

## **HELP WITH CONSENTING TO AND MANAGING DIRECT PAYMENTS**

**This fact sheet covers:**

- **Background to consent issues.**
- **Background to management issues.**
- **The Adults with Incapacity Act.**
- **Judgements about capacity to consent.**
- **Who can provide support.**
- **Supported Decision Making.**

### **1. Introduction and Background.**

This fact sheet is aimed at families and supporters of people with learning difficulties and local authority staff. Information on direct payments for people with learning difficulties and the support they can receive is available in accessible formats on request.

Many of the support mechanisms detailed in this fact sheet are relevant to mental health survivors. However those wishing further information on mental health and direct payments should read *Direct Payments for mental health users/ survivors: A guide to some key issues*, published by the National Centre for Independent Living (NCIL).

### **2. Background to Consent Issues.**

A major problem for people with learning difficulties in their attempts to access direct payments has arisen because they have been judged as unable to consent to them. Two recent changes to legislation in Scotland have clarified the issue around consent to direct payments:

- The Adults with Incapacity (Scotland) Act 2000, allows greater autonomy in the decision making process for people with learning difficulties and mental health problems.
- The Community Care and Health (Scotland) Act 2002 makes it a duty for local authorities to offer direct payments to all eligible people who can manage the payments either alone or with assistance.

Supported decision making plays a major role in helping people with learning difficulties and mental health problems both to consent to and manage direct payments. This fact sheet provides an overview of issues around consent and decision making. It outlines the mechanisms which can assist the decision making process and allow people of different abilities to use direct payments as a key to living more independent lives.

The campaigning organisation, Values Into Action (VIA), has done a lot of work in this area and has produced numerous publications (listed at the end of this fact sheet) detailing case studies which practitioners can use to explore issues in more depth. The evidence clearly shows that with the right level of support in place the benefits for people of accessing individualised support packages are significant. Some case studies are also included at the end of this fact sheet.

A useful starting point on consent issues is given in the VIA publication, Funding Freedom 2000:

“All people with learning difficulties have preferences, no matter what their level of disability. Questions about an individual’s capacity to consent to a course of action should not be confused with their capacity to make choices about their life, who supports them, the people they like to be with and the things they like to do.”

“Many people with learning difficulties have shown that, given the correct support, they can exercise control over their service enabling them to achieve better quality of support and life. VIA argues that the user’s consequent satisfaction itself constitutes consent to the method used to achieve it.”

“Indeed, VIA’s research has found that some local authority personnel privately acknowledge that their legal departments are not overly concerned about the issue of consent. They believe that, if a

service is right for an individual and works successfully, the consent issue is unlikely to be challenged. What seems more important is the issue of safeguarding and control. Safeguarding is important so that people who might be regarded as being vulnerable are not exposed to risk from abuse and control does not slip to third parties.”<sup>1</sup>

### **3. Background to Management Issues.**

The Scottish Executive’s guidance states that “those eligible to receive direct payments are defined as certain persons, assessed as in need of services, who are capable of managing direct payments with or without assistance”.<sup>2</sup>

Many people with learning difficulties have been denied access to direct payments because they have been regarded as ‘unable to manage’. People can ask third parties to undertake some, or indeed all, of the management of their direct payment.

The two main things to manage in a direct payment are:

- Properly looking after money from the social work department.
- Making sure it is spent on support that meets a person’s assessed needs.

The authority will want to make sure that this is being done properly (see DPS Fact Sheet 3: Monitoring and Review of Direct Payments).

Local authorities should think about what help a person may need to manage a direct payment rather than assume they are unable to manage. The amount of help someone gets should be geared to their wishes, needs and choice of support arrangement, not to any perceived level of ability or disability.

Direct payments enable people to become more independent. However, ‘independence’ does not necessarily mean either living alone or doing everything for yourself. The issue is not whether you need help to get out of bed in the morning or support to get the bus to college. The issue is

---

<sup>1</sup> Funding Freedom 2000: People with Learning Difficulties Using Direct Payments, by Andrew Holman. Published by Values Into Action, 1999 pp28-29.

<sup>2</sup> Direct Payments – Policy and Practice Guidance, Scottish Executive, June 2003.

whether you control when, where and how your help to get out of bed or go to college is provided, and by whom.

Many of us live 'independently' – or, more accurately, interdependently - in a complex network of relationships alongside others but, as adults we have choices about the fundamental things concerning how we live our lives. One of the arguments for direct payments is that many current services do not give people those basic choices over the 'who, what, when, where and how' of support. Direct payments do give people these choices – and therefore control – even if people need lots of help to manage the direct payment and put this into practice.

Decision-making is a process, not an event. Decision-making is the end result of a series of things, which start off with our preferences, perhaps expressed non-verbally, and include choices. All of us use doctors, solicitors, estate agents, advice workers, friends and so on to help us formally or informally to enact our choices and make decisions. This is no less the case in the process of decision-making associated with getting and using a direct payment. Decision-making for most direct payments users will be a shared process.

#### **4. The Adults with Incapacity Act.**

The Adults with Incapacity (Scotland) Act 2000 starts with the general presumption that all adults are legally capable of making personal decisions for themselves and of managing their own affairs. This presumption is important because many people with learning difficulties find the opposite applied to them - there is an assumption that they cannot consent until they pass some sort of 'test'. Decisions based upon a person's 'condition' or 'diagnosis' are not correct.

- The Adults with Incapacity Act 2000 starts from the premise that everyone has the capacity to consent until proven otherwise.
- A person **cannot** be deemed incompetent to consent to any transaction purely on the basis that they have an intellectual impairment.
- A person **cannot** be deemed incompetent to consent to a direct payment because they have been deemed incompetent to consent to **other** transactions (e.g. credit agreements, marriage, tenancy agreements, medical treatment etc).

- If there are doubts, (in the local authority assessment of a client's capacity to consent to a direct payment), that person should receive as much assistance as is required to evidence any capacity, including the use of independent living trusts or circles of support.
- The capacity to consent should be understood to be also a capacity to remain in ongoing control (with as much assistance as is required to remain in control). The Adults with Incapacity Act allows the possibility of consenting to a direct payment. Guidance points out the opportunity to meet needs in creative ways not previously possible.

### **Attorneys, Guardians and Intervention Orders.**

From June 2003 local authorities were able to make direct payments to attorneys and guardians instead of to the person who needs support. However this should only be used where no capacity to consent can be evidenced.

Attorneys are appointed by the individual whereas guardians are appointed by the sheriff court. There are two kinds of attorney that can be given to someone to help make decisions on an individual's behalf:

- Welfare power of attorney - to decide about things like medical treatment and where someone lives.
- Continuing power of attorney - to look after money or possessions.

Someone can have both a welfare power of attorney and a continuing power of attorney.

A Guardianship Order allows someone to help an individual with decisions in relation to financial or welfare matters. An Intervener can also be appointed by the sheriff court to make one-off decisions on major issues such as selling a house. The areas of assistance are dependant upon the powers granted by the sheriff in the application to Court.

The presence of an attorney, guardian, or intervener is **not** an automatic indicator of incapacity to consent. The powers given to these individuals depend upon the powers granted to them by the sheriff (in the case of Guardianship or Intervention Orders) or the granter (in the case of Power of Attorney). Before paying a direct payment to an attorney or guardian the extent of that individual's decision making powers should be

examined.

## **5. Judgements About Capacity To Consent.**

To be able to legally consent demands that you are capable of a good enough understanding of the nature, implications and consequences of your decisions.

The Adults with Incapacity Act gives “doctors the principle responsibility in deciding whether an adult is incapable of making particular decisions or taking specific actions”. But a doctor should base his or her decision on complete information from all those who know an individual well.

Judgements about capacity to consent have to be time and subject specific; it has to be made for a particular decision, at a particular moment in time, in these particular circumstances. So, for example, the fact that someone was labelled as needing an appointee to manage their benefits five years ago does not tell you whether the person can decide about having a direct payment today.

There are a number of factors to be thought about when considering if someone is able to consent:

- Have they had good information?
- Has information been given in a way they can understand?
- Has support been given to enhance communication in every way possible?
- Is the person able to consider the information, different choices, and to reason and reach a decision?
- Can they express their views in some other way?
- Are they able to make their own decisions and not follow the wishes of others?
- Is there a consistency in decision making?

It must be made clear that these are only indicators. It is not a check list. Everyone can make decisions rashly and often with incomplete information. It is no different for people with learning difficulties.

## **6. Who Can Provide Support?**

A social worker or support organisation representative should discuss with the individual what support they might need and then find the simplest way of meeting that need. People may need different sorts of support to manage their direct payment at different times and there is no set model.

Support can come from one, or a combination, of the following:

- **Direct Payments Support Organisation.**  
Experience and expertise in assessment and expression of need, employment issues, payroll, peer support and advocacy (See also DPS Fact Sheet 2: The Role of the direct payments support organisation).
- **Self-Advocacy Group.**  
Experience and expertise in individual support, accessible information, peer support and identification of what people want (this may be available through a support organisation).
- **Independent Advocate.**  
Experience in enabling people with learning difficulties, including those with higher support needs who may not use speech, to express their views and preferences and present these to others.
- **Service Broker.**  
Experience and expertise in identifying need, assessments and finding creative ways for need to be met.
- **Independent Living Trust / Circle of Support.**  
Experience of the person - able to manage money and, if needed, help to employ staff (explained more fully below).
- **Care Manager/ Social Worker.**  
Experience and expertise in helping people identify needs, assessment, getting the paperwork through the system, review - often the first point of contact for getting information on direct payments.
- **Keyworker/ Care Worker / Day Centre Worker / Local Area Co-Ordinator.**  
Experience and expertise in helping people identify and express dissatisfaction and/ or aspirations, acting as link to care

managers.

- **Neighbours/ Friends/ Family.**  
Experience and expertise in knowing someone and being able to assist them in completing the paperwork.
- **Volunteers/ Local Businesses/ Banks.**  
Experience and expertise in assisting people in completing the paperwork and managing the arrangements.

## **7. Supported Decision Making Mechanisms.**

Supported decision-making puts the individual at the centre of the decision-making process. It starts from the perspective that all people have the right to make their own choices and to have control over their own lives.

The challenge is how to support someone so that they can exercise that right to choice and control. All people have views and preferences about what they want. They may need help to explore options in order to decide their preferences. They may need support to communicate their preferences and wishes. A supported decision-making approach recognises that even when it is not clear that individuals can make decisions for themselves, they still have views and preferences that must be taken into account. Decision-making is a process which is carried out with the help of other people.

The steps towards making a decision include getting information, considering the options, weighing up their respective value, thinking about the consequences and talking to others.

Somebody who has high support needs may well not be able to express directly what they want to do. They may not be able to initiate a decision-making process. That is why relationships are crucial. People with high support needs still have preferences, needs and personal priorities – the essential elements that go towards eventually making a choice or a decision. What such individuals do need is the support of other people who know these things about the individual. If they know the person, they will be better able to identify when a decision needs to happen and to ensure that the individual is at the heart of it by having their preferences placed at the centre of the decision-making process.

The following are mechanisms that enable supported decision making:

**i. Advocacy.**

It may be enough for someone to be supported by one independent advocate. A shortage of advocacy can often be a problem and several local authorities have funded independent advocacy schemes specifically to assist people with learning difficulties or mental health problems with direct payments. This could be set up within an existing direct payments support organisation, or there may be an organisation locally which provides specialist support that could be funded to expand its role.

**ii. Circles of Support.**

When people need information, advice and support in finding out about the best arrangements for them, and in exploring the possible alternatives, one option is to use a small 'network' of people around them whom they know well. The people who make up these networks will be different for each individual but often include parents, friends, allies, family friends, acquaintances and professionals (sometimes acting in a particular capacity). Supporters should be able to provide a balance that means decisions made are in the best interests of the individual. For example it may be a way of helping to recognise the desires of the individual where these are at odds with those of a parent.

Circles can be particularly productive for people with more complex or greater support needs, those who do not use verbal communication and those who may be communicating through their behaviour. VIA's research has found that circles of support may have been especially instrumental in helping people with higher support needs pursue direct payments, especially when their local authority was not being particularly helpful.

However, many people with learning difficulties do not currently have access to a circle. Social workers, care managers and other supporters can actively support direct payments by considering the use of a circle of support where appropriate.

**iii. User Controlled Independent Living Trusts.**

A trust is a legal structure that sets up the necessary framework of decision-making around an individual with high support needs. Innovative, user-controlled trusts have been developed as a way of enabling people to achieve independent living via individualized

funding, with the support of a dedicated network of friends and workers. A trust consists of a number of trustees, chosen by the disabled person. A Trust Deed sets out the rules and regulations about how money should be spent and any other necessary financial arrangements to govern it.

A user-controlled trust will usually offer additional assistance and safeguards to the disabled person. It ensures that they are at the centre of decision-making, whatever their ways of communication or their needs for support and, by establishing a trust, a range of people are actively committed to supporting the individual in this.

Thus, an important aspect of user-controlled trusts is the network of people involved. These people can include peer advocates, friends, relatives and citizen advocates, as well as family, friends and local authority workers. The best mix of people is the one that suits the individual.

Trusts are being used by an increasing number of people with learning difficulties and are proving particularly helpful when someone has greater support needs. Benefits include:

- A legal framework to ensure any questions of employment or other liability are met.
- A quality framework to ensure the desired support is delivered.

Direct payments can be made via a trust. Trustees can be chosen who will carry out the tasks involved in managing the direct payment that the disabled person cannot or does not want to undertake, such as the financial aspects of employment.<sup>3</sup> More detailed information on setting up trusts can be found in the VIA publication, *Trusting Independence: A practical guide to independent living trusts*.

#### **iv. Service Brokerage**

The concept of service brokerage is not a mainstream option in the UK, although the best known example, Grampian Service Brokerage, is in Scotland.

A broker is a skilled supporter enabling someone to look at what they want and need. Brokers usually work for a brokerage agency but,

---

<sup>3</sup> Funding Freedom 2000: People with Learning Difficulties Using Direct Payments, by Andrew Holman. Published by Values Into Action, 1999.

although few and far apart, independent brokers have also helped some people to use direct payments. They may offer advocacy in the assessment process and support in implementing assistance packages. These may well include the use of a direct payment. A brokerage agency can act as the named employer of support for an individual if required.

## **8. Practical Issues of Support.**

### **i. Employer Responsibility.**

Being an employer is a serious responsibility that must not be taken lightly. Some people with learning difficulties are able to take on these responsibilities themselves, others are able to do so with the necessary support.

Someone supported by a circle of support or advocate is consenting to the lifestyle choices and opportunities the direct payment opens up for them. They need not be held responsible for the day to day management of money or personal assistants. Although the person consenting is the employer and has liability they would, in the event of legal action, be supported by a named individual within the circle.

If an Independent Living Trust is in place, as a legal entity a named individual within the trust will have employer responsibility. An appointed attorney or guardian would also be the employer.

Whichever option is used, there needs to be clarity over this matter when the direct payment is set up.

### **ii. Who does the paperwork?**

A direct payment requires an amount of paperwork to be undertaken. Cheques need to be signed, local authority returns need to be filled in. Each trust or circle should make sure there is someone who has these responsibilities.

A direct payment usually requires a dedicated bank account. A trust can open a bank account in its own name. Circles may have more difficulty opening a bank account, although if set up with a constitution, a club or treasurer account could be suitable. As a safeguard, accounts are usually set up to require two people to sign cheques.

### **iii. Local Authority Monitoring.**

Local Authorities have a duty of care regardless of how support is provided. An authority therefore needs to be satisfied that an individual's assessed care or support needs are being met. This is done by regularly reviewing the support package. At one extreme, the authority can terminate a direct payment if it is seen to be unable to meet someone's needs. However, this should be at the end of a process which should have supported any necessary changes to a package to come up to the necessary requirements. For more information see DPS Fact Sheet 3, Monitoring and Review of Direct Payments.

## **9. Further Information.**

### **Publications:**

- The Adults with Incapacity (Scotland) Act 2000, and guidance notes can be found at: Website:  
[www.scotland.gov.uk/about/JD/CL/00016360/home.aspx](http://www.scotland.gov.uk/about/JD/CL/00016360/home.aspx)
- It's Your Decision, A quick and easy guide to the Act, can be found in the 'Useful Information' section of this website.
- A Guide to Receiving Direct Payments in Scotland, Scottish Executive 2003.
- Direct Payments Policy and Practice Guidance can be downloaded from the online publications section of the DPS website: [www.dpscotland.org.uk](http://www.dpscotland.org.uk)
- Getting involved in Choosing Staff: A resource pack for supporters, trainers and staff working with people with learning difficulties, Ruth Townsley et al Norah Fry Research Centre, Pavilion, Joseph Rowntree Foundation, 1997.
- Making Decisions: Best practice and new ideas in supporting people with learning difficulties who have high support needs to make decisions, Stephanie Beamer with Mark Brookes 2001, VIA.
- It's Your Choice, Stephanie Beamer with Mark Brookes 2001, VIA.
- Who's in Control? Decision-making by people with learning difficulties who have high support needs, James Edge 2001, VIA.
- Too Little, Too Slowly: report on direct payments for people with learning difficulties in Scotland, Liz Henderson and Catherine Bewley 2000, VIA.
- Funding Freedom 2000: people with learning difficulties using direct payments, Andrew Holman 1999, VIA.
- Make Your Move: a video guide to independent living for all

- people with learning difficulties, Andrew Holman 1998, VIA.
- Trusting Independence: a practical guide to independent living trusts, Andrew Holman and Catherine Bewley 2001, VIA and Community Living.

**Contacts:**

**Inspired Services** - Campaigns to improve the lives of people with learning difficulties.

Telephone: 0870 740 4887

Website: [www.inspiredservices.org.uk](http://www.inspiredservices.org.uk)

**Disability Rights Commission** - is an independent body established to stop discrimination and promote equality of opportunity for disabled people.

Helpline: 08457 622 633 (text phone 08457 622 644)

Website: [www.drc-gb.org](http://www.drc-gb.org)

**ENABLE** - Campaigning group for people with learning disabilities and their families.

Telephone: 0141 226 4541

Website: [www.enable.org.uk](http://www.enable.org.uk)

**Office of the Public Guardian** - Expertise on the Adults with Incapacity Act.

Telephone: 01324 678300

Website: [www.publicguardian-scotland.gov.uk](http://www.publicguardian-scotland.gov.uk)

**People First Scotland** - Campaigning group for people with learning disabilities and their families.

Telephone: 0131 478 7707

**National Centre for Independent Living (NCIL)** - Specialises in direct payments and employment of personal assistants.

Telephone: 020 7587 1663

Website: [www.ncil.org.uk](http://www.ncil.org.uk)

**Scottish Association for Mental Health (SAMH)** - operates a range of services across Scotland for people with mental health difficulties. It also strives to influence public policy as it affects people with mental health difficulties.

Telephone: 0141 568 7000

Website: [www.samh.org.uk](http://www.samh.org.uk)

**Scottish Consortium on Learning Disability** - For details of local organisations that specialise in advocacy and supporting people with learning difficulties

Telephone: 0141 418 5420

Website: [www.sclld.co.uk](http://www.sclld.co.uk)

**UPDATE** - For details of local disability information services

Telephone: 0131 558 5200

Website: [www.update.org.uk](http://www.update.org.uk)

**Values Into Action** - is the UK-wide campaign with people with learning difficulties, which has been working since 1971 to support and promote the right of people with learning difficulties to enjoy, and to be treated with the same respect due to all citizens.

Telephone: 020 7729 5436

Website: [www.viauk.org](http://www.viauk.org)

### **Acknowledgements.**

This fact sheet was written by Direct Payments Scotland, Andrew Holman of Community Living, and Jean Collins of Values Into Action. Additional work by Patricia Gibbons of The Office of the Public Guardian. Case studies provided by Essex County Council and the Department of Health.

## APPENDIX

### CASE STUDIES

The following case studies relating to direct payments and learning difficulties are taken from *Direct Payments: The Pathway to individual Choice* (October 2002), compiled by Essex Social Services.

#### **Example 1**

An 18-year-old man with learning difficulties recently left college and purchased a two-bedroom bungalow in partnership with a housing association. His family put down a small deposit and he raised a mortgage for part of the purchase against his benefits. He has a 24-hour package of care using a team of 4 personal assistants. The package is funded through Essex County Council and the Independent Living (1993) Fund.

There are also a number of tri-partite funded packages between health, social services and ILF for people with learning disabilities. One of these involves a woman who lives in her own house. The direct payment is administered by a trust. She receives 24-hour support arranged by her with lots of help and support from her trustees. This lady has communication difficulties but is able to express her views and wishes verbally with assistance from her 'circle of support' and trustees. She was able to choose her personal assistants (six to eight) and then a local organisation employed them on her behalf and sent her the bill every month. Her staff and team receive regular supervision.

A mixture of direct payments and a direct service are useful where there is uncertainty regarding the abilities of the disabled person or where a trial of direct payments is thought to be advisable.

#### **Example 2**

A young person with learning difficulties attends a local authority day service. She is described as having autistic tendencies and has outgrown the day centre. She is also described as 'presenting difficult behaviour', which the day centre wants to address. The day centre manager has called in the outreach team who have drawn up strategies to 'manage' the person's behaviour. Direct payments was put forward as a route to explore so the young person with learning difficulties could find more gainful daytime activity, rather than have her behaviour modified!

A request was made for part of support each week to be funded through a direct payment; this was to begin a staged move from the 'traditional' day services to new support.

The young person now attends a private day service, they attend the days / part days where the activities the person enjoys take place. The local authority day service was costed at £100 per day; the private day service charges £50. The cost effectiveness is a by-product outcome, the focus was to improve the young person's quality of life and address the underlying issue, boredom, and not impose behavioural strategies for the benefit of the day service, and it's staff.

### **Example 3**

A young person with learning difficulties was unhappy attending a local day service, which they had been introduced to after leaving an agricultural college.

The young man was also unhappy with his support package arranged by Social Services. He also expressed a wish to work. He found it difficult to understand the concept of direct payments but could clearly express a wish to find a job.

He used a direct payment to arrange his support in his home with assistance, and an application was made to the Independent Living Fund. With this joint funding he was able to purchase some assistance so he could look for work.

After a few months he was employed by a local company a few miles from his home, he also chose the people he trusted and got on with to support him with living independently.

Again a by-product of this care package was a saving to the local authority, as the Independent Living Fund met the cost of the personal assistance during the day. This saving amounted to £300 per week. The individual gained self-esteem and independence, as well as employment.

### **Example 4**

A family wanted their daughter to have a 'life' after school and wanted to explore alternatives. A circle of support worked to develop a 'path' (or a life plan including a person's dreams and aspirations) for the young person who was unable to understand the concept of direct payments.

Her 'circle', which included her family, expressed their concern about her attending a day service. They believed she would benefit greatly from an 'independently arranged support package'.

A trust was set up, the trustees took on the responsibilities of arranging the support, managing the money and employing personal assistants in consultation with the 'circle of support', ensuring everyone was in agreement with the decisions and arrangements, which were in the woman's best interest, always.

She now has a very active day and enjoys evenings and weekends out, on a regular basis. The arrangements stimulate her and she clearly enjoys the arrangements, which focus on her needs, and are flexible. She has gained confidence and developed her independence.

The next step on her path is to live independently; this is looking more and more achievable with a focused and committed support team. The goal is to enable her to make the transition with the consistency and assistance of her team of personal assistants, circle of support and her trustees.

Once again the Independent Living Fund has contributed financially to this support arrangement.

### **Example 5**

John was living in a small residential establishment. He is a passive young man with learning difficulties and physical impairments. John is also unable to communicate verbally. He was often 'left out' because he was 'no trouble' at the residential home. Unfortunately John who is only in his early twenties became more and more withdrawn and began losing his appetite. His family and friends were becoming increasingly concerned about him. He was eventually diagnosed with depression. The GP prescribed medication.

His mother was very anxious that the perceived route to assist her son's difficulties was to give him medication. She had heard about direct payments and knew of an independent living trust.

Using a best interest advocate, the possibilities were explored with Social Services of John leaving the residential home to live in his own flat. All individuals who knew John expressed concern at the changes in

him and how much better it might be for him to have a dedicated staff team and his own accommodation.

John's mum spoke to a solicitor about purchasing a property for John, preferring this to shared ownership or acquiring property through the district council. This was set up with trustees purchasing a property. An independent living trust was set up involving John's mum and two independent trustees who knew John well. The support needs of John were negotiated with Social Services who eventually agreed to fund 24 hour support as a direct payment at the highest rate because of John's vulnerability and because of his communication difficulties. In addition a significant number of hours of two to one support were agreed to enable John to access his community. This was not viewed as a priority with Social Services but was agreed after a considerable time explaining the significance of John accessing recreational activities for his psychological well-being.

John moved into his flat with a small team of support workers. This brought about a significant change in John, he was supported to attend activities of his preference. He now has a full and varied diary, he participates in the local community and has become a valued member. He is no longer depressed, and appears to be very settled and content in his new home.

### **Example 6**

June has been unhappy at her local day centre for some time. Support workers who help June get ready in the morning for the transport to the local day centre are reporting that she is often distressed and not co-operative. At the centre June has begun to refuse structured groups and activities and family and friends are concerned that she is becoming increasingly withdrawn.

Through a series of meetings with support staff, family and the local advocacy organisation, June is supported to replan her time and focus on the things she would like to spend time doing and the people she wants to see. June decides she would like to spend more time swimming, doing voluntary work and socialising with friends in the evenings and cut down her attendance at the centre to one day per week instead of five.

The local council agrees to fund a direct payment of £200 per week and June's social worker makes an application to the Independent Living

Fund to increase the payment to £400 per week which the ILF agree to fund.

June decides that rather than appoint someone to manage the direct payment she would prefer a trust arrangement. Her brother, a social worker, an advocate and a friend agree to become trustees and an independent living trust is set up to manage the payments on behalf of June. The trust employs June's personal assistants and manages all the financial matters associated with the direct payment. All decision making is made inclusively and June is helped to recruit people she enjoys working with and review her timetable periodically. After a short time June is clearly more expressive and extrovert and the symptoms of withdrawal subside.