[Your name and address]

There is a separate letter to be used in relation to requesting an increase in direct payments as a result of the sleep-ins issues

Please do note that you may wish to seek legal advice on these issues now and certainly once you receive a response if it is not favourable, or if no response is forthcoming within 14 days

DELETE THIS BOX BEFORE SENDING THIS LETTER

Director of Adult Social Care

[Address of Social Services]

[date]

Dear Sirs,

**[Name of person receiving care and support]**

**[Address of person receiving care and support]**

**[D.O.B. of person receiving care and support]**

**Inadequate**

I am in receipt of Direct Payments to pay towards my social care/ I am the [mother/father/ carer etc] of [name of person receiving social care] and I am writing in relation to their Direct Payments.

I/[insert name] have/has the following assessed and eligible needs [insert summary of needs]

* Learning disability
* Autism
* Physical needs

I am writing to you because there will be a shortfall in my/ their direct payment and the amount that I/ they have to pay for the service due to an increase in the cost of the service.

Or

I am writing to you because there is a shortfall in my/their direct payment. The amount of money in the direct payment is inadequate to meet needs because [insert description of why the direct payment is inadequate]:

* E.g. I have an eligible need for support to access the community to manage and maintain nutrition. I need support to get to the shops and to prepare food at home. The current level of funding in the direct payment is inadequate because I can only afford to pay a support worker for two hours. This is not enough to help me to meet this outcome. It takes me 3 hours to get to the shops alone. I do not have enough money to pay someone to support me to prepare food.
* I have an eligible need to manage and maintain family and other relationships. I need support to get to community based activities so that I can meet my friends. There is currently only enough money in my budget for 5 hours of support. I have to use 4 hours on personal care so there is not enough money left for me to get out into the community.
* [insert name] has very complex needs and displays behaviour that can be challenging. [insert name] needs care workers that understand his/her needs and who have positive behaviour support qualifications. I also need to be able to fund additional breaks and training for staff because of the challenging nature of the work. The inadequate hourly rate calculated in the direct payment is causing staffing recruitment and turnover problems.

[delete as appropriate]

If the amount of money in the direct payment is not increased, this will put me/[insert name] at risk because

[insert summary]

* I/[insert name] will not be able to carry out my personal care/manage personal finances/maintain a habitable home environment/keep myself safe from people in the community who wish to take advantage of me/ make safe decisions relating to my sexualised behaviour.
* I/[insert name] will have to choose between managing and maintaining nutrition and
* [insert name ] will be at risk of admission to an inpatient unit
* I/[insert name] will not be able to take part in [insert leisure activity]

This will have a very substantial negative effect on my/[insert name]’s wellbeing for the following reasons:

* I will lose choice and control over my day to day life
* It will affect my personal dignity
* It will affect my human rights, including my right to private life/family life

[delete as appropriate].

I require the following additional amount to be added to my direct payment:

* [insert amount] for [insert number of hours of support]
* An uplift of [insert amount] per hour of support so that I can pay for a support worker for the same number of hours as previously. This means a total of [insert].

**Legal Framework**

Paragraph 12.25 of the Care and Support Statutory Guidance states:

*“12.25 The amount of the direct payment is derived from the personal budget as set out in the care and support plan, or support plan, and thus must be an amount which is sufficient to meet the needs the local authority has a duty or power to meet.”*

**Next Steps**

 I /They have an eligible need for the support and the local authority has a legal duty to meet my/their eligible needs. Therefore, the local authority should increase the direct payments to meet that shortfall.

Please can you confirm within the next 7 days that my Direct Payments will be increased to meet the increased cost of the support that I /[name of person receiving support] receive.

Or

Please can we arrange a meeting to agree an increase to meet my/[insert name]’s assessed and eligible needs.

I look forward to hearing from you in the next [7/14 days delete depending on urgency].

Yours faithfully