## Legal Notice No. 13 of 2021

# L.S.



ST HELENA

## SOCIAL SECURITY ORDINANCE, 2010

## SOCIAL SECURITY (AMENDMENT) REGULATIONS, 2021

In exercise of the powers conferred by section 17 of the Social Security Ordinance, 2010, the Governor in Council makes the following Regulations:

## Citation, commencement and interpretation

**1.** (1) These Regulations may be cited as the Social Security (Amendment) Regulations, 2021, and come into force when the Social Security (Amendment) Ordinance, 2021 comes into force.

(2) In these Regulations, "the principal Regulations" means the Social Security Regulations, 2011.

## Amendment of regulation 2 - interpretation

**2.** The principal Regulations are amended in regulation 2 by repealing the word "child" and the meaning of this word.

## Amendment of regulation 5 - application for Income Related Benefit

- 3. The principal Regulations are amended in regulation 5 as follows—
- (a) by repealing the word "household" wherever this word appears and substituting the word "family"; and
- (b) by inserting after sub-regulation (2) the following sub-regulation—
  "(3) All bank statements and statements of stocks and shares from St Helena
  and overseas, for three months preceding the application must be submitted with
  the Application Form as evidence of income and cash assets.

## Amendment of regulation 6 - determination of benefit

**4.** The principal Regulations are amended in regulation 6 by repealing regulation 6 and substituting the following regulation—

## **"Determination of benefit**

6. (1) The amount of a family's entitlement to an income related benefit mustbe calculated as the amount (if any) by which the family rate determined under regulation7(1) exceeds the family income level as determined under regulation 7(2).

(2) If a person who is a member of a family is at any time in residential care where all living costs are met by the care provider, for a continuous period of more than 30 days, the benefit must—

- (a) be stopped for the member in residential care; and
- (b) a new application be submitted by a member of the family.".

#### **Repeal and substitution of regulation 7 - household poverty line**

**5.** The principal Regulations are amended by repealing regulation 7 and substituting the following regulations—

#### **"Family rate**

to-

7. (1) The rate in respect of every family is to be determined with reference

- (a) the number of adults in the family;
- (b) the number of children in the family;
- (c) the value of the rent or the interest on the loan repayment payable in respect of the dwelling where the family resides; and
- (d) the amount calculated in accordance with regulation 7A.

(2) The basic adult rate for purposes of determining the family payments is  $\pounds 73.00$  per week.

(3) Subject to regulation 7A, the rate of a family is to be calculated as the total of the following amounts—

- (a) for each adult in the family the amount determined in accordance with regulation 6(2), which for additional non-family adults in shared accommodation will take into account the amount calculated in accordance with regulation 7A;
- (*b*) for each of the first 3 children in the family 40% of the basic adult rate per child; for each additional child 30% of the basic adult rate per additional child;
- (c) if the dwelling where the family resides constitutes Government Landlord Housing - the full amount of the rental amounts for the relevant week;
- (d) if the dwelling where the family resides is rented but does not constitute Government Landlord Housing so much of such rental amounts for the relevant week as does not exceed  $\pounds 33.36$ ; and
- (e) if a loan has been incurred for purposes of purchasing the dwelling where the family resides the total amount of the interest on the loan which is payable during such week.

(4) A person must not be included in the calculation of the family rate under paragraph (3) if—

- (a) the person is aged 18 or under;
- (b) the person's total income from sources other than apprenticeship stipend, education grants, carer's allowances, better live allowances and occupational

therapy payments from the St Helena Government is equal to or exceeds the minimum income level referred to in sub-regulation (2); and

(c) that income is disregarded under Item 1 of regulation 8 in calculating the income level of the family.

#### Shared household deduction

**7A.** (1) A shared household deduction (for shared household goods and services) as a percentage of the Minimum Income Standard will be applied to each adultIRB rate in shared accommodation.

(2) The shared household deduction under sub-regulation (1) will be apportioned pro-rata between all adults: the calculation is applied to non-IRB persons in the shared accommodation, as it is assumed that these persons are sharing costs, and the IRB rate for IRB claimants is set as a share of all adults.

- (3) The rate for the shared household deduction is—
- (a) 100% of the shared household deduction (i.e. no deduction) for one adult in shared accommodation;
- (b) one half of the shared household deduction for two adults in shared accommodation;
- (c) a third of the shared household deduction for three adults in shared accommodation;
- (d) a fourth of the shared household deduction for four adults in shared accommodation, and
- (e) a fifth of the shared household deduction for five adults in shared accommodation.".

## **Repeal and substitution of regulation 8 - household income level**

**6.** The principal Regulations are amended by repealing regulation 8 and substituting the following regulations—

#### "Family income level

**8.** The income level of a family is to be calculated as the total of the following amounts as reflected in the second column—

| Income  | Taken into account in the calculation |
|---|---------------------------------------|
| 1. Any income, including<br>earnings, self-employment<br>earnings, apprenticeship<br>stipends, and education grants<br>received by a person aged 18<br>or under who lives in a family<br>where at least one other<br>member is over the age of 18<br>years. | Disregarded in full                   |
| 2. Carer's allowances, better life  | Disregarded in full.                  |
| allowances and occupational   |                                       |
| therapy allowances.   |                                       |

| 3. Earnings (full or part time,<br>casual, regular or self-<br>employed),   | The first £10 for each person with<br>earnings shall be disregarded and the<br>remainder taken into account.   |
|---|--|
| 4. Pension, any type of pension<br>benefit, including basic island<br>pension, United Kingdom<br>state pension, St Helena<br>Government pension, other<br>employer pension or any<br>personal pension | Taken into account in full – no<br>disregard   |
| 5. Any other income, however<br>received, including regular<br>payments from children,<br>children paying for services<br>including electricity,<br>telephone or other services.                      | Taken into account in full - no<br>disregard   |
| <b>*</b>  |  |
| Assets<br>6. All assets including bank<br>accounts, stocks and shares,<br>cash, held either on St Helena<br>or abroad.  | A family with assets of twice the<br>annual minimum wage (37.5 hour<br>week) is not eligible for IRB.<br>Family assets totalling between<br>£3,000 and up to twice the annual<br>minimum wage will be treated as if it<br>gives a family a weekly income of £1<br>for each £250, or part of £250,<br>regardless of whether it does or not.<br>So if a family has £4,300 in assets,<br>£3,000 of it will be ignored and the<br>other £1,300 will be treated as giving<br>weekly income of £6.00.<br>This will be reviewed annually and<br>adjustments to payments made<br>accordingly.<br>There is full disregard for families<br>with total assets of less than £3,000 |
| 7. Money held in a Child's<br>Savings Bond at the Bank of<br>St Helena.   | Disregarded until the earlier of when<br>the funds are withdrawn or the owner<br>of the Bond reaches the age of 19 and<br>thereafter taken into account in the<br>total assets under Item 1.   |
| 8. Immovable property on St<br>Helena or abroad   | The dwelling in which the family<br>resides is disregarded. The current<br>market value of all other immovable<br>property is taken into account in the<br>total assets under Item 1.  |

#### **Reporting to the Benefits Office and Careers Access St Helena**

**8A.** (1) A category 1 claimant is required to report to the Benefits Office every two weeks to report on progress in seeking work with respect to sub-regulation (4) which states under which conditions income related benefit may be withdrawn from a claimantin category 1 of job readiness.

(2) A category 2 claimant who is being supported into work will be placed in appropriate training or work to become job ready and the category 2 claimant is required to report on progress to the Benefits Office every two weeks.

(3) The Benefits Office and Careers Access St Helena will review the progress of each category 1 claimant in seeking work and category 2 claimant undertaking appropriate training or a work placement on a fortnightly basis.

(4) Income related benefit will be withdrawn from a claimant in category 1 of job readiness in the event of:

- (a) failing to demonstrate availability for, and actively seeking work;
- (b) failing to carry out a direction from Careers Access St Helena;
- (c) failing to attend a two weekly progress meeting with the Benefits Office, compulsory training or employment scheme;
- (d) failing to accept work that is offered;
- (e) leaving work voluntarily (except in the case of voluntary redundancy); or
- (f) loosing work due to misconduct.

(5) Sub-regulation (4) also applies to persons in category 2 of Job Readiness when they have been medically assessed as job ready and move into Category 1.".

#### Amendment of regulation 9 - payment of benefits

7. The principal Regulations are amended in regulation 9 by repealing sub-regulation(2).

#### Insertion of regulation 9A - payment of transport allowance

**8.** The principal Regulations are amended by inserting after regulation 9 the following regulation—

#### **"Payment of transport allowance**

**9A.** A person claiming an income related benefit is entitled to be reimbursed upon arrival to, and receipt of a bus journey to, an arranged appointment with the Health Directorate or the Benefits Office.".

#### Amendment of Schedule

**9.** The principal Regulations are amended in the Schedule by repealing Form B and substituting the following—

## **"FORM B APPLICATION FOR INCOME RELATED BENEFIT**

(Regulation 5(1))

| For office use only  |  |
|----------------------|--|
| Social Security      |  |
| no:                  |  |
|                      |  |
| Date received at:    |  |
|                      |  |
| Initials:            |  |
|                      |  |
| DETAILS OF AP        |  |
|                      | eted in blue or black ink and in block letters |
| Name of              |  |
| applicant:           |  |
|                      |  |
| Date of birth:       |  |
|                      |  |
| Address:             |  |
|                      |  |
| TT 1 1               |  |
| Telephone<br>number: |  |
| number.              |  |
| Fax:                 |  |
| 1°ax.                |  |
| E-mail:              |  |
| L'indii.             |  |
| DETAILS OF HO        | USING LOAN/ RENTED ACCOMMODATION               |
| Are you or           | Yes/No   |
| anyone else in the   |  |
| family repaying a    |  |
| housing loan for     |  |
| the house in         |  |
| which you live?      |  |
| If yes, please state | Name   |
| name of the          |  |
| person repaying      | Weekly repayments                              |
| the loan and the     |  |
| weekly               | Capital £Interest £                            |
| repayments           |  |
|                      |  |
|                      |  |

| Details of rented                         | Is the family living in rented accommodation? Yes/No           |  |
|---|--|--|
| accommodation:                            | If yes, who in the family is paying the rent? Name:            |  |
|   | What is the total rent paid weekly for the accommodation?<br>£ |  |
|   | Is the accommodation: Private/Government                       |  |
| DETAILS OF CURRENT MEMBERS OF THE FAMIILY |  |  |

| Please give         | details of curr  | ent members of the family:   |      |                                |
|---------------------|--|--|------|--------------------------------|
| Applicant<br>Member | Full name  | •  |      |                                |
| 1                   | Date of birth  |  |      |                                |
|                     | Employment status  |  |      |                                |
|                     | Weekly income  |  |      |                                |
|                     |  |  |      |                                |
|                     | Child maintenance  |  |      |                                |
|                     | Pensions<br>(include source and weekly amounts)  |  |      |                                |
|                     | Bank details (accompanied by bank statements for all accounts, St Helena and overseas, for three months preceding the application)<br>Address and amount |  |      |                                |
|                     | Assets<br>(properties, shares, land and trust funds)   |  |      |                                |
|                     | Other income   |  |      |                                |
|                     | Category of Job Readiness. Please tick as appropriate  |  |      |                                |
|                     |  | Description  | Tick |                                |
|                     | Category   | Job ready. No significant barriers<br>to work exist. Claimant is capable |      | Claimant must<br>actively seek |
|                     | 1  | of taking a job immediately.   |      | work                           |
|                     | Category   | Not job ready. Some barriers to  |      | Claimant must be               |
|                     | 2  | work exist (e.g. health issues) that                                     |      | undertaking                    |
|                     | 2  | need addressing before a claimant  |      | appropriate                    |
|                     |  | is 100% job ready.   |      | activity in order              |
|                     |  | 15 10070 job ready.  |      | to become job                  |
|                     |  |  |      | ready.                         |
|                     | Category<br>3  | Claimant is permanently unable to work:                                  |      | No conditions<br>attached.     |
|                     |  | In receipt of BLA  |      |                                |
|                     |  | In receipt of OT   |      |                                |
|                     |  | • In receipt of CA.  |      |                                |
|                     |  | Carer of one or more children  |      |                                |
|                     |  | under 5 years or a disabled  |      |                                |
|                     |  | child  |      |                                |
|                     |  | • Aged 65+   |      |                                |
|                     | Category   | Full-time employment   |      | Claimant must                  |
|                     | 4  | Part-time employment   |      | provide evidence               |
|                     |  |  |      | of all earnings for            |
|                     |  |  |      | the previous 90                |
|                     |  |  |      | days every 90                  |
|                     |  |  |      | days for re-                   |
|                     |  |  |      | assessment                     |

| Member<br>2 | Full name  |  |      |  |
|-------------|--|--|------|--|
| 2           | Date of birth  |  |      |  |
|             | Employment   | t status   |      |  |
|             | Weekly inco  | me   |      |  |
|             | Child mainte   | enance   |      |  |
|             | Pensions<br>(include source and weekly amounts)  |  |      |  |
|             | Bank details (accompanied by bank statements for all accounts, St Helena and overseas, for three months preceding the application)<br>Address and amount |  |      |  |
|             | Assets<br>(properties, shares, land and trust funds)   |  |      |  |
|             | Other incom  | e  |      |  |
|             | Category of Job Readiness. Please tick as appropriate  |  |      |  |
|             |  | Description  | Tick |  |
|             | Category<br>1  | Job ready. No significant barriers<br>to work exist. Claimant is capable<br>of taking a job immediately.                           |      | Claimant must<br>actively seek<br>work   |
|             | Category<br>2  | Not job ready. Some barriers to<br>work exist (e.g. health issues) that<br>need addressing before a claimant<br>is 100% job ready. |      | Claimant must be<br>undertaking<br>appropriate<br>activity in order<br>to become job<br>ready. |

|                  | Category<br>3        | Claimant is permanently unable to work:   | No conditions attached.           |
|------------------|----------------------|---|-----------------------------------|
|                  |                      | In receipt of BLA   |                                   |
|                  |                      | • In receipt of OT  |                                   |
|                  |                      | • In receipt of CA.   |                                   |
|                  |                      | • Carer of one or more children<br>under 5 years or a disabled<br>child               |                                   |
|                  |                      | • Aged 65+  |                                   |
| 1                | Category<br>4        | Full-time employment  | Claimant must<br>provide evidence |
|                  | Part-time employment | of all earnings for<br>the previous 90<br>days every 90<br>days for re-<br>assessment |                                   |
| Please tick this | s box if you         | are submitting extra sheets for additional  | members of the family.            |

## 

## PAYMENT AND DECLARATION

Please pay my income related benefit into my bank account no.

OR

I would like to be paid by cash

#### APPLICATION: I

of

hereby apply for income related benefit.

## **DECLARATION:**

(please read this declaration carefully before you sign and date it)

• I hereby certify the foregoing information given by me to be full and correct.

• I agree to report all changes of circumstances as and when they happen.

• I understand that failing to report a change of circumstances could result in an over payment which I may have to pay back.

• I understand that it is a criminal offence to give incomplete or inaccurate information for the purpose of obtaining an income related benefit and is liable to prosecution

| Signature: | Signed:              |
|------------|----------------------|
| Date:      | Adjudication Officer |
|            |                      |

Made by the Governor in Council this 6<sup>th</sup> day of October 2021.

Connie Johnson Clerk of Councils

## **EXPLANATORY NOTE**

(This note is not part of the Regulations)

The Social Security (Amendment) Regulations, 2021, would revise the Social Security Regulations, 2011 by replacing the use of the word "household" with the use of the word "family" and by making amendments consequential thereto and by replacing application Form B.