

Staffordshire County Council
Directorate of Social Care and Health
Direct Payments Project Board

Direct Payments In Staffordshire

*Gives service users and carers flexibility, choice
and control in the way they are supported*

Employing a close relative living in the same household

Information for practitioners, carers and service users



If you would like a copy of this leaflet in larger print, on audiotape, in Braille or in a different language, please contact our helpline on 01785 276900.

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1. Current Regulations

Direct payments cannot be used routinely by individuals to pay spouses, or close relatives who live in the same household. However, the Regulations were changed in 2003 to give local Councils some discretion in this matter. They can allow payments to be made in this way, but only where they are satisfied that securing the service from such a person is necessary to meet satisfactorily that individual's need for a service. Council's are able to make conditions about who can be employed in individual circumstances. There may be legitimate reasons for doing so but a decision should be taken according to the merits of each individual case.

Direct Payments Guidance (Community Care, Services for Carers and Children's Services (Direct Payments) Guidance England 2003), states:

'Unless a Council is satisfied that it is necessary to meet satisfactorily a person's needs, a council may not allow people to use direct payments to secure services from a spouse (husband or wife), from a partner (the other member of an unmarried couple with whom they live), or from a close relative (or their spouse or partner) who live in the same household as the direct payment recipient (paragraph 94).

This restriction is not intended to prevent people using their direct payments to employ a live-in personal assistant, provided that person is not someone who would be usually excluded by the Regulations. The restriction applies where the relationship between the two people is primarily personal rather than contractual, for example, if the people concerned would be living together in any event (paragraph 95).

2. Guidance

For approval to employ a close relative from within the same household it has to be evidenced and recorded that the care/support has to be provided in this way and there is no other suitable or practical way. Difficulty in recruiting personal assistants (PA's) is not a reason in itself, but a temporary crisis situation can be considered.

There should be confirmation that the close relative is willing to take on this role and is physically and emotionally able to do so. Both the individual and the intended PA need to be aware of the employer/ employee relationship.

Examples of where a close relative might provide the care include:

- Cultural or religious needs which can only be met by someone who understands that cultural requirements for meal preparation, personal care and the like.
- There is an identified need for a live-in PA, but space is not available.
- Where the user is in the end stages of a terminal illness and it is necessary for their emotional well-being.
- Where the user has very specialized communication or special care needs.

The application form for exceptional approval to employ a close relative in the same household is attached as Appendix 1 to this guidance.

3. Useful Contacts

The Council's Direct Payments Support Team

Telephone: 01785 854493 or 854494
Fax: 01785 854497
Email: direct.payments@staffordshire.gov.uk

Rowan Organisation

(Direct Payments Support Contractor for Staffordshire)
Freephone helpline: 0800 7831755
Minicom: 0800 917 8897
Fax: 01827 718932
Email: Staffordshire.referrals@therowan.org

ELITE (Enabling Living Independently Today and Everyday)

(Direct Payments Peer Support Group in Staffordshire)
Tel/fax: 01782 634379 (Val) or 01785 816974 (Linda)
Email: elite.northstaffordshire@ntlworld.com

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Appendix 1: Application form

Application for exceptional approval to employ a close relative in the same household.	
Initiator of this request	
Name of Service User	CISS
Address	
Name of relative and relationship with service user	
Name of Social Care Practitioner/Coordinator	
Signature	Date
Social Service Office/Team	
Telephone contact	
<i>Please complete reasons for application overleaf and attach support plan (SW157) and DP3 and any other relevant documentation.</i>	
Approved/Not Approved (delete as appropriate)	
Name of District Manager	
Signature	Date
*Reasons for approval or non approval	

<p>There are cultural or religious needs, which can only be met by someone who understands that culture/religion. <i>Yes/No/Please specify:</i></p>
<p>There is a need for a live-in carer but accommodation is unsuitable. <i>Yes/No/Specify:</i></p>
<p>Care is required frequently/intermittently/unpredictably and it is not practical to contract with an agency or employ a personal assistant to support these tasks. <i>Yes/No/Specify:</i></p>
<p>It is necessary for the person's well-being and he/she is in the end stages of a terminal illness. <i>Yes/No/Specify:</i></p>
<p>There are very special communication needs or special care needs. <i>Yes/No/Specify:</i></p>
<p>There is a refusal to accept assistance from anyone else and these tasks are essential on the care plan. <i>Yes/No/Reasons for refusal:</i></p>
<p>Other reason-including temporary crisis. <i>Please specify (including time support should remain in place):</i></p>
<p>Please describe what efforts have been made to arrange alternative care. Identify risks if care is not provided:</p>