

COFNOD O BENDERFYNIAD WEDI'I DDIRPRWYO GAN SWYDDOG
RECORD OF DELEGATED OFFICER DECISION

Penderfyniad Allweddol | Key Decision ✓

Mae'r Penderfyniad Wedi'i Ddirprwyo hwn wedi'i bennu yn 'Benderfyniad Allweddol' gan ei fod yn debygol o:

This Delegated Decision has been established as a 'Key Decision' as it is likely:

a) arwain at y Cyngor yn ysgwyddo gwariant sylweddol neu wneud arbedion sylweddol;
to result in the Council incurring expenditure which is, or the making of savings which are, significant.

b) neu / or:

c) fod yn arwyddocaol o ran sut mae'n effeithio ar gymunedau sy'n byw neu'n gweithio mewn ardal sy'n cynnwys dwy etholaeth neu adran etholiadol neu ragor.

to be significant in terms of its effects on Communities living or working in an area comprising two or more electoral wards.

d) Eraill / Other:

PWNC | SUBJECT: Direct Payments Policy: Consultation

DIBEN YR ADRODDIAD | PURPOSE OF THE REPORT:

The purpose of this report is to outline proposed amendments to Rhondda Cynon Taf Council's Direct Payments Policy, and to seek approval to consult with Direct Payment recipients on the proposed amendments and implementation of a new draft Direct Payments Policy.

PENDERFYNIAD WEDI'I DDIRPRWYO | DELEGATED DECISION:

AGREED:

1. That approval is given to conduct a 6-week targeted consultation with Direct Payment recipients on the proposed Direct Payment Policy changes, as set out in Section 5 of the report; and
2. That a further report is considered by Cabinet detailing the outcome of the proposed targeted consultation prior to any final decision being made on the proposed amendments and implementation of a new draft Direct Payments Policy

Llofnod y Prif Swyddog
Chief Officer Signature



Director of Social Services

20 February 2026

Enw (priflythrennau)
Name (Print Name)

Swydd
Designation

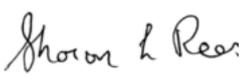
Dyddiad
Date

Mae'r penderfyniad yn cael ei wneud yn unol ag Adran 15 o Ddeddf Llywodraeth Leol 2000 (Swyddogaethau'r Corff Gweithredol) ac yn y cylch gorchwyl sy wedi'i nodi yn Adran 5 o Ran 3 o Gyfansoddiad y Cyngor.

The decision is taken in accordance with Section 15 of the Local Government Act, 2000 (Executive Functions) and in the terms set out in Section 5 of Part 3 of the Council's Constitution.

YMGYNGHORI | CONSULTATION

	Councillor G Caple Cabinet Member for Social Care	19.02.26
LLOFNOD YR AELOD YMGYNGHOROL O'R CABINET CONSULTEE CABINET MEMBER SIGNATURE	ENW A SWYDD NAME AND DESIGNATION	DYDDIAD DATE

	Councillor S Rees Cabinet Member for Social Care	19.02.26
LLOFNOD YR AELOD YMGYNGHOROL O'R CABINET CONSULTEE CABINET MEMBER SIGNATURE	ENW A SWYDD NAME AND DESIGNATION	DYDDIAD DATE

LLOFNODSWYDDOG YMGYNGHOROL CONSULTEE OFFICER SIGNATURE	ENW A SWYDD NAME AND DESIGNATION	DYDDIAD DATE

A FYDD Y PENDERFYNIAD YMA'N CAEL EFFAITH AR Y WARD?
WILL THIS DECISION HAVE AN IMPACT ON THE WARD?

BYDD | YES **NA FYDD | NO** ✓

Unrhyw sylwadau pellach/Oes angen rhoi gwybod i'r Aelod Lleol:
Any further comments/Need for Local Member to be informed:

RHEOLAU'R WEITHDREFN GALW-I-MEWN | CALL IN PROCEDURE RULES.

A YW'R PENDERFYNIAD YN UN BRYD A HEB FOD YN DESTUN PROSES GALW-I-MEWN GAN Y PWYLLGOR TROSOLWG A CHRAFFU?:

IS THE DECISION DEEMED URGENT AND NOT SUBJECT TO CALL-IN BY THE OVERVIEW AND SCRUTINY COMMITTEE:

YDY | YES NAC YDY | NO ✓

Rheswm dros fod yn fater brys | Reason for urgency:

Os yw'n cael ei ystyried yn fater brys - llofnod y Llywydd, y Dirprwy Lywydd neu Bennaeth y Gwasanaeth Cyflogedig yn cadarnhau cytundeb fod y penderfyniad arfaethedig yn rhesymol yn yr holl amgylchiadau iddo gael ei drin fel mater brys, yn unol â rheol gweithdrefn trosolwg a chraffu 17.2:

If deemed urgent - signature of Presiding Member or Deputy Presiding Member or Head of Paid Service confirming agreement that the proposed decision is reasonable in all the circumstances for it being treated as a matter of urgency, in accordance with the overview and scrutiny procedure rule 17.2:

.....
(Llywydd | Presiding Member) (Dyddiad | Date)

DS - Os yw hwn yn benderfyniad sy'n cael ei ail-ystyried yna does dim modd galw'r penderfyniad i mewn a bydd y penderfyniad yn dod i rym o'r dyddiad mae'r penderfyniad wedi'i lofnodi.

NB - If this is a reconsidered decision then the decision Cannot be Called In and the decision will take effect from the date the decision is signed.

AT DDEFNYDD Y SWYDDFA YN UNIG | FOR OFFICE USE ONLY

DYDDIADAU CYHOEDDI A GWEITHREDU | PUBLICATION & IMPLEMENTATION DATES

CYHOEDDI | PUBLICATION

Cyhoeddi ar Wefan y Cyngor | Publication on the Council's Website:- 24.02.26

DYDDIAD | DATE

GWEITHREDU'R PENDERFYNIAD | IMPLEMENTATION OF THE DECISION

Nodwch: Fydd y penderfyniad hwn ddim yn dod i rym nac yn cael ei weithredu'n llawn nes cyn pen 3 diwrnod gwaith ar ôl ei gyhoeddi. Nod hyn yw ei alluogi i gael ei "Alw i Mewn" yn unol â Rheol 17.1, Rheolau Gweithdrefn Trosolwg a Chraffu.

Note: This decision will not come into force and may not be implemented until the expiry of 3 clear working days after its publication to enable it to be the subject to the Call-In Procedure in Rule 17.1 of the Overview and Scrutiny Procedure Rules.

Yn amodol ar y drefn "Galw i Mewn", caiff y penderfyniad ei roi ar waith ar:

Subject to Call In the implementation date will be:

02.03.26
DYDDIAD / DATE

WEDI'I GYMERADWYO I'W GYHOEDDI: ✓ | APPROVED FOR PUBLICATION :✓

Rhagor o wybodaeth | Further Information:

Cyfadran Directorate:	Social Services
Enw'r Person Cyswllt Contact Name:	Mari Ropstad
Swydd Designation:	Head of Service - Access Enablement & Early Intervention
Rhif Ffôn Telephone Number:	01443 425001

DELEGATED DECISION

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

REPORT TO ACCOMPANY A DECISION OF THE DIRECTOR OF SOCIAL SERVICES

17th FEBRUARY 2026

DIRECT PAYMENTS POLICY: CONSULTATION

AUTHOR: Mari Ropstad, Head of Access Enablement & Early Intervention

3. PURPOSE OF THE REPORT

- 3.1. The purpose of this report is to outline proposed amendments to Rhondda Cynon Taf Council's Direct Payment Policy, and to seek approval to consult with Direct Payment recipients on the proposed amendments and implementation of a new draft Direct Payments Policy, attached as Appendix 1.

4. RECOMMENDATIONS

It is recommended that:

- 4.1. Approval is given to conduct a 6-week targeted consultation with Direct Payment recipients on the proposed Direct Payment Policy changes, as set out in Section 5 of this report
- 4.2. Subject to 2.1 above, that a further report is considered by Cabinet detailing the outcome of the proposed targeted consultation prior to any final decision being made on the proposed amendments and implementation of a new draft Direct Payments Policy

5. REASONS FOR RECOMMENDATIONS

- 5.1. Proposals to make changes to the current Direct Payment Policy requires a targeted consultation to ensure that the views of current Direct Payment recipients can be considered when a final decision is made.
- 5.2. A further report following the conclusion of the consultation, if agreed, is recommended to ensure the views of Direct Payment recipients are thoroughly considered before a final decision is made regarding the proposed changes to a new draft Direct Payments Policy.

6. BACKGROUND

- 6.1. The Community Care (Direct Payments) Act 1996 first made Direct Payments available across Wales, England and Scotland for people with physical/sensory impairments, learning disabilities and mental health issues. Over time the

legislation around Direct Payments has evolved broadening eligibility and making them more accessible.

- 6.2. The Social Services and Wellbeing (Wales) Act 2014 fully implemented a new framework for social care, including Direct Payments.
- 6.3. Direct Payments finance individuals to purchase their own care and support, providing greater choice and control over how their assessed needs are met, rather than using services directly arranged by the Local Authority.
- 6.4. The Direct Payments Policy was last reviewed in 2023, since then several developments have occurred which affect Direct Payment recipients, including the introduction of Microenterprises, changes to the national medication guidance and the intended introduction of prepaid cards for recipients. In addition to the necessary review, attempts have also been made to strengthen the Local Authority's processes to address individual issues that have arisen in practice.
- 6.5. The proposed new Direct Payment Policy represents a significant update, with new sections, clearer guidance, and more robust procedures for medication support, employment, safeguarding, and financial management. The changes aim to improve clarity, safety, and accountability for all parties involved. It is suggested that a targeted consultation takes place with current Direct Payment recipients to ensure their views can be accurately represented.

7. DIRECT PAYMENT POLICY PROPOSED KEY CHANGES

- 5.1. **Medication:** New rules are proposed that clarify when Direct Payments can be used for medication support, referencing national frameworks and specifying permitted and prohibited tasks. Medication administration is only permitted when it is ancillary to social care tasks, and a risk assessment has been completed to ensure it can be safely supported via a Direct Payment. Competency and training requirements for Personal Assistants (PAs) and Microenterprises are now explicit including completion of a Medicine Administration Theory course (minimum 70% pass), with a refresh every 3 years. Direct Payment recipients are responsible for ensuring their medication administration records are maintained and accurate.
- 5.2. **Suitable Persons:** DBS checks are proposed for all Suitable Persons, removing previous exceptions for those with LPA or Deputy status. The wording and expectations for Suitable Persons have been clarified, highlighting their responsibilities and emphasising the need for support if required.
- 5.3. **Pre-paid cards:** A pre-paid card scheme is proposed for all Direct Payment recipients, to provide simplicity, transparency, reduced administration and better oversight making Direct Payments easier to manage for both recipients and the Local Authority.

- 5.4. Contracting/employing via Direct Payments: New rules are proposed that clarify the employment of PAs, include legal responsibilities, insurance, and prohibitions on engaging self-employed PAs unless registered as Microenterprises.
- 5.5. Conflicts of interest: Explicit prohibitions are proposed on recipients from using companies they own or are involved with to meet their care needs, and on Suitable Persons being employed as a PA for the Direct Payment package they manage.
- 5.6. Escalation and appeals: New formal escalation processes are proposed for concerns, including safeguarding, financial mismanagement, and lack of engagement with assessments and reviews. Communication, investigation, and decision-making stages are clearly defined in the new policy. Recipients will have a right to appeal decisions regarding suspension or withdrawal of payments.
- 5.7. Microenterprises: The inclusion of Microenterprises in the new Direct Payment Policy is proposed, which will specify detailed requirements for their use, including requirements for medication administration and training.
- 5.8. Repayments: Additional specific details are proposed for Direct Payment repayments, including the introduction of financial penalties for Microenterprises that breach contract terms.

8. EQUALITY AND DIVERSITY IMPLICATIONS INCLUDING SOCIO-ECONOMIC DUTY

- 8.1. A full Equalities Impact Assessment (EIA) has been carried out and the summary and recommendations are included below. The completed EIA is attached as Appendix 2 of this report.
- 8.2. For individuals with protected characteristics, the impacts are generally positive or neutral. The proposed policy changes simplify the process for setting up and managing a Direct Payment, thereby easing the burden and challenges sometimes associated with the previous policy. The inclusion of medication administration provides clear and safe support options, while the inclusion of Microenterprises enables personalised solutions that deliver reliable, flexible support.
- 8.3. There is potential negative impacts for disabled people and those experiencing socio-economic disadvantage as they could experience a loss of autonomy due to increased oversight with the use of pre-paid cards. However, this can be mitigated through ensuring the day to day management and their support arrangements remain under the control of the individual.
- 8.4. Another potential negative impacts may occur for people from areas of deprivation who may have limited access to banking services due to lack of transport and unreliable internet. However, social care staff can help by discussing these barriers and supporting people to identify suitable alternative arrangements.

8.5. All identified potential negative impacts will be explored further during the targeted consultation, if approved, and the feedback used to update the EIA and inform the final recommendations and mitigating actions.

9. WELSH LANGUAGE

9.1. A full Welsh Language Impact Assessment (WLIA) has been carried out and the summary and recommendations are included below. The completed WLIA is attached as Appendix 3 of this report.

9.2. The Council will promote the option of engagement in Welsh and ensure that bilingual services are available, including Welsh versions of documentation, this could enhance the visibility and usage of the Welsh language among people.

9.3. This proposal will also create an opportunity to enhance the use of the Welsh language through utilising local community-based resources, such as Microenterprises, which may increase the number of opportunities in the locality for Welsh to be spoken and heard which could encourage others to introduce Welsh words into their vocabulary.

9.4. Adult Services will continue to support its staff to learn and improve their Welsh to deliver services in Welsh where required in line with their statutory duties and Mwy Na Geiriau 2022-2027 ('More than Just Words'). Any such learning will also benefit the community as whole and increase the number of Welsh speakers in the area.

9.5. The Council will ensure that information about the change and the option to receive services in Welsh is clearly communicated to the public. This will help ensure that Welsh speakers are aware that they can access these services in their language, thereby supporting compliance with the statutory requirements.

10. CONSULTATION/INVOLVEMENT

10.1. Subject to approval, a 6-week targeted consultation will be undertaken on the proposed changes to the Direct Payment Policy with Direct Payment recipients, commencing in February 2026. This will consist of an online survey and in person events held in each geographical area of the County Borough to optimise opportunities for engagement.

11. FINANCIAL IMPLICATIONS

11.1. There are no direct financial implications aligned to the proposal to consult in this report. However, there is an initial financial cost in the first year of around £25,000 to introduce prepaid cards, along with ongoing individual account costs. These additional costs will be met by the Council and will not be passed on to Direct Payment recipients. These costs are included in the Council's medium-term financial plan.

12. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED

- 10.1. The proposed changes to the Direct Payment Policy are in accordance with the Social Services and Wellbeing (Wales) Act 2014.

13. LINKS TO THE COUNCILS CORPORATE PLAN / OTHER CORPORATE PRIORITIES.

- 13.1. The proposed Direct Payments Policy aligns with the Council's corporate well-being objectives outlined in Working with Our Communities and in particular the people and Communities objective. Subject to approval, the new Direct Payment Policy will allow the Council to meet the requirements of the Social Services and Wellbeing (Wales) Act 2014 and the Wellbeing of Future Generations (Wales) Act 2015, in particular, meet the needs of an ageing population, are more sustainable and support achievement of a healthier Wales and more equal Wales wellbeing goals and five ways of working.

14. CONCLUSION

- 14.1. Direct Payments offer residents of Rhondda Cynon Taf a valuable alternative to traditional service provision, giving individuals greater autonomy and flexibility in managing their own care and support. They enable people to make choices that reflect their personal needs and preferences, strengthening independence and control. This approach aligns with the principles of the Social Services and Wellbeing (Wales) Act 2014, which emphasises person-centred care and supports individuals to shape how their assessed needs are met.
- 14.2. The proposed changes to the Direct Payment Policy, as set out in Section 5 above are designed to improve clarity, safety, and accountability for all stakeholders. If approved, these changes will undergo a 6-week targeted consultation with Direct Payment recipients to ensure their views are considered prior to any final decisions regarding the new draft Direct Payments Policy are agreed and implemented.



STRONG HERITAGE | STRONG FUTURE
RHONDDA CYNON TAF
TREFTADAETH GADARN | DYFODOL SICR

DIRECT PAYMENTS POLICY

Date of Review: December 2025

Author: Mari Ropstad

Next review due: April 2030

Table of Contents

GLOSSARY.....	3
1. What are Direct Payments	4
2. Offer and scope	4
3. Medication and Direct Payments.....	5
4. Who can receive a Direct Payment.....	9
5. Calculating the amount of Direct Payment.....	10
6. Review of Direct Payment.....	10
7. Developing Direct Payments	11
8. Ability to manage a Direct Payment	12
9. Capacity to consent – appointing a Suitable Person.....	12
10. Making Payments.....	13
11. Addressing risks.....	14
12. Additional requirements for children	14
13. Health and safety	15
14. Contracting/employing people to support via Direct Payment.....	16
15. Financial monitoring	17
16. When difficulties arise	17
17. When to seek repayment.....	18
18. Discontinuation of Direct Payments	18
APPENDIX 1: ESCALATION PROCESS – see alternative below.....	20

GLOSSARY

Individual – the person who has eligible care and support needs which are being met via a Direct Payment.

Direct Payment recipient – a person receiving a Direct Payment to meet identified personal outcomes. This could be the individual or Suitable Person.

Suitable Person – a legal term for someone who receives a Direct Payment on behalf of a person with eligible care and support needs as they are unable to do so themselves. Usually, this person is a family member or close friend.

Personal Assistant (PA) – a person who is employed by the Direct Payment recipient to support them to meet their eligible care and support needs.

Microenterprise – a small local business who supports several people in their local area with care and support needs. Microenterprises work on a self-employed basis and can have work via a Direct Payment as well as privately-funded work.

1. What are Direct Payments

- 1.1. Direct Payments are monetary amounts made available by local authorities to people, or their representatives, to enable them to meet their care and support needs, or in the case of a carer, their support needs.
- 1.2. Direct Payments are an important mechanism by which people can exercise choice, voice and control to decide how to meet their needs for care and support and achieve their personal outcomes. As such Direct Payments are an integral part of meeting people's needs.
- 1.3. Rhondda Cynon Taf CBC (RCT) has the power to provide Direct Payments under the following sections of the Social Services and Wellbeing (Wales) Act 2014 (The Act):
 - 1.3.1. Section 50 – to meet the care and support needs of an adult.
 - 1.3.2. Section 51 – to meet the care and support needs of a child.
 - 1.3.3. Section 52 – to meet the support needs of a carer.
 - 1.3.4. The Care and Support (Direct Payments) (Wales) Regulations 2015' made under sections 50, 51, 52 and 54 of the Act.
- 1.4. In addition, where care and support, including Direct Payments, requires a financial contribution from the person, a financial assessment under Part 5 of the (The Act) will be undertaken.
- 1.5. In this Policy, except where otherwise indicated, any reference to duties or powers in relation to care and support plans should be read as applying equally to support plans for carers. Similarly, any reference to 'care and support' should be read as referring to 'support' where this applies to carers.
- 1.6. Where a person uses Direct Payments to manage their own care (either directly or through another person) those Direct Payments can form part or all of a care and support plan.

2. Offer and scope

- 2.1. Where eligible care and support needs have been identified, and that person or their representative expresses a wish to receive a Direct Payment, it will be made available in all cases where they enable personal outcomes to be achieved. RCT will endeavour to be innovative and creative when working in partnership with recipients or their representatives, to explore ways a Direct Payment can be used to secure the identified personal outcomes connecting to the eligible care and support needs. Direct Payments will only be refused where it is clear after extensive exploration that a Direct Payment would not secure the outcomes required or there are such significant safeguarding concerns which means the Direct Payment could not be managed safely and appropriately.
- 2.2. People will not be refused a Direct Payment purely because they are unable to manage the payment, or apprehensive about managing one. RCT, in

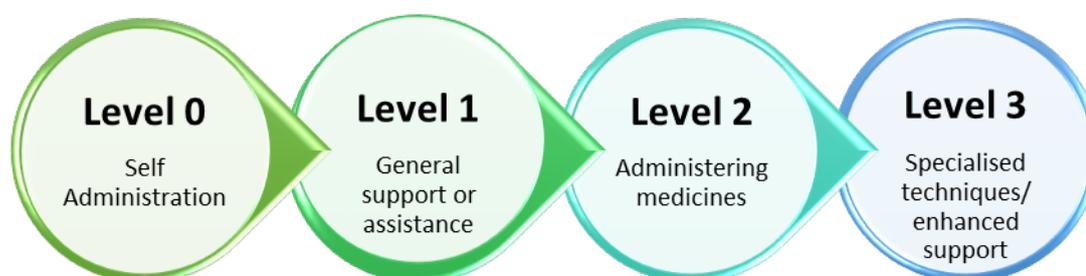
partnership with the person, will explore all options for supporting them to manage a Direct Payment. Where areas of difficulty are identified, RCT will ensure the correct level of support to overcome such barriers is available.

- 2.3. Direct Payments can be provided for any identified need for care and support (following a social care assessment). This includes community care and support, short-term residential care and support, and unpaid carers assessed as having their own wellbeing needs. However, section 47 of The Act prevents RCT from meeting needs through the provision of healthcare, unless doing so would be incidental or ancillary to doing something else to meet a person's needs. This restriction applies to the provision of a Direct Payment.
- 2.4. People receiving a Direct Payment can choose to become the employer of Personal Assistants or they can choose to use their Direct Payment to engage a Microenterprise. **Direct Payments cannot be used to engage a self-employed personal assistant who is not registered with RCT Council as a microenterprise.** It is also possible to use a Direct Payment for one-off purchases that will meet an assessed eligible need, or to engage a registered care agency (top-up payment will likely be required from private funds if using a registered care agency).
- 2.5. In developing care and support plans which are delivered via a Direct Payment, RCT must be satisfied that the person's requirements and their personal outcomes can and will be met through this provision.
- 2.6. Where a person's needs fluctuate over time, RCT will work in partnership with the person, or their representative, to agree how the Direct Payment will be used to secure care and support that varies according to requirements, and this will be recorded in the Care and support /Support Plan.
- 2.7. Where barriers to achieving personal outcomes exist, RCT will work in partnership with the person, or their representative, to explore alternative ways to overcome them

3. Medication and Direct Payments

- 3.1. It is permitted to use Direct Payments for Medication support in some cases, but there are specific conditions, training requirements, competency sign-off, and record keeping that must be in place as a requirement.
- 3.2. This policy statement is based on:
 - 3.2.1. Regulation 53 as set out in the statutory guidance related to Parts 3-20 of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017.
 - 3.2.2. National Guiding Principles for Medicine Support in the Domiciliary Care Sector 2019.
 - 3.2.3. National Institute for Health and Care Excellence (NICE) Quality Statements.

3.3. With reference to the frameworks detailed in 3.2, our Policy with regards to the use of Direct Payments will only permit medication support for level 1 and 2 via a Direct Payment:



3.4. Our Policy with regards to the use of Direct Payments relates to Personal Assistants who support with medication. Microenterprises can also support with medication via a Direct Payment, but as a Microenterprise is a business they will require their own medication policy and will need to arrange their own training.

3.5. Where an Direct Payment Recipient fails to meet the requirements of this Policy with regards to the use of Direct payments to support medication, and fails to act as a responsible employer in relation to medication support, a review of the Direct Payments care package will be instigated that that may result in the Direct Payment being suspended or permanently withdrawn as part of the escalation process detailed in Appendix 1. Direct Payment recipient their advocates and representatives will be required to participate fully in the review process.

3.6. At no point must a Direct Payment be used solely for the purposes of supporting with or administering medication – the medicine support must always be ancillary to social care tasks. No nursing or other medical tasks (such as suction) are permitted to be performed by Personal Assistants or Microenterprises.

3.7. Medicine support via a Direct Payment will only be permitted where the individual who has mental capacity or the suitable person (following a best interest decision) has agreed to be wholly responsible for the whole medication regimen.

3.8. Medicine support needs will be identified through discussion with the Direct Payment recipient and the allocated care manager during the assessment process. The eligible support needs will be documented in the person's care and support plan. Where medicine support needs are identified, a thorough risk assessment is required to ensure it can be safely supported via a Direct Payment and that responsibilities are fully understood.

- 3.9. People should be encouraged to be as independent as possible with medication as support from a Personal Assistant or Microenterprise is considered to be a last resort option. Any steps that can be taken to maximise an individual's independence, such as visual triggers, aids for memory and dexterity and assistive technology, must be given careful consideration, and discounted. In addition, it is expected that individuals and practitioners must explore options for medication to be managed independently with the community pharmacy and the person's GP, prior to consideration under this Policy.
- 3.10. During the assessment the allocated social care worker will be required to complete the Direct Payment Medicine Support Checklist. However, it is the responsibility of the Direct Payment recipient to complete the Medication support record and ensure it is kept up to date.
- 3.11. It is the responsibility of the Direct Payment recipient to assess and confirm in writing that their PA/Microenterprise has the required competency to provide medication support and to ensure that the competency is kept up to date and regularly reviewed in line with the requirements in points 3.19-3.21. Our Policy for using a Direct Payment for medication support, will be provided in writing to the Direct Payment recipient. This will include the documentation required to fulfil requirements in section 3 of this Policy.
- 3.12. Support with Medicine, agreed within our Policy requirements set out in section 3 of this Policy is only permitted through the following routes:
- 3.12.1. Administering solid or liquid medicine orally.
 - 3.12.2. Administering drops or sprays to the eyes, ears, or nose.
 - 3.12.3. Applying ointments, creams, lotions, or patches (e.g. Fentanyl patches) to the skin.
 - 3.12.4. Administering non-prescription or over-the-counter medicines when directed by the individual or when confirmed as safe to do so by a health professional (see section 3.18).
 - 3.12.5. Administering medicine via an inhaler device, including through a spacer device.
 - 3.12.6. Mixing a food or liquid thickener as per a healthcare professional's instructions.
 - 3.12.7. Administering an adrenaline auto-injector for the emergency treatment of anaphylaxis. Unlike other injections, the adrenaline auto-injector is designated specifically for emergency response. Support workers may administer it only if they have received training or are acting under the guidance of emergency services (e.g., 999), ensuring timely, potentially life-saving intervention.
- 3.13. Support with Medicine via the following routes will not be permitted under our Direct Payment Policy:
- 3.13.1. Administering rectal suppositories, creams, or enemas.
 - 3.13.2. Administering vaginal pessaries or creams.
 - 3.13.3. Administering medicine with variable dosage.

- 3.13.4. Administering medicine via nasogastric or Percutaneous Endoscopic Gastrostomy (PEG) tubes.
 - 3.13.5. Administering medicine via nebulisers.
 - 3.13.6. Administering injections.
 - 3.13.7. Administering or regulating oxygen therapy.
 - 3.13.8. Administering bladder washouts or medicines via urinary catheters.
 - 3.13.9. Administering medicine via syringe drivers or pumps.
 - 3.13.10. Administering medicine not listed in the Medicine Support Record 3.
 - 3.13.11. Administering medicine from unauthorised containers.
 - 3.13.12. Providing specific advice or judgments about medicine use.
- 3.14. The individual must make sure that anyone involved in the assessment, administration, recording, review, storage and disposal of medicines must have access to all their prescribed medicines and any associated information that will enable them to carry out their duties safely. The allocated social care worker will establish consent as part of the assessment or follow the Mental Capacity Act where the person lacks capacity to make decisions around medication.
- 3.15. The individual has the right to decline or refuse medication or withdraw consent at any point. However, the allocated social care worker must make the Direct Payment recipient aware of the implications of refusing medication support during the assessment process.
- 3.16. Where medication is routinely refused or concerns emerge about the individual's capacity in relation to their medication regimen, the Local Authority must be informed at the earliest opportunity so a thorough review can be carried out to determine whether medication can continue to be safely administered via a Direct Payment.
- 3.17. It is not permitted for tasks associated with ordering, collecting and storing medication to be funded via a Direct Payment. However, the allocated social care worker is required to document the arrangements for these activities in the individuals care and support plan and on the Direct Payment Medication Support Checklist.
- 3.18. Over-the-Counter (OTC) medication, which the individual or someone on their behalf has purchased or obtained, must not be administered by Personal Assistants or Microenterprises unless it has been authorised in writing by the person's GP or Pharmacist. The GP or pharmacist must be informed that their opinion/declaration will be used for the purposes of allowing administration by a Personal Assistant /Microenterprise. All support with OTC medication must be detailed in full on the Medication Support Record by the Direct Payment recipient.
- 3.19. As set out in 3.11 it is the responsibility of the Direct Payment recipient to assess and confirm that their Personal Assistants and Microenterprises has the required competency to provide medicine support. Personal

assistants/microenterprise are required to complete a Medicine Administration Theory course, passing the evaluation with a score of 70% as a minimum. It is recommended that Personal Assistants and Microenterprises Register with HEIW's Ty Dysgu [Welcome! - Ytydysgu Heiw](#) and complete the Medication Administration Training eLearning course. However alternative options are available online and may be purchased using a Direct Payment if necessary. All Personal Assistants /Microenterprises are required to undertake refresher courses every 3 years, and it is the responsibility of the Direct Payment recipient to facilitate this if Personal Assistants are employed, or to obtain the relevant records from the Microenterprise they are using.

3.20. As set out in 3.11 it is the responsibility of the Direct Payment recipient to ensure that Personal Assistants or Microenterprises that support with medication complete the Competency Checklist for Supporting with Medicines This checklist is an essential tool to ensure that all necessary steps and precautions are taken in the medication administration process, and to set out clearly and in writing that the Direct Payment recipient and the Personal Assistant or microenterprise supporting them are clear and confident in their duties and responsibilities.

3.21. As set out in 3.11 It is the responsibility of the Direct Payment recipient to ensure that Personal Assistants or Microenterprises that support with medication maintain an accurate and up to date record of the required competency checklist and its regular review. Reviews must be completed every 3 years (or sooner if no medication support has been provided by the Personal Assistant/microenterprise for a period of 6 months or more).

3.22. For Personal assistants and microenterprise, the competency checklist and review are required for each individual Direct Payment employer/contracted client. The successful completion of the Medicine Administration Theory course is portable. However, it is the responsibility of the Direct Payment recipient to check the certification to make sure it meets the requirements of 3.19.

3.23. As set out in 3.10 it is the responsibility of the Direct Payment recipient to keep the Medicine Support Record up to date. The Medication support record must detail every medication on the record as well as related details such as time, dose and administration route. Signatures are required from Personal Assistants/Microenterprises at each incidence of medicine support, alongside countersignature by the Direct Payment recipient. The Direct Payment recipient must keep records of medication errors and near misses and these must be reported to the Local Authority and/or Safeguarding immediately by calling 01443 425 003 or using the online contact form available here [Adult Services contact form](#).

4. Who can receive a Direct Payment

4.1. RCT will promote self-management and will aim to increase independence by enabling people to become actively involved in shaping their care and support. In the development of, and provision of a Direct Payment, RCT will

encourage and support people to determine their own personal outcomes and the care and support they require to achieve these, taking into account, and utilising, their existing support networks. People will be encouraged to find creative, flexible and innovative ways to maximise their personal outcomes.

- 4.2. If an adult lacks capacity to manage a Direct Payment, the Direct Payment can be paid to, and managed by, someone acting on their behalf - a *'suitable person'*. A suitable person may be appointed by a Court to act on a person's behalf or appointed by RCT. A suitable person can themselves have support to manage a Direct Payment if required.

5. Calculating the amount of Direct Payment

- 5.1. RCT will ensure the value of a Direct Payment made is equivalent to its estimate of the reasonable cost of securing the care and support required, subject to any contribution or reimbursement the recipient is required to make. The value will be sufficient to enable the recipient, or their representative, to secure the care and support required to a standard that RCT considers reasonable. While there is no set limit on the maximum or minimum amount of a Direct Payment, it must be sufficient to enable the outcomes to be met.
- 5.2. In calculating the value of a Direct Payment RCT will include inherent costs associated with being a legal employer or by providing sufficient financial support to purchase an adequate legal service to ensure the recipient complies with the legalities of being an employer. RCT will also consider including, on a case-by-case basis, discretionary costs associated with the requirements for achieving the recipient's personal outcomes. For example, non-statutory liabilities such as an ex-gratia bonus payment.
- 5.3. RCT will keep abreast of any external factors such as regulatory changes imposed by central government which could determine the value of a Direct Payment. Adjustments to incorporate any changes will be made in a timely manner.
- 5.4. RCT calculates the standard rate for Direct Payments and this will be reviewed for each financial year. Information about how the standard rate is calculated is available on request.

6. Review of Direct Payment

- 6.1. RCT will review the arrangements for the making of Direct Payments and how they are being used at intervals, in line with the requirements for reviewing care and support plans, but in any event at intervals no greater than 6 months after the first payment is made and 12 months following the first review.
- 6.2. RCT Policy will require recipients of Direct Payments, or their representative,

to participate in these reviews; furthermore, RCT would expect recipients to support their Personal Assistants to also participate in the reviews. Failure to participate in reviews and/or supply the relevant financial paperwork may instigate the Escalation Procedure set out in appendix 1 of this Policy and could result in the Direct Payment being suspended or withdrawn.

7. Developing Direct Payments

- 7.1. In addition to working with people to develop ways in which they can meet their requirements, RCT will develop its Direct Payment scheme to be responsive to solutions and outcomes, and more relevant to the communities they serve. RCT will work in partnership with local care and support providers to support initiatives which will meet well-being outcomes not only in the traditional way but through the development of citizen-led Direct Payment co-operatives, social enterprises and Microenterprises.
- 7.2. RCT will provide appropriate, accessible information and support to enable people, or their representatives, to decide whether they wish to receive Direct Payments. The information and support provided will be suitable to meet their communication needs and be sufficient for the person, or their representative, to be able to make an informed decision.
- 7.3. RCT will provide a local support service for Direct Payment recipients that is able to provide the help and assistance a recipient, or their representative, requires to receive and manage a Direct Payment, and achieve their desired/personal outcomes. RCT will explore, in partnership with recipients, the different models and ways support can be provided to ensure the arrangements they have in place are effective, responsive to recipients' requirements and are person centred.
- 7.4. RCT recognises that to make an informed decision on whether to receive a Direct Payment, people need to understand what is involved in managing a Direct Payment. RCT will therefore provide or arrange the provision of information and support on what receiving Direct Payments will involve, as early in the process as possible, and ensure the person fully appreciates what it entails.
- 7.5. Managing Direct Payments is not simply about handling money. RCT will ensure those requesting a Direct Payment fully understand this and that it involves them making their own arrangements to secure their care and support, with assistance if necessary. Where appropriate, people will be advised that they are able to receive Direct Payments even if they manage part or none of it and their representative manages the remainder or all of the Direct Payments on their behalf.
- 7.6. When discussing how needs might be met via Direct Payments, RCT will be prepared to be open to new ideas and be as flexible as possible. People will be encouraged to explore innovative and creative ways to identify how they might most effectively achieve outcomes in a way that aligns with their personal preferences.

8. Ability to manage a Direct Payment

- 8.1. RCT will work with people to establish whether they are able to manage all aspects of their Direct Payments. Open, honest and frank discussions with the person will take place to identify any areas of managing the Direct Payments they may find difficult.
- 8.2. Where difficulties are identified, RCT will ensure the right level of support to overcome this is available. People will not be refused Direct Payments purely because they are unable to manage or are apprehensive about managing all or part of their Direct Payment. RCT will, in partnership with the person, explore all the options in supporting them to manage their Direct Payments; this may include support on a short-term basis to help the person to familiarise themselves or on a medium- or long-term basis.

9. Capacity to consent – appointing a Suitable Person

- 9.1. In the case of adults with needs for care and support who lack mental capacity, for the purposes of the Mental Capacity Act 2005, Direct Payments can be made to a willing and appropriate Suitable Person who receives and manages Direct Payments on their behalf. If an adult lacks mental capacity, and a Suitable Person is willing to receive Direct Payments on their behalf, the Suitable Person must be capable of managing the Direct Payments either on their own or with support. Provided that the Suitable Person can manage the Direct Payments, either with or without support, and is considered to have the person's best interests at heart, RCT will provide the Direct Payments to that Suitable Person.
- 9.2. In most instances the Suitable Person will be a close friend or family member involved in the care and support of the person. Whatever the relationship, RCT will ensure that the best interests of the person lacking mental capacity are prioritised above all other considerations. Priority in respect of Suitable Persons will be given to the following:
 - 9.2.1. Someone who has been awarded Lasting Power of Attorney (LPA) but not just a financial LPA on its own.
 - 9.2.2. Someone who has been appointed a deputy for the person needing support by the Court of Protection under section 16 of the Mental Capacity Act 2005.
 - 9.2.3. Someone who offers to act as a suitable person and who RCT considers is acting in the best interests of the person lacking capacity.
 - 9.2.4. Someone who RCT themselves agree is suitable to act as a suitable person.
 - 9.2.5. Someone employed by an organisation or third party appointed by RCT to act as a suitable person.
- 9.3. RCT must be satisfied that the Direct Payment recipient's needs, and personal outcomes, can be met via Direct Payments involving a suitable

person before putting the mechanism in place. In addition, RCT must be satisfied that the relevant suitable person can manage all aspects of the Direct Payments or if that is not the case, that they can with appropriate support.

- 9.4. The suitable person must understand what is involved in managing Direct Payments. RCT will provide or arrange the provision as early in the process as possible, information and support detailing what receiving Direct Payments involves. RCT will ensure that the suitable person fully understands they have responsibility for making the arrangements to obtain the care and support for the person they act on behalf of, and that the person's best interest must be central to the arrangements. A suitable person will be made aware they are able to seek assistance if necessary.
- 9.5. RCT will require a satisfactory DBS check to be completed for all proposed Suitable Persons. Support to progress the DBS check will be available as part of the overall Direct Payment support service.

10. Making Payments

- 10.1. Direct Payment recipients who manage the Direct Payment are required to set up an account in their name for the Direct Payment to be paid into. This account cannot be used for anything other than the Direct Payment and will be subject to regular auditing.
- 10.2. RCT Council will facilitate a pre-paid card scheme for the management of Direct Payments. Direct Payment recipient will be required to accept the pre-paid card account will be the only way for people to receive a Direct Payment.
- 10.3. RCT will need to be satisfied, before it begins to make payments, that the recipient, or their representative understands the conditions they will be required to meet. Circumstances where RCT might wish to consider seeking repayments will be discussed from the outset to dispel any misunderstandings.
- 10.4. RCT will take into consideration the financial circumstances of the recipient when deciding whether to make a Direct Payment gross or net of the required contribution charge for adult services.
- 10.5. RCT will work in partnership with Direct Payment recipients, or their representative, to agree how frequent their Direct Payments should be made. Recipients, or their representatives, must be able to pay for care and support or pay the wages of staff employed when payments are due. The arrangements to pay Direct Payments must be reliable, as late or incorrect payments may jeopardise the recipients' ability to obtain the care and support they need. RCT will put in place the most appropriate payment arrangement in each case and ensure that each recipient is clear about the arrangements applicable to them before the Direct Payments commence.

- 10.6. RCT will have arrangements in place for making additional payments in emergencies. Recipients or their representatives will be made aware of these procedures and how they obtain additional payments if an emergency arises. This information will be made known at the outset to alleviate further pressure on the recipient.
- 10.7. The flexibility inherent in Direct Payments means that recipients, or their representatives, will be able to adjust the amount of the Direct Payment they use from week to week. They will be able to 'bank' any unused payment to use as and when extra needs arise (this might particularly be relevant for those whose needs fluctuate). Overall, the payment is being used to achieve the recipient's personal outcomes, the actual weekly pattern of care and support does not need to be pre-determined.
- 10.8. The RCT Direct Payment Terms and Conditions are available on request.

11. Addressing risks

- 11.1. RCT will work with Direct Payment recipients, or their representatives, to support them to take responsibility for identifying and managing any risks associated with the provision of their Direct Payments, particularly those in relation to their statutory responsibilities. Recipients will be supported to make choices about the risks they are comfortable with and about positive risk taking. Direct Payment recipients will have access to timely information in connection with the risks identified and know how to get help when things go wrong. RCT will support a recipient when they raise any concerns.
- 11.2. RCT will ensure their Disclosure and Barring Service (DBS) policies in relation to Direct Payments comply with current legislation and guidance and that that DBS checks, comply with DBS safeguarding guidelines.
- 11.3. RCT will require a DBS check for **all** staff (PAs) employed via a Direct Payment. Support to progress the DBS check will be available as part of the overall Direct Payment support service.

12. Additional requirements for children

- 12.1. Direct Payments can be made to a person with parental responsibility for a child who has needs for care and support, or to the child who has needs for care and support aged 16 – 17 years, provided the child has capacity to consent to the making of the payments.
- 12.2. If a Microenterprise is used to support a child via a Direct Payment, specific requirements and authorisations apply. These are available on request.
- 12.3. In all cases RCT must be satisfied that making the payments is an appropriate way of meeting the child's needs, that the well-being of the child

will be safeguarded and promoted by the making of the payments and that the person who is to receive the payments can manage them on their own or with support.

12.4. RCT will require that any arrangement made through a Direct Payment complies with the Childminding and Day Care (Wales) Regulations 2010 and Amendments 2016 and Part 6 of the Social Services and Wellbeing (Wales) Act 2014. In addition:

12.4.1. RCT will require that where Personal Assistants provide care for a child less than 12 years of age for over 2 hours a day in their own home they must be registered as a childminder (unless they are a relative – the definition of a relative is available on request).

12.4.2. RCT will require that a service manager or more senior manager authorises an overnight stay for children over 12 years at the Personal Assistant's home.

12.4.3. Where an overnight stay at the Personal Assistant's home is authorised, RCT will require all adults (people over 18 years) residing at the property to be subject to an enhanced DBS check.

12.4.4. Where an overnight short break is required to meet the care and support needs of a disabled child identified as 'looked after' under part 6 of the Social Services and Wellbeing (Wales) Act 2014, RCT will need to be satisfied that the placement complies with relevant 'looked after' regulations.

12.4.5. Where an overnight short break is required to meet the care and support needs of a disabled child, RCT will need to authorise the arrangements made and would always recommend established and regulated care and support providers.

13. Health and safety

13.1. RCT will support Direct Payment recipients to be compliant with health and safety requirements arising from their Direct Payment. RCT will ensure they support those recipients who are employers with health and safety assessments of their employees and that resources are available to support this, particularly in relation to manual handling needs of their staff.

13.2. Where the Direct Payment recipient chooses to use a Microenterprise, RCT will ensure recipients understand the requirements upon them and the Microenterprise in relation to health and safety. If specific training is needed to meet the individual's personal outcomes, RCT will endeavour to provide support in sourcing appropriate training. However, as Microenterprises are self-employed there is no legal obligation on RCT to do so.

13.3. As part of the process RCT will share with recipients, or their representatives, the results of any risk assessments that were carried out as part of the care and support assessment. This enables the person to share the risk assessment with their employees and care and support providers.

14. Contracting/employing people to support via Direct Payment

- 14.1. If a Direct Payment recipient intends to employ a Personal Assistant, RCT will ensure that they, or their representatives, are fully aware of their legal responsibilities as an employer; this includes supporting recipients to ensure employees are legally entitled to work in the UK. Recipients or their representatives will receive the necessary support and resources to manage their employment responsibilities.
- 14.2. It is essential that Direct Payment recipients who manage the Direct Payment make sure they have appropriate up to date employment liability insurance in place if they employ a personal assistant and that they understand their legal responsibilities as employers, their personal financial liability, and their duty of care to their employees. If the Direct Payment recipient does not meet expected standards as an employer, RCT will initiate its escalation process set out in Appendix 1 which may result in the t in the suspension or withdrawal of the Direct Payment.
- 14.3. It is not permitted to engage a self-employed Personal Assistant using a Direct Payment. However, Microenterprises, that have completed the development programme in RCT, are permitted as an alternative for Direct Payment recipient who do not wish to employ their own staff directly.
- 14.4. To avoid real or perceived conflicts of interest, and fulfil a requirement for the legitimate and transparent use of public money, Direct Payment recipient are not permitted to engage a company they own, are involved with as a Trustee or Director, or hold an interest in any other capacity, to meet the identified care and support needs.
- 14.5. In promoting a person's personal outcomes, RCT may authorise Direct Payments to pay a relative living in the same household as the recipient if they provide care and support. When considering whether employing the relative will provide the best well-being outcome for that person, RCT will consider the views of the recipient before coming to a decision. Where appropriate safeguards are in place the employment of a relative living in the same household is often the most suitable way of providing care as it enables and supports continuity of care, recognition of personal choice and promotes early intervention.
- 14.6. In each case, RCT, after considering the recipient's views, must be satisfied that the employment of a close relative living in the same household is the best way of promoting and delivering their personal outcomes.
- 14.7. In RCT, where the employment of a relative living in the same household is determined to be the most effective way of promoting and delivering a person's wellbeing outcomes, authorisation will be required by an appropriate RCT service manager or more senior officer.
- 14.8. It is not permitted for a Suitable Person to also be employed as a Personal Assistant for the Direct Payment they are responsible for.

15. Financial monitoring

- 15.1. RCT will ensure their financial monitoring arrangements for Direct Payments are proportionate. Reports which are completed by a Direct Payment recipient, or their representative will be user-friendly and not over burdensome.
- 15.2. Financial monitoring arrangements will ensure no decision to cancel or suspend a Direct Payment is taken without the prior involvement of the recipient, or their representative, and the Authority's Direct Payments care and support coordinators.
- 15.3. How the Direct Payment is determined, whether gross or net of any contribution imposed, will be decided in collaboration with RCT and the recipient or their representative.
- 15.4. When auditing accounts, consideration will be given to the flexibility inherent to Direct Payments and the fluctuating weekly expenditure they inspire. Sufficient assets must remain in a recipient's Direct Payment account to enable them to meet their care and support requirements and any employment commitments they have.

16. When difficulties arise

- 16.1. If a Direct Payment recipient is unable to use their Direct Payments, RCT will identify the reasons and in partnership with the person or their representative make appropriate modifications. This could include providing the Direct Payments to a representative, or a different representative than present, to receive and manage the Direct Payments on that person's behalf (either on a temporary or permanent basis), where that representative is willing to do so.
- 16.2. However, RCT will only make Direct Payments where it is satisfied the person can manage the payment by themselves or with assistance. Where it is considered that a person who wishes to receive / or who already receives a Direct Payment is not capable of managing the payments, even with support, RCT will not progress the application/will withdraw the Direct Payment. Where an application for a Direct Payment is refused or a direct Payment is withdrawn RCT will outline its rationale for its decision in writing including the views of the person and the help available will also be recorded.
- 16.3. RCT will not make blanket assumptions that whole groups of people will or will not be capable of managing Direct Payments. If it is concluded that a person is not, even with assistance, able to manage a Direct Payment, this will be discussed with them (and with any family, friends or representatives, as appropriate) along with the reasons for coming to such a conclusion. Where a person, or their representative, does not agree with the authority's judgement they retain their right to access the RCT Appeals Procedure for Adult and Children's Social Care.

17. When to seek repayment

- 17.1. RCT will require some or all of the money they have paid via a Direct Payment to be repaid if it is satisfied the direct Payment has not been used to secure the care and support a recipient requires, and/or their personal outcomes have not been achieved. RCT may also require repayment of Direct Payments issued if the recipient has not met their obligations under the Direct Payment Terms and Conditions.
- 17.2. Direct Payment recipients who contract with a Microenterprise will be wholly responsible for fulfilling the terms and conditions of that contract including any financial penalties incurred due to a breach and adhering to notice periods. Direct Payment recipients may be required to pay such penalties from their own private funds. Exceptions that are clearly outside of the recipient's control may be considered by a senior officer in RCT. RCT will assess when it is appropriate to seek recovery of monies on a case-by-case basis, based on the individual circumstances.
- 17.3. RCT will not operate a blanket policy of recovery that does not consider the individual circumstances. Repayment will be aimed at recovering money that has been diverted from the purpose for which it was intended or has simply not been spent at all. It will not be used to penalise honest mistakes, nor be sought where the person has been the victim of fraud.
- 17.4. RCT will take hardship considerations into account when deciding whether to seek repayments. RCT will bear in mind there might be legitimate reasons for unspent funds, such as outstanding legal liabilities necessitating a person to build up an apparent surplus (e.g., periodic employment payments for tax or national insurance purposes, or to pay periodically for care and support provision).

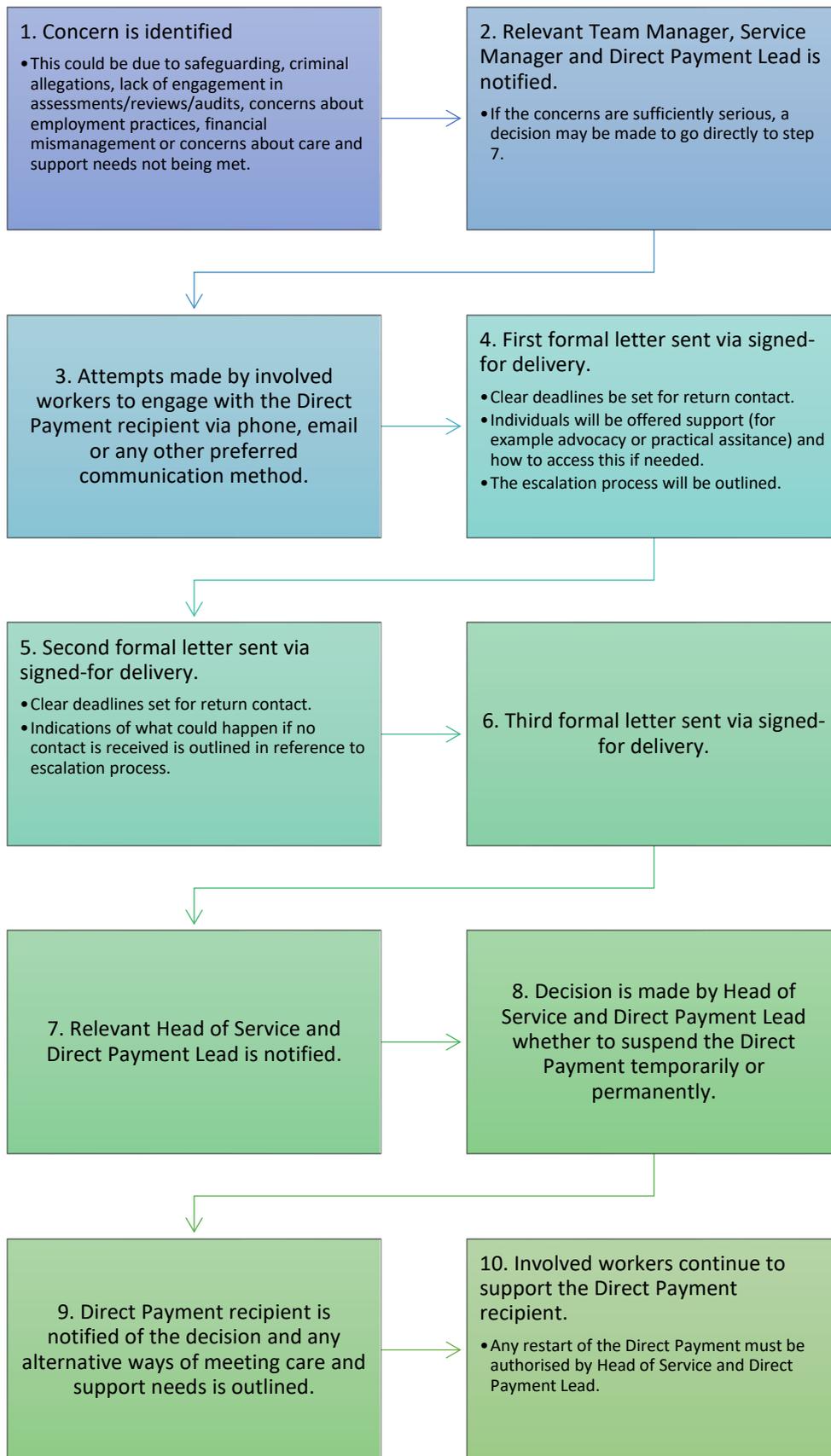
18. Discontinuation of Direct Payments

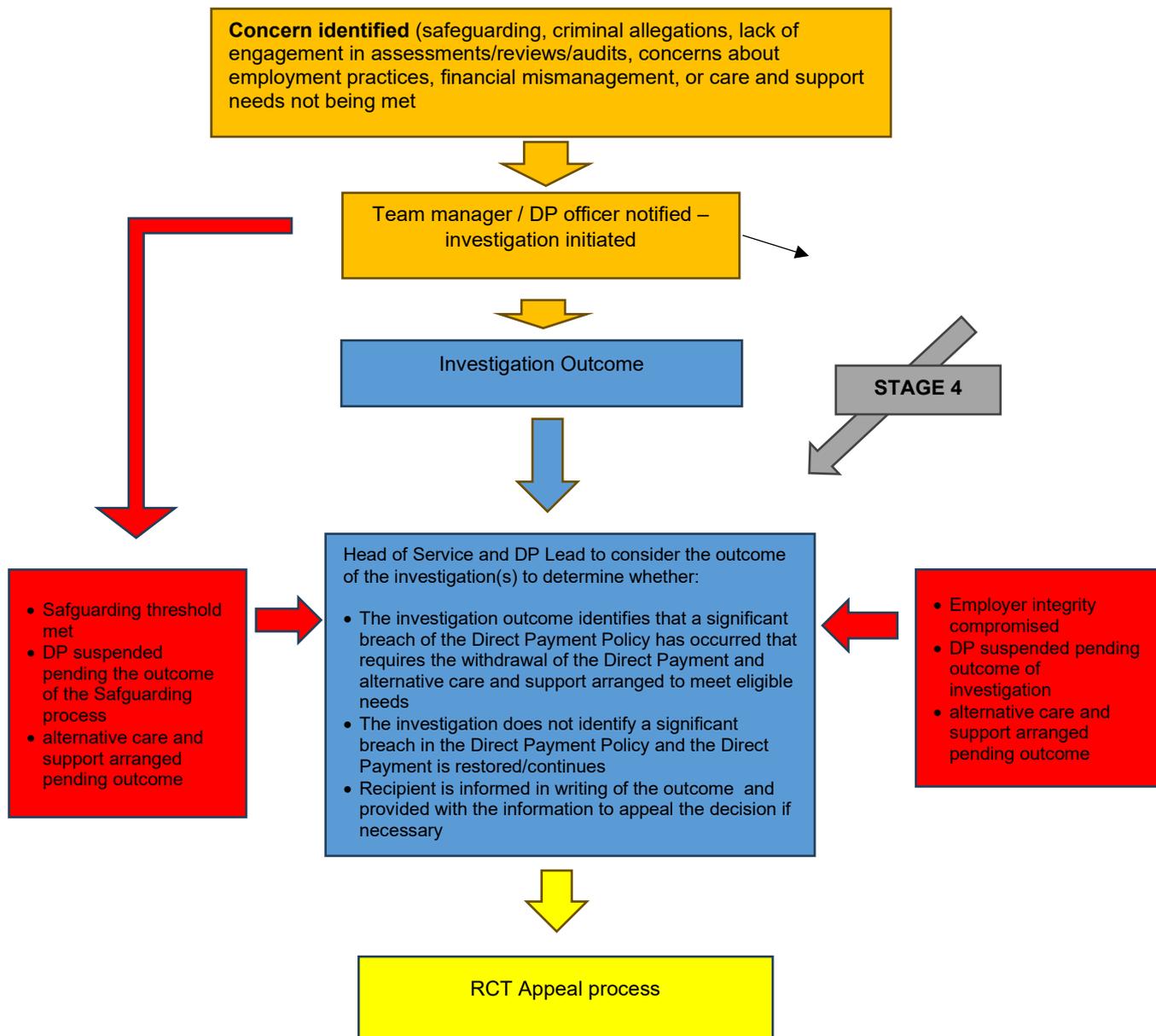
- 18.1. Prior to discontinuing a Direct Payment RCT will follow the escalation process detailed in Appendix 1 and explore all feasible options to continue to meet a recipient's care and support needs via Direct Payments. Only when it is not possible to achieve this will the Direct Payment be discontinued.
- 18.2. RCT will stop making a Direct Payment where it is satisfied that the recipient's care and support needs, or their personal outcomes, are not being met and it is not possible to amend the provision of the Direct Payment to do so.
- 18.3. RCT reserves the right to suspend a Direct Payment where a significant safeguarding concern has arisen, or a significant concern is raised about someone's fitness to act as a responsible employer where these concerns cannot be mitigated effectively with support prior to the conclusion of an appropriate investigation. In these circumstances RCT will arrange to meet the identified care and support needs in alternative ways. Suspending a Direct Payment will always be considered as a last resort and subject to the

escalation process in Appendix 1.

- 18.4. RCT reserves the right to withdraw a Direct Payment following the conclusion of an investigation into a safeguarding concern or an investigation into a concern regarding the recipient's fitness to act as a responsible employer, where the concern is upheld in full or in part.
- 18.5. Direct Payment recipients, or their representatives, may at any time voluntarily decide to terminate their Direct Payments. If RCT decides to withdraw Direct Payments, or they are voluntarily terminated, and the recipient has care and support needs which would otherwise be met by the Local Authority, RCT will make alternative arrangements for their delivery. RCT will make recipients aware of the contractual responsibilities they have and the consequences they face when discontinuing Direct Payments.
- 18.6. In the event of a Direct Payment recipient's death RCT will discontinue their Direct Payments. The situation will be handled with the utmost sensitivity and respect. RCT will secure the name of an executor or next of kin to ensure the closure of the Direct Payment account and to make payment for any outstanding responsibilities without causing undue stress to the remaining relative.
- 18.7. In the event a Suitable Person should die whilst managing a Direct Payment on behalf of an individual, RCT will aim to minimise any disruption to the care and support arrangements. It will however be necessary to appoint a new Suitable Person for the Direct Payment to continue, and in some instances where this is not possible alternative care arrangements will need to be made. RCT will work closely with the individual and any family, friends or unpaid carers to ensure the situation is handled with the utmost sensitivity and respect.

APPENDIX 1: ESCALATION PROCESS – see alternative below





DP Recipient engagement escalation

NB It is a requirement for DP recipients to engage with an investigation into a DP concern.

- STAGE 1 Direct Payment recipient contacted to engage with an investigation into a concern relating to some aspect of the Direct Payment using previous means of communication
- STAGE 2 If the Direct Payment recipient fails to comply with the request to engage in the investigation at Stage 1. A formal letter will be sent (signed delivery) requesting engagement and a deadline set for establishing contact with RCT. Arrangements for accessing support such as advocacy or practical assistance will be included and how to access will be included in this Stage 2 Letter, and the escalation process outlined.
- STAGE 3 If the Direct Payment recipient fails to engage within 7 working days following receipt of the STAGE 2 letter A further formal letter will be sent (signed delivery) reiterating the requirement to engage, the assistance available and the escalation process
- STAGE 4 If the Direct Payment recipient fails to engage within 7 working days following receipt of the STAGE 3 letter A final formal letter (signed delivery) will be sent reiterating the requirement to engage, the assistance available and to advise the matter is escalated to the HOS and DP lead officer for consideration to suspend the Direct Payment

EQUALITY IMPACT ASSESSMENT FORM INCLUDING SOCIO-ECONOMIC DUTY

(Revised March 2021)

Please refer to the current Equality Impact Assessment guidance when completing this document. If you would like further guidance, please contact the Diversity and Inclusion Team on 01443 444529.

An equality impact assessment **must** be undertaken at the outset of any proposal to ensure robust evidence is considered in decision making. This documentation will support the Council in making informed, effective and fair decisions whilst ensuring compliance with a range of relevant legislation, including:

- Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011
- Socio-economic Duty – Sections 1 to 3 of the Equality Act 2010.

This document will also contribute towards our duties to create a More Equal Wales within the

- Well-being of Future Generation (Wales) Act 2015.

The [‘A More Equal Wales – Mapping Duties’](#) guide highlights the alignment of our duties in respect of the above-mentioned legislation.

SECTION 1 – PROPOSAL DETAILS

Lead Officer: Mari Ropstad

Service Director: Sian Nowell

Service Area: Adult Services

Date: 17/02/2026

1.a) What are you assessing for impact?

Strategy/Plan	Service Re-Model/Discontinuation of Service	Policy/Procedure	Practice	Information/Position Statement
<input type="checkbox"/>	<input type="checkbox"/>	√	<input type="checkbox"/>	<input type="checkbox"/>

1.b) What is the name of the proposal?

Direct Payments Policy: Consultation

1.c) Please provide an overview of the proposal providing any supporting links to reports or documents.

The proposal is to seek approval to consult with Direct Payment recipients on the proposed amendments and implementation of a new draft Direct Payments Policy, which is available at appendix 1 of the delegated officer decision report. The main proposed changes to the Direct Payments Policy are:

- Medication: New rules are proposed that clarify when Direct Payments can be used for medication support, referencing national frameworks and specifying permitted and prohibited tasks. Medication administration is only permitted when it is ancillary to social care tasks, and a risk assessment has been completed to ensure it can be safely supported via a Direct Payment. Competency and training requirements for Personal Assistants (PAs) and Microenterprises are now explicit including completion of a Medicine Administration Theory course (minimum 70% pass), with a refresh every 3 years. Direct Payment recipients are responsible for ensuring their medication administration records are maintained and accurate.
- Suitable Persons: DBS checks are proposed for all Suitable Persons, removing previous exceptions for those with LPA or Deputy status. The wording and expectations for Suitable Persons have been clarified, highlighting their responsibilities and emphasising the need for support if required.
- Pre-paid cards: A pre-paid card scheme is proposed for all Direct Payment recipients, to provide simplicity, transparency, reduced administration and better oversight making Direct Payments easier to manage for both recipients and the Local Authority.
- Contracting/employing via Direct Payments: New rules are proposed that clarify the employment of PAs, include responsibilities, insurance, and prohibitions on engaging self-employed PAs unless registered as Microenterprises.
- Conflicts of interest: Explicit prohibitions are proposed on recipients from using companies they own or are involved with to meet their care needs, and on Suitable Persons being employed as a PA for the Direct Payment package they manage.
- Escalation and appeals: New formal escalation processes are proposed for concerns, including safeguarding, financial mismanagement, and lack of engagement with assessments and reviews. Communication, investigation, and decision-making stages are clearly defined in the new policy. Recipients will have a right to appeal decisions regarding suspension or withdrawal of payments.
- Microenterprises: The inclusion of Microenterprises in the new Direct Payment Policy is proposed, which will specify detailed requirements for their use, including requirements for medication administration and training.
- Repayments: Additional specific details are proposed for Direct Payment repayments, including the introduction of financial penalties for Microenterprises that breach contract terms.

1.d) Please outline where delivery of this proposal is affected by legislation or other drivers such as code of practice.

Rhondda Cynon Taf CBC (RCT) has the power to provide Direct Payments under the following sections of the Social Services and Wellbeing (Wales) Act 2014 (The Act):

- Section 50 – to meet the care and support needs of an adult.
- Section 51 – to meet the care and support needs of a child.
- Section 52 – to meet the support needs of a carer.
- The Care and Support (Direct Payments) (Wales) Regulations 2015' made under sections 50, 51, 52 and 54 of the Act.

In addition, where care and support, including Direct Payments, requires a financial contribution from the person, a financial assessment under Part 5 of the (The Act) will be undertaken.

Direct Payments can be provided for any identified need for care and support (following a social care assessment). This includes community care and support, short-term residential care and support, and unpaid carers assessed as having their own wellbeing needs. However, section 47 of The Act prevents RCT from meeting needs through the provision of healthcare, unless doing so would be incidental or ancillary to doing something else to meet a person's needs. This restriction applies to the provision of a Direct Payment.

Wider Legislative and Regulatory requirements that govern our work including specifically for adult services include:

- Social Services and Wellbeing (Wales) Act 2014 sets out our responsibilities as a local authority for improving the wellbeing of people who need care and support, and unpaid carers who need support, and for transforming social services in Wales.
- Equality Act (2010)
- Mental Health Act 1983
- Mental Health (Wales) Measure 2010
- Mental Capacity Act 2014
- Regulation and Inspection of Social Care Act 2016
- Wellbeing of Future Generations (Wales) Act 2015

- A Healthier Wales, Our Plan for Health & Social Care, 2020.

1.e) Please outline who this proposal affects:

- Service users
- Employees
- Wider community

√
√
√

SECTION 2 – SCREENING TEST – IS A FULL EQUALITY IMPACT ASSESSMENT REQUIRED?

Screening is used to determine whether the initiative has positive, negative or neutral impacts upon protected groups. Where negative impacts are identified for protected groups then a full Equality Impact Assessment is required.

Please provide as much detail as possible of how the proposal will impact on the following groups, this may not necessarily be negative, but may impact on a group with a particular characteristic in a specific way.

Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011

The Public Sector Equality Duty requires the Council to have “due regard” to the need to eliminate unlawful discrimination, harassment and victimisation; advance equality of opportunity between different groups; and foster good relations between different groups. Please take an intersectional approach in recognising an individual may have more than one protected characteristic.

<u>Protected Characteristics</u>	Does the proposal have any positive, negative, or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
Age (<i>Specific age groups i.e. young people or older people</i>)	Positive & Neutral	<p><u>Positive Impacts</u></p> <p>As the new policy introduces mandatory DBS checks for all Suitable Persons, Older adults, especially those who lack capacity, will benefit from this as it ensures anyone managing their finances has been appropriately vetted. This provides greater protection for older individuals who may be at higher risk of financial or personal exploitation.</p> <p>The policy also now has clearer medication guidance and clarifies what medication tasks PAs can carry</p>	According to WCCIS figures from May 2025, there are 464 individuals managing their own accounts. Among adults, the largest group consists of 95 individuals aged 18 to 29 years old. (see table below).

out. This benefits older people who frequently require medication support and helps them to remain safely at home. The inclusion of mandatory training and recording processes improves consistency and reduces risk.

The new requirement which ensures self-employed Pas must operate through a Microenterprise (with insurance and quality standards), the policy enhances safety, continuity, and accountability which benefits older people with complex or multiple needs who often rely on well-regulated support.

Neutral Impact

Whilst many people already manage their own finances, the switch from a personal bank account to a prepaid card is not expected to disadvantage those who:

- Prefer managed accounts
- Receive support from Suitable Persons
- Have PAs or family assistance

Managed accounts remain available, ensuring that those unable to use

Total Clients who manage Own Account	
	464
Age	Total
<18	106
18 - 29	94
30 - 39	62
40 - 49	51
50 - 59	43
60 - 69	40
70 - 79	34
80 - 89	20
90+	14

The [Rhondda Cynon Taf Council's Corporate Plan 2043-2030](#) suggests that by 2030 there will be a 11.7% increase in population of aged 65+ (52,884) of which 6,573 are of aged 85+ (21.5% increase) – *population projections by Local Authority and year 2018-based, StatsWales*

The Welsh Government's National action plan to prevent the abuse of older people includes measures to protect older individuals from financial and personal exploitation. The plan emphasises the importance of safeguarding services, advocacy, and training for staff involved in the care and support of

		<p>digital tools are not excluded.</p> <p>As the prepaid account will be managed online, there may be people in the older age group who are less likely to feel confident using online systems. However, this would be mitigated by regularly monitoring feedback on this aspect. RCTCBC will ensure the policy does not inadvertently create barriers to anyone of any age accessing necessary services. If any barriers were to arise the impact assessment will be updated to reflect this and consider user guides and Frequently Asked Questions to support people to use the system.</p> <p>Any digital-access risks associated with prepaid cards are manageable and already addressed through continued availability of managed accounts and support materials. With appropriate communication and user support, the changes will enhance and not reduce choice, control, independence, and safe ageing in place.</p>	<p>older people.- National action plan to prevent the abuse of older people [HTML] GOV.WALES</p> <p>All Wales Policy also now has clearer medication guidance and clarifies what medication tasks PAs can carry out. This benefits older people who frequently require medication support and helps them to remain safely at home. The inclusion of mandatory training and recording processes improves consistency and reduces risk - awttc.nhs.wales/files/guidelines-and-pils/all-wales-policy-for-medicines-administration-recording-review-storage-and-disposal-may-2025-v2-pdf/</p> <p>The new policy is influenced by Rhondda Cynon Taf Council's Corporate Plan 2043-2030 priority of 'People & Communities'- to safeguard our most vulnerable residents of all ages providing protection, care and support when they need it most so they can maximise their potential.</p>
--	--	---	--

			<p>Welsh Government- Age Friendly Wales: our strategy for an ageing society (2021) - The percentage of pensioners living in relative income poverty increased for 4 consecutive periods reaching 20% between 2014-15 and 2016-17 before falling to 19 per cent between 2015-16 and 2017-18 (StatsWales)</p> <p>Older people: independence and mental wellbeing NICE guideline (2015)</p> <p>The CPA rapid review (2016) of diversity in older age identifies the challenges faced by older people particularly with regards to wellbeing and access to positive support.</p> <p>Current data of services users in adult services (WCCIS 24/6/24) Age Group and Gender for all Care and Support Service Users:</p>
--	--	--	---

			<p>Age Group and Gender for all Care and Support service users</p> <table border="1"> <thead> <tr> <th></th> <th>Female</th> <th>Male</th> </tr> </thead> <tbody> <tr> <td>18-30</td> <td>215</td> <td>318</td> </tr> <tr> <td>31-40</td> <td>200</td> <td>230</td> </tr> <tr> <td>41-50</td> <td>197</td> <td>202</td> </tr> <tr> <td>51-60</td> <td>274</td> <td>266</td> </tr> <tr> <td>61-70</td> <td>257</td> <td>266</td> </tr> <tr> <td>71-80</td> <td>470</td> <td>345</td> </tr> <tr> <td>81-90</td> <td>759</td> <td>392</td> </tr> <tr> <td>91+</td> <td>366</td> <td>85</td> </tr> </tbody> </table> <p>The RCT Adult Social Care Strategy (2024-2030) acknowledges that we will experience increased demands relating to older people this demographic picture includes an increase in people living with complex needs. One of the Council's priorities focuses our effort to facilitating joined up services for people to which will particularly benefit people with complex needs.</p> <p>In a 2023 report by Age UK which looked at the impact of online banking on older people, they found the use of</p>		Female	Male	18-30	215	318	31-40	200	230	41-50	197	202	51-60	274	266	61-70	257	266	71-80	470	345	81-90	759	392	91+	366	85
	Female	Male																												
18-30	215	318																												
31-40	200	230																												
41-50	197	202																												
51-60	274	266																												
61-70	257	266																												
71-80	470	345																												
81-90	759	392																												
91+	366	85																												

			<p>any form of online banking falls from 70% among the 65-69s to 14% among the 85+ group; conversely the desire to bank face-to-face increases from 18% to 58% respectively.</p> <p>Mental Capacity Act (2005) Social Services and Wellbeing (Wales) Act (2014).</p> <p>Human Rights Act 1998</p> <p>The Court of Protection Rules 2017</p>
<p>Disability <i>(people with visible and non-visible disabilities or long-term health conditions)</i></p>	<p>Positive and Negative</p>	<p>The proposal will affect approximately 353 individuals with a disability in Rhondda Cynon Taf.</p> <p><u>Positive impact</u></p> <p>The new Direct Payments Policy provides clearer, safer medication support for disabled people as it includes medication tasks which benefits disabled individuals who rely on PAs for daily medication routines. It reduces the risk of unsafe practice and ensures tasks match the person's needs while maintaining clinical boundaries.</p> <p>The addition of micro enterprises is</p>	<p>Current data from adult services users (WCCIS 21/5/25) shows that out of 464 individuals who manage their own accounts, 353 have a disability.</p> <p>The RCT Data Library denotes that 23.6% of the population within RCT in 2021 were classed as disabled under the Equality Act. This demonstrates the scale of need locally and reinforces the requirement for accessible, inclusive communication and decision-making.</p>

		<p>also a significant positive in terms of market shaping in the Borough as small local solutions offer very personalised solutions and options to meet the care and support outcomes of an individual and / or group of people with similar preferences. Disabled individuals often need reliable, flexible support. Requiring self-employed PAs to register as Microenterprises:</p> <ul style="list-style-type: none"> • Ensures essential insurance and quality standards • Supports personalised, small-scale, community-based options • Reduces administrative responsibility for the individual <p>For disabled people lacking capacity, mandatory DBS checks for all Suitable Persons provide an extra layer of protection against exploitation or financial abuse.</p> <p>The prepaid card system and clearer rules around spending reduce the likelihood of sudden financial challenges, supporting disabled people who may experience anxiety or cognitive limitations. Some disabled people may initially</p>	<p>The Social Services and Wellbeing (Wales) Act 2014 sets out our responsibilities as a local authority for improving the wellbeing of people who need care and support, and unpaid carers who need support, and for transforming social services in Wales.</p> <p>By proactively addressing potential barriers and ensuring that support structures are in place, RCTCBC can promote fair and equitable access to necessary services, supporting the rights and autonomy of those with mental health conditions. In line with Rhondda Cynon Taf Council's Corporate Plan 2043-2030 priority of 'People & Communities'</p> <p>Court of Protection Rules (2017):</p> <ul style="list-style-type: none"> • Safeguarding duties • Restrictions on healthcare tasks • Requirements for capacity, representation, and DBS checking
--	--	--	--

		<p>require support to navigate the prepaid card system or online monitoring. However:</p> <ul style="list-style-type: none"> • Managed accounts remain available • Supportive communication and accessible guidance are built in • Barriers will be monitored and addressed <p>This ensures no one is disadvantaged based on disability or digital ability.</p> <p>The inclusion of Medication in the policy and guidance is a positive step as it clarifies what is an appropriate use of Direct Payments in relation to this important aspect of a person's health and wellbeing.</p> <p>With inclusive communication and continued availability of managed accounts, the policy will improve outcomes for disabled individuals while upholding dignity, autonomy, and the principles of the SSWB Act.</p> <p><u>Negative Impact</u></p> <p>People may feel insulted by the new measures as they have</p>	<p>EHRC's "Is Wales Fairer?" (2023) report - evidence on disabled people's experiences and structural inequalities.</p>
--	--	---	--

		<p>conscientiously managed their Direct payments with skill and pride.</p> <p>They may highlight how the change clashes with the SSWB Act and Adult Services commitment to voice, choice and control.</p> <p>People may feel that the power of the Council as a decision maker goes against the principles of redressing the balance.</p> <p>Many people manage their DPs responsibly and may take pride in this and gain confidence and experience from it. Control of financial resources can provide a sense of status for people who may have little power and / or a role that is recognised by society.</p> <p>To mitigate this, we will ensure the day-to-day management and arranging the care and support needs to be met lies firmly with the individual in all guidance and policy. Also, clear commitment in guidance that day-to-day decision-making remains with the individual as well as:</p>	
--	--	---	--

		<ul style="list-style-type: none"> • Reinforcement of the person's control over choice of PAs, routines, and support plans • Validation and acknowledgement of people's pride in managing their own care. 	
<p>Gender Reassignment <i>(anybody who's gender identity or gender expression is different to the sex they were assigned at birth including non-binary identities)</i></p>	Neutral / Positive	<p>Neutral</p> <p>The new Direct Payments policy has no direct elements that intrinsically disadvantage trans or non-binary individuals. However, we recognise that we work with trans and non-binary individuals, and numbers will potentially increase in future so we will consider and review this accordingly if any impacts emerge during or after implementation.</p> <p>Individuals undergoing gender reassignment may face unique challenges regarding access to services including care and support. The introduction of the approach may deter some individuals from accessing necessary assessments, particularly if they are already facing financial burdens related to their transition.</p> <p>We will ensure that all individuals have equitable access to necessary services without facing additional</p>	<p>Across Rhondda Cynon Taf, according to the ONS (2021b), 0.36% of people aged 16 years and over have a gender identity different from their sex registered at birth.</p> <p>We currently work with a small number of trans and non-binary service users. Exact numbers aren't reported due to potential of identification. (Source: service user data, WCCIS.)</p> <p>The RCT Adult Social Care Strategy (2024-2030) aims to support people with eligible needs, achieve what matters to them in their lives this is in addition to ensuring our staff have appropriate training and leadership so that we are able to support people positively, and ensure our services and information are accessible to</p>

		<p>barriers related to their gender identity. Ongoing monitoring of the policy's impact will be essential to ensure that it remains fair and equitable for all. Although we can't determine the impact at this moment, we will continue to monitor the situation closely and update impact assessments when needed.</p> <p><u>Positive</u></p> <p>The policy emphasises that all individuals including trans and non-binary people will have equitable access to assessments, Direct Payments, and information. This reflects Adult Services' commitment to ensuring staff are trained, respectful, and equipped to provide person-centred support to people with diverse gender identities.</p> <p>Clarity around medication support, financial oversight, and PA employment rules also benefits trans and non-binary people equally, supporting safer care arrangements and reducing anxiety around inconsistent practice.</p>	<p>everyone.</p>
--	--	---	------------------

<u>Protected Characteristics</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
Marriage or Civil Partnership <i>(people who are married or in a civil partnership)</i>	Neutral (Not possible to determine at this stage)	<p>Currently, there is no evidence to suggest that this group will be disproportionately affected by the introduction of this strategy. The changes apply equally to all individuals who receive Direct Payments regardless of marital status. And although the introduction of mandatory DBS checks for Suitable Persons may involve partners in some cases, this requirement applies universally and does not disadvantage those in a marriage or civil partnership.</p> <p>However, this will be monitored and will remain under review as implementation progresses and if a disproportionate/negative/diverse impact arises, needs will be addressed, and this Equality Impact Assessment updated accordingly.</p>	
Pregnancy and Maternity <i>(women who are pregnant/on maternity leave)</i>	Neutral (Not possible to determine at this stage)	Currently, while there is no evidence to suggest that this group will be disproportionately affected by the introduction of new arrangement, we will remain sensitive to the needs of families who may be managing multiple responsibilities, including	

		<p>caring for children or pregnant individuals.</p> <p>We will provide clear communication about the change, ensuring that all families are aware of their options and if a disproportionate/negative/a diverse impact arises, needs will be addressed, and this Equality Impact Assessment updated accordingly.</p>	
<p>Race <i>(ethnic and racial groups i.e. minority ethnic groups, Gypsy, Roma and Travellers)</i></p>	<p>Neutral (Not possible to determine at this stage)</p>	<p>Overall, the revised Direct Payments Policy is assessed as neutral, with no direct evidence indicating disproportionate impact on people from minority ethnic backgrounds.</p> <p>However, there are several disparities that may increase vulnerability among racial minority groups, particularly where policy changes overlap with financial strain, digital exclusion, or service accessibility barriers.</p> <p>The Direct Payments Policy is designed to provide equal access for all individuals regardless of race. The RCT Adult Social Care Strategy (2024–2030) explicitly aligns with national expectations for Delivering Social Care in an Anti-Racist Wales (ADSS, 2023), promoting culturally competent practice and inclusive communication across services.</p>	<p>In 2021, a total of 96.7% of RCT residents were white according to the RCT Data Library.</p> <p>Data from the WCCIS database demonstrates that our service users and carers are predominantly white British (80.9%) there are 8.13 reporting as white other and 1.02% reporting a wide variety of ethnic backgrounds. 9.95% have no ethnic background reported.</p> <p>Data from the WCCIS also indicates that out of 464 individuals managing their own accounts for Direct Payments, the majority are predominantly from a White background. However, there</p>

By improving oversight (e.g., prepaid cards), clarifying PA rules, and setting quality expectations for microenterprises, the policy reduces inconsistencies and may benefit racial minority groups who statistically experience higher levels of systemic disadvantage and lower trust in public systems.

Welsh Government evidence demonstrates that racial minority groups are statistically more likely to experience financial hardship and reduced access to services. This may make adapting to changes such as prepaid systems, digital banking reliance, or travel to physical banking options more challenging.

The barriers for this group include systemic discrimination, language differences, and lack of representation. These can be mitigated by implementing supportive measures/policies that promote inclusiveness, providing language support services, and ensuring diverse representation in decision-making - the Council can work towards ensuring that all individuals have equitable access to necessary

are also individuals from other ethnic backgrounds:

Ethnicity	Total
Any other ethnic background	2
Any other mixed background / multiple ethnic background	1
Any other White background	27
Any White Background, including Welsh, English, Scottish, Northern Irish, British, Irish	84
Asian or Asian British-Any other Asian	1
Information not obtained	2
Information Refused	1
Mixed White & Asian	1
Mixed White & BI African	1
Not Stated	18
Not stated (inactive)	8
White British	318

Families from lower socio-economic backgrounds often face intensified challenges due to various intersecting factors, as highlighted in the Welsh Government's 2021 report, ["Implementing the Socio-economic Duty: A review of evidence on socio-economic disadvantage and inequalities of outcome."](#) It showed racial minorities are more susceptible to financial difficulties, which restrict their access to essential resources. Data from the RCT Data Library shows that the average ranking for

		<p>services, regardless of their racial or ethnic background.</p> <p>Race often intersects with deprivation, digital exclusion, caring responsibilities, and poor transport links factors shown to influence access to Direct Payments systems. This will be mitigated by:</p> <ul style="list-style-type: none"> • Care managers exploring barriers during reviews • Adjustments for individuals facing complex multiple disadvantages • Continued commitment to anti-racist principles across Adult Services teams <p>If a disproportionate/negative/diverse impact arises, needs will be addressed, and this Equality Impact Assessment updated accordingly.</p>	<p>access to services on the WMID for all RCT is 1,105 out of 1,909, suggesting limited resources and exacerbating their struggles. Overlapping social categories such as race and class create interconnected systems of disadvantage, impacting access to services and involvement in public life.</p> <p>The Well-being of Wales 2023: Ethnicity and Well-being report has found people from ethnic minority backgrounds face many disparities including access to resources.</p> <p>Notably, the ADSS report (2023) "Delivering Social Care in an Anti-Racist Wales" presents recommendations that must be addressed. Our RCT Adult Social Care Strategy 2024-2030 addresses these. This is especially important for effectively managing the communication needs of individuals from ethnic minorities, drawing on the</p>
--	--	--	---

			insights from those with lived experience.
<p>Religion or Belief <i>(people with different religions and philosophical beliefs including people with no beliefs)</i></p>	Positive	<p>The EIAs explicitly state a commitment to respecting the diverse beliefs of people involved in Direct Payments. This includes ensuring that any engagement activities, communications, and assessment processes are sensitive to religious or cultural needs.</p> <p>Standardised processes (e.g., prepaid cards, medication guidance, PA employment rules) support consistency and transparency, which helps reduce the influence of individual level biases that people of minority faiths may sometimes encounter in public services.</p> <p>Commitments to clear, accessible, and adaptable communication ensure that individuals of all belief backgrounds can understand changes and exercise voice, choice, and control.</p> <p>Where support arrangements intersect with religious practices (e.g., care scheduling around prayer, gender-specific personal care preferences), these are already</p>	<p>WCCIS does not routinely record religion or belief, meaning quantitative data is limited.</p> <p>Culturally appropriate care in the context of religion and direct payments involves ensuring that individuals receive care that respects their cultural identities, including their religious beliefs and practices. - Culturally appropriate care - Care Quality Commission</p>

		addressed through personalised care planning and PA arrangements and are unaffected by the new policy.	
Sex <i>(women and men, girls and boys)</i>	Positive	<p>The new policy is expected to affect slightly more men than women, but only by a narrow margin. Whilst there are no direct discriminatory impacts it should be noted that women-particularly older women and those in caregiving roles may be more affected by the changes relating to digital access, administrative responsibilities, and financial management. However, these impacts are already mitigated within the policy design.</p> <p>The updated rules on medication support, PA tasks, and microenterprise requirements create a more transparent and safer system for everyone, benefiting both women and men who rely on consistent, reliable care.</p> <p>Being able to receive a prepaid card instead of setting up a bank account may be particularly helpful for women who face financial vulnerabilities, have difficulty providing documentation, or have experienced financial control in the past,</p>	<p>The proportion of females to males within RCT appeared to be equal in 2021, as the RCT Data Library recorded that there 51.1% of residents were females and 48.9% of residents were male. However, according to WCCIS data from May 2025, out of the 464 people managing their own Direct Payments account, there are more males, totalling 235, compared to 228 females, with 1 individual identified as other.</p>

		<p>Micro enterprises provide personalised care solutions that benefit both genders.</p> <p>User guides and FAQs will be developed to cater to all genders. Managed accounts will remain available for those unable to use the online system, promoting inclusivity.</p>	
<p>Sexual Orientation <i>(bisexual, gay, lesbian, straight)</i></p>	<p>Neutral (Not possible to determine at this stage)</p>	<p>Currently, there is no evidence to suggest that the introduction of this change will disproportionately affect any specific group, including those identifying as bisexual, gay, lesbian, straight, or other sexual orientation</p> <p>Policy changes such as clearer medication guidance, transparent financial monitoring, and quality standards for PAs/microenterprises benefit all orientation groups equally and help reduce risk of discrimination or inconsistent practice.</p> <p>However, it is essential to acknowledge that our service users encompass a diverse range of sexual orientations, and as we move forward, individuals' sexual orientation may change or increase.</p>	<p>According to the RCT Data Library, in 2021 the percentage proportion of residents that identified as Straight/Heterosexual, Gay/Lesbian/Bisexual/Other sexual orientation is 1.5%. Low numbers within Direct Payments mean disproportionate impacts may not be immediately visible, reinforcing the need for continued monitoring and user engagement.</p>

	<p>We are committed to ensuring that all individuals, regardless of their sexual orientation, have equitable access to necessary services without encountering additional barriers. It is our responsibility to create an inclusive environment where everyone feels supported and valued.</p> <p>Ongoing monitoring of the impact of this policy will be crucial to ensure it remains fair and equitable for all individuals. If we identify any disproportionate or negative impacts on our LGBTQ+ service users or any other group, we will take immediate action to address these needs.</p> <p>The Equality Impact Assessment will be updated accordingly to reflect any necessary changes, ensuring that the proposed change does not unintentionally disadvantage individuals based on their sexual orientation.</p> <p>By recognising the diversity of our service users and actively working to mitigate any potential barriers, we aim to foster an environment of equity and inclusion as we implement this policy.</p>	
--	--	--

In addition, due to Council commitments made to the following groups of people we would like consider impacts on them:

	Does the proposal have any positive, negative, or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
<p>Armed Forces Community <i>(anyone who is serving, has served, family members and the bereaved)</i></p>	<p>Positive</p>	<p>The introduction of prepaid cards improves stability in managing financial affairs which could be important for those in the armed forces community who may be adjusting to civilian life including money management, banking and paying for services.</p> <p>A clearer DP system helps individuals more easily arrange and fund the support they need alongside statutory provision.</p> <p>Families of serving personnel, veterans, or bereaved service members may face instability during transition periods. Streamlined financial arrangements and more consistent processes in Direct Payments can help reduce stress and improve continuity of care.</p>	<p>According to the RCT Data library, in 2021 only 4.1% of RCT residents are serving/have served in the UK Armed forces. This is slightly proportionately less than the percentage of those across Wales that are currently/have served (4.5% of residents). This indicates the group is small but significant enough to warrant tailored consideration.</p> <p>Armed Forces Covenant: annual report 2022 to 2023 – one of the recommendations of this document is to ensure Veterans mental health treatment in Wales is meeting current need</p> <p>The Armed Forces Act 2021 places a legal duty on specified public bodies to have due regard to the principles of the Armed Forces Covenant when exercising</p>

			<p>certain statutory functions in the fields of healthcare, education and housing.</p> <p>Veterans – NHS Wales Veterans' NHS Wales is a specialised, priority service for individuals who have served in the Armed Forces, at any time in their lives and who are experiencing mental health difficulties related specifically to their military service.</p>
<p>Carers <i>(anyone of any age who provides unpaid care)</i></p>	<p>Positive</p>	<p>There are approximately 166 carers who may be affected by this proposal.</p> <p>Carers may feel relieved and reassured by the simplified approach to managing Direct Payment accounts. The policy may reduce anxieties around significant surpluses building up in the Direct Payment account therefore some families may be relieved and reassured by this, particularly if they are already facing stressors due to caregiving responsibilities.</p> <p>Carers often balance employment, parenting, and</p>	<p>RCT WCCIS Data (May 2025) shows out of 464 individuals managing their own Direct Payment accounts:</p> <ul style="list-style-type: none"> • 298 are not carers • 166 are carers <p>According to the RCT Data Library, 11.1% of the population of RCT provide between 9 – 50+ hours of unpaid care a week.</p> <p>RCT WCCIS Data (June 2024) -Age Group and Gender for carers with Carers Support Plan:</p>

		<p>intensive caring roles. The new Direct Payments policy elements, especially prepaid cards and clearer rules help reduce administrative tasks and time spent managing finances, which supports carers to focus on wellbeing and caregiving.</p> <p>The Social Services and Wellbeing (Wales) Act 2014 sets out our responsibilities as a local authority for improving the well-being of people who need care and support, and unpaid carers who need support.</p>	<table border="1"> <thead> <tr> <th></th> <th>Female</th> <th>Male</th> </tr> </thead> <tbody> <tr> <td>18-30</td> <td>2</td> <td>2</td> </tr> <tr> <td>41-50</td> <td>6</td> <td>3</td> </tr> <tr> <td>51-60</td> <td>13</td> <td>8</td> </tr> <tr> <td>61-70</td> <td>17</td> <td>7</td> </tr> <tr> <td>71-80</td> <td>24</td> <td>14</td> </tr> <tr> <td>81-90</td> <td>11</td> <td>9</td> </tr> <tr> <td>91+</td> <td></td> <td>1</td> </tr> <tr> <td>Total</td> <td>73</td> <td>44</td> </tr> </tbody> </table> <p>The Social Services and Wellbeing (Wales) Act 2014 sets out our responsibilities as a local authority for improving the wellbeing of people who need care and support, and unpaid carers who need support, and for transforming social services in Wales. Our RCT Adult Social Care Strategy (2024-2030) strives unpaid carers.</p>		Female	Male	18-30	2	2	41-50	6	3	51-60	13	8	61-70	17	7	71-80	24	14	81-90	11	9	91+		1	Total	73	44
	Female	Male																												
18-30	2	2																												
41-50	6	3																												
51-60	13	8																												
61-70	17	7																												
71-80	24	14																												
81-90	11	9																												
91+		1																												
Total	73	44																												

If the initial screening test has identified negative impacts, then a full equality impact assessment (section 4) **must** be undertaken. However, if after undertaking the above screening test you determine a full equality impact assessment is not relevant, please provide an adequate explanation below:

Are you happy you have sufficient evidence to justify your decision?

Yes

No

Name: Mari Ropstad

Position: Head of Service

Date: 07/02/26

Please forward a copy of this completed screening form to the Diversity and Inclusion Team.

PLEASE NOTE – there is a separate impact assessment for Welsh Language. This must also be completed for proposals.

Section 3 Socio-economic Duty needs only to be completed if proposals are of a strategic nature or when reviewing previous strategic decisions. Definition of a 'strategic nature' is available on page 6 of the [Preparing for the Commencement of the Socio-economic Duty](#) Welsh Government Guidance.

SECTION 3 – SOCIO-ECONOMIC DUTY (STRATEGIC DECISIONS ONLY)

The Socio-economic Duty gives us an opportunity to do things differently and put tackling inequality genuinely at the heart of key decision making. Socio-economic disadvantage means living on a low income compared to others in Wales, with little or no accumulated wealth, leading to greater material deprivation, restricting the ability to access basic goods and services.

Please consider these additional vulnerable groups and the impact your proposal may or may not have on them:

- Single parents and vulnerable families
- Pensioners
- Looked after children.
- Homeless people
- Students
- Single adult households

- People living in the most deprived areas in Wales.
- People with low literacy and numeracy
- People who have experienced the asylum system.
- People misusing substances.
- People of all ages leaving a care setting
- People involved in the criminal justice system

<u>Socio-economic disadvantage</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
<p>Low Income/Income Poverty <i>(cannot afford to maintain regular payments such as bills, food, clothing, transport etc.)</i></p>	Positive	<p>The prepaid card system limits the build-up of large surpluses and removes the stress associated with managing large balances. For families already struggling with bills, food, clothing and transport costs, this prevents unexpected debt recovery or confusion around how funds should be used.</p> <p>The streamlined approach reduces the administrative burden of handling receipts, bank statements, and reconciliation. This may encourage people on low incomes to consider Direct Payments where previously they may have felt unable to manage the financial aspects.</p> <p>Clear financial monitoring and guidance help prevent sudden complications, reducing the risk of distress or uncertainty for households already under pressure. Regular oversight reduces the likelihood of issues arising that could disrupt care or create unexpected financial demands.</p>	<p>Between 2019/20 and 2021/22, the average poverty rates in England (22%), Wales (22%) and Scotland (21%) had converged to around the same level, - UK Poverty 2024: The essential guide to understanding poverty in the UK Joseph Rowntree Foundation (jrf.org.uk)</p> <p>Within RCT specifically, in 2023, the county borough had a destitution rank of 3/5 (1 being the lowest, 5 being the highest) according to The geography of destitution 2023 Joseph Rowntree Foundation (jrf.org.uk).</p> <p>Poverty Taking a Heavy Toll on NHS Services The King's Fund (kingsfund.org.uk)</p>

		<p>Providing information and support can help families understand the assessment process. Regular monitoring of the uptake and drop off to help ensure equitable access to services. This helps maintain equitable access and ensures that barriers faced by families in or near poverty are identified early.</p>	
<p>Low and / or No Wealth <i>(enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provisions for the future)</i></p>	<p>Positive</p>	<p>The revised Direct Payments Policy is expected to have a positive impact on individuals and families with low or no wealth, because the new policy reduces financial pressure and simplifies day-to-day management. Key positive contributions include:</p> <ul style="list-style-type: none"> • Reduced financial risk and stress • Lower administrative burden • Increased clarity and stability Supports equitable access <p>Clear, accessible information will be provided so families understand how the new system works.</p> <p>Support will be available for those unfamiliar with digital tools or requiring help navigating the prepaid card.</p> <p>Regular review will ensure that individuals experiencing financial</p>	<p>Data may be found in the RCT Data Library: https://app.powerbi.com/groups/me/reports/aa284455-2774-485b8b54-046ede17b614/ReportSection14d042d5d44a55c5193?experience=power-bi</p> <p>RCT has high levels of economic inactivity (43.5%), including those unable to work due to long-term conditions. Financial vulnerability is common, making stable, simple systems particularly beneficial.</p> <p>National research (King's Fund) shows that poverty places additional strain on individuals and public services, including health and social care. Reducing financial</p>

		precarity are not disadvantaged by the changes.	complexity and stress through prepaid cards directly supports wellbeing for low-income households.
<p><u>Material Deprivation</u> <i>(unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, hobbies etc.)</i></p>	Neutral	<p>The overall impact is neutral. Individuals experiencing material deprivation may be disproportionately affected by aspects of the revised Direct Payments system, particularly where digital access or travel to physical banking services is limited. People without smartphones, reliable broadband, or access to local financial services may find online/app banking difficult, which could create anxiety or mistrust around the new approach.</p> <p>However, the policy already contains strong mitigating and positive features that help ensure equitable access. Managed accounts remain available for individuals who cannot use digital systems, ensuring that no one is excluded due to digital poverty or limited financial capability. Clear communication, guidance, and support from care managers will help people understand how the prepaid card system operates and reduce</p>	<p>The RCT Data Library notes that RCT has an average overall Welsh Index of Multiple Deprivation (WIMD) ranking of 743/1909 (1 being the most deprived and 1909 being the least deprived). The average ranking for access to services specifically for all RCT is 1105/1909.</p> <p>Dragonsavers Credit Union say there is a lack of understanding by providers about people not having phones or computers, or being unwilling or unable to use them for digital banking, 52 and 51% of over 75's in Wales are not regular internet users, according to National Survey for Wales - revised figures for June 2019</p>

		<p>concerns about managing surpluses or account monitoring.</p> <p>The prepaid card reduces administrative burdens removing the need to retain receipts, submit statements, or complete complex reconciliation which can be particularly helpful for people already under financial strain.</p> <p>With ongoing monitoring, the policy aims to ensure that people experiencing material deprivation can continue to access Direct Payments safely, confidently, and without disadvantage.</p> <p>People with limited financial literacy might encounter debt recovery challenges if surpluses are not returned, leading to financial instability. Guidance and support on how to manage surpluses will be provided to prevent instability.</p> <p>Although beneficial, socio-economic barriers might hinder access to micro enterprise services, especially in less wealthy regions. Targeted programs, such as Community Catalysts in RCT, are in place to support access to micro</p>	
--	--	---	--

		enterprise services in less affluent areas.	
--	--	---	--

<u>Socio-economic disadvantage</u>	Does the proposal have any positive, negative or neutral impacts	Provide detail of the impact	What evidence has been used to support this view?
<u>Area Deprivation</u> <i>(where you live (rural areas), where you work (accessibility of public transport))</i>	Negative/ Positive	<p><u>Negative Impact</u></p> <p>People in highly deprived areas may be especially affected by the new policy. With the closure of bank branches or Post Offices, access to crucial face-to-face financial services is lost. Limited or costly public transport in both urban and rural locations further restricts travel to alternative banking, particularly for those with mobility issues, care needs, or strict routines.</p> <p>Digital access varies across the county borough. Limited broadband, unreliable Wi-Fi, and lack of devices make online banking difficult, especially for those less confident with technology or used to in-person services. These issues are worse in deprived areas where digital exclusion is common.</p> <p><u>Positive Impacts</u></p> <p>Despite these challenges, the policy offers benefits. Prepaid cards make Direct Payments accessible for those</p>	<p>As noted above, the RCT Data Library notes that RCT has an average overall Welsh Index of Multiple Deprivation (WIMD) ranking of 743/1909 (1 being the most deprived and 1909 being the least deprived), with weaker performance in access to services and physical environment.</p> <p>Furthermore, the average ranking for physical environment specifically for all RCT is 802/1909.</p> <p>Welsh Government's Digital Inclusion Framework and National Survey for Wales demonstrate that digital exclusion and unreliable broadband are more common in deprived or rural areas, limiting the ability to manage online banking or prepaid systems.</p>

		<p>unable to meet identification requirements, travel, or maintain accounts. Managed accounts help ensure individuals affected by digital exclusion or poor connectivity can still access Direct Payments safely.</p> <p>The policy boosts local resilience by supporting micro-enterprises, which provide jobs, reduce travel needs, and offer flexible support in areas with few traditional services. This especially helps people in deprived neighbourhoods with limited transport or those juggling work and care duties.</p> <p>This person-centred approach prevents disadvantages from area deprivation and improves the fairness and accessibility of Direct Payments across RCT.</p>	<p>Transport for Wales data evidences reduced public transport availability in many valley communities, restricting access to alternative banking services.</p> <p>RCT's Adult Social Care Strategy (2024–2030) and ADSS Cymru guidance emphasise the need for local, flexible care models, including micro-enterprises, to support individuals affected by area-based disadvantage.</p>
<p>Socio-economic background <i>(social class i.e. parents' education, employment and income)</i></p>	<p>Neutral</p>	<p>People from lower socio-economic backgrounds may face extra challenges with the revised Direct Payments Policy, especially if they have limited digital skills or rely on mobile phones for access. The expectation to use prepaid card platforms and monitor accounts can feel overwhelming for those less familiar with online banking.</p>	<p>According to the RCT Data Library, in 2021 10% of the usual residents aged 16 and over in RCT have never worked/ are long-term unemployed. This is 1 percent higher than the average across Wales of 9%. In addition, in 2021 RCT has a higher percentage proportion</p>

		<p>The policy, however, offers strong safeguards like managed accounts for those needing extra help, plus clear guidance and support from care managers. This helps reduce barriers related to skills or confidence.</p> <p>A simplified process eases paperwork and receipt management, which benefits people under financial and personal pressures. Prepaid cards also make account oversight more transparent and help prevent unexpected surpluses.</p> <p>The policy will continue to review feedback and improve processes to keep the policy fair and inclusive. This aligns with the Council's goal of reducing inequality and improving access to care, ensuring nobody is excluded due to background or financial status.</p>	<p>of people without qualifications 24.2%, compared to 19.9% as well as lower incomes, and limited access to essential services. This supports the need to maintain managed accounts, offer flexible communication, and monitor barriers closely.</p> <p>Social Services and Well-being (Wales) Act 2014</p> <p>Welsh Government's Digital Inclusion Framework & Digital Strategy for Wales</p> <p>The National Survey for Wales consistently shows that: adults in deprived households are less likely to have reliable internet</p> <p>Joseph Rowntree Foundation (JRF) – Poverty and Destitution Reports (Wales) show low qualifications, insecure work, or long-term unemployment mean more financial instability.</p> <p>Managing documents and digital systems is harder for financially stressed</p>
--	--	--	---

		<p>households.</p> <p>“A More Equal Wales: The Socio-economic Duty” (Welsh Government) highlights the importance of addressing:</p> <ul style="list-style-type: none"> educational disadvantage financial access limited digital tools cumulative life-stage disadvantages <p>RCT Adult Social Care Strategy 2024–2030 acknowledges inequalities linked to geography, income, education and access the need for local, accessible, consistent support the importance of small, flexible community solutions like micro-enterprises</p> <p>This supports that micro-enterprises and simplified financial systems are beneficial for people with limited socio-economic resources.</p> <p>Also simplifying administration (like prepaid cards) can promote equality but must be paired with clear communication and tailored</p>
--	--	--

			support.
<p>Socio-economic disadvantage <i>(What cumulative impact will the proposal have on people or groups because of their protected characteristic(s) or vulnerability or because they are already disadvantaged)</i></p>	Negative	<p>Those who are socio-economically disadvantaged may be negatively impacted by the new Direct Payments policy, facing added stress or a sense of losing control over their finances. Changes in oversight could decrease autonomy for people who value managing their payments, and increased monitoring may feel restrictive, especially for those with low financial confidence. The transition may be particularly challenging for individuals already dealing with disability, caring duties, unstable jobs, or mental health issues, as it could heighten emotional stress.</p> <p>Overall, while individuals already experiencing socio-economic disadvantage may initially feel disproportionately impacted by the increased structure and oversight, the policy's emphasis on reassurance, personalised support, managed accounts, and flexible communication will help reduce negative effects and maintain fair</p>	<p>According to the RCT Data Library, in 2021 43.5% of RCT residents were economically inactive, which was the same proportion as across Wales. 7.6% of this total were economically inactive due to long term sickness or disability, and 5% due to being full-time students.</p> <p>Notably, 23.2% of those were retired, which is expected to increase with the trajectory of an ageing demographic, reinforcing the need for accessible, low-stress financial arrangements that do not risk sudden debt recovery or complex reconciliation.</p> <p>A More Equal Wales- The Socio-economic Duty</p> <p>The Social Services and Well-being (Wales) Act 2014</p>

		access. With continued monitoring, the Council can respond promptly to concerns and ensure that Direct Payments remain inclusive and supportive of people facing disadvantage.	Welsh Government's Digital Inclusion Framework and the National Survey for
--	--	--	--

SECTION 4 – FULL EQUALITY IMPACT ASSESSMENT

You should use the information gathered at the screening stage to assist you in identifying possible negative/adverse impacts and clearly identify which groups are affected.

- 4.a) In terms of disproportionate/negative/adverse impacts that the proposal may have on a protected group, outline the steps that will be taken to reduce or mitigate the impact for each group identified. **Attach a separate action plan where impacts are substantial.**

Disability:

Some disabled individuals may feel loss of autonomy or feel insulted by increased oversight with the prepaid cards. Digital barriers, anxiety, cognitive challenges and emotional distress may also arise.

Mitigations:

- Ensure all communication is accessible, including easy-read, plain language and alternative formats.
- Provide 1:1 support from care managers to navigate the new system.
- Reinforce in guidance and staff training that day-to-day control (choice of PA, routines, care planning) stays with the person.
- Maintain flexibility (managed accounts, additional support) were digital tools or financial management pose barriers.

Area Deprivation:

People in deprived or rural areas may lack transport to reach banking services or may have unreliable internet.

Mitigations:

- Promote managed accounts for people unable to use digital systems due to service availability.
- Care managers to discuss local access barriers and help identify alternative arrangements.
- Support development of micro-enterprises, providing local care options that reduce travel.

- Monitor geographic patterns in Direct Payments uptake and drop-off.

Socio-economic Disadvantage:

People facing multiple disadvantage (e.g., poverty, disability, caring role) may feel increased emotional stress or loss of independence.

Mitigations:

- Validate concerns and ensure supportive, non-judgmental conversations.
- Emphasise that the prepaid card is not penalising but designed to reduce financial burden.
- Use gradual transition support where needed, including additional communication and reassurance.
- Monitor feedback and adjust the approach if patterns of distress or disengagement emerge.

Mitigations across all characteristics:

- Regular monitoring of uptake, drop-out and reported barriers.
- Adjust guidance, training and the EQIA as new issues emerge.
- Provide continuous staff training on person-centred, anti-discriminatory practice.
- Ensure no one loses access to Direct Payments because of digital, socio-economic or protected characteristic-related barriers.

Although there are some negative impacts, they are minimal and do not require a separate action plan. The Council will work to reduce any adverse effects.

Regularly monitoring barriers faced by those with less technical experience and confidence in such a system to address the challenges faced by individuals impacted by this change.

Managed accounts will remain an option for those who cannot do so themselves.

In recognition of the impact upon voice, choice and control, we will ensure the day-to-day management and arranging the care and support need to be met lies firmly with the individual in all guidance and policy.

Care managers will explore how the challenges associated with area deprivation impact on individuals when discussing and reviewing Direct Payments.

4.b) If ways of reducing the impact have been identified but are not possible, please explain why they are not possible.

N/A

4.c) Give sufficient detail of data or research that has led to your reasoning, in particular, the sources used for establishing the demographics of service users/staff:

The data and research in this Equality Impact Assessment is informed by a combination of local demographic data, service-specific records, and national research and policy frameworks relevant to Direct Payments, protected characteristics, and socio-economic disadvantage:

Local Demographic Data (RCTCBC & WCCIS)

The following data sources were used to establish the demographics of service users and carers affected by the revised Direct Payments Policy:

- WCCIS service-user records showing:
 - 464 individuals managing their own Direct Payment account
 - Age distribution of service users
 - Number of disabled individuals (353 out of 464)
 - Ethnicity, gender and carer status profiles
 - Patterns of economic inactivity and caring roles across adult services
- RCT Data Library (2021 Census & datasets) providing demographics for:
 - Disability prevalence (23.6% under the Equality Act definition)
 - Residents' ethnicity profiles (96.7% White; minority groups across 3.3%)
 - Religion/belief indicators (limited recording in WCCIS)
 - Armed Forces community (4.1% of RCT residents are serving/have served)

- Carer statistics (11.1% providing 9–50+ hours of unpaid care per week)
- Socio-economic indicators including deprivation rankings
- WIMD 2019 (Welsh Index of Multiple Deprivation) data for:
 - Income and employment deprivation
 - Access to services
 - Area-based disadvantage
 - Digital exclusion risk

National and Welsh Government Research

- Welsh Government National Survey for Wales
- Digital Inclusion in Wales Framework and Digital Strategy for Wales
- Welsh Government Anti-Racist Wales Action Plan
- “A More Equal Wales: The Socio-economic Duty”
- Age UK (2023) report on online banking
- All Wales Medicines Management Guidance (2025)
- Joseph Rowntree Foundation (JRF) Poverty Reports

Legislative and Policy Frameworks

- Social Services and Well-being (Wales) Act 2014
- Care and Support (Direct Payments) (Wales) Regulations 2015
- Equality Act 2010 & Public Sector Equality Duty (Wales)
- Socio-economic Duty (Wales)
- Mental Capacity Act 2005 & Court of Protection Rules 2017
- RCT Adult Social Care Strategy 2024–2030

Service-Specific Learning

- Insights from other authorities using prepaid systems (e.g., Denbighshire) demonstrating administrative benefits, reduced surplus build-up, and improved oversight.

- Internal learning that there is scope for large amounts of surplus Direct Payments to build up before staff can address this which has implications on the level of care and support the individual has received to meet their needs. Recovering balances can be a lengthy process which distresses individuals and takes dedicated Council resources which can be avoided by ensuring that the process is streamlined

4.d) Give details of how you engaged with service users/staff on the proposals and the steps taken to avoid any disproportionate impact on a protected group. Explain how you have used feedback to influence your decision.

There was no formal engagement with service users or staff prior to or during the drafting of the revised policy. However, subject to the approval of the delegated officer decision, 6-week targeted consultation will be undertaken on the proposed changes to the Direct Payment Policy with Direct Payment recipients, commencing in February 2026 to ensure their views are considered prior to any final decisions regarding the new draft Direct Payments Policy are agreed by Cabinet and implemented.

4.e) Are you satisfied that the engagement process complies with the requirements of the Statutory Equality and Socio-economic Duties?

Yes

No

SECTION 5 – MONITORING AND REVIEW

5a) Please outline below how the implementation of the proposal will be monitored:

- Seek authorisation to conduct a targeted consultation on the changes to the Direct Payments policy.
- Subject to the outcome of the consultation, revise the Direct Payments policy as proportionate and manage the implementation of the prepaid cards and other necessary changes.
- Confirm the preferred option for the Direct Payment support service and progress the procurement process or other necessary arrangements in 2027.
- Regular tracking of the number of requests received for Direct Payments under the new process compared to the previous one.
- Analysis of reasons for those opting out of Direct Payments following the change compared to the previous arrangements.
- Feedback collection from individuals, families, care managers and Direct Payment financial staff regarding their experience with the process and the associated charge.
- Review meetings with relevant stakeholders to discuss progress, challenges, and any necessary adjustments.

5b) When is the evaluation of the proposal due to be reviewed?

Subject to the approval of new Policy following consultation, it likely be reviewed within 12 months after its implementation. This timeline allows for a sufficient data collection period to assess the effectiveness and impact of the new administration charge.

5c) Who is responsible for the monitoring and review of the proposal?

The Head of Service for Access, Enablement and Early Intervention will manage the change with a project plan and input from colleagues and partners, reporting to the Director of Adult Services and Director of Children's Services at their respective Management Teams, who will be ultimately responsible for the monitoring and review of the proposal lies.

5d) How will the results of the monitoring be used to develop future proposals?

Ongoing monitoring will guide future proposals by tracking demand, evaluating user experiences with Direct Payments, and identifying areas for improvement. Input from service users, carers, managers, and financial staff will reveal barriers, successes,

and unexpected effects. This feedback, along with uptake data and satisfaction rates, will inform updates to policy, guidance, communications, and support services. These insights ensure future changes are evidence-based, user-focused, and consistent with the Council's duties and priorities.

SECTION 6 – REVIEW

As part of the Impact Assessment process all proposals that fall within the definition of ‘Key Decisions’ must be submitted to the Review Panel. This panel is made up of officers from across Council Services and acts as a critical friend before your proposal is finalised and published for SLT/Cabinet approval.

If this proposal is a Key Decision, please forward your impact assessment to Councilbusiness@rctcbc.gov.uk for a Review Panel to be organised to discuss your proposal. The EQIA guidance document provides more information on what a Key Decision is.

It is important to keep a record of this process so that you can demonstrate how you have considered equality and socio-economic outcomes. Please ensure you update the relevant sections below.

Officer Review Panel Comments	Date Considered	Brief description of any amendments made following Officer Review Panel considerations
To be completed following consultation and prior to decision by future Cabinet		
Consultation Comments	Date Considered	Brief description of any amendments made following consultation
To be obtained once consultation and prior to decision by future Cabinet		

SECTION 6 – SUMMARY OF IMPACTS FOR THE PROPOSAL

Provide below a summary of the impact assessment. This summary should be included in the equality and socio-economic impact section of the Cabinet report template. The impact assessment should be published alongside the report.

SECTION 7 – AUTHORISATIONS

Lead Officer:

Name: Mari Ropstad

Position: Head of Service

Date: 17/02/26

I recommend that the proposal:

- Is implemented with no amendments.
- Is implemented taking into account the mitigating actions outlined.
- Is rejected due to disproportionate negative impacts on protected groups or socio-economic disadvantage.

Head of Service/Director Approval:

Name: Sian Nowell

Position: Director of Adult Services

Date: 17/02/26

Please submit this impact assessment with any SLT/Cabinet Reports.

: WELSH LANGUAGE IMPACT ASSESSMENT TOOL

This Welsh Language Impact Assessment (WLIS) tool enables RCT Council to consider the principles and requirements of the [Welsh Language Standards \(No.1\) Regulations 2015](#) to ensure compliance with the [Welsh Language \(Wales\) Measure 2011](#).

Stage 1 – Information Gathering

NOTE: As you complete this tool you will be asked for **evidence to support your views**. Please see [Welsh Language Impact Assessment Guidance](#) for more information on data sources.

Proposal Name:	Direct Payments Policy: Consultation
Department	Social Services
Service Director	Sian Nowell
Officer Completing the WLIA	Mari Ropstad
Email	mari.ropstad@rctcbc.gov.uk
Phone	07385375650

Brief Description

Direct Payments are monetary amounts made available by local authorities to people, or their representatives, to enable them to meet their care and support needs, or in the case of a carer, their support needs. Direct Payments are an important mechanism by which people can exercise choice, voice and control to decide how to meet their needs for care and support and achieve their personal outcomes. As such, Direct Payments are an integral part of meeting people's needs.

The Direct Payments policy was last reviewed in 2023, but since then several developments have occurred which affect Direct Payment recipients, including the introduction of the Microenterprise project, changes to the national medication guidance and the intended introduction of prepaid cards for recipients. In addition to the necessary review, attempts have also been made to strengthen the Local Authority's processes to address individual issues that have arisen in practice. It has been necessary to review the Direct Payment policy due to some local and national changes.

The proposal is to seek approval to consult with Direct Payment recipients on the proposed amendments and implementation of a new draft Direct Payments Policy, which is available at appendix 1 of the delegated officer decision report. The main proposed changes to the Direct Payments Policy are:

- Medication: New rules are proposed that clarify when Direct Payments can be used for medication support, referencing national frameworks and specifying permitted and prohibited tasks. Medication administration is only permitted when it is ancillary to social care tasks, and a risk assessment has been completed to ensure it can be safely supported via a Direct Payment. Competency and training requirements for Personal Assistants (PAs) and Microenterprises are now explicit including completion of a Medicine Administration Theory course (minimum 70% pass), with a refresh every 3 years. Direct Payment recipients are responsible for ensuring their medication administration records are maintained and accurate.
- Suitable Persons: DBS checks are proposed for all Suitable Persons, removing previous exceptions for those with LPA or Deputy status. The wording and expectations for Suitable Persons have been clarified, highlighting their responsibilities and emphasising the need for support if required.
- Pre-paid cards: A pre-paid card scheme is proposed for all Direct Payment recipients, to provide simplicity, transparency, reduced administration and better oversight making Direct Payments easier to manage for both recipients and the Local Authority.
- Contracting/employing via Direct Payments: New rules are proposed that clarify the employment of PAs, include responsibilities, insurance, and prohibitions on engaging self-employed PAs unless registered as Microenterprises.
- Conflicts of interest: Explicit prohibitions are proposed on recipients from using companies they own or are involved with to meet their care needs, and on Suitable Persons being employed as a PA for the Direct Payment package they manage.

- **Escalation and appeals:** New formal escalation processes are proposed for concerns, including safeguarding, financial mismanagement, and lack of engagement with assessments and reviews. Communication, investigation, and decision-making stages are clearly defined in the new policy. Recipients will have a right to appeal decisions regarding suspension or withdrawal of payments.
- **Microenterprises:** The inclusion of Microenterprises in the new Direct Payment Policy is proposed, which will specify detailed requirements for their use, including requirements for medication administration and training.
- **Repayments:** Additional specific details are proposed for Direct Payment repayments, including the introduction of financial penalties for Microenterprises that breach contract terms.

The proposed new Direct Payment Policy represents a significant update, with new sections, clearer guidance, and more robust procedures for medication support, employment, safeguarding, and financial management. The changes aim to improve clarity, safety, and accountability for all parties involved.

Subject to the approval of the delegated officer decision, 6-week targeted consultation will be undertaken on the proposed changes to the Direct Payment Policy with Direct Payment recipients, commencing in February 2026 to ensure their views are considered prior to any final decisions regarding the new draft Direct Payments Policy are agreed by Cabinet and implemented.

Our Plan to Inform and Consult

We will inform people about the changes and consult as follows:

- online survey via link or scan the QR code. The survey will be open for 6 weeks in early 2026.
- at our drop-in events for people to give views and complete the survey when dates are confirmed:
 - Rhondda Sports Centre, Gelligaled Park, Ystrad, CF41 7SY.
 - Sobell Leisure Centre, The Ynys, Aberdare, CF44 7RP.
 - Hawthorn Leisure Centre, Fairfield Lane, Rhydyfelin, Pontypridd, CF37 5LN.

We will promote the Active Offer to encourage the use of Welsh Language throughout this. We will produce materials in a range of accessible formats such as Easy Read, large print with request via 01443 425 690.

We will update the Impact Assessments to reflect and address what people have told us.

	<p>Inform</p> <p>We will tell individuals, carers, families and staff what we intend to do.</p> <p>We will do this with the support of DEWIS Centre for Independent Living (CIL), our local independent organisation that supports people with Direct Payments.</p> <p>Consult</p> <p>We will ask people what matters to them in respect of the changes, including:</p> <ul style="list-style-type: none"> • what they think of our intentions • what they need us to tell them • what information they need to feel safe • what haven't we thought of
Date	17/02/2026
Please outline who this proposal	Individuals in receipt of a service, carers, staff and wider community.

Please outline where delivery of this proposal is affected by legislation or other drivers such as code of practice.

Rhondda Cynon Taf CBC (RCT) has the power to provide Direct Payments under the following sections of the Social Services and Wellbeing (Wales) Act 2014 (The Act):

Section 50 – to meet the care and support needs of an adult.

Section 51 – to meet the care and support needs of a child.

Section 52 – to meet the support needs of a carer.

The Care and Support (Direct Payments) (Wales) Regulations 2015' made under sections 50, 51, 52 and 54 of the Act.

In addition, where care and support, including Direct Payments, requires a financial contribution from the person, a financial assessment under Part 5 of the (The Act) will be undertaken.

Direct Payments can be provided for any identified need for care and support (following a social care assessment). This includes community care and support, short-term residential care and support, and unpaid carers assessed as having their own wellbeing needs. However, section 47 of The Act prevents RCT from meeting needs through the provision of healthcare, unless doing so would be incidental or ancillary to doing something else to meet a person's needs. This restriction applies to the provision of a Direct Payment.

Wider Legislative and Regulatory requirements that govern our work including specifically for adult services include:

- Social Services and Wellbeing (Wales) Act 2014 sets out our responsibilities as a local authority for improving the wellbeing of people who need care and support, and unpaid carers who need support, and for transforming social services in Wales.
- Mental Health Act 1983
- Mental Health (Wales) Measure 2010
- Mental Capacity Act 2014
- Regulation and Inspection of Social Care Act 2016
- Wellbeing of Future Generations (Wales) Act 2015
- A Healthier Wales, Our Plan for Health & Social Care, 2020
- Mwy Na Geiriau 2022 -2027 ('More than Just Words') requirements

1.a) Please outline who this proposal affects:

○ Service users

○ Employees

○ Wider community

<p>What are the aims of the policy, and how do these relate to the Welsh Language?</p>	<p>Where eligible care and support needs have been identified, and that person or their representative expresses a wish to receive one, Direct Payments will be made available in all cases where they enable personal outcomes to be achieved. RCT will endeavour to be innovative and creative when working in partnership with recipients or their representatives, to explore ways a Direct Payment can be used to secure the personal outcomes. Direct Payments will only be refused where it is clear after extensive exploration that a Direct Payment would not secure the outcomes required or there are such significant safeguarding concerns which means the Direct Payment could not be managed safely and appropriately.</p> <p>People will not be refused a Direct Payment purely because they are unable to manage the payment, or apprehensive about managing one. RCT, in partnership with the person, will explore all options for supporting them to manage a Direct Payment. Where areas of difficulty are identified, RCT will ensure the correct level of support to overcome such barriers is available.</p> <p>Direct Payments can be provided for any identified need for care and support (following a social care assessment). This includes community care and support, short-term residential care and support, and unpaid carers assessed as having their own wellbeing needs. However, section 47 of The Act prevents RCT from meeting needs through the provision of healthcare, unless doing so would be incidental or ancillary to doing something else to meet a person's needs. This restriction applies to the provision of a Direct Payment.</p> <p>In developing care and support plans which are delivered via a Direct Payment, RCT must be satisfied that the person's requirements and their personal outcomes can and will be met through this provision.</p> <p>Where a person's needs fluctuate over time, RCT will work in partnership with the person, or their representative, to agree how the Direct Payment will be used to secure care and support that varies according to requirement, and this will be recorded in the Care and support /Support Plan.</p> <p>Where barriers to achieving personal outcomes exist, RCT will work in partnership with the person, or their representative, to explore alternative ways to overcome them</p>
<p>Who will benefit / Could the policy affect Welsh language groups?</p>	<p>There will be no change. Welsh-speaking individuals, including service users and carers will still have the option of communicating with the Council in Welsh to maintain consistent service delivery. Mwy Na Geiriau</p>

<p>If so, list them here.</p>	<p>2022 -2027 ('More than Just Words') requirements will remain unchanged with regards to the protection of the Welsh language within social care.</p> <p>There are currently 3 individuals who manage their own Direct Payment accounts whose preferred language is Welsh, according to the RCT WCCIS data (May 2025).</p> <p>All documents associated with the policy and the process will be available in both Welsh and English and in easy-to-read formats, ensuring that language is no barrier to participation. By prioritising bilingual communication, we aim to ensure that all voices are heard and valued. This would ensure that Welsh-speaking individuals and families can navigate the process without language barriers.</p> <p>The proposal also aims to support individuals in managing their financial affairs, which aligns with the broader goal of promoting independence. Welsh language groups may find that this is particularly relevant for those who wish to maintain their cultural identity and community ties, as having financial matters managed in one's preferred language can enhance their sense of belonging and autonomy, in addition to fulfilling our duties as per Welsh Language Standards 26 and 26A regarding holding meetings related to wellbeing in the clients language of choice.</p>
<p>Current linguistic profile of the geographical area(s) concerned</p>	<p>The 2021 Census figures regarding the Welsh language show a decrease in the percentage of Welsh speakers across Wales to 17.8%. There was, however, a small increase in RCT – the percentage of the population of the county borough who can speak Welsh increased from 12.3% to 12.4%. Numerically, RCT saw a 2.8% increase in the number of Welsh speakers in the county borough, from 27,779 speakers to 28,556 speakers. RCT was also one of only four LAs in Wales to see an increase in the percentage of Welsh speakers – the others were Cardiff, the Vale of Glamorgan and Merthyr Tydfil. All of these are neighbouring county boroughs, which could demonstrate that our region is seeing some positive trends in terms of increases in Welsh speakers, and that there may be a resulting increase in demand for services through the medium of Welsh. Detailed data from the Census is now available for RCT showing that in certain areas, especially those in the south of the County Borough, we have a relatively high number of Welsh speakers (around 25% in some cases), so this might appeal to them and will also impact upon the planning and delivery of services/ policies we provide.</p> <p>Children of school age comprise our highest group of Welsh speakers in RCT with percentage figures in the mid to upper 20s, this contrasts with those aged 70 -80 years where figures are below 5%. This is significant to how we plan our future services and recruit a workforce with the capacity to assess and deliver in keeping with peoples preferred language.</p>

Other relevant data or research

Mwy Na Geiriau 2022 -2027 ('More than Just Words') is the Welsh Government's strategic framework for improving and promoting Welsh language services in health, social services and social care. The aim of the framework is to ensure that organisations recognise that language is an intrinsic part of people's care and the offer of Welsh language services to people is so important. Ensuring positive well-being outcomes for individuals, is something which underpins the Social Services and Well Being (Wales) Act 2014. The Codes of Practice under the Act require local authorities to ensure Welsh language services are built into service planning and delivery and that services are offered in Welsh, to Welsh speakers, without them having to request it as required by the 'Active Offer'.

Legislation and policy in Wales require that Welsh language services in social care are:

- Of the same standard and are as easily and promptly available as English medium services
- As wide-ranging and thorough
- Organisations shouldn't assume English as the default languages when providing their services.

We are committed to ensuring that Welsh speakers should not be required to ask for a service in Welsh and complement the existing Welsh language services already in place across the Council

Stage 2 – Impact Assessment

In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language (Wales) Measure 2011.

Please note there is a separate impact assessment for Equality and Socio-Economic duty that must also be completed for policy proposals.

Remember that effects that are positive for some groups could be detrimental to others - even among Welsh language groups. Consider the effects on different groups. For example, a proposal may be beneficial to Welsh learners, but not to Welsh speakers.

Previous Welsh Language Impact Assessments can be found on Inform by [clicking here](#).

Will the proposed action affect any or all of the following?

	Does the proposal have any positive, negative or neutral impacts?	Describe why it will have a positive/negative or neutral impact on the Welsh language.	What evidence do you have to support this view?	What action(s) can you take to mitigate any negative impacts or better contribute to positive impacts?
<p>Opportunities for persons to use the Welsh language</p> <p>e.g. staff, residents and visitors.</p> <p>The rights of Welsh speakers and learners to use Welsh when dealing with the council and for staff to use Welsh at Work</p>	Positive	The requirements of the Mwy Na Geiriau 2022 -2027 ('More than Just Words') strategic framework for improving and promoting Welsh language services in health and social care will continue to be implemented.	Welsh language Level 1 skills/ training forms part of the Social Care Wales Induction Framework and is also incorporated into the Social Care Wales registration process. Welsh Language Level 1 is also mandatory for all council staff, undertaken through the induction programme.	To pro-actively offer Welsh language services to ensure that people's needs are understood and met, and those who access and work in our services can rely on being treated with dignity and respect they deserve. As outlined in Mwy Na Geiriau 2022 -2027 ('More than Just Words') is the Welsh

		<p>While the proposed change may present some financial benefits and efficiencies for the Council, it also creates an opportunity to enhance the use of the Welsh language in service delivery, provided that adequate support and resources are made available. By providing a less complex option for individuals and families, it may encourage more individuals to pursue Direct Payments. This increase in requests could lead to a higher demand for services in Welsh, as individuals and families may prefer to communicate in this language.</p> <p>For the wider community who are Welsh speakers, the availability of services in their language can foster a stronger sense of community and inclusion. This might encourage more Welsh speakers to actively engage with the Council and its services.</p> <p>All regulated social care services in Wales are required to follow the 'More Than Just Words' framework as referenced above. Care Inspectorate Wales check their ability to meet these</p>	<p>Whilst level 1 is a requirement we will also offer further support to those who wish to progress to further levels which in turn will support our service provision.</p> <p>The first Adult Services Workforce Strategy, approved 2024, includes Ambition 5: giving our staff access to good quality opportunities for education and training which features 5.1, Addressing linguistic inclusivity for Welsh language and speakers. This priority and the associated workplan detail the actions, benefits and monitoring of our commitment to increasing Welsh learners, speakers and presence in our services and workplace.</p>	<p>Government's strategic framework for improving and promoting Welsh language services in health and social care.</p> <p>Adult services encourage assessment staff to develop their verbal skills and confidence by meeting informally in groups to chat - usually according to levels of fluency. Staff are also informed of and encouraged to access training opportunities Corporately by email and Source and also by line managers in team meetings, supervision sessions and Individual Performance Reviews.</p> <p>Ambition 6 of the Adult Services Workforce Strategy 2024 is to 'Plan for succession and build our workforce capacity to meet the demands of the population'.</p> <p>Data from the Census is now available for RCT showing that in certain areas, especially those in the south</p>
--	--	--	--	---

		requirements at the point of Registration and monitor compliance during the inspection programme. Compliance will also be monitored through the Council's contract monitoring procedure		of the County Borough, we have a relatively high number of Welsh speakers (around 25% in some cases), making training existing staff and recruiting Welsh speaking social care workers in the future a priority to ensure Welsh speakers are available within the workforce at all times to make a proactive offer of services in Welsh.
--	--	---	--	--

Stage 2 – Impact Assessment

Will the proposed action affect any or all of the following?

	Does the proposal have any positive, negative or neutral impacts?	Describe why it will have a positive/negative or neutral impact on the Welsh language.	What evidence do you have to support this view?	What action(s) can you take to mitigate any negative impacts or better contribute to positive impacts?
Numbers and / or percentages of Welsh speakers e.g. Welsh Medium Education / Study Opportunities. Links with the Welsh Government's Cymraeg 2050 Strategy / RCTCBC Five Year Welsh Language Strategy	Positive	<p>The change will not have any negative effect on the use of the Welsh language among staff, residents, or wider community.</p> <p>The Council will promote the option of assessments in Welsh and ensures that bilingual services are available, this could enhance the visibility and usage of the Welsh language among service users.</p>	<p>There are currently 3 individuals who manage their own Direct Payment accounts whose preferred language is Welsh, according to the RCT WCCIS data (May 2025).</p> <p>All new staff who don't already meet Level 1 Welsh requirements undertake online Level 1 training, (2-hour online course). This process is incorporated into our</p>	<p>To continue to support staff training to enhance learners' bilingual skills.</p> <p>In line with the Adult Services Strategy priority of 'We want people to benefit from a well-trained, engaged workforce' we will ensure we fulfil our commitment to provide social care services in the preferred</p>

		<p>The proposal aligns with the Welsh Government's Cymraeg 2050 Strategy, which aims to increase the number of Welsh speakers across Wales. By ensuring that Welsh language services are maintained and promoted, the Council can contribute positively to these strategic goals.</p> <p>Engaging with Welsh-speaking communities and individuals during the assessments and service delivery can provide valuable insights into how best to support and promote the use of the Welsh language in this context.</p> <p>The change offers an opportunity for the Council to reinforce its commitment to the Welsh language by ensuring that services remain accessible and by promoting the use of Welsh in all communications and assessments related to Direct Payments.</p> <p>It will continue to support adult services provide an opportunity for our staff in social care to learn and improve their Welsh in order</p>	<p>Employee Induction Framework. Whilst level 1 is a requirement we will also offer further support to those who wish to progress to further levels which in turn will support our service provision.</p> <p>Individuals, parents/carers, staff, and all stakeholders who are Welsh speaking will have the option to complete assessments through the medium of Welsh.</p> <p>RCTs 5-year strategy requires the Council to increase Welsh language skills of our workforce.</p> <p>The Welsh Government Cymraeg 2050 strategy wants a million Welsh Speakers by 2050.</p> <p>This policy will draw attention to what people can expect from us in Welsh and such awareness will encourage managers to motivate staff to learn and improve their Welsh to enable them to actively offer services in this language where it is peoples preferred option.</p> <p>Promoting opportunities for staff to learn and use Welsh when carrying out their role and in the</p>	<p>language of individuals, offer opportunities and support for our workforce to learn Welsh by discussing the time commitment needed by staff to develop and practice linguistic skills and agreeing the split of own time and work time to do so.</p> <p>Adult Services are working with the National Centre for Learning Welsh to provide opportunities for social care staff with Welsh Language skills of level 3 and above to develop their confidence and vocabulary in the workplace. A tutor has been appointed and around 14 staff are due to receive individual support in 2025 /2026.</p> <p>One aim is to see a stepped change in the use of Welsh Language in the workplace and enthuse others to develop their skills further</p>
--	--	---	--	--

		<p>to deliver services in Welsh where required in line with their statutory duties. Any such learning will also benefit the community as whole and increase the number of Welsh speakers in the area.</p> <p>The addition of micro enterprises is a significant positive in terms of market shaping in the Borough as this recognizes and encourages the development of small, local solutions and options to meet the care and support outcomes of an individual and / or group of people with similar personalization preferences.</p> <p>This model encourages local community-based resources to be considered, accessed and developed providing a good opportunity for Welsh Language preferences to be met. It may also increase the number of opportunities in the locality for Welsh to be spoken and heard which could have a ripple effect in the community as people are encouraged to introduce a few Welsh words to their vocabulary.</p>	<p>workplace in general will create an environment where people feel welcome and at ease to speak the language and develop their understanding further both professionally and socially.</p> <p>This will help increase linguistic inclusivity and diversity in the workforce as sought by local and national policy.</p> <p>The introduction of a satisfactory DBS check for all Suitable Persons under the proposed changes removes exemptions for those with LPA or Deputy status. The wording and expectations for Suitable Persons are clarified, with an emphasis on their responsibilities.</p> <p>This may raise the credibility of the role and attract new prospective employees to Direct Payments who may have Welsh Language skills or an interest in developing these further in their role in the Social Care Workforce across sectors.</p>	<p>too. We will share such good practice and contacts with commissioned services and set and monitor Welsh Language targets in contracts.</p>
--	--	--	--	---

<p>Opportunities to promote the Welsh language. e.g. status, use of Welsh language services, use of Welsh in everyday life in work and in the community</p> <p>Actively encourage and promote the use of our services in Welsh to see an increase in demand over time.</p>	<p>Positive</p>	<p>By implementing a change to Direct Payments there is an opportunity to affirm the status of the Welsh language in administrative processes and service design and delivery.</p> <p>Providing bilingual documentation and support during the process can encourage individuals and families to engage with services in Welsh, thereby enhancing the visibility and use of the Welsh language in legal and administrative contexts.</p> <p>By proactively ensuring that Welsh language services are available and encouraged, the Council can contribute positively to the language's status and use within the community and empower Welsh-speaking individuals to use their language during assessments and related discussions, fostering a more inclusive environment that respects and promotes Welsh culture and language.</p>	<p>Welsh language Level 1 skills/ training forms part of the Social Care Wales Induction Framework, the Council's general induction programme and is also incorporated into the Social Care Wales registration process. (All social care staff must complete the above as part of their registration process, this also applies to staff working for Independent Provider organisation. Given the complexity and legal considerations of this policy, the skills staff require to undertake such an assessment in Welsh are likely to exceed those necessary for many services, making a level 4 /5 appropriate here. Operating in Welsh at such a professional level, will require targeted recruitment in addition to good learning and education opportunities for existing staff in order to meet population needs and preferences.</p>	<p>Individuals, staff and the wider community will be able to use their Welsh language, when they are given the opportunity to express their views on the proposal during the consultation process.</p> <p>When we inform people of the changes, we can also remind them that they have the opportunity to deal with us in Welsh.</p> <p>In line with the Adult Services Strategy priority of 'We want people to benefit from a well-trained, engaged workforce' we will ensure we fulfil our commitment to provide social care services in the preferred language of individuals, offer opportunities and support for our workforce to learn Welsh.</p> <p>Adult Services are working with the National Centre for Learning Welsh to provide opportunities for social</p>
---	-----------------	---	---	--

				<p>care staff with Welsh Language skills of level 3 and above to develop their confidence and vocabulary in the workplace. A tutor appointed via Y Ganolfan Dysgu Cymraeg delivered 1:1 individual support to RCTCBC staff with level 3+ skills in 2025 /2026, with the next cohort being identified for 2026/27.</p> <p>One aim is to see a stepped change in the use of Welsh Language in the workplace and enthuse others to develop their skills further too.</p> <p>We will share such good practice and contacts with commissioned services and set and monitor Welsh Language targets in contracts.</p>
--	--	--	--	--

Stage 2 – Impact Assessment

Will the proposed action affect any or all of the following?

	Does the proposal have any positive, negative or neutral impacts?	Describe why it will have a positive/negative or neutral impact on the Welsh language.	What evidence do you have to support this view?	What action(s) can you take to mitigate any negative impacts or better contribute to positive impacts?
<p>Compliance with the Council's Statutory Welsh Language Standards e.g. increasing or reducing the Council's ability to deliver services through the Medium of Welsh.</p> <p>Consider the rights of Welsh speakers to use Welsh when dealing with the Council and for staff to use Welsh at Work</p>	<p>Positive</p>	<p>Legislation places a duty on Council's to consider the Welsh language in accessing, commissioning, and delivering care to individuals to ensure that they experience the best possible outcomes. This obligation would be unaffected by the policy. Similarly, the obligations related to Mwy Na Geiriau 2022 -2027 ('More than Just Words') is the Welsh Government's strategic framework for improving and promoting Welsh language services in health and social care is unaffected.</p> <p>As the revision may be perceived by many potential users of Direct Payments as having less risk or</p>	<p>Welsh Language is embedded into the Social Care Wales Induction Framework. Any meetings with staff or service users that relates to their wellbeing will continue to adhere to Standards 24, 24A, 26 and 26A to ensure an active offer of Welsh is made. These Standards form an integral part of the framework mentioned.</p>	<p>We will continue to monitor and improve systems in place to ensure that the Welsh language is treated no less favourably than the English language and promoted through the workforce and through how we do our business via the annual service evaluation.</p> <p>The service supports Welsh speaking staff to communicate with Welsh speaking individuals and carers in their preferred way of communication.</p>

		<p>responsibility by them, it could lead to an increase in requests for Direct Payments. This uptake put a greater emphasis on providing services in Welsh, thereby enhancing the Council's capacity to comply with Welsh Language Standards. For example:</p> <p>The proposal will require the Council to maintain compliance with the Welsh Language Standards, ensuring that service users can communicate effectively in their preferred language.</p> <p>The Council will ensure that information about the change and the option to receive services in Welsh is clearly communicated to the public. This will help ensure that Welsh speakers are aware that they can access these services in their language, thereby supporting compliance with the statutory requirements.</p>		<p>Ensure greater consistency in terms of the Welsh language services on offer and improve their quality across the service. Priority will be given to specifically recruit Welsh speaking social workers and occupational therapists in the future if no Welsh speakers are available to undertake assessment of need in the language of choice.</p> <p>We will need to monitor the impact of this charge on the uptake of services in Welsh. Regular evaluations will help to assess whether the proposal is enhancing or hindering the delivery of services through the Medium of Welsh. We will assess whether more Welsh speakers are needed to provide services if the take up in Welsh is higher than expected.</p>
--	--	--	--	--

<p>Treating the Welsh language, no less favourably than the English language</p>	<p>Positive</p>	<p>The policy does not affect this requirement.</p> <p>Careful consideration will be given to the Welsh language to ensure compliance with the principle of treating it no less favourably than English. This includes ensuring accessibility, promoting bilingual services, and engaging with the Welsh-speaking community effectively.</p>	<p>There are currently 3 individuals who manage their own Direct Payment accounts whose preferred language is Welsh, according to the RCT WCCIS data (May 2025).</p> <p>The proposal does not differentiate between languages in its implementation. It focuses on providing a service that can be accessed by all individuals, regardless of their language preference. The policy will ensure that both Welsh and English speakers receive the same level of service.</p>	<p>Ensure consistency in terms of the Welsh language services on offer and improve their quality across the service.</p> <p>We will recruit Welsh speaking staff in the future if no Welsh speakers were available to undertake assessments in the language of choice.</p>
---	-----------------	--	---	--

Stage 3 - Strengthening the proposal.

Having listed actions in section 2 which may mitigate any negative impacts or better contribute to positive impacts – please record below which ones you will imbed into the policy proposal and who will be responsible for them.

Also consider is the proposal necessary? Would it be possible to meet demand without any new developments? Could other existing provision be used? Where should the development be?

<p>What are you going to do?</p>	<p>When are you going to do it?</p>	<p>Who is responsible?</p>
<p>As part of the policy and the wider Strategies, we will continue to engage with staff, individuals in receipt of a service, families, parents and carers, stakeholders and partners through the medium of Welsh and English.</p>	<p>Ongoing</p>	<p>Service Director, Heads of Service, Service Managers</p>
<p>The actions to mitigate risks and/or improve the positive impact of this policy depend upon increasing the number of Welsh speaking staff</p>	<p>The existing Steering Group and Workplan for the Adult</p>	<p>Service Director, Heads of Service, Service Managers</p>

available to carry out assessments in the language, in keeping with demand, to the required standard, through training and recruitment.	Workforce Strategy offer a suitable mechanism for setting and monitoring priorities on a regular basis.	
The policy aligns with the implementation of the Social Services and Wellbeing (Wales) Act 2014 for adults in RCT. There are existing obligations on adult services to promote and support the Welsh language. Currently we have available staff to manage the active offer. Should we find staff are no longer available withing specific assessment areas we will consider recruitment targeted specifically towards Welsh speaking staff.	Ongoing	Service Director, Heads of Service, Service Managers
The service will continue to promote Welsh language training for staff and support their Welsh language learning and improvement	Ongoing	Service Director, Heads of Service, Service Managers

If ways of reducing the impact have been identified but are not possible to implement, please explain why. Give sufficient detail of data or research that has led to your reasoning.

What was identified?	Why is it not possible?

Stage 4 – Review

For all policy proposals, whether it is a Significant Key Decision or not, you are required to forward this assessment to Welsh Language services – welshlanguageofficer@rctcbc.gov.uk and the Consultation and Engagement team – consultation@rctcbc.gov.uk in the first instance for some initial guidance and feedback.

As part of the Welsh Language, Equalities and Socio Economic Duty Impact Assessment Process all proposals that fall within the definition of Significant Key Decision should present at the Officer Review Panel. This panel is made up of officers from across Council Services and acts as a critical friend before your report is finalised and published for SLT/Cabinet approval.

If this proposal is a Key Strategic Decision please forward your completed (Stage 1>6) impact assessment, policy proposal/report and consultation report to CouncilBusiness@rctcbc.gov.uk for an Officer Review Panel to be organised to discuss your proposal. [See our guidance document](#) for more information on what a Significant Key Decision is.

It is important to keep a record of this process so that we can demonstrate how we have considered and built in sustainable Welsh language considerations wherever possible. Please ensure you update the relevant sections below in collaboration with the relevant departments.

Welsh Language Services Comments	Date Considered	Brief description of any amendments made following Welsh Language Services feedback
To be completed following consultation and prior to decision by future Cabinet		
Officer Review Panel Comments	Date Considered	Brief description of any amendments made following Officer Review Panel considerations
To be completed following consultation and prior to decision by future Cabinet		
Consultation Comments	Date Considered	Brief description of any amendments made following consultation
To be completed following consultation and prior to decision by future Cabinet		

Stage 5 – Monitoring, Evaluating and Reviewing

How and who will you monitor the impact and effectiveness of the proposal?

The impact and effectiveness will be monitored by:

- Regular tracking of the number of requests received for Direct Payments under the new process compared to the previous one.
- Analysis of reasons for those opting out of Direct Payments following the change compared to the previous arrangements.
- Feedback collection from individuals, families, care managers and Direct Payment financial staff regarding their experience with the process and the associated charge.
- Review meetings with relevant stakeholders to discuss progress, challenges, and any necessary adjustments.
- This will likely be reviewed within 12 months after its implementation. This timeline allows for a sufficient data collection period to assess the effectiveness and impact of the new administration charge.

The responsibility for the monitoring and review of the proposal lies with the Adult Services and Children's Services Management Teams, in collaboration with the Finance department. Designated officers will be assigned to oversee the tracking of requests and the financial implications of the proposal.

The results of the monitoring will be used to inform the development of future proposals by identifying trends in demand, assessing the delivery of the service, and gathering insights from stakeholder feedback. This information will guide potential adjustments to the process, and any additional support that may be needed for individuals.

Stage 6 – Summary of Impacts for the Proposal

Provide below a summary of the impact assessment, to include some of the main positive and negative impacts along with an overview of actions taken since the impact assessment to better contribute to more positive impacts. This summary must be included in the Welsh Language Considerations section of the SLT/Cabinet report template. It is not suitable to only write 'please see full report at Appendix x' in the body of the report. The impact assessment must be published alongside the report.

A Welsh Language Impact Assessment has been completed and the main findings for the proposed changes to Direct Payments are:

- There are currently 3 individuals who manage their own Direct Payment accounts whose preferred language is Welsh, according to the RCT WCCIS data (May 2025).
- Opportunities for the service to continue to promote the language and upskill Welsh speaking staff will remain a priority.
- By proactively ensuring that Welsh language services are available and encouraged, the Council can contribute positively to the language's status and use within the community and empower Welsh-speaking individuals to use their language during assessments and related discussions, fostering a more inclusive environment that respects and promotes Welsh culture and language.
- The Council will promote the option of assessments in Welsh and ensures that bilingual services are available, this could enhance the visibility and usage of the Welsh language among service users.
- It also creates an opportunity to enhance the use of the Welsh language in service delivery, provided that adequate support and resources are made available. By providing a less complex option for individuals and families, it may encourage more individuals to pursue Direct Payments. This increase in requests could lead to a higher demand for services in Welsh, as individuals and families may prefer to communicate in this language.
- Continue to support adult services provide an opportunity for our staff and those of partner agencies / organisations in social care to learn and improve their Welsh in order to deliver services in Welsh where required in line with their statutory duties. Any such learning will also benefit the community as whole and increase the number off Welsh speakers in the area. Micro enterprises provide the ideal model for the design and delivery of personalized care and support that could include Welsh Language preferences.
- The Council will ensure that information about the change and the option to receive services in Welsh is clearly communicated to the public. This will help ensure that Welsh speakers are aware that they can access these services in their language, thereby supporting compliance with the statutory requirements.

Mwy Na Geiriau 2022 -2027 ('More than Just Words') is the Welsh Government's strategic framework for improving and promoting Welsh language services in health, social services and social care. The aim of the framework is to ensure that organisations recognise that language is an intrinsic part of people's care and the offer of Welsh language services to people is so important. Ensuring positive well-being outcomes for individuals, is something which underpins the Social Services and Well Being (Wales) Act 2014. The Codes of Practice under the Act require local authorities to ensure Welsh language services are built into service planning and delivery and that services are offered in Welsh, to Welsh speakers, without them having to request it as required by the 'Active Offer'.

Stage 7 – Sign Off			
Name of Officer completing the WLIA	Mari Ropstad	Service Director Name:	Sian Nowell
Position	Head of Service, Access, Enablement and Early Intervention	I recommend that the proposal: (Highlight decision)	Is implemented with no amendments.
			Is implemented taking into account the mitigating actions outlined.
			Is rejected due to disproportionate negative impacts on the Welsh language.
Signature		Service Director Signature	
Date	17/02/26	Date	17/02/26