

**Issues commonly experienced by DP recipients in Kensington and Chelsea...** reported by members of ADKC's Independent Living Kensington and Chelsea project.

**Assessment / review:**

- delays (initial delays, changes of social worker, changes to team, intervention request)
- cuts - "managing expectation" about care packages even before the assessment / review
- "It is hard not to be judgemental but..."
- threats about withdrawing DP if the person has to delay review
- short notice and refusal to hold review anywhere other than the individual's home address.
- Repeated use of panel when there are disagreements
- Indicative budget can be very different from approved esp. if have been through "best outcome panel".
- Changes in circumstances used as delays to halt / delay or redo already completed review.
- Assumption of informal support:  
"She lives with her adult son, so he would be expected to clean the common areas"...
- "There was insufficient time to explore why the partner was refusing to provide support to the wife"...
- "There is probably a kosher online delivery service that her son could support her to access"

**Support planning:**

- Written by Social Worker - no offer to individual to write (and if they ask to write their own this is "translated" as if written by social worker).
- Very time and task... specified in minute details.
- "We give one hour for domestic and one hour for shopping - this is to be equitable" (RBKC social worker) Insufficient to meet needs if there are cultural / dietary issues.
- "We don't provide 24 hour care"... "we are paying for 24 hour care" (RBKC social worker)

**DP set-up**

- billed as preferred option but significant delays of months to actually set up.

- interim support not necessarily offered
- prepaid as standard - automatically ticked on DP agreement and Prepaid forms presented as standard. No discussion of options.
- DPs are for employing PAs - rarely told about other options.
- DPs “cannot be used to pay for activities - but they can be used to pay for a PA to support to attend an activity”.
- DPs for “agencies” can only be paid at max £15.50 ph- so as not to “inflate the care market at the expense of the council”.
- Individuals have to agree to top-up privately if they want to pay higher rate... this is not classed as a DRE!

## Employing PAs

- people are automatically signed up to a certain employers liability insurance and a certain payroll - there is no discussion about options
- “According to the policy, you have to be signed up with a registered payroll provider” (RBKC social worker, who was unable to provide a copy of any policy or guidance).
- new PAs have to be bought to social services so the **Social Workers** can meet them, check their ID and keep their personal details,
- The social worker also goes through the JD “so the PA understands what is expected of them”, and signs them up to the payroll.
- “We have to know who is working for the person so that, if they come to us with issues, we can talk through things with them ...” (RBKC social worker).
- “I’ll see if my colleague knows of any PAs that are helping other people with x task who might want more hours” (RBKC social worker)
- “PAs are paid at LLW” (RBKC social worker) ... but there is no annual increase and packages are not calculated by the hour... so this is not true.
- Inability to recruit at set rate is ignored as “other people are able to recruit at that rate” - unspent funds clawed back.
- Senior managers refuse to say how long the council will allow failed recruitment to go on before considering increase in rate (has never happened to my knowledge).
- No ISF option... causes significant issues for people unable / unwilling to manage DP but without a “nominated person”. “ I

am worried that Mr X does not fully understand the DP process”  
RBKC social worker.

- Unwillingness to consider exceptions or work arounds to enable flexibility but inability to suggest alternative ways to meet needs in the same way.
- No ongoing support

### **Charging:**

- Lack of information from financial assessment team in advance of the meeting - so unable to accumulate evidence of DRE.
- “A lot of so-called disability related expenditure is just lifestyle choice, we need to be able to see that it is something that is reflected as a need in the care assessment” (RBKC financial assessor)
- Financial assessment breakdown not clear - a single figure is given as a “disability related expenditure allowance making it difficult to check that all has been accounted for.
- People receiving DPs (spending capped at 15.50ph) are charged at the same hourly rate as people receiving commissioned homecare services (paid by council at £16.70 ph) meaning DP recipients overcharges or charged proportionally more per hour.
- FOI requests for policies and amounts have been refused.

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