Ending Institutional Care

World Café Summary

July 2026

Citizen Network

About Citizen Network

Citizen Network was founded in 2009 by Dr Simon Duffy. It is a think tank and consultancy working to create a world where everyone matters.

Citizen Network has worked with national and local government, civil society organisations and on many pro bono projects. It has a global Fellowship and a team of experts specialising in care, community development and democracy. It is particularly well known for its work on personalisation, disability rights and innovations in care systems.

Citizen Network's website hosts over 1,700 articles outlining social innovations and analysing society, culture and systems.

Citizen Network believes everyone has the capacity to make a positive difference in their neighbourhood.

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Introduction

The Learning Disability and Autism (LDA) Commissioner's Network was founded in 2025 by Chris Watson, Ashleigh Fox and Jake Banbury to bring together commissioners to help solve problems and drive forward ethical collaboration and innovation. In partnership with Citizen Network and the Self-Directed Support (SDS) Network they hosted a major conference in Bristol on 2nd July to explore how we can finally end institutional care.

The event was chaired by Jake Banbury and there were presentations by Emily Collinson (Golden Lane Housing), Simon Duffy (Citizen Network), Ashleigh Fox (Catalyst Care Group), Nikki Henderson (Elemental Health and Care), Vinesh Kumar (I Direct Independent Living), Amy Lewis (Just Checking), Catherine Nolan (WM ADASS), Clare Skidmore (Learning Disability and Autism Housing Coalition) and Chris Watson (Self Directed Futures).

Discover more about the day and view all the presentations here.

The critical work of the event was done by collaboration and networking, using the World Café model. The World Cafe session was designed to gather practical ideas for a new strategy to end institutional care for people with learning disabilities and autistic people. The ambition was broader than simply reducing the number of people placed in private hospitals. The discussion focused on what needs to change upstream so that people and families have the right support early enough, crises are avoided where possible, and people can live ordinary lives as citizens in their own homes and communities.

Participants moved between themed tables, each linked to a core question. The flipchart notes show a strong shared view that ending institutional care will only be possible if local areas build a much stronger community infrastructure around people and families. This includes better information, family support, housing, self-directed support, expert advice, assistive technology, brokerage, peer support, and a much more joined-up health and social care system.

The LDA Commissioners Network, Citizen Network and the SDS Network are committed to taking these ideas forward and will be seeking to build alliances to shift policy and practice and continue to support commissioners who want to tackle these pressing problems.

Key messages

Ending institutional care means building better lives, not just closing beds. The focus needs to be on ordinary homes, relationships, purpose, community, communication, choice and citizenship.

Prevention has to start much earlier. Families and young people need support before things reach crisis, especially during transition into adulthood.

Families must be treated as partners and experts. They need information, advocacy, respite, navigation and trust, not blame or repeated handoffs.

Housing is central. People need the right home in the right place, planned early and linked to community life, not arranged as a last-minute crisis response.

Self-directed support needs infrastructure. Direct Payments, Individual Service Funds (ISFs) and personal budgets need brokerage, advocacy, flexible finance and confident providers around them.

Expertise needs to be easier to access. Local systems need knowledge hubs, communities of practice and routes into advice that include family and lived experience expertise.

The campaign needs to change expectations. Ending institutional care requires public, political and professional belief that better alternatives are possible.

Table 1: How to prevent crises upstream

Question: What is missing? What are the social policy changes we really need that would support families and people with learning disabilities and autism in ways that helped people build lives of meaning and avoid crisis and the pathway to institutions?

Key themes

The strongest message from this table was that crisis is often not sudden. It builds over time because people and families do not get the right support early enough. The system tends to wait until things have broken down, and then responds with high-cost, restrictive or institutional options.

Participants identified the need for a much stronger prevention offer from childhood onwards. This includes better early support, better transition planning, and a much clearer connection between children's services, adult social care, education, health, housing and community support.

There was a clear emphasis on early transition planning. Families are often left asking what happens at 18 with little practical preparation. Transition should not be a cliff edge. Planning should begin earlier, with proper attention to housing, work, relationships, community life, support options and the person's own aspirations.

A number of notes pointed to the role of Education, Health and Care Plans (EHCPs), Special Education Needs and Disability (SEND) systems and vocational planning. The discussion suggested that EHCPs should do more than describe education provision. They should help young people build towards adult life, including employment, community contribution, friendships, communication, housing and citizenship.

Specific points raised

- Better connection between children's social care and adult social care.
- Earlier planning for transition into adulthood.
- Stronger use of EHCPs to plan for good adult lives, not just education.
- More investment in community services.
- Care navigators or connectors who can help people find their way through the system.
- Better local community solutions, not just service responses.
- Stronger support for families before they reach crisis.
- Early identification of people most at risk of institutional pathways.
- More short-term crisis support that can de-escalate situations without admission.
- Safe places and flexible support that can help people stay at home.
- Housing pathways that begin before crisis.
- More focus on work, purpose, community connection and friendships.
- Statutory co-production and lived experience shaping policy.
- Better use of public health, social policy and community development approaches.

Strategy implication

Preventing institutionalisation requires a shift from crisis response to life-building. Local systems need to identify risk much earlier and then build practical support around the person and family, including housing, work, friendships, communication, respite, advocacy and community connection.

Table 2: How to help families

Question: What would make it easier for families to understand their options, access self-directed support, and find the right care and support before things reach crisis?

Key themes

The family table produced one of the clearest sets of messages. Families need much better information, but information alone is not enough. They also need time, trust, advocacy, practical navigation, emotional support and people alongside them who understand the system.

A very strong theme was that families often have to tell their story again and again. The flipchart notes included the phrase "one story once, not multiple handoffs". This captures a wider frustration with systems that repeatedly assess, refer, hand over and delay, rather than staying with families and helping them solve problems.

The table also focused on the impact of trauma. Families may be exhausted, frightened or distrustful because of previous experiences. The system needs to create space and time to work through trauma, rather than interpreting family distress as obstruction or non-compliance.

There was also a strong emphasis on language and transparency. Families need clear, accessible explanations of options, funding, risks, responsibilities and rights. They should not have to understand professional jargon in order to get help.

Specific points raised

- Clear information in one place.
- Better information sharing from local authorities, better navigation and signposting.
- Historical information being shared properly, so families do not have to repeat themselves.
- A clear explanation of options, money and support routes.
- Help to understand Direct Payments, ISFs and other forms of self-directed support.
- Practical guides, including do's and don'ts written in accessible language.
- Advocacy from childhood into adulthood.
- An allocated social worker or named person who stays involved.
- Support planning that is embedded, not bolted on later.
- More focus on trust, honesty and transparency.
- Families being treated as equal partners with greater recognition that families bring expertise.
- Earlier support from childhood, respite and family links that help families stay together.
- Better support during transition, better housing advice and planning.
- A more honest conversation about risk, risk not being treated as a dirty word.
- More focus on quality of community and local relationships.
- Support that helps families move from crisis management to planning for the future.

Strategy implication

Families need to be supported as partners, not managed as problems. A serious strategy to end institutional care must include a family support and navigation offer that begins early, explains options clearly, builds trust, and helps families access self-directed support before crisis.

Table 3: How to organise the right support

Question: What kind of support organisations should be commissioned and available in every community to provide personalised solutions that reduce the risk of institutionalisation? What qualities and features should these organisations have?

Key themes

The flipcharts relating to this theme focused on the need for support organisations that are local, flexible, relational and able to build person-specific solutions.

The discussion suggested that the answer is not simply more provision. The right support needs to be organised around ordinary life. People need support to live in their own homes, build relationships, take part in community life, have meaningful things to do, and stay connected to people who know and care about them.

There were also strong points about brokerage and support planning. Participants noted that people and families may need help to negotiate with providers, understand options, make choices and shape personalised arrangements. Brokerage was seen as a practical function that can help people avoid institutional pathways, especially where families do not have the confidence, capacity or knowledge to coordinate everything themselves.

Specific points raised

- Person-specific solutions rather than standard packages.
- Support organisations rooted in local communities.
- Strong local structures and local relationships.
- More flexible support timelines, especially around discharge and transition.
- Support that helps people have meaningful lives outside the home.
- Better connection between housing, support, health, social care and community assets.
- Providers and commissioners sharing risk appropriately.
- Support organisations that work collaboratively with families and professionals.
- Brokerage that helps people and families make sense of options.
- More support to negotiate with providers.
- Use of ISFs and flexible funding to enable more creative support.
- Stronger local capacity, including smaller and community-based providers.
- Better recognition that social value and community contribution matter.
- Support that is not just about care hours, but about relationships, purpose and belonging.

Strategy implication

Ending institutional care requires a different kind of provider market. Local areas need support organisations that can work creatively with people, families and communities, using flexible funding and personalised planning to build ordinary lives rather than simply deliver care packages.

Table 4: How to deliver expert advice and support

Question: How should systems of professional expertise be organised to ensure that people and organisations can get the expert advice they need at the right time to reduce the risk of crisis?

Key themes

This table generated a very strong message about knowledge being lost in the system. Expertise often sits with particular individuals, projects or teams, and when people move on the knowledge disappears. Participants wanted a more resilient way of organising expertise.

The flipchart included the phrase "knowledge is often lost in system - how can we keep it live?" This was one of the clearest messages from the table.

Participants wanted better systems for sharing expertise, including knowledge hubs, communities of practice, shared research, clear routes into advice, and better relationships between people who hold different forms of knowledge.

There was also a strong challenge to the idea that expertise only means paid professional expertise. Families, people with lived experience, advocates, support workers and communities all hold important knowledge. The notes raised the question "who is the expert?" and highlighted the danger that the title of professional can exclude learning disability expertise, family expertise and lived experience because it is not paid.

Specific points raised

- A one front-door route into expert advice.
- A knowledge hub or shared place where information can be found.
- Shared research and practical resources.
- Regular refreshing of information.
- Systems that keep information up to date when staff leave.
- Clearer understanding of who to call and what expertise people have.
- Relationships across disciplines and organisations.
- Better multidisciplinary working.
- No assumption that one person has the answer with different perspectives being valued.
- Communities of practice and networks of expert advisors.
- Mentorship and peer support, passing on knowledge and expertise.
- Families and parents being recognised as experts.
- People with lived experience being recognised as experts.
- Parents and families being equipped with knowledge and confidence.
- Language that does not alienate families.
- A culture and environment that promotes equal power.

Strategy implication

Expertise should be organised as a shared system, not as isolated professional input. Local areas need knowledge hubs, communities of practice and clear access routes to advice, while also recognising families and people with lived experience as essential experts.

Table 5: How to use technology

Question: How can technology help people lead good lives and avoid institutional responses? What barriers need to be overcome to help more people benefit from assistive technology?

Key themes

The technology table focused on the potential of technology to support independence, communication, connection and choice. However, the notes also showed a strong concern that technology must be introduced carefully, with the right support around it.

The flipchart included ideas such as communication tools, prompts, reminders, videos, accessible information, online advocacy and tools for the Deaf community. There was a clear message that technology should not be treated as a gadget or a bolt-on. It needs to be embedded into support planning and linked to the person's own goals.

A repeated theme was confidence. Families, staff and providers may lack confidence in using technology. Some families may also be cautious or even against online tools, especially where there are concerns about safety or whether technology will replace human support.

Specific points raised

- Technology that connects people to the right people.
- Communication tools.
- Prompts and reminders.
- Videos that can educate and explain
- Consent-led technology use.
- Better understanding of options so people can make informed choices.
- Upskilling teams.
- Embedding technology into support planning.
- Advocacy via online sharing.
- Support with long-term needs.
- Tools for the Deaf community.
- National sharing of ideas and implementation support.
- Affordable and accessible products.
- Background support that gives confidence to try, and confidence to use technology.
- Support for people to look at technology before crisis.
- Attention to digital exclusion, risk and online safety.
- Least restrictive options.
- Recognition that technology has costs, and that spend-to-save arguments may be needed.
- Support for providers and families to use technology well.

Strategy implication

Technology can help people live more independently and avoid institutional responses, but only if it is personalised, consent-led, affordable and properly supported. The strategy should promote assistive technology as part of good support planning, not as a substitute for relationships or human support.

Table 6: How to get the right housing

Question: What kind of national and local housing policies and actions would ensure that people could find the right housing solutions to ensure people are safe and can flourish as members of their local neighbourhood?

Key themes

The housing theme appeared across several flipcharts, even where the table was not always clearly labelled. This itself is important: housing was not seen as a separate technical issue, but as a core condition for ending institutional care.

Participants identified the need for housing to be planned much earlier. Too often, housing is only addressed when someone is already in crisis, stuck in hospital, or facing a failed placement. People need proper housing pathways that start early and are connected to transition planning, support planning, community life and family support.

The discussion also linked housing with ordinary life. The right home is not just accommodation. It needs to be in the right place, with the right support, close to relationships, community opportunities and meaningful things to do.

Specific points raised

- Housing pathways that begin before crisis.
- Better connection between housing, children's services and adult social care.
- Housing planning as part of transition.
- Housing options that are explained clearly to families.
- The right people in the room early, including housing colleagues.
- More local housing capacity.
- Better use of community and social housing.
- Housing that enables people to stay close to community.
- Housing linked to support, but not dominated by support providers.
- Flexible housing options that avoid institutional responses.
- Quality of community, not just quality of accommodation.
- Safe homes where people can flourish.
- Less silo working between local authority departments.
- More honest discussion about money, options and risk.
- Planning that considers what people will do outside the home, not only where they will sleep.

Strategy implication

Housing must be treated as a strategic foundation for ending institutional care. Local areas need earlier housing planning, better partnerships with housing organisations, more local options, and a stronger link between housing, self-directed support and community life.

Table 7: How to get people out

Question: How do local and national systems need to change to ensure that people can swiftly leave institutional care and establish themselves as citizens in their own homes?

Key themes

The notes linked to this theme showed that discharge is not just an operational process. Getting people out of institutional care requires trust, planning, consistency, housing, brokerage, risk-sharing and a shared commitment to the person's life after discharge.

There was a strong theme around one story once and avoiding multiple handoffs. People leaving institutional care should not have to go through repeated retelling, reassessment or professional churn. Systems need to hold and transfer knowledge properly.

Another important theme was the need to build the ordinary life around the person, not simply arrange a placement. The notes suggested that without things for people to do outside the home, discharge planning is incomplete.

Specific points raised

- One shared story and less repetition.
- Better information in one place.
- Better mapping and modelling.
- More transparent planning.
- Trust between families, professionals and providers.
- Earlier planning for discharge.
- Better handover processes.
- Avoiding multiple handoffs.
- Stronger brokerage and navigation.
- Support brokers who can help negotiate with providers.
- Shared responsibility across the system.
- Shared risk between commissioners, providers and families.
- Flexible timelines around discharge.
- More attention to what the person will do during the day.
- Better community connections before discharge.
- Housing, support and community life being planned together.
- People and families being empowered.
- Advocacy and choice.
- Clearer ownership of decisions.
- Better local capacity so people are not delayed by lack of options.

Strategy implication

Getting people out of institutional care requires more than a discharge pathway. It requires a life pathway. The system needs to plan housing, support, relationships, community life and meaningful activity together, with strong brokerage and shared accountability.

Table 8: How to organise the health & social care system

Question: What kind of policy changes will enable everyone to get personalised and integrated solutions and ensure the right disciplines and incentives are in place to end institutional care?

Key themes

The flipchart focused on commissioning, Direct Payments, ISFs, personal budgets, finance, advocacy and consistent policy. The notes suggest that current systems are still too fragmented and too inconsistent to reliably support personalised solutions.

There was concern that language and mechanisms are confused. Participants referred to Direct Payments, ISFs, self-directed support, personal budgets and finance, suggesting that local systems need a more consistent baseline and shared understanding of how these mechanisms can be used to support people.

There was also a theme around commissioning frameworks. The system needs frameworks that actively enable self-directed support, rather than accidentally blocking it.

Specific points raised

- A more consistent policy baseline.
- Clearer links between Direct Payments, ISFs and personal budgets.
- Finance colleagues understanding self-directed support.
- Commissioning frameworks that enable Direct Payments and ISFs.
- Better access to advocacy.
- More consistent definitions and guidance.
- Support for officers to understand the options.
- Template letters or tools for local officers.
- Better co-production in policy design.
- Better alignment between commissioning and personalisation.
- Less silo working across health and social care.
- Systems that allow flexible, personalised responses.
- Clearer routes for people and families to use self-directed support.
- Integrated approaches across social care, health, housing and education.

Strategy implication

Health and social care systems need to make personalisation easier, not harder. This means aligning finance, commissioning, Direct Payments, ISFs, advocacy, housing and support planning around one shared purpose: enabling people to live safely and well in their own homes and communities.

Table 9: The LDA Commissioners Network

Question: How can we help bring commissioners together to help change policy and practice? What would help commissioners to shift conversations locally and to change the national policy framework?

Key themes

The notes linked to commissioners suggested that the network has an important role in helping local areas build confidence, share learning and influence policy.

Commissioners need practical tools that help them have better conversations locally. This includes guidance, templates, examples, shared definitions, policy wording and case studies. The discussion also suggested that commissioners need support to connect with finance, procurement, housing and operational colleagues, because many of the barriers sit outside commissioning alone.

There was also a theme around national sharing. Local areas are often trying to solve similar problems separately. The network could help commissioners avoid reinventing the wheel by sharing models, language, policies and examples of what works.

Specific points raised

- A stronger national community of commissioners.
- Shared learning and practical tools.
- Guidance on Direct Payments, ISFs and personalisation.
- Template wording and template letters.
- Support to influence local officers and senior leaders.
- A consistent policy baseline.
- Better links between commissioners working on similar issues.
- Examples of local areas making change.
- A way to share what works nationally.
- Support to shift conversations with finance and procurement.
- Better understanding of advocacy and brokerage.
- Stronger voice for commissioners in national policy debates.
- A space to discuss the practical barriers honestly.

Strategy implication

The LDA Commissioners Network can become a practical engine for change by sharing tools, case studies, policy models and peer support, while also helping commissioners influence local and national policy.

Table 10: How to build a campaign

Question: How can we build an effective campaign to end institutional care? Who needs to be involved? What tactics would be most effective?

Key themes

The campaign table generated a wide range of ideas, but the strongest message was that the campaign needs to be about more than closing hospitals. It needs to challenge the deeper assumptions, language and systems that lead people towards institutions.

Participants raised concerns about language, including the way terms such as challenging behaviour can place the problem inside the person rather than looking at the environment, support, trauma, communication and quality of life.

There was also a strong call for a broad coalition. Ending institutional care cannot be achieved by commissioners alone. The campaign needs people with lived experience, families, providers, commissioners, community organisations, politicians, schools, regulators, public health, local communities and national partners.

Specific points raised

- A clear definition of institutional care.
- Clear public messaging about why institutional care continues.
- A campaign that shifts public opinion.
- A campaign rooted in lived experience.
- Better use of stories of success.
- Stronger use of social media.
- Local politicians being involved.
- Schools promoting the social model and inclusive choices.
- A coalition of partners.
- Commissioners, providers and families sharing risk.
- Positive risk-taking being better understood.
- Public awareness of community alternatives.
- More emphasis on community assets.
- More attention to language.
- Avoiding language that blames the person.
- Stronger links with CQC and regulation.
- A focus on rights, citizenship and ordinary life.
- Community connections and shared expertise.
- Campaign tactics that help people see that alternatives are possible.
- Better understanding that institutional care is often caused by system failure, not individual failure.

Strategy implication

The campaign should be framed as a movement for citizenship, rights and ordinary lives. It should combine lived experience, public storytelling, political influence and practical examples of alternatives that work.

Common themes

Ending institutional care means building better lives, not just closing beds: Across all tables, there was a clear sense that the goal is not simply to reduce hospital numbers. The real goal is to create the conditions for people to live safely and well in their own homes and communities. This means focusing on housing, relationships, work, community, communication, support, family resilience, advocacy and citizenship.

Families need to be treated as partners and experts: Families were repeatedly described as holding essential knowledge. The system needs to stop treating families as difficult or as a risk to be managed. Families need information, advocacy, respite, trust, time and practical support.

Prevention must start much earlier: Many crises could be avoided if the right support was available earlier. This includes earlier transition planning, better EHCPs, earlier housing conversations, stronger family support, community connection and practical help before people reach breakdown.

Self-Directed Support needs proper infrastructure: Direct Payments, ISFs and personal budgets were repeatedly mentioned. However, the notes suggest that these mechanisms are still not easy enough for people and families to use. The strategy needs to include brokerage, advocacy, clear guidance, flexible finance and better commissioning frameworks.

Housing is central: Housing came up repeatedly across tables. People need the right home in the right place, with the right support and community around them. Housing needs to be planned early and strategically, not treated as an emergency response.

Knowledge and expertise must be easier to access: The system loses knowledge too easily. People wanted knowledge hubs, expert networks, communities of practice, mentoring and clearer routes into advice. Expertise should include families and people with lived experience, not just professionals.

Technology can help, but only when it is personal and supported: Assistive technology can support independence, communication and safety. However, it needs to be introduced with consent, confidence-building, staff training, family support and clear links to the person's goals.

The system needs to work as one system: The flipcharts repeatedly pointed to fragmentation. Children's services, adult social care, health, education, housing, finance, commissioning and providers need to work together around the person. Multiple handoffs and repeated storytelling undermine trust and delay solutions.

Risk needs to be reframed: Participants challenged the way risk is handled. Risk should not automatically lead to restriction. Positive risk-taking, shared risk and trust are essential if people are to live ordinary lives.

The campaign must change hearts, minds and policy: The campaign needs to shift language, public opinion and political priorities. It should show that institutional care is not inevitable, and that better alternatives already exist when people have the right support.

Emerging priorities

1.	**Build a national and local prevention pathway:** Identify people at risk much earlier and connect them to family support, housing planning, community support, advocacy, self-directed support and crisis alternatives.
2.	**Create a family support and navigation offer:** Families should have clear information, named support, advocacy, respite, peer support and help to understand funding and support options.
3.	**Strengthen transition planning from childhood to adulthood:** Transition should start earlier and include housing, employment, community life, relationships, self-directed support and family resilience.
4.	**Develop community-based support organisations:** Commissioners should develop local providers and community organisations that can offer flexible, personalised, relational support.
5.	**Make ISFs, Direct Payments and personal budgets easier to use:** Self-directed support should be backed by brokerage, advocacy, clear guidance, flexible finance and provider models that can respond creatively.
6.	**Create better access to expert advice:** Local systems need knowledge hubs, communities of practice and expert networks that include families and people with lived experience.
7.	**Build housing pathways that start before crisis:** Housing should be planned as part of prevention and transition, not left until someone is stuck in hospital or facing placement breakdown.
8.	**Use technology as part of personalised support:** Assistive technology should be embedded into support planning and used to support independence, communication, safety and connection.
9.	**Support commissioners to shift local conversations:** The LDA Commissioners Network should share case studies, policy templates, guidance, tools and peer learning to help commissioners influence local systems.
10.	**Build a broad campaign for ordinary lives and citizenship:** The campaign should involve people with lived experience, families, commissioners, providers, communities, politicians, schools, regulators and national partners.

Conclusion

The World Café showed strong agreement that ending institutional care requires a whole-system shift. People do not end up in institutions simply because of individual complexity. They often end up there because support arrives too late, families are not listened to, housing is unavailable, systems are fragmented, expertise is hard to access, risk is poorly understood, and community alternatives have not been built.

The strategy that emerges from the tables is therefore not a narrow hospital discharge strategy. It is a strategy for building the conditions for ordinary lives.

Those conditions include early help, family support, self-directed support, the right housing, personalised providers, assistive technology, expert advice, advocacy, brokerage, community connection, positive risk-taking, and a campaign that changes expectations about what is possible.

The central message is clear: to end institutional care, we must build the support, confidence and community infrastructure that makes institutional care unnecessary.

Thank you

Ending Institutional Care took place in Bristol on 2nd July and was hosted by the Learning Disability and Autism (LDA) Commissioners Network. Many thanks to everyone who joined us, and thanks to our sponsors for all your support on the day.

***Ending Institutional Care* sponsors:**

Learning Disability and Autism Commissioners Network

The Learning Disability and Autism Commissioners Network was founded to address the pressing need for a collaborative and innovative space dedicated to improving the commissioning of services for people with learning disabilities and autism.

With the challenges in the sector becoming increasingly complex, Chris Watson, Ashleigh Fox and Jake Banbury recognised the need for a platform where commissioners can come together to share ideas, learn from best practices, and take meaningful steps towards achieving better outcomes for individuals while ensuring the efficient use of public resources.

This network is not about abstract theories or high-level policies; it is about practical solutions, actionable insights, and tangible outcomes. We aim to create a community where commissioners can learn from innovative practices, showcase effective approaches, and collectively drive systemic change. Central to this vision is a commitment to values-driven commissioning—ensuring that every decision is guided by the principles of personalisation, respect, citizenship, and human rights.

The Learning Disability and Autism Commissioners Network is also carefully curated to maintain a high standard of quality and purpose. From the organisations we partner with to the sponsors we work alongside, everyone involved must align with the ethos of doing what is right for people while being conscious of the public purse. This ensures that the network remains a trusted space for commissioners to explore new ways of working.

The Learning Disability and Autism Commissioners Network is more than a professional forum, it is a movement towards ethical, impactful, and sustainable commissioning — join the network here.

LDA Commissioners Network

www.ldacommissionernetwork.org

Citizen Network

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