendance Allowance one month prior to their release date in preparation for their release from prison. If approved, they will be eligible from the day of release.

7. Attendance Allowance for claimants who leave the Falkland Islands.

Attendance Allowance will continue to be paid if the claimant leaves the Falkland Islands for the following reasons, as long as they still meet the Eligibility Criteria:

1. Individuals who go on holiday abroad, will continue to be paid for a period of 13 weeks in any 12-month period.
2. Individuals who go overseas for medical treatment will continue to be eligible for Attendance Allowance throughout their period of absence under the Medical Travel Overseas agreement (which may last for up to a maximum of 3 years) or until they become eligible for benefits in the country they have travelled to. This is on the basis that their absence is for medical purposes only in order for them to receive treatment for a condition which began **before** leaving the Falkland Islands. For longer term cases, the level of support should be reviewed as necessary and at least every 12 months.
3. Students who meet the Falkland Islands Government criteria for support from the Education Department to study overseas.

If the claimant leaves the Falkland Islands for any other reason, a review of eligibility will be undertaken at that time.

The claimant should notify Social Services if they are leaving the Falkland Islands for any period of time in all cases, and this information may also be sought from or provided by the Overseas Medical Coordinator.

8. Assessment

An assessor from the Financial Assistance Service will meet with the applicant and undertake an initial assessment of the applicant's needs with a focus on those needs not already being met by publicly provided services. At that meeting the following objectives will be achieved:

- Assess whether the Eligibility Criteria for Attendance Allowance is met; **and**
- The application form is completed.

Claimants will be assessed using the Attendance Allowance Assessment Form. The information provided in the application form generates a score based on the claimant's ability to undertake activities of daily living unaided or their dependency levels to undertake these tasks. The assessment will consider needs not already met by publicly available services.

The assessed scores are based on the information provided on the application form and what is gathered at the initial assessment meeting; and if/as required:

- any further information that may need to be requested from the claimant;
- any information obtained by visiting the claimant at home; and
- any further information sought from any other professional deemed to have sufficient knowledge of the claimant, such as but not limited to: A Social Worker, medical practitioner, Health Visitor, members of the Community Support Team, Occupational Therapist and Physiotherapist.
- The completed application form/assessment is sent to the Chief Medical Officer who may seek the view of the most relevant professional as necessary (e.g. Physiotherapist, Occupational Therapist, the Emotional Wellbeing Service, etc.). The CMO considers applications and where relevant sends them to another medical professional for consideration. Generally, this involves physiotherapy or occupational therapy, but could include the Emotional Wellbeing Service or any other relevant service. This ensures that that relevant health staff know about the current impact of an individual's condition, and they can implement relevant interventions to reduce any negative impacts on the individual where possible and appropriate. This could be in lieu of an individual requiring attendance allowance.

9. Level of Payment

Following the completion of the initial meeting and assessment, and upon confirmation of eligibility, the assessor shall determine the applicable rate of payment to be made.

The level of support that the claimant requires will determine the rate at which payment is made. Eligible claimants may receive one of the payments below:

- **Variable Rate:** A person scores 1- 30. To purchase a particular service (or services) that fully meets the individual's needs and provides better value for money than paying the lower rate of Attendance Allowance (see section 4)
- **Low Rate:** A person scores 1- 8.
- **Medium Rate:** A person scores 9-19
- **High Rate:** A person scores 20-30

The assessor should record the recommended level of payment together with the rationale for the recommendation, with reference to the scores recorded on the assessment tool, and any other factors that may need to be considered to ensure that a person receives a level of financial support that is appropriate to their needs that are not already met by public services. This should be entered into the 'Determination of Application' form and/or the 'Assessor Notes' form as appropriate.

10. Approval Process

Once the Financial Assistance Worker has proposed the appropriate payment level, the 'Determination of Application' form and a copy of the application form will be sent to the Chief Medical Officer, or their delegated representative, for confirmation on the level of need.

The Head of Social Services will consider the recommendation from the assessor including advice received from the Chief Medical Officer and make a final determination on the level of Attendance Allowance awarded. The Head of Social Services may delegate the authority to make such approvals to a senior member of the Social Services team.

The claimant shall be notified in writing of the outcome of their application and, where applicable, advised of the amount of payment to be awarded.

The assessment process should be completed within 25 working days of receipt of a completed application. If approved, payment will commence from the date of the receipt of the completed application form by Social Services.

11. Payment Process

The Financial Assistance Worker will submit the required information for payment to the Treasury Department once the claim has been approved.

The Treasury will normally pay the claimant on the first Friday following confirmation of a successful claim for Attendance Allowance. Payments may take longer for a new payee, to allow for a new payment account to be set up on Dynamics, the electronic system used by Treasury.

All payments will be paid directly into the claimant's local Standard Chartered bank account on a weekly basis. Payments may be made in cash at the discretion of the Head of Social Services.

12. Monitoring and Reviewing

A review of each on-going Attendance Allowance claim will be undertaken on a regular basis by an assessor from the Financial Assistance Service at which time the Chief Medical Officer's professional recommendation will be sought and considered. The timing of the first of these reviews may vary but should occur within the first 12 months of a successful application.

Subsequent reviews shall be conducted on an annual basis unless there is a need for an earlier review. In such circumstances, the claimant shall be notified that a new assessment of need is required.

Claimants are required to inform the Financial Assistance Service of any changes in their circumstances. Failure to do so may, in certain cases, result in the suspension or termination of Attendance Allowance.

13. Claim Reconsiderations and Complaints

An applicant/recipient of Attendance Allowance 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. The Financial Assistance Service will uphold this right and respond and provide feedback in a respectful and timely manner.

13.1.1 General

An applicant/recipient of Attendance Allowance has the right to request that their claim is reconsidered and/or to make a complaint about the service and should be encouraged to do so if staff are aware that they feel they have been treated unfairly.

13.1.2 Claim reconsideration procedure

Claims can be reviewed at any time. If a complaint is made, the claim will firstly be reviewed by the Financial Assistance Service ("Determination review"). If the issue is not resolved, it will be referred to the Head of Social Services for reconsideration ("claim reconsideration").

13.1.3 Determination Review

A Determination Review can be requested when an applicant/recipient disagrees with a decision made about eligibility for, or entitlement to, Attendance Allowance. They should contact the office to speak to the assessor / Financial Assistance Worker about their claim. Any discussions 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'.

13.1.4 Claim Reconsideration

Once a Review has been completed, an applicant can ask for a Claim Reconsideration by completing a **Claim Reconsideration Form**. This must be requested within one month of the date the decision was made. A Claim Reconsideration can be requested after one month has passed in exceptional circumstances, e.g. hospitalisation, or a bereavement.

Once the **Claim Reconsideration Form** has been completed, will be sent to the Head of Social Services. The Head of Social Services will contact the applicant within 5 working days to arrange a meeting and to discuss the claim.

The Head of Social Services will advise the applicant of the outcome of the Claim Reconsideration; this may be immediately following the meeting or within 10 working days of the meeting, 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 with the Head of Social Services.

The Head of Social Services will provide all 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 copying the Head of Social Services, and a copy will be kept on the case file.

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

13.1.5 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 contact the Financial Assistance Service in the first instance 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 discussions, meeting minutes and letters sent to an applicant/recipient should be documented and placed in the case file.

13.1.6 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.

14. Conflicts of interest

If an individual involved in the assessment or determination of an Attendance Allowance application has a conflict of interest or might reasonably be perceived by others to have a conflict of interest, they should highlight this to a manager and remove themselves from any involvement in that case, insofar as is reasonably practicable.

A conflict of interest may arise in circumstances including but are not limited to, a family relationship, a close friendship or a business or other financial association. Where there is a material doubt as to whether a conflict of interest arises, a person should act on the assumption that it does.

An individual with a perceived conflict of interest should step aside, allowing their responsibilities in relation to the case be undertaken by a colleague, or by their immediate supervisor.

Page left blank



APPLICATION / REAPPLICATION FOR ATTENDANCE ALLOWANCE

APPLICANT DETAILS

Applicant name: _____

Date of birth: _____

Address: _____

Phone number: _____ Email address: _____

Do you have a carer?

By carer we mean anyone who helps to look after you like a relative, friend or neighbour or a member of the Community Support Team. We may need to contact them to help us with our decision. Including their details here means you are happy for us to contact them if we need to.

☐

Yes, I have a carer

☐

No, I do not have a carer

Primary carer's name: _____

Telephone number: _____

If you have more than one carer, please provide the additional names and contact details here:

ABOUT YOUR LONG-TERM PHYSICAL OR MENTAL HEALTH NEEDS

Illness or disability	When did this health issue begin?	How long is this health issue expected to last?



TYPE OF SUPPORT THAT YOU NEED: PLEASE TICK THE BOX THAT APPLIES TO YOU

Do you need help with walking?

- ☐ I can walk independently without physical assistance or the use of aids e.g. wheelchair, walking stick, Zimmer frame
- ☐ I can walk independently most of the time, with occasional help from someone or with the use of aids e.g. wheelchair, walking stick, Zimmer frame
- ☐ I can walk independently sometimes, with frequent help from someone or only with the use of aids e.g. wheelchair, walking stick, Zimmer frame
- ☐ I am unable to walk independently and I am dependent on someone else helping me

Do you need help with driving?

- ☐ Not applicable or I can drive myself/arrange my own transportation, without help from anyone
- ☐ I can drive myself/arrange my own transportation most of the time, with occasional help from
- ☐ I can drive myself/arrange my own transportation sometimes, with frequent help from someone
- ☐ I am unable to drive myself/arrange my own transportation at all

Do you need help with shopping?

- ☐ I can always manage getting to and from the shops and doing my own shopping without help
- ☐ I sometimes need help getting to and from the shops and doing my shopping
- ☐ I usually need help getting to and from the shops and doing my shopping
- ☐ I'm unable to do my own shopping

Do you need help with laundry?

- ☐ I have no problems doing my laundry
- ☐ I can manage doing my laundry, but I sometimes need help
- ☐ I can manage doing my laundry, but I always need help
- ☐ I'm unable to do my laundry myself

Do you need help with cleaning?

- ☐ I have no problems with doing household cleaning
- ☐ I can manage doing my household cleaning, but I sometimes need help
- ☐ I can manage doing my household cleaning, but I always need help
- ☐ I'm unable to do my household cleaning myself



Do you need help with eating?

- ☐ I have no problems with preparing and eating food
- ☐ I can manage preparing and eating food, but I sometimes need help
- ☐ I can manage preparing and eating food, but I always need help
- ☐ I'm unable to prepare and eat food by myself

Do you need help with bathing / personal care?

- ☐ I have no problems with managing to bathe myself
- ☐ I can manage bathing myself, but I sometimes need help
- ☐ I can manage bathing myself, but I always need help
- ☐ I'm unable to manage bathing myself

Do you need help with dressing?

- ☐ I have no problems with managing to dress myself
- ☐ I can manage dressing myself, but I sometimes need help
- ☐ I can manage dressing myself, but I always need help
- ☐ I'm unable to manage dressing myself

Do you need help with going to the toilet?

- ☐ I have no problems with accessing and using the toilet by myself
- ☐ I can manage accessing and using the toilet by myself, but I sometimes need help
- ☐ I can manage accessing and using the toilet by myself, but I always need help
- ☐ I'm unable to manage accessing and using the toilet by myself

Do you need help with managing continence?

- ☐ I have no continence problems
- ☐ I can manage my continence, but I sometimes need help or the use of continence aids
- ☐ I can manage my continence, but I always need help or the use of continence aids
- ☐ I'm unable to manage my continence at all



HOW WE PAY YOU

Does the applicant have the mental capacity to manage their own benefits affairs?

☐

Yes

☐

No

Will Attendance Allowance payments be paid into the applicant's personal bank account?

☐

Yes

☐

No

Note 1. If the answer to both of these questions is Yes, please provide the applicant's bank account details below.

If the answer to either of these is No, read the information in Note 2.

Applicant's bank account details:

Name of account holder:

Account number:

Individual identified:

Note 2. If the answer to either of the questions above is No, a person must be nominated to act on the applicant's behalf. This may include a court appointed Receiver, Enduring Power of Attorney – Property and Finance, Lasting Power of Attorney – Property and Finance or an Appointed Person.

In the absence of existing Power of Attorney – Property and Finance or court appointed Receiver it will be necessary for an appropriate person to be identified to act as the Appointed Person before the applicant's claim can proceed.

Does the applicant already have a person or professional body acting for them in a higher authority such as Enduring Power of Attorney – Property and Finance, Lasting Power of Attorney – Property and Finance or a Court Appointed Receiver?

☐

Yes, I am that person, or I represent that professional body



Please complete the information for the Approved higher authority / Appointed person's details then the Applicant Declaration.

☐

Yes, but I am not that person or professional body representative



Please read the information in Note 3 below.

☐

No, and am the Appointed Person / wish to apply to become the Appointed Person



Please read the information in Note 4 below.



Approved higher authority / Appointed Person's details

Name of person who holds higher
authority / professional body:

Address:

Telephone number:

Date of Appointed Person
application:

Date of approval by HSS:

Note 3. If the applicant already has another person or professional body acting for them in a higher authority, then it is not appropriate to appoint another person to manage their affairs.

The application must be paused until the income support worker can contact the existing persons or professionals body acting on the applicant's behalf before the applicant's claim can proceed. Proof of authority must be seen and held on record by the Financial Assistance Team.

Note 4. If there is no higher authority in place, and you wish to apply to become the applicant's Appointed Person, you must complete the Appointed Person Application process.

The income support worker can provide you with information about the process for approving an Appointed Person application and what your responsibilities would include.



EXTRA INFORMATION

Please provide any other information that you think is important here.

DECLARATION

We are unable to pay any allowance until you have signed the declaration and returned the form to us. Please return the signed form when complete.

I declare the information I have given on this form is correct and complete as far as I know and believe.

I understand that if I knowingly give false information, my allowance may be stopped and I may be liable to legal or other action.

I understand that I must promptly tell Social Services of anything that may affect my entitlement to, or the amount of, this allowance.

I understand that Social Services may use the information which it has now or may get in the future to decide whether my entitlement to this allowance or any other benefit is valid.

I consent to Social Services contacting anyone named in this application and/or other FIG Departments, including the Chief Medical Officer, to verify my health and/or other circumstances.

Applicant signature: _____

Date: _____



Page left blank



DETERMINATION OF APPLICATION FOR ATTENDANCE ALLOWANCE

APPLICANT DETAILS

Applicant name: _____

Date of birth: _____

DETERMINING LEVEL OF ALLOWANCE

Scoring System:

- 0 No help or assistance required
- 1 Occasional help or assistance required
- 2 Frequent help or assistance required
- 3 Completely dependent on others for assistance

Activity	Score	Unmet needs after Provision of public services
Help with walking		
Help with driving		
Help with shopping		
Help with laundry		
Help with cleaning		
Help with eating		
Help with bathing / personal care		
Help with dressing		
Help with going to the toilet		
Help with managing continence		
TOTAL SCORE:		TOTAL SCORE:
Attendance Allowance awarded?	Yes	No



Tick the relevant box below, based on the total score. If a variable low rate is recommended, provide details overleaf.

Variable rate (scores 0 – 30):

☐

Low rate (scores 1 – 8):

☐

Medium rate (scores 9 – 19):

☐

High rate (scores 20 – 30):

☐

If no, provide details of recommendation here:

If variable rate recommended, please provide details here:

Variable rate value:

Details:

Application assessor signature: _____

Date: _____



APPLICATION FOR ATTENDANCE ALLOWANCE: ASSESSOR NOTES

ASSESSOR NOTES/COMMENTS (including any communication with carers, CST, health professionals)

Application assessor signature: _____

Date: _____



Determination sent to CMO/CMO delegate for confirmation?

☐

Yes

☐

No

CMO/CMO delegate comments:

**Determination with CMO/CMO delegate recommendations
sent to Head of Social Services?**

☐

Yes

☐

No

Payment rate approved by Head of Social Services:
i.e. Variable, Low, Medium or High

Head of Social Services signature:

Date:

End of Document.