It’s your life – take control
The implementation of self-directed support in Hertfordshire
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Sally Newton
Executive Member - Adult Care and Health

Foreword
Making their own choices about how they receive care and support is a reality for over a thousand people with a variety of care needs in Hertfordshire.

This has been possible with the introduction of self-directed support, a system of social care delivery that offers people an opportunity to take control of, and personalise, their support. It is delivered through individual or personal budgets, where people are allocated a sum of money depending on their needs. It gives people greater choice and flexibility and recognises that the individual is often best placed to understand their own needs and how to meet them.

Since embarking on a pilot project in 2006 within our Community Learning Disability Service we have learnt and achieved much. We used our early experiences to improve and develop our systems and continue to encourage more service users to take control of their social care needs. This report describes and evaluates the journey so far and provides an opportunity to hear from some of the people whose lives have been changed.

The self-directed support approach in Hertfordshire has now extended beyond learning disabilities to other care groups, such as older people, people with mental health needs and people with a physical disability, and is soon to be rolled out to those with a sensory disability or mental health problems.

Whether people opt to organise all their care themselves through direct payments, want Adult Care Services to organise all their support, or have a mixture of the two, we aim to help everyone to have a real choice about how their needs are met.

We know from the feedback we have received that this new flexible approach is making a real difference to people, thanks to the hard work of individual budget recipients, their families and carers and staff. It gives people the opportunity to live fulfilling lives and be a part of their community in a way that hasn’t been possible until now.

The aim now is to increase these opportunities and ensure individual budgets are easily accessible and straightforward to deliver so that choice becomes a reality for everyone.
Introduction

In 2005 Hertfordshire County Council, along with a number of other local authorities, signed up for phase two of an innovative project. The aim of the project was to change the way local authorities organise the support they offer to both older people and those with disabilities, so that each person could design and control their own bespoke package of support. The hope was that if support arrangements were made more flexible and tailored to the individual needs and wishes of each person then better outcomes could be achieved. Phase one of the project had already shown some very impressive levels of satisfaction, and these were soon reinforced when a further evaluation featuring a survey of 196 people showed:

- more than half (55%) reported that they spent more time with people they wanted to be with
- the majority (77%) reported improvements in their quality of life since starting self-directed support
- nearly two thirds (63%) reported that they took more part in and contributed more to their communities
- almost half (47%) reported improvements in general health and wellbeing since starting self-directed support
- the majority (72%) reported that they had more choice and control in their lives since starting self-directed support
- more than half (59%) said that they had more personal dignity since starting self-directed support.

The ideas leading to these high satisfaction levels were being tested and implemented by local authorities who had joined inControl, a national membership organisation, dedicated to reforming the social care system in the UK.

Since 2003, inControl has worked with central government, local authorities, and local people to build a community of learning that could develop and test ways of placing individuals at the heart of the support they receive from the social care system. An exciting new way of working emerged from this learning community, one that transforms the current ‘care management’ approach. This new way of working has come to be known as ‘self-directed support’. Today 127 local authorities and 35 primary care trusts across the country have joined inControl and are committed to better understanding and implementing self directed support.
What is self-directed support?

Self-directed support works very differently from the traditional way that social care has been organised. In common with many local authorities, Hertfordshire followed a professional-led care management approach which was established in the early 1990s.

The care management approach

In the traditional process the individual needing support undergoes a professional assessment of their needs. A care manager then creates a care plan, generally by selecting options from a limited range of existing pre-commissioned services. The care plan is purchased and the cost worked out at the end of the process with the individual often remaining unaware of the actual cost involved.

The Commission for Social Care Inspection, the government’s social care watchdog, has regularly published reports demonstrating how the existing social care system struggles to deliver good outcomes for individuals and their families.

A recent report detailing a review of the current arrangement for accessing state funded social care criticised the current approach (fair access to care) for, amongst other things:

- a lack of clarity and transparency
- a lack of fairness
- the continuing influence of service-led, rather than needs-led approaches.

In ‘Time for Care’, CSCI’s report on home care services, it was noted: ‘Most councils restrict the help they will offer to a list of prescribed activities. Care managers draw up individual care plans that tightly specify both the tasks to be undertaken and the time to be devoted to these tasks.’
This is in contrast to the Department of Health’s stated social policy and long term ambitions where, over the next 10 to 15 years, the aim is to work with people who use social care to help them transform their lives by:

- ensuring they have more control
- giving them more choices and helping them decide how their needs can best be met
- giving them the chance to do the things that other people take for granted
- giving the best quality of support and protection to those with the highest levels of need.

**Individual budgets and the self-directed support process**

Self-directed support reshapes the existing care management process in a simple but radical way. At the heart of the approach is the idea that each person assessed by the local authority as needing their support is provided with an individual budget. The local authority establishes and shares control over this individual budget with the person needing the support. Where people lack capacity to make their own decisions a representative, either a close family member or advocate, is identified.

The budget is worked out by using a transparent system of allocating financial resources, called a Resource Allocation System (RAS). Here funding is based on each service user completing an assessment of their needs with help from friends, family and Adult Care Services (ACS) staff. Points are then allocated and translated into money – an indicative budget – which they can spend on meeting their support needs in the way agreed in their support plan. The authority approves the support plan. This is an important check and provides a mechanism through which the authority is able to meet its statutory duty of care and its financial responsibilities.

This approach lets people know early in the process how much money is available from the local authority to fund their support. It also clearly states the intended outcomes of the support plan and allows the person to move from a position of passive recipient to that of active partner.

The individual budget can be held by the recipient, by their representative, by a social care provider or by the authority. The important thing is that the person and those close to them know how much money is available to meet their needs and can choose how it is spent.

The benefits are:

- people can draw on their natural family and community support
- people are able to plan flexibly and creatively within available resources
- people can develop plans that are truly personal to them
- the relationship between the local authority and the local citizen moves to one of a more equal partnership.
The seven steps to self-directed support

1. Money
If people are to direct their own support, it is important to be clear early about how much money is available to use in a support plan and the outcomes it must be used to achieve. To do this, the local authority must develop a resource allocation system (RAS).

2. Making a support plan
If people are to have support that is personal to them, there needs to be a good plan describing what that support will look like and what it will achieve. It is important that the person and those close to them lead this planning process.

3. Agreeing the plan
As the local authority is making money available to fund the support plan, it is reasonable that the authority should want to agree how that money is used. The local authority also needs to ensure it is happy with any risks the person may be choosing to take.

4. Organising money
Once the money and the plan are agreed, the person needs to be in control of the money so they can direct their support. There are different ways this can be achieved. Taking the cash directly is not right for everyone.

5. Organising the support
Now that the budget is under the control of the person, they can arrange for the support to be delivered. This can involve such things as buying equipment or recruiting staff.

6. Living life
When people are supported in ways and at times that are right for them it is possible to live a full and active life.

7. Seeing how it worked
It is important to take time to look at how well the plan has worked and to show what the money has been used to achieve.

<table>
<thead>
<tr>
<th>Principles of self-directed support</th>
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<tr>
<td>1. Right to independent living</td>
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<td>2. Right to an individual budget</td>
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<td>3. Right to self-determination</td>
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<td>4. Right to accessibility</td>
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<td>5. Right to flexible funding</td>
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<td>6. Accountability principle</td>
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<td>7. Capacity principle</td>
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Self-directed support in Hertfordshire – what we did

Direct payments were already well-established in Hertfordshire before the county council embarked on the self-directed support pilot project, with some 380 people across all care groups receiving their support in this way. Direct payments were introduced to give people more control by allowing them to organise their own care outside of the council’s provision. Building upon the knowledge, achievements and successes of the direct payment scheme it was a natural step to move forward with self-directed support.

The self-directed support programme was first introduced in the Community Learning Disability Teams. They were assisted by regular contact and support from inControl, colleagues from other authorities and outside consultants.

Initially we identified 24 people to trial the new approach. Some were living with their parents, others were already living in block purchased supported living schemes, (in traditional supported living schemes, the council buys blocks of care from providers based on approximate needs of service users) and others who had recently moved to living independently but required additional support.

After developing the RAS, we held a number of ‘Planning Live’ events facilitated by an external consultant. These aimed to give people with learning disabilities, family carers and people who work in learning disability services, the chance to find out about self-directed support and gain a greater understanding of both the process and the implications of providing support in a radically different way.

One early plan saw two young friends, who have very different and complex needs decide they wanted to live together after leaving residential college. Hertfordshire worked with Watford Mencap and a housing association to support them in achieving the life they wanted to live. The young men and their families were involved in the adaptations they required, recruited their support staff and now live in their own house. The hard work of their families and the professionals involved has helped to make their wish a reality. Without self-directed support they would have moved into separate registered residential care homes.

Having gained a more thorough understanding of the process we then went on to design and implement ongoing training programmes and support for over 100 staff in the Community Learning Disability Teams. We have continued to build on the early successes and have increased the number of individual budgets for people with learning disabilities to over 120. In November 2008 we started to evaluate what difference this approach has made for the first 66 individual budget recipients and have used the findings to help us continue to refine our processes.

Colleagues for elderly and physical disabilities services have also been working closely with inControl and other authorities to develop self-directed support. Individual budgets are now being rolled out across all care groups with all new service users being offered an individual budget as the framework for receiving help from Adult Care Services.

How Hertfordshire developed the Resource Allocation System (RAS) and Needs Assessment Questionnaire (NAQ)

The resource allocation system (RAS) defines each person’s individual budget and so sits at the heart of self-directed support. The system must give an indication of how much money may be made available to the person in their budget and say clearly what outcomes should be
achieved through the use of the money. Defining both the outcomes and resources early on in the process ensures people can spend money in ways and at times that make sense to them.

The task of developing such a system so that it is fair and financially viable is complex and whilst we have overcome major challenges the system continues to develop.

Work to develop a RAS that works in Hertfordshire aims to meet the following design criteria:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>In order that the system…</th>
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<tbody>
<tr>
<td>1. Control</td>
<td>…gives the person needing support or those closest to them genuine control of the money allocated</td>
</tr>
<tr>
<td>2. Transparency</td>
<td>…makes it easy for those administering the system and those using an individual budget to make decisions</td>
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<td>3. Efficiency</td>
<td>…runs smoothly, is easy to use and requires the minimum resources possible to administer</td>
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<td>4. Innovation</td>
<td>…encourages people to use resources flexibly to find the best possible means of meeting their support</td>
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<td>5. Collaboration</td>
<td>…encourages those administering the system and those needing support to work together productively</td>
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<tr>
<td>6. Equity</td>
<td>…treats all individuals fairly, respecting relevant individual needs and circumstances</td>
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<tr>
<td>7. Integrated</td>
<td>…operates as an integral part of a wider system of self-directed support</td>
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<tr>
<td>8. Realism</td>
<td>…reflects the local economic situation, local prices and changes over time</td>
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<tr>
<td>9. Contribution</td>
<td>…avoids creating poverty traps and encourages people to earn, save and build social capital</td>
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<tr>
<td>10. Portability</td>
<td>…lets people who need support move home without undue cost, complication or uncertainty</td>
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<tr>
<td>11. Prevention</td>
<td>…allocates resources at the right time and minimises the risk of people coming into crisis</td>
</tr>
<tr>
<td>12. Citizenship</td>
<td>…recognises and defines needs in the terms of rights and entitlements</td>
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In its simplest form the RAS works in the following way:

1. The cost of services to a representative sample of 100 existing service users was worked out
2. A questionnaire was devised that measures needs and social circumstances: the Needs Assessment Questionnaire (NAQ)
3. Weightings were allocated to each question so that needs could be scored and points awarded
4. The questionnaire was then completed for each of the 100 existing service users
5. The value of a point was worked out by dividing the total cost of the services for the 100 people by the total number of points awarded to the same 100 people
6. The amount allocated is based on an individual’s score multiplied by the price per point.

The Needs Assessment Questionnaire (NAQ) is used to gain an understanding of what support people need in the following areas of their lives and then allocates points.

1. Personal care
2. Eating and drinking
3. Daily living
4. Health and wellbeing
5. Relationships
6. Work and learning
7. Making decisions
8. Staying safe
9. Complex needs and risk.

The NAQ continues to evolve as we take account of feedback from individual budget recipients, carers, partners, and staff.

Our early work to develop the RAS indicated a reasonable price per point would be £250. This figure will be reviewed as we gain a clearer understanding of the relationship between the NAQ the RAS and the cost of support as more people take control of individual budgets.

This meant a person needing support who scored 20 points in the NAQ, would be offered an indicative allocation of £5000 (20 points x £250 = £5000).

This indicative budget could then be used to develop a support plan. The final or actual budget is only agreed when a costed plan has been developed. Whilst many of the individual budgets were agreed at the indicative level some actual budgets were higher and some lower than the indicative amount.
How self-directed support is making a difference to people’s lives

James’ story

James has autism and needs one-to-one support. He lives at home with his mum, Helen, who says self-directed support has transformed her son’s life.

“If any parent or carer were to ask me whether they should go for individual budgets I’d tell them yes, go for it! It’s a brilliant scheme,” she enthused.

“It’s made such a difference to James. He used to have poor mobility and poor muscle tone as he wanted to stay at home away from people and now it’s so different he wants to be out doing something every day.”

They have used his individual budget to fund individual tuition in sailing and windsurfing, helping him to keep fit, have fun and enjoy life.

Helen explained: “I never would have believed he’d learn sailing and be able to do it to such a high level. The same for windsurfing, but with individual tuition he can do these things and he loves it. His next thing is to learn ice skating at Alexandra Palace and then roller-ski-ing.

“It’s all thanks to individual budgets – without the funding it wouldn’t be possible.”

James also has a carer for three hours a week which gives his mum a chance for a break.

“Mike, his carer, is close in age to James so it’s good for me as well, to see them going out like two friends,” said Helen. “I never expected James to be doing all these things. I was afraid he’d end up on the sofa but it’s opened up so many opportunities and he wants to be out doing things all the time now.”

Richard’s story

Parents Wendy and Alan say they wouldn’t have been able to move their son Richard into a supported housing scheme without self-directed support.

They used Richard’s individual budget to pay carers from the supported housing scheme to come to their house regularly over several weeks, getting to know Richard, 27, who needs round-the-clock support, learning about his care needs and giving him the chance to get familiar with the team.

“Because of his needs, there’s no way we could have just taken him there and he’d have been OK. But because we did it gradually and he got to know the carers in his home, he was happy.” explained Wendy.

“I was coming up to 60 and it was on our minds what would happen to Richard if something happened to me or my husband. We got the funding, then the supported housing came up and it was the answer to those worries.”
Wendy and Alan can now relax knowing Richard is happy and well cared for and they now have the chance to do some of the things they couldn’t do before. Richard comes home to visit them and his brother Stephen at weekends.

“It’s made a big difference,” Wendy smiled. “We have more time to go out and do things – even just popping out for a drink at the pub – but I can relax knowing he’s well looked after.”

Barbara’s & Mina’s stories

Friends Barbara and Mina use their individual budgets to employ the same personal assistant (PA) Rosie, who supports them in living independently.

She helps with correspondence and budgeting, planning and cooking healthy meals, keeping their homes clean and tidy, shopping, organising and attending appointments. Rosie helps with fun things too, like painting Mina’s nails.

When Mina heard about individual budgets she was excited about the possibilities, as she was keen to move out of her parent’s home and do things for herself. She went to a planning event with her mum and dad and wrote a plan with support.

“It didn’t take long as I knew what I wanted to say,” she said. “I wanted to live in my flat, get a PA and be independent doing things by myself with a bit of help. Life has changed a lot. I’ve come out of my shell and have been able to live in my own home. Life has improved as I have my own space and have also now got my friends around me.”

Mina encouraged Barbara to find out about self-directed support, and helped her through the process, as she doesn’t have family support. Barbara says thanks to PA Rosie, day-to-day life is no longer a struggle. For example, Rosie ensures there’s plenty of credit on the pre-paid electricity meter, so that Barbara isn’t left without power for cooking, lighting and heating – a regular problem in the past.

Barbara, who volunteers in a nursery class for children with special needs and is supporting Mina to improve her reading, added: “I feel more confident and am able to get out more.”

Both women manage their individual budgets and pay their PA with support from local brokerage service, Realife Trust. Mina, who goes to college and a regular drama group, spoke about having an individual budget at a support brokerage conference in London.

The women take it in turns with a group of friends to cook a meal on Friday evenings, sharing the costs and an enjoyable night together. They often go shopping, tenpin bowling and playing
pool or darts with a group from their social club, and sometimes enjoy a weekend at the seaside, which they organise themselves.

The women are now saving up for a holiday together in September, with PA Rosie going along to support them.

Yusuf’s story

Musical theatre fan Yusuf can now perform songs from the West End shows he loves, thanks to self-directed support.

His family put some of his individual budget towards buying a piano and paying for regular piano lessons and, although he is blind, in just six months Yusuf has mastered many tunes and is working towards his Grade One qualification.

“He loves learning to play the piano and he has excelled at it. He really looks forwards to his lessons and enjoys performing on occasion,” explained dad Shabir. “He also has swimming lessons and we’ve funded outings to the theatre, which he loves.”

Yusuf taught himself to play and sing Do-Re-Mi after a trip to The Sound of Music with his cousins, who he really enjoys spending time with.

“We could only do so much before but individual budgets have helped Yusuf with his learning, his recreation and his social life,” said his dad. “We were already familiar with direct payments and individual budgets were a natural progression to that. Individual budgets open up a whole new world as far as Yusuf’s needs are concerned and how to meet them.”

A half-term short-break in Devon with carers was a huge success, he added. “It was only two days but enough to refresh his mind and come back feeling excited and satisfied. Individual budgets help enrich his life and overall quality of life for our family is affected in a very positive way.”
Ronnie’s story

Self-directed support has had a huge impact on Ronnie’s life.

Ronnie, who is in his 60s, was already living independently in supported living flats but on the whole, wasn’t that happy. He didn’t really engage with support staff and felt like he wasn’t doing what he wanted.

He says that having an individual budget has changed all that.

“I went to a meeting with a support worker from where I live and they asked me what I wanted out of my life. I said I needed some money to spend on my allotment and they agreed,” explained Ronnie.

“I spend my individual budget on tools and seeds and compost for my allotment. Last year I grew runner beans, peas, potatoes, courgettes and sold them and this year I want to grow more vegetables.

“I like going out in the fresh air, doing what I want to do. I’m much happier now.”

Staff where he lives have noticed what a positive effect self-directed support has had on Ronnie. “It really has made a difference to him,” said one. “He seems much more content and is obviously enjoying life more. He engages more with support staff now, though he definitely over-charges us for his vegetables!”
How self-directed support is working for people with learning disabilities in Hertfordshire

Our evaluation of self-directed support in Hertfordshire started in November 2008. This looked at the support plans of 47 men and 19 women with a learning disability, aged between 18 and 64. The aim of this evaluation was to gain a clearer understanding of what people wanted in their support plans, how individual budgets were being spent, and what impact they are having on the lives of budget recipients and their carers.

The support plans were scrutinised and questionnaires, designed by inControl, were sent to both budget recipients and their carers.

**The costs of self-directed support**
The main findings of our evaluation are encapsulated in the following charts.

The chart below shows the difference between the traditional cost of providing services, the amount indicated by the RAS and the final cost of delivering the support plan.

There is some evidence to suggest that this approach results in reduced spending when compared with a more traditional way of allocating resources. There is also for the most part a clear relationship between need and spend. Support planning clearly enhances the understanding of how and why funding is being spent in a particular way.

As the chart below shows there is also evidence to suggest that people will not seek to spend to the maximum of their indicative budget. They are more interested in ensuring that the budget provided meets their needs. The average indicative allocation was £32,441 but following detailed support planning the average agreed final amount was £26,278.
This initial finding has led us to explore the use of a multiplier so that people who have little or no support from family or informal networks can receive a proportionately greater sum of money.

What people wanted from their support plans
Many people are choosing to use their budgets on leisure activities, support with preparing meals or assistance with budgeting and correspondence. Clearly independence is valued shown by the numbers who included in their support plans travel training, college activities, access to paid and voluntary work and on maintaining a tenancy.

Research shows that people with learning disabilities tend to have increased health needs and risks and it is interesting to note the number of people who want assistance with health related issues.
Sometimes people wanted to continue to use traditional services such as a day centre or domiciliary support agency, but they also wanted to employ a personal assistant to support them to engage in other activities in their community. Others used the control that having an individual budget gave them to reshape the services that were being offered to them by their existing providers, so as to make them truly person centred, as James’, Richard’s, Minas’, Barbara’s, Yusuf’s and Ronnie’s stories show.

People with learning disabilities and their families have their budget managed or held in a variety of ways:

1. **Complete control through a direct payment:** the individual budget recipient or their family know the indicative amount available to spend as a direct payment for services and support. They or their family arrange the services via a direct payment or user controlled trust.

2. **Part of the budget is held by the individual budget recipient:** they or their family are responsible for part of the indicative budget and arrange some support as a direct payment. Adult Care Services commission other services.

3. **Adult Care Services commission services for the individual budget recipient and their family.** They and their family know how much is being spent and why and they are fully involved in deciding the service they would like.

The graph below shows that option 2 is an approach welcomed by both recipients and carers. It also illustrates the various combinations that have been used to manage an individual budget. Option 2 is a variation on the traditional way of using direct payments which were envisaged as being given as an alternative to local authority commissioned services. Now it is possible to have a combination of the two.
How individual budget recipients and carers feel about self-directed support

The majority of individual budget recipients have benefited from the self-directed support approach with most saying they feel better than before.

To find out what difference has been made to carer’s lives we looked at the returns from eighteen families where people with learning disabilities are living at home. Carers clearly benefited, but some initially found the process complicated and required reassurance and guidance. Others can see the benefits for individual budget recipients, but there is some added responsibility to be taken on with regard to management of the budget and in the commissioning of services. Some however view this positively as choice is enhanced for both the person they are caring for and for themselves.
Changes to models of commissioning
By using commissioning models suggested by inControl and by working closely with Royal Mencap and Hightown Praetorian Housing Association we were able to explore the implications of a radically different approach to the commissioning of supported living services.

Historically we have block commissioned in the following way:

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<th>Supported living - local authority block purchase a number of placements at a standard cost</th>
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<tr>
<td>Housing benefit</td>
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In the traditional model financial risk lies mainly with the local authority who pays for a block of services from a provider. The service user frequently has little or no knowledge of the cost of the service.

The model below shows three examples of service users with different needs and how the new approach shares the financial risk between the authority and providers.

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<th>Non-core care costs/hourly rate</th>
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<tr>
<td>Core care costs</td>
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<tr>
<td>Core managerial costs</td>
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<tr>
<td>Housing benefit</td>
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The core care costs can continue to be commissioned from the provider in a block purchased way. The individual budget recipient knows the core care and managerial costs of the service and what they can expect from the service provider. Additional care costs are broken down into costs per hour and individual budget recipients can use their individual budget to purchase this support, either from the provider or from elsewhere. This model of care reinforces the concepts of choice and accountability. It also poses significant questions for service providers and commissioners about providing both a sustainable and flexible service.

Early work with Royal Mencap and Hightown Praetorian Housing Association suggests that whilst the questions may be difficult they can be resolved in a way that results in a more transparent and person centred service.
Conclusions and the future

Sarah Pickup  
Director of Adult Care Services

The government recently launched ‘Valuing People Now’, its new vision for people with learning disabilities, which aims to improve services across health, housing, employment and community care services. We are already making progress in many of the areas highlighted such as the person-centred, self-directed support work.

There are approximately 3,500 people with learning disabilities known to Hertfordshire County Council. We now aim to increase the number of people with learning disabilities who have individual budgets from around 120 to over a thousand by 2010.

We have made self-directed support the standard approach across all care groups in Hertfordshire Adult Care Services and are aiming for 8,000 people to have an individual budget by April 2010.

Of course, there are issues to overcome. Understanding the cost of individual services is a major challenge, especially when historically we usually had large contracts.
The application of individual budgets will change the way we commission services so as to reflect individual needs and wishes, and we are currently exploring the implications of this approach with a number of organisations we work with.

We are looking at ways we can develop flexible and person-centred services with our partner agencies in education, health and the wider community, particularly for those young adults going through the transition from child to adult services.

We are positive about the future and believe we are well on the way to giving more people real control, choice and flexibility over the way they are supported to live their lives to the full.

Self-directed support makes a real difference to people. As Mina says: “Life has changed a lot. I’ve come out of my shell and…live in my own home.”

Sarah Pickup
In 2005 the Community Learning Disability Team in Hertfordshire launched a project to develop self-directed support, an innovative way of giving people with learning disabilities their own individual budget and the opportunity to create their own support packages. In November 2008 we decided to evaluate the impact of individual budgets on the first 66 recipients.

This report describes our work and what we have learned by implementing self-directed support. The findings are not intended to represent the results of an academic study but are a self-evaluation of our progress to date. It represents our best attempt to understand and report the things people have said to us about their experience of taking control of an individual budget.

Acknowledgements
Thanks to all those who have helped make this project happen. In particular: Jo Harvey, Helen Sanderson Associates; Wendy Walden, Hightown Praetorian Housing Association; Carol Moody, Royal Mencap and Jane Pattinson, Watford Mencap. Thanks to the people whose stories we have included and, finally, thanks to Peter McVicar, Helen Potts and to the staff in the Community Learning Disability Teams who have worked so hard to make individual budgets a reality.

Tony Edwards
Self Directed Support Manager