SELF DIRECTED FUTURES

Self-Directed Support Network

How can we get to a place where we do not commission institutions?

Imagining a future of ordinary lives, neighbourhoods and community support

About Me

Chris Watson, Founder, Self-Directed Futures

28 years in social care and health

Support worker and personal assistant

Managed supported living settings

Commissioning and NHS hospital closure programmes

Parent of neurodiverse children

Specialist broker: housing and support for people with learning disabilities and autistic people

Strategic commissioner

Created England's first full Individual Service Fund offer

International consultant: self-direction, choice, control and de-institutionalisation

About Me

Ashleigh Fox, Transforming Care Director, Catalyst Care Group

20+ years in health and social care

Registered Learning Disability Nurse (RNLD)

Started in community support

Winterbourne View whistleblower

Leading Transforming Care work

Helping people come home from hospital

Neurodiversity advocate

Speaker, trustee and sector changemaker

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“An institution runs for the benefit of its members”

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The key question is: who benefits from the institution?

1 Shareholders

2 Private owners

3 Public owners

4 Charity owners

5 The staff

Is the institution there to serve the public, or is it there to serve the needs of the people that run it?

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What can become an institutional accommodation and support setting?

Inpatient hospital settings (private and NHS)

Residential care and other group living settings

Supported living services

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What are the impacts of institutional practice?

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At best, institutional practice causes these harms.

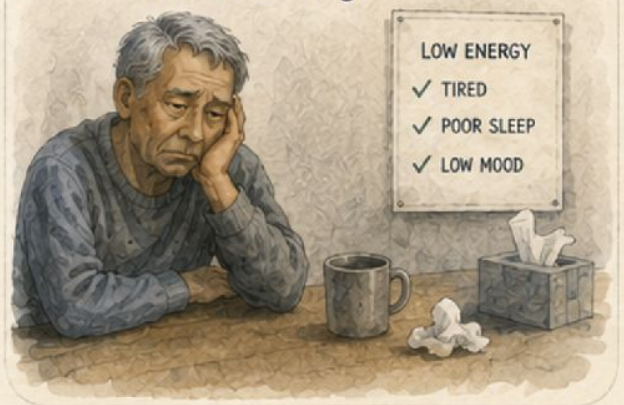
1 Loss of choice and control

2 Distress and trauma

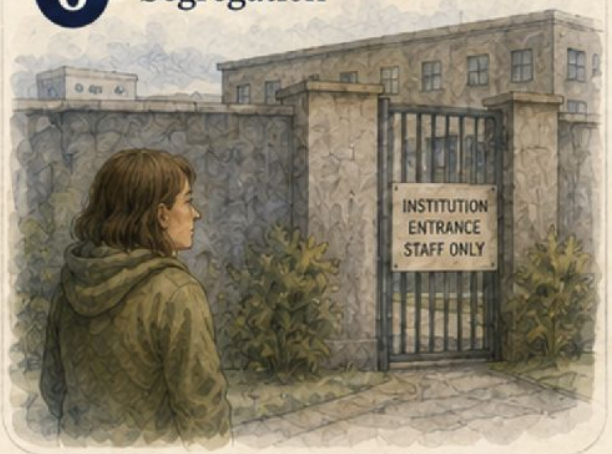
3 Isolation and loneliness

4 Reduced confidence and increased dependence

5 Poorer health and wellbeing

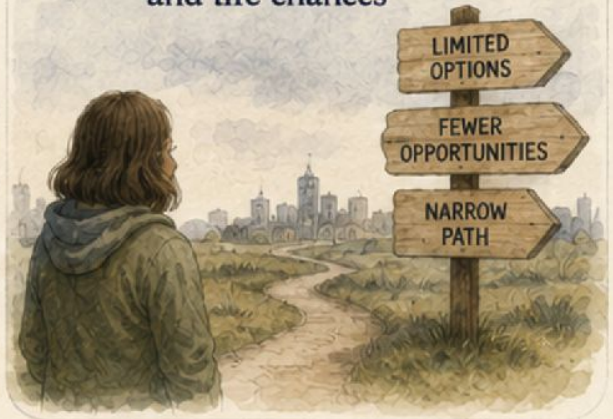


6 Segregation



7 Exclusion

8 Reduced quality of life and life chances



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Half a billion pounds a year
spent on the wrong kind of care

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NHS-funded inpatient beds for learning disabled and autistic people

£534m
per year

Best published estimate, based on FOI bed-rate analysis for 2022/23

Current inpatient numbers still imply roughly £500m a year

Flat cash estimate; not adjusted for inflation or bed mix

41% could have needs met in the community

NHS England Safe and Wellbeing Reviews

This is the commissioning failure: the money exists, but it is locked into beds rather than homes, support and belonging.

£237k	2,130	1,030 / 49%
average cost per person per year	people in inpatient services, May 2026	had been in hospital for over two years

At worst, people are significantly harmed

2011 National press

Abuse at a leading care home triggered police scrutiny of private hospitals
(Winterbourne View)

2019 National press

Secret filming exposed abuse of disabled and autistic patients
(Whorlton Hall)

2020 National press

Inspectors said staff at an Essex mental health hospital were abusing a patient
(Cygnet Yew Trees)

2021 Broadcast news

A damning report examined the deaths of three people at a Norfolk hospital
(Cawston Park)

2023 National press

Urgent reform was demanded after horrific abuse of young people in private care homes
(Hesley Group)

2026 National press

An inquiry found mistreatment had become normalised at Muckamore Abbey Hospital

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What research says increases the risk of abuse

For people with learning disabilities and autistic people

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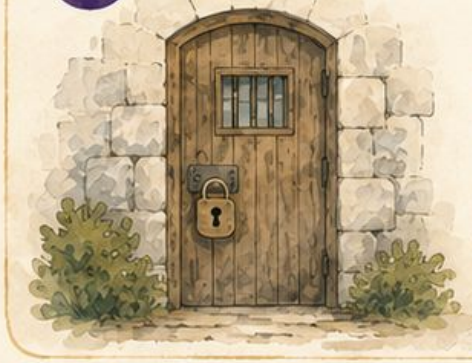
1. Closed cultures



People are cut off from ordinary life and hidden from view.

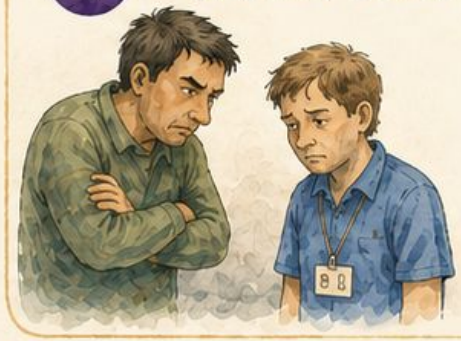
2. Big power imbalance

Staff control routines, choices and daily life.

3. Limited voice

People are not listened to or supported to communicate.

4. Poor staff culture



Bullying, punishment or rough practice can become normal.

5. Weak oversight

Leadership is poor and concerns are missed or ignored.

6. Stress and instability

Burnout, turnover and poor training increase risk.

> *Abuse is more likely in closed settings where power is high and accountability is low.*

Research drawn from Anich et al. (2016), Kamavarapu et al. (2017), Botngård et al. (2021) and CQC (2022).

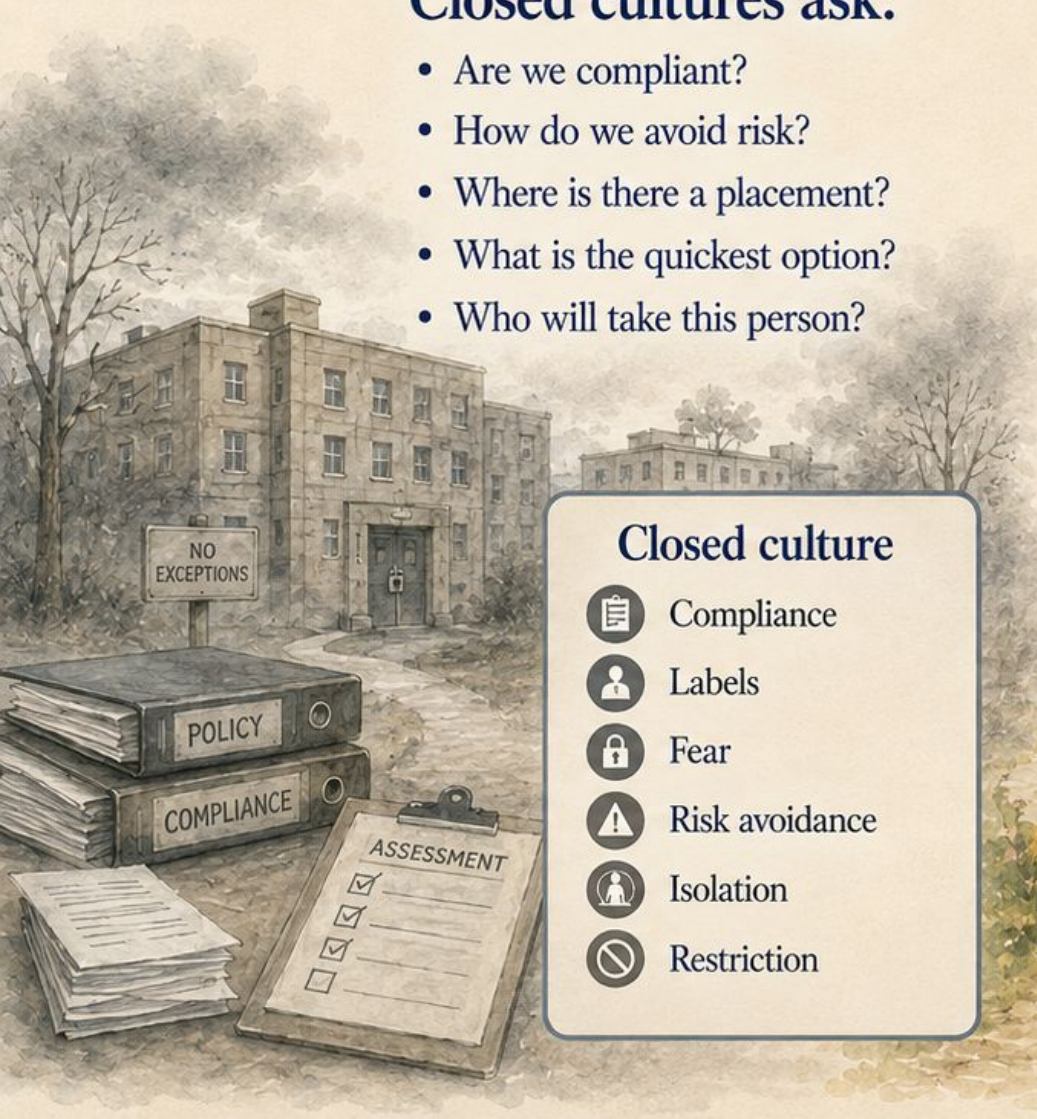
From closed cultures to open cultures

Closed cultures ask:

- Are we compliant?
- How do we avoid risk?
- Where is there a placement?
- What is the quickest option?
- Who will take this person?

Open cultures ask:

- Are we curious?
- What matters to this person?
- What would a good life look like?
- What support needs to be built?
- Who needs to work together?



A shift in mindset and practice

Closed culture

- Compliance
- Labels
- Fear
- Risk avoidance
- Isolation
- Restriction

Open culture

- Curiosity
- Aspirations
- Challenge
- Positive risk
- Partnership
- Independence

Every commissioning decision creates a culture

Every commissioning decision does one of two things:
It helps someone build an ordinary life.
Or it quietly maintains institutional thinking in a different building.
So the question has to be:
What needs to happen for this person to have an ordinary life?

Home

Family

Community

Purpose

Skilled support

Relationships

Choice

Safety

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Five lessons from working alongside commissioners

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1. Engage specialist providers early

Not when everything has already reached crisis point.

2. Find the right provider

Not just the available provider.

3. Be the person's biggest advocate

Ask difficult questions.
Challenge delay.
Escalate barriers.

4. Build partnerships

Contracts matter, but relationships solve problems.

5. Keep asking the ordinary life question

What needs to happen for this person to live well?

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How can we get upstream and divert people from institutional arrangements?

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If we build the right things early, fewer people get pushed downstream into restrictive services

UPSTREAM

Prevent, support, nurture and build good lives

Bespoke housing and crisis accommodation

Quality assurance systems

Self-direction

Values-driven provider organisations

Crisis response services

DOWNSTREAM

Restrictive, costly and disempowering

Inpatient hospital units

Assessment and treatment units

Residential care homes

Micro-institutions

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Put the Keys to Citizenship at the Centre of Commissioning

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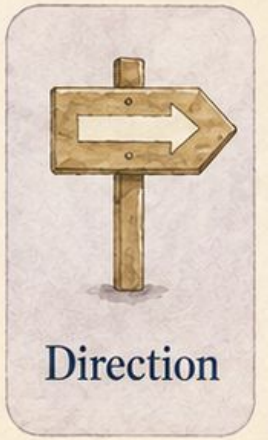
If commissioners expect values from providers, they need to articulate those values themselves.


Freedom


Direction


Money

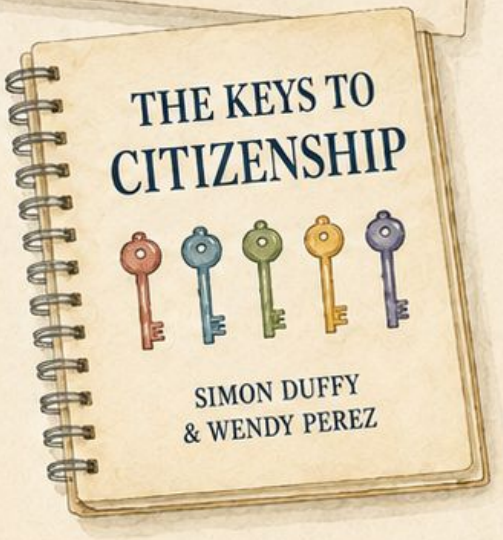

Life


Love

Most critical components in preventing people going into institutional care

Cornwall Council is leading the way by putting the Keys to Citizenship at the heart of commissioning.

Phenomenal work!



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Housing, choice and inclusion

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Inpatient hospital units

- ✗ No real choice
- ✗ Very low control
- ✗ Little inclusion

Residential care and other group living settings

- Some support options
- Limited choice
- Choice often shaped by the service

Own home in the community

- ✓ Private renting
- ✓ Social housing
- ✓ Owner occupied
- ✓ Shared ownership
- ✓ Gifted housing

★ Best fit with full choice, control and inclusion

No choice and control — Some choice and control — Full choice and control

Adapted from NDTi Housing Choices Discussion Paper 3: Characteristics of Housing and Support Options, Inclusion, Rights and Control, Naomi Harfleet, Jenny Pitts, Rob Greig and Helen Baum, April 2017

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Shape the market around quality

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Keep and grow excellent providers, help good providers improve, and decommission poor or institutional provision.

Excellent providers

- Values-driven
- People before profit
- Offer Individual Service Funds
- Creative and flexible
- Work in partnership
- Offer individualised support

Keep and grow

continuous improvement

Good providers

- Good values and ethos
- Willing to improve
- Building skills and quality
- Moving towards citizenship support

Support to improve

decommission poor provision

Decommission

- ✕ Not person-centred
- ✕ Profit before people
- ✕ Restrictive or institutional
- ✕ Poor quality
- ✕ Includes residential care

Do not tolerate

Build an effective brokerage system

What brokerage connects

- Citizens and families
- Housing teams and landlords
- Support providers
- Social work teams

What good brokerage needs

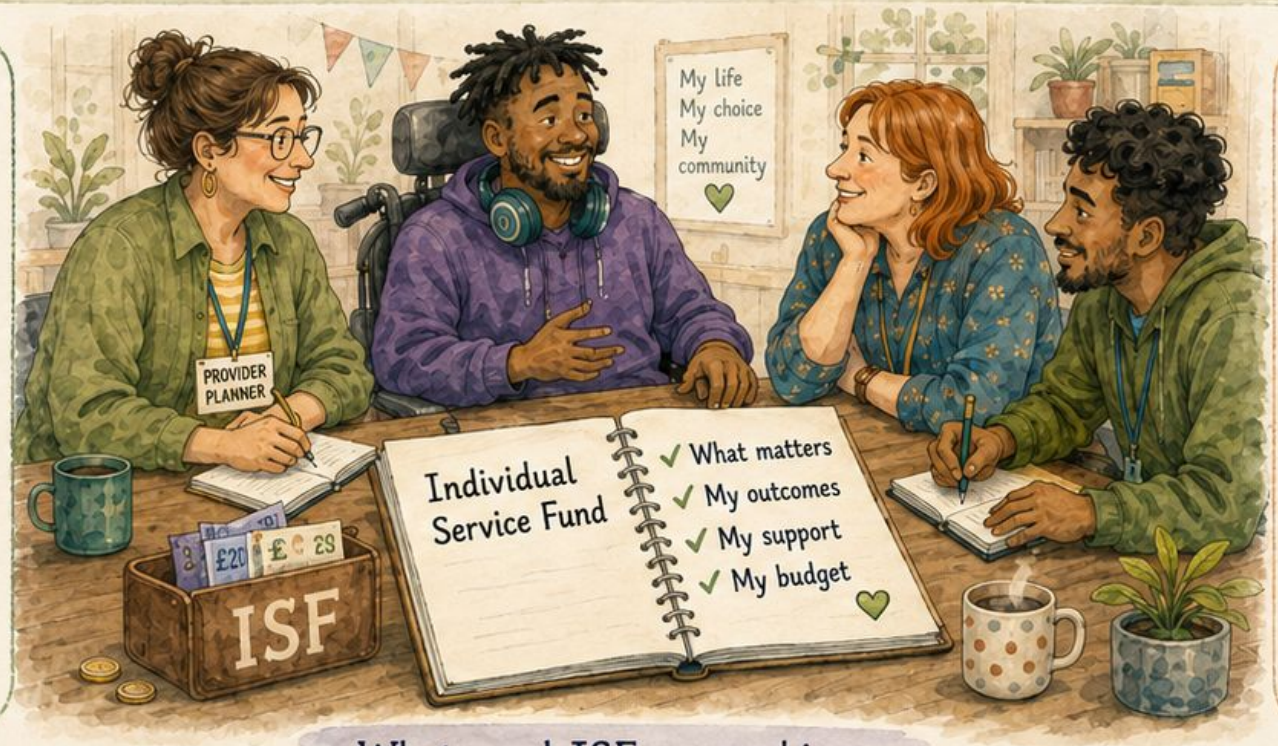
- Strong provider and housing relationships
- A pipeline of new housing developments
- Understanding of the population and the numbers of people coming through each year who will need housing and support
- Knowledge of support options and gaps
- Understanding of housing benefit and exceptional rates
- Crisis options as well as long-term support
- Listening to what local people say is missing

Individual Service Funds

Set the budget, trust people and providers, and then get out of the way.

What an ISF makes possible

- Personal budgets that follow the person
- Creative support planning with trusted providers
- Flexibility as life changes
- Bringing in community options and other organisations
- Less reliance on social workers to micromanage day-to-day changes



What commissioners should do

- Set the budget clearly with the person
- Work with providers who believe in personalisation
- Trust people to use the fund creatively
- Allow changes without unnecessary bureaucracy
- Step back and let people live their lives

What good ISFs can achieve

1. Better lives

2. More creativity

3. Flexible support

4. Community connections

5. Less bureaucracy

6. Money returned

Many ISFs can release savings of 5% to 10%, sometimes as a recurring reduction year on year.

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Reinvest ISF underspends in community life

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Use flexible funds well, then return unused money to strengthen local community support.

Individual Service Fund

Budget used creatively around the person

Returned at year end

underspend

held by a trusted local fund-holding organisation

1 Peer quality checkers

People with learning disabilities and autistic people visit and check support.

2 Peer advocacy

One person supporting another to speak up and be heard.

3 Friendship clubs and hubs

Welcoming spaces where people meet, share and belong.

4 Community connectors

Helping people link into groups, activities and opportunities in the local area.

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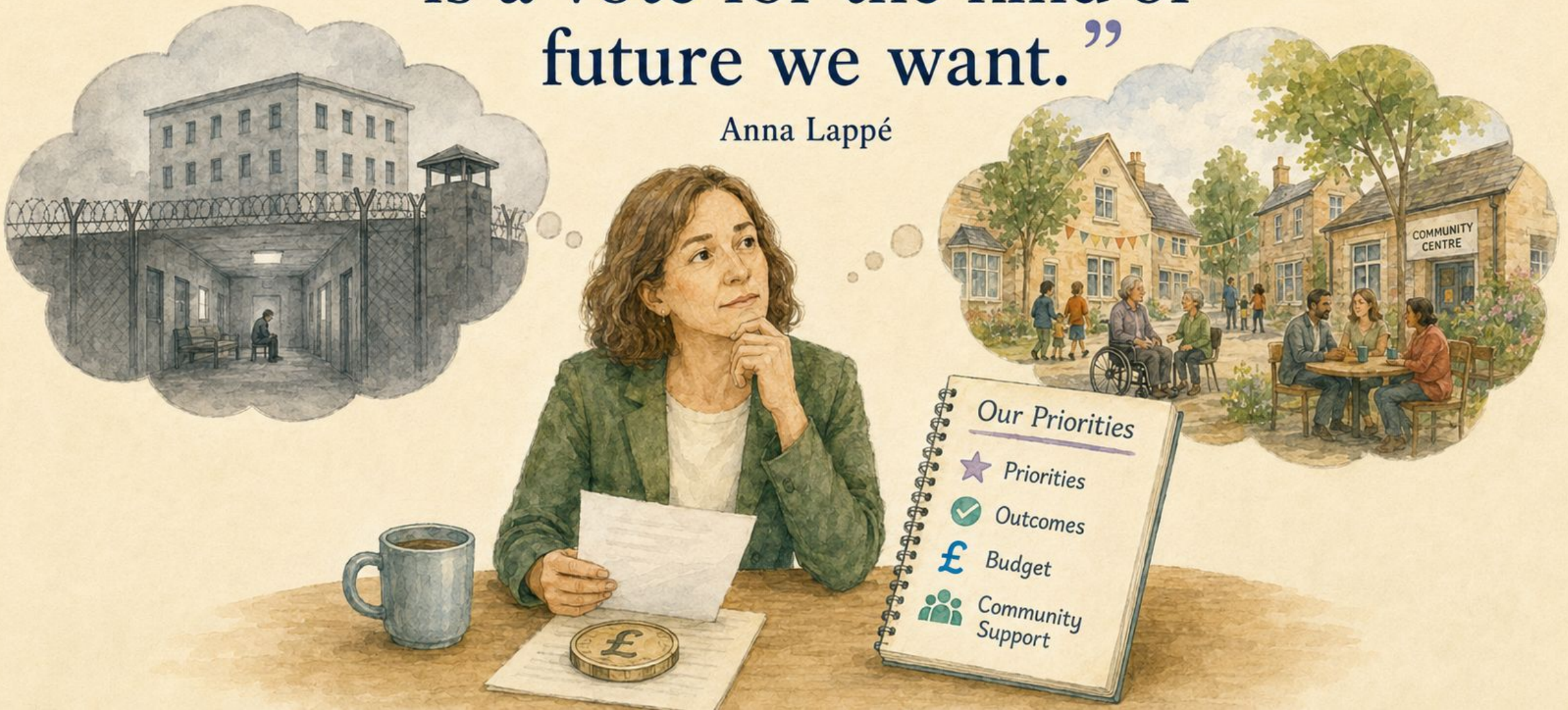
“Every pound we spend is a vote for the kind of future we want.”

Anna Lappé



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How do we get to community-led support in neighbourhoods?

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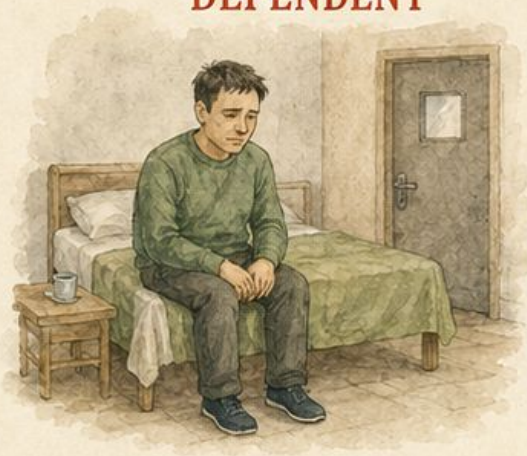
Every local authority area is somewhere on a continuum.
Progress comes from clear intentions, smart choices and persistent action.

INSTITUTIONAL DEPENDENT



Relies on inpatient and congregate settings, with limited choice and control.

MOVING AWAY

Recognising the impact of institutions and beginning to build community alternatives.

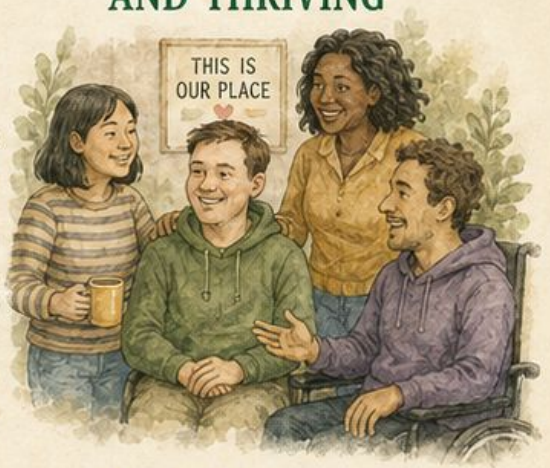
BUILDING MOMENTUM

Investing in housing, community support and local capacity.

TRANSFORMING

Most support is now in the community, with institutions used rarely.

COMMUNITY LED AND THRIVING



People live good lives in their communities, with choice, control and belonging.

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The building blocks of community-led support

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1 Start with the values of citizenship

Put self-direction, anti-institutional practice, human rights and the right help at the heart of strategy.

2 Make community-based housing central

Prioritise bespoke homes, own front doors, adapted housing and technology-enabled support in community.

3 Shape the market for quality

Back providers who can support everyone well; remove poor provision and move away from residential care for working-age adults.

4 Pool budgets

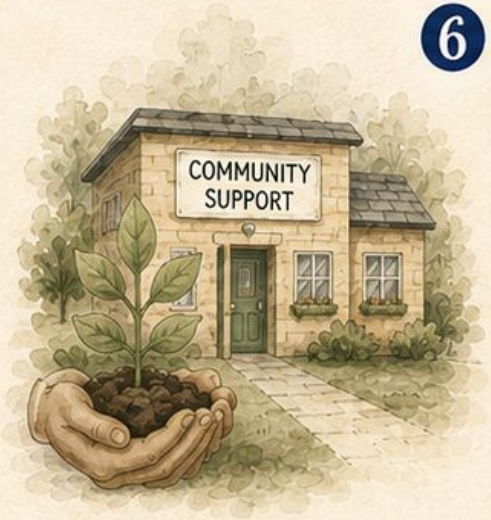
Use pooled NHS and council budgets so funding disputes do not trap people in institutions.

5 Value the workforce

Pay properly for complex, personalised support so skilled staff and specialist organisations stay stable.

How do we get to community-led support in neighbourhoods?

6 Grow local capacity

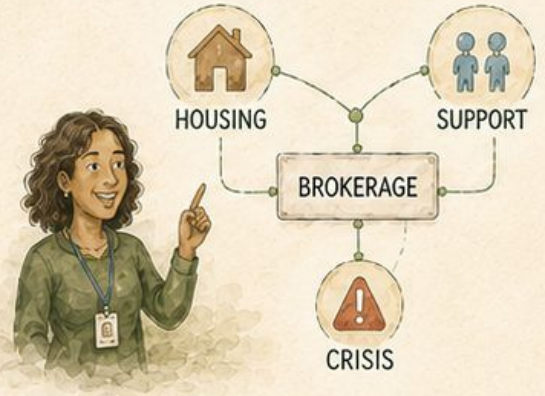


Invest in small, skilled local organisations that can support complex arrangements and help people leave institutions.

7 Quality check properly

Build strong local authority and NHS quality assurance, alongside peer checking that recognises good support.

8 Build smart brokerage

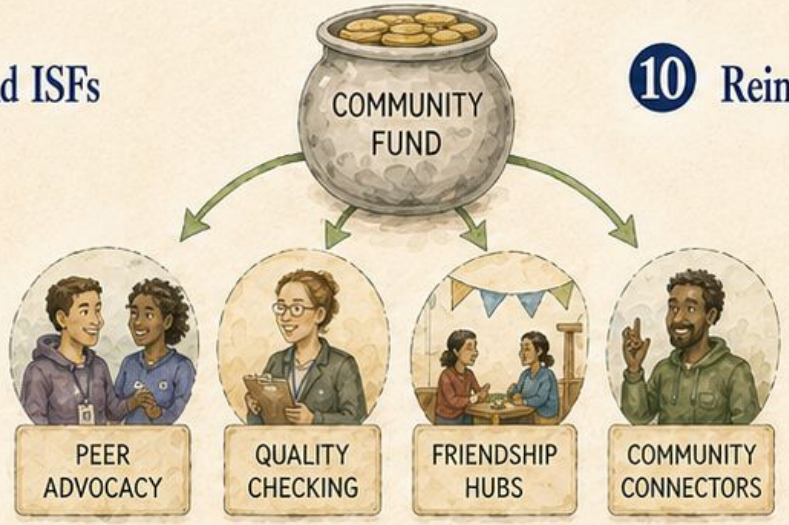


Connect people quickly to the right housing, support and crisis options.

9 Default to direct payments and ISFs

Offer direct payments first, then ISFs, so people can use budgets with more choice, control and creativity.

10 Reinvest underspends locally



Use ISF underspends for peer advocacy, quality checking, friendship hubs and community connectors.

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4. Shape the market around quality

Keep and grow excellent providers, help good providers improve, and decommission poor or institutional provision.

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Excellent providers

- Values-driven
- People before profit
- Offer Individual Service Funds
- Creative and flexible
- Work in partnership
- Strong individualised support

Keep and grow

continuous improvement

Good providers

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Support to improve

decommission poor provision

Decommission

- Not person-centred
- Profit before people
- Restrictive or institutional
- Poor quality
- Includes residential care

Do not tolerate

Market shaping

- Reward excellence
- Grow good provision
- Decommission poor quality

Commissioners need to use procurement proactively to bring in good quality providers and shape the market in a way that rewards high performers.

2. Housing in communities

Prioritise homes with front doors, good design,
local community links and crisis alternatives to hospital.

Flats

Bungalows

Designed for people with a range of disabilities including autism

Technology-enabled care

Crisis accommodation

Community settings

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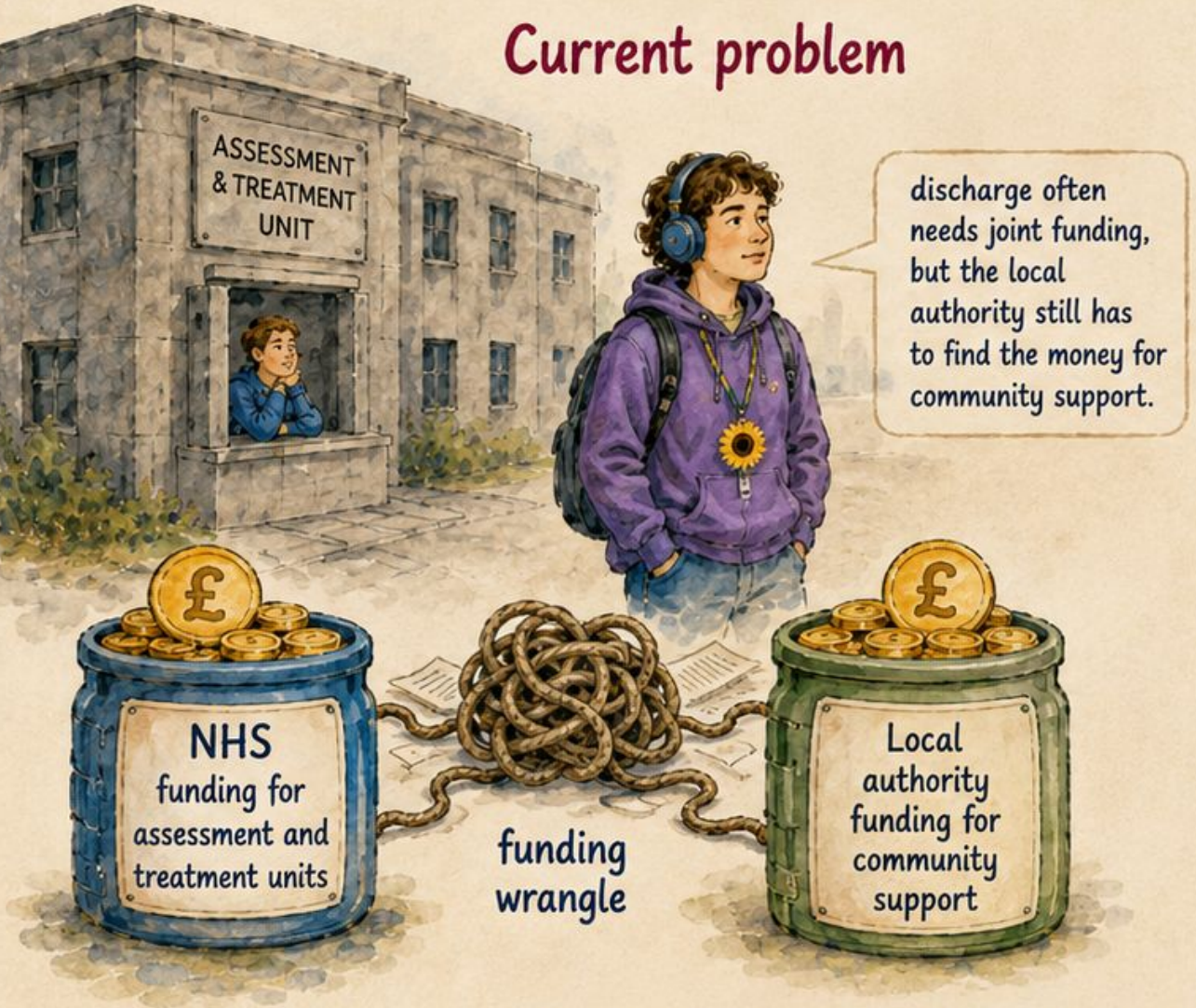
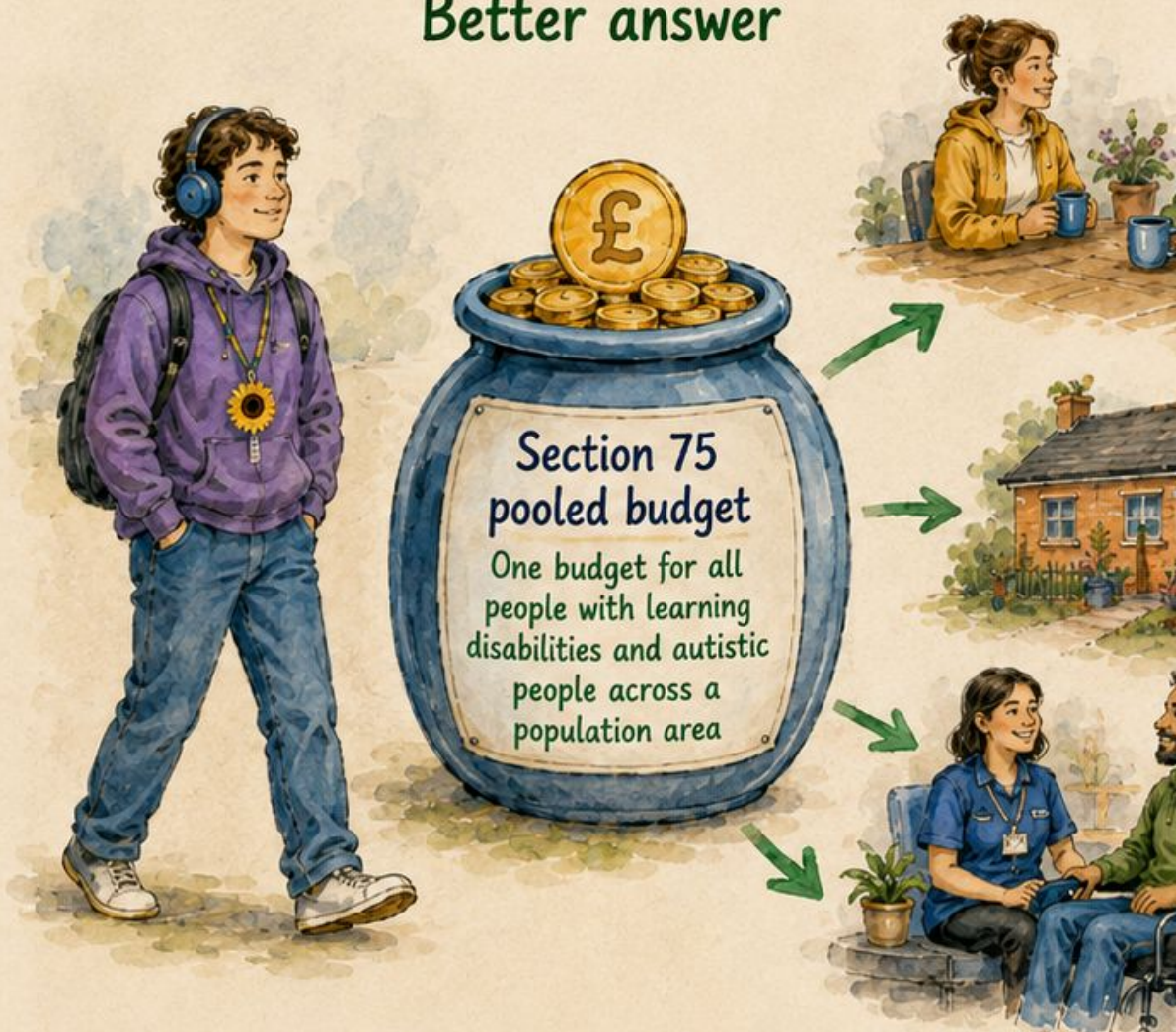
3. Pooled NHS and local authority budgets

Stop letting funding arguments be the reason people are stuck in institutional settings.

Current problem



Better answer



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Valuing a skilled workforce

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Market shaping must recognise that some people need highly skilled, individualised support to avoid service failure and institutional care.

Why this matters

- Skilled support prevents breakdown and crisis
- Detailed support plans need confident staff
- Individualised support reduces risk of institutional care
- Good staff make community living work

What commissioners should do

- Value the workforce as skilled work
- Fund some providers at a higher level where needed
- Recognise complexity and individualisation
- Shape the market to keep excellent providers local
- Avoid a race to the bottom on price

Key message

If we want people with more complex needs to live ordinary lives in community, we must fund and value the skilled workforce that makes that possible.

Different people need different levels of skill and support – market shaping should reflect that.

Growing small specialist support capacity

Good market shaping means making sure local areas have small, highly skilled organisations that can support people with the biggest labels and the most complex lives.

Why this matters

- Some people need small, highly individualised support
- Big generic services do not always work for people with the most complex arrangements
- Without the right local capacity, people can stay stuck in hospital or other institutional settings
- Small specialist organisations can help people move home and stay well in community

What commissioners should do

- Spot gaps in the local market for people with the biggest labels
- Grow or bring in small specialist organisations where needed
- Work with programmes like Small Supports to build new capacity
- Support providers to develop highly skilled, personalised support
- Use market shaping to help people leave hospital and avoid institutional care

Key message

If the right small organisations do not exist locally, commissioners should help create them or bring them in. This is a vital part of market shaping and de-institutionalisation.

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5. Quality checking that stays close to real life

Combine peer quality checking, local authority oversight and NHS quality support to spot poor practice early and understand what good really looks like.

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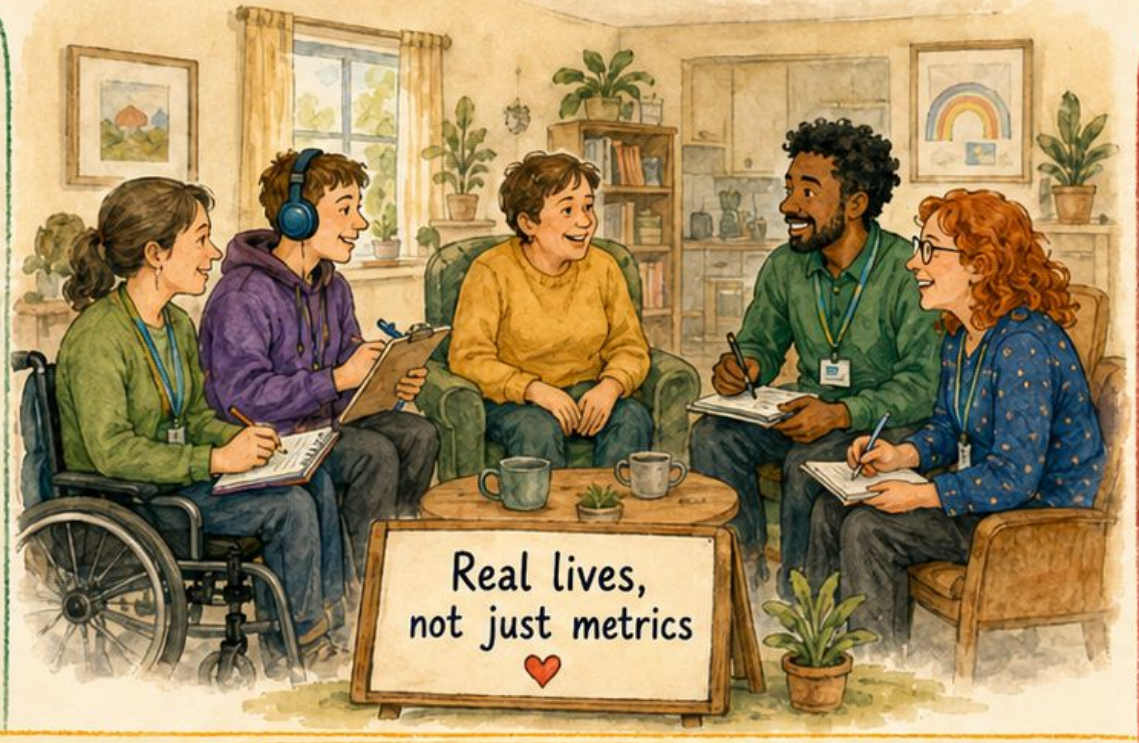
Peer quality checking

- People with learning disabilities and autistic people check services
- Ask what life is really like
- Notice things others may miss
- Focus on choice, respect and belonging



Local authority and NHS quality systems

- Local quality assurance teams on the ground
- NHS and local authority partners working together
- Scan constantly for poor practice
- Act early when quality slips

What good quality checking looks for

- Good support in real life
- Relationships and communication
- Safety without restriction
- Choice and control
- Community presence
- Not just meaningless KPIs

Good quality checking is local, relational and rooted in the everyday lives people are actually living.

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6. Build an effective brokerage system

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Join up housing, support and local intelligence so people can find the right home and the right support at the right time.

What brokerage connects

- Citizens and families
- Housing teams and landlords
- Support providers
- Learning disability and autism teams
- Local opportunities and community options

What good brokerage needs

- Strong provider and housing relationships
- A pipeline of new housing developments
- Understanding of the population and the numbers of people coming through each year who will need housing and support
- Knowledge of support options and gaps
- Understanding of housing benefit and exceptional rates
- Crisis options as well as long-term support
- Listening to what local people say is missing

What good brokerage helps achieve

1. Right home
2. Right support
3. Crisis alternatives
4. New housing solutions
5. Better market shaping
6. Faster, more creative matching

A strong brokerage system links people, housing and support, helps fill local gaps, and makes community-based solutions more possible.

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Start from a place of power with people

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Real change begins when support is built with people, not done to them

"Power with, not power over."

A co-active, shared power rather than coercive control

Mary Parker Follett