Case study: supporting a complex transition from agency care to directly employed PA support

FA lives in South Croydon. She is in her 40s and has multiple disabilities, including mobility issues, autism and a head injury. FA was transferred to KCIL from Independent Lives and is supported by her daughter, who lives outside London, and by a friend.

Until February 2026, FA received support from a care agency. At this point, it was agreed that the agency carer would move into a directly employed PA role. FA has a self-managed Direct Payment account. KCIL had previously supported FA with agency payments after the care agency raised concerns that invoices were not being paid. When FA moved to employing a PA directly, KCIL provided information and guidance to support FA and her family with their responsibilities as employers.

In March 2026, FA's daughter contacted KCIL requesting support to set up payroll for the new PA. KCIL provided information about payroll providers on 13 March and later supported FA with using the Zempler banking app.

On 18 March, FA contacted the KCIL office because her PA had left after not being paid. FA spoke to JS, KCIL Operations Manager, for approximately one hour. Due to FA's disabilities, she can become distressed easily and needs information to be explained slowly and clearly. JS arranged a home visit with LC, KCIL Croydon Team Leader, for 24 March.

During the call, FA explained that she had paid the PA using her own money. At the home visit, KCIL supported FA to complete payroll forms for ePayroll so that the PA could be paid correctly. KCIL also tried to clarify how many hours the PA had worked and how much FA had already paid her. FA's friend was present, and the PA also attended to provide her bank details. KCIL offered to begin recruitment for replacement PAs, but FA became increasingly distressed and declined this support at that time.

Following the home visit, KCIL continued trying to clarify the hours worked and the PA's rate of pay. Between 25 and 26 March, there were nine emails sent and received about the case. On 26 March, the PA informed KCIL that she had worked 59 hours and 30 minutes. KCIL asked FA to confirm this but did not receive a response.

LC contacted FA again on 8 April to request confirmation. On 9 April, LC spoke to FA by phone. FA was distressed and said that she felt misheard and misunderstood by KCIL. She also said that she had not received care since 19 March. LC offered to contact Croydon Adult Social Care to request emergency cover, but FA declined, explaining that she was being supported by family and friends.

FA said she would like KCIL's recruiter to contact her about finding a new PA, but not immediately, as she felt overwhelmed. FA also said she felt payroll was taking a long time to set up. LC explained that KCIL and ePayroll were waiting for confirmation of the hours worked by the previous PA. FA said she felt harassed and would confirm the hours when she was able to.

FA confirmed the hours worked on 17 April and also confirmed the amount she said she had previously paid to the PA. The PA disputed this amount. FA stated that she had paid £725, while the PA stated that she had received £425.

ePayroll liaised with KCIL and FA's daughter while waiting for confirmation of the amount already paid, so that the correct HMRC calculations could be applied. In May, FA identified two new PAs and payroll set-up began for them. KCIL advised FA to contact Mark Bates Insurance regarding the pay dispute with the previous PA. There was a delay in doing this because FA was unwell and admitted to hospital.

On 18 May, ePayroll informed KCIL that one of the new PAs was no longer continuing.

The case remains ongoing. The previous PA pay dispute is still unresolved, and work is continuing to set up the remaining new PA on payroll and complete the associated employment checks.

Learning from the case

This case highlights how complex Direct Payment arrangements can become when a person moves from agency care to directly employing a PA, particularly where the employer and their family are unfamiliar with payroll, insurance, DBS checks and wider employer responsibilities.

The original payroll set-up was delayed because FA and her daughter did not fully understand which tasks KCIL could support with, and which tasks remained the responsibility of FA as the employer. KCIL provided information about payroll providers and employer responsibilities, but the caseworker understood that FA's daughter was progressing the payroll arrangements. This later proved not to be the case. As a result, FA paid the PA directly from her own money, and the PA later left after not being paid through payroll.

The case also demonstrates the importance of accessible and repeated explanations. FA's disabilities mean that she can become distressed and overwhelmed, particularly when there is a lot of information to process or when several people are involved in communication. Although KCIL provided information and support, the case shows that

written information alone may not be enough in complex situations where the client and family are new to employer responsibilities.

The case has also highlighted the need to identify potential risks earlier when a Direct Payment recipient moves from agency support to employing a PA. In future, KCIL will consider whether additional check-ins are needed at the point of transition, particularly where there are signs that the employer or family may not fully understand the steps involved in setting up payroll, confirming hours, arranging insurance and checking employment documentation.

KCIL's current project with the London Borough of Croydon, reviewing the information, advice and guidance provided to clients and families, should help reduce misunderstandings at the start of the Direct Payment process. Clearer guidance about employer responsibilities, payroll set-up and the limits of KCIL's role should help prevent similar delays and reduce the risk of breakdown in care arrangements.