SURREY
COUNTY COUNCIL

Adult Social Care Select Committee
22 September 2010

Self Directed Support:
Evaluation Report

Purpose of the report: Policy Development and Review
To inform Members and the general public how the Personalisation agenda being promoted by the Government, is progressing in Surrey through Self Directed Support.

Introduction:

1   The Personalisation agenda has been developed in recent years as a result of pressure from people who use services and several government guidance notes. This culminated in the white paper 'Putting People First' (2007), which gives the Government's vision on personalisation.

2   There are seven principles of personalisation: Right to Independent Living, Right to a Personal Budget, Right to Self Determination, Right to Accessibility, Right to Flexible Funding, Accountability Principle and Capacity Principle.

3   What people should expect from a personalised approach, through their relationship with public services, is[1]:

- Being empowered to have more say and control in all aspects of public life and participate as active and equal citizens.

- Having maximum control over their own lives, including control over their health and health care.

- Supported to live independently, stay healthy and recover quickly.

- Having choice and control so that any support that is needed fits in with the ways they wish to lead their lives.

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[1] Paths to Personalisation - A whole system, whole life framework – Author National Health Development Unit

4   One way of providing more control over the support that is needed is by allocating an amount of money so people can decide for themselves how it can best be used.

5   One of the ways Surrey County Council is taking Personalisation forward is through Self Directed Support. Self Directed Support was developed by an organisation called In Control, an independent charity set up as a project in order to find a new way of organising the social care system.

6   Self Directed Support is a new way of providing social care support and it enables individuals to have more choice, control and independence over the support they need. An aim is to get away from the old system, where professionals made all the decisions about the support people could have and who would provide it. Consequently, the person needing support often had no control.

7   The process of Self Directed Support is as follows:

- Once eligibility has been established, a Supported Self Assessment is completed, which will record the needs of the person.

- Calculating the Indicative Personal Budget. The Supported Self Assessment is used to calculate an amount of money aligned to the level of need, and this is used as a basis for the costs of the services the person will receive under Self Directed Support.

- Enabling, planning and organising support to meet the person's outcomes. Once the Indicative Personal Budget has been calculated a support plan will be developed, which will detail the solutions the person feels will best meet their assessed needs and the outcomes they want to achieve. Once the support plan has been agreed, solutions can be put in place through a range of options, such as direct payments or directly commissioned services.

- Monitor and review outcomes. Once solutions are in place an interim review will take place within three months, when a social care practitioner will meet with the person to see whether the outcomes are being achieved. Reviews will then take place as appropriate or if the circumstances changes.

8   Surrey County Council began developing Self Directed Support in 2007, in consultation with people who use services, carers, staff and partners.

9   Individual practitioners in selected social care teams began piloting Self Directed Support in June 2008 for older people, people with physical and sensory disabilities and people with learning disabilities.

10   In April 2009, the Banstead, Epsom and Ewell social care teams implemented Self Directed Support for older people and people with physical and sensory disabilities. At the same time, each learning disability team began piloting Self Directed Support through dedicated practitioners, who worked with each new service user coming into the

team. The North-East (A) and Transition teams, working with people with learning disabilities, fully adopted Self Directed Support in October 2009.

11   The aim of this report is to evaluate what has been learnt about Self Directed Support in Surrey, through the work of the pilot teams, since June 2008. The scope of the report was determined through consultation with interested parties and stakeholders. Through this consultation, a series of questions were developed. This evaluation report aims to answer those questions.

People Who Use Services

A.   Aim and Source

12   For people who use services, the aim of the Self Directed Support evaluation was to identify what improvements Self Directed Support has made, whether all outcomes were achieved and to what extent individuals had choice and control.

13   From the early trials, Surrey County Council records show that:
- 1,135 people who use services completed a Supported Self Assessment (SSA).
- 300 of these individuals hold a personal budget, as follows:
  - 183 older people (OP)
  - 62 people with sensory or physical disabilities (PSD)
  - 55 people with learning disabilities (PLD).

14   The main source of information for this section of the report is an independent study, using qualitative research methods. Face-to-face and telephone interviews were conducted, with people who use services, by Surrey Coalition of Disabled People and Surrey Community Action. The sample size was 39. The study explores the participants' experiences of Self Directed Support and gives an indication of areas we might need to address or research further. The sample size is small due to the low number of individuals, who social care practitioners believed were able to be interviewed, or who, when asked, were willing to be interviewed, over a three month period.

15   A database of information collected from practitioners throughout the Self Directed Support pilot was another source of information.

B   Findings

16   Key themes from the analysis showed that people, who have contacted the department, are generally happy with the solutions and outcomes they identified themselves (with the help of their choice), through Self Directed Support. Some people have indicated a desire for services to be more flexible.

17   Information from both the rollout information and the feedback interviews highlights social care practitioner involvement in a majority of instances. They play a pivotal role, along with Brokers, in supporting people who

use services through the Self Directed Support process. Consequently, the availability and accessibility of the social care practitioner is of particular importance.

18   Although, in most cases, people who use services have received relevant information, some people stated that they did not. It is important that individuals are fully informed, so that they can choose who supports them to undertake the assessment and support plan and what services they would like, to help them achieve their outcomes.

19   Some concerns were raised, about accessibility of the information and documents provided, by both people who use services and staff.

20   Some people have found that it is more expensive to pay for services through a care agency by direct payments than it is through a Surrey County Council contracted service. This is due to the rates the council is able to negotiate on the basis of a bulk purchase.

21   Among the sample of brokerage users who gave a response, the social care practitioner was involved in the decision about who should be involved, to a greater or lesser extent in most instances. This was usually in discussion with a carer and/or family member. People who use services were involved in the decision-making in the majority of instances, although some people couldn't remember.

Carers

A.   Aim and Source

22   For carers, the aim of the evaluation was similar to those already stated for people who use services; to identify what improvements Self Directed Support has generated for them, whether or not all outcomes were achieved and what choice and control they had.

23   The main source of information for this section of the report is an independent study, using qualitative research methods. Face-to-face and telephone interviews were conducted with carers by Action for Carers. The results from the interviews were analysed and reported by Geraldine Bolam, a consultant, on behalf of Action for Carers. The sample size was 30. The study explores the participants' experiences of Self Directed Support, and gives an indication of areas to address or research further. The Self Directed Support rollout database was another source of information.

B.   Findings

24   It is felt from the feedback at interview that Self Directed Support has had a positive transformational impact on many aspects of the lives of carers.

25   Carers were positive about the Supported Self Assessment; 29 out of 30 carers stated that it had recorded everything that was important to them.

As with people who use services, the carers' responses to the questions makes it clear that the social care practitioner has a pivotal role and their accessibility and support is of particular importance.

26   Carers do show some understanding of why they were completing the assessment and how it is related to the indicative personal budget. However they do seem to lack the depth of knowledge required to have the necessary control.

Staff

A.   Aim and Source

27   For staff, the aim of the Self Directed Support evaluation was to identify how well the organisation, and its staff, have adapted to Self Directed Support and identify any issues for the countywide rollout.

28   Feedback for this section of the report is mainly taken from the "Shaping the Future" staff event, held in March 2010. An independent consultant, Julie Lunt from Helen Sanderson Associates, facilitated the event and wrote up a report from the day. Staff involved in the pilot of Self Directed Support, including managers, social care practitioners, support staff, Brokers and the project team, attended.

B.   Findings

29   Julie Lunt concluded that an increased involvement of people who use services, their families and carers, is evident. This has enabled greater flexibility and increased control. Relationships have improved with people using services, and families feel their voice is being heard. Staff are thinking 'outside the box' and working creatively and flexibly, which has contributed to their experiences of increased successes for people with a personal budget. Staff believe in Self Directed Support, which has helped to increase their job satisfaction.

30   Managers agree, saying both staff satisfaction and the quality of work have improved. According to feedback from the staff event, the numbers of compliments to the Epsom, Ewell and Banstead team during the pilot phase have risen, suggesting that the level of satisfaction people were experiencing from Self Directed Support was much improved.

31   By the very nature of the way Surrey County Council decided to develop Self Directed Support, i.e. through an iterative learning process, in some instances, staff began working with Self Directed Support before they had all of the appropriate training, or some areas developed further after staff had been trained. Therefore, there have been some concerns about lack of knowledge about Self Directed Support and their confidence in explaining and using it.

32   Staff highlighted the need for support. Regarding the support given by their supervisor, staff raised various issues including the need for more

consistent advice and commitment from senior management. It is felt that supervisors could have been more effective by increasing their knowledge of Self Directed Support.

33   Some concerns were raised about potential financial abuse as more people opt to manage their own care via direct payments, although those concerns exist in the current system.

34   Whilst the Self Directed Support process has been under development in Surrey, staff highlighted areas where it could be further improved to help with the transition from the old system.

C.   Steps Already Taken

35   Training has been significantly improved as a result of some of the concerns raised by staff. All staff in the learning disability part of the service have now been trained with the revised modules and report that their initial concerns have been addressed.

36   It was suggested that a top down approach to training could be implemented, which is being applied as part of the rollout. This has been achieved through engaging with managers at management meetings and the introduction of a Self Directed Support training course specifically for managers and senior managers, rather than managers attending the practitioners' course.

37   In addition to the training courses, fortnightly professional development groups are being established in all teams, following the training, to ensure that staff continue to build confidence, and feel supported in their practice development.

38   All senior managers in personal care and support have now completed a bespoke Self Directed Support managers' training course.

39   The specific training of managers has ensured that all staff will be trained before they start to work with Self Directed Support.

40   The new social care IT system (AIS), and contact assessment, which better support Self Directed Support, are now being rolled out. The Banstead, Epsom and Ewell Social Care Team is already using them and they are being rolled out to other Social Care teams. This should alleviate staff concerns about the transition from the old system, particularly around duplication.

41   Concerns about potential financial abuse should be addressed by the risk assessment being applied in all cases, with further support being provided where indicated.

Brokers

A. **Aim and Source**

42   For Brokers, the aim of the Self Directed Support evaluation was to provide a picture of brokerage against a series of key issues identified at an earlier stage: these being choice and control, setting up services, outcomes, and a general heading.

43   This section was informed by face-to-face and telephone interviews with people who use services and carers, the staff event, a database of information collected from practitioners, and the recent contract reviews with the Brokers themselves.

B.   **Findings**

44   Given the relatively small sample of users and carers interviewed that had experience of the brokerage service, some caution has to be exercised when drawing conclusions. Where people had worked with a Broker, they were generally satisfied with the help they received to plan and arrange their support. In most cases the care manager was involved, to some degree, in the persons' decision to use a Broker. However, among carers, there was very low awareness of the availability of brokerage support and consequently limited opportunities for choice.

45   There was evidence that, where a Broker was involved, most or all needs were met in the support plan and also an indication that some non-traditional solutions were developed. People who use services and their carers reported that they were generally able to purchase the services they wanted, although there was less evidence available to assess the impact of brokerage on achieving the outcomes they wanted from the Self Directed Support process.

46   Staff mentioned the role of brokerage in easing care teams' workloads and could also see the value of working alongside Brokers to share knowledge. There were some concerns about the capacity of Brokers to take on work, as there is a relatively small team of Brokers for the pilot.

47   Feedback from staff on the recent training courses has been very positive about brokerage, with staff feeling that a robust brokerage resource would be essential for full roll out of Self Directed Support. It has also been suggested that a dedicated, ring fenced role is useful, as it avoids other pressures that social care practitioners might experience.

48   There are some concerns about the consistency of how funding decisions are made and the time sometimes needed for those decisions to be made.

49   Communication and feedback between Brokers and practitioners has not always been effective. However, there are some examples of where this has worked particularly well, for example, when the Broker works in the same office as the practitioners. This, along with publicity, such as attending social care team meetings, has helped in increased awareness of brokerage and, in turn, referral numbers.

50   Information sharing between Surrey County Council and Brokers is an area that needs to be resolved. Although Self Directed Support is a user-led process, clear guidance around timeliness in completing the necessary work for Brokers and practitioners would also be valuable.

51   Finally, according to the information on the rollout database, a third or more of people with a learning disability and people with a physical or sensory disability worked with a Broker to complete their support plan, compared with 11% of older people. It is interesting to note that there is also a lower number of direct payments for older people.

C.   Steps Already Taken

52   Surrey County Council is currently reviewing the number of paid Brokers, in anticipation of the wider rollout of Self Directed Support, to ensure there is adequate resource to support the demand.

Finance

A.   Aim and Source

53   The aim of this section of the evaluation was to understand the financial implications of delivering personalisation through Self Directed Support.

54   The main source of information for this section was the Resource Allocation System database, which was the financial information collected throughout the pilot, including the indicative and final personal budget, as well as any revisions at review.

B.   Findings

55   The financial aim of the pilot was to have 1000 cases go through the Self Directed Support end-to-end process. Although over 1000 clients have completed a Self Supported Assessment, only 207 have been recorded as going through the whole process, i.e. to initial review. Statistically, this is too low to draw any valid conclusions that can be extrapolated across Adult Social Care.

56   However, on the findings available, the following information was drawn. For Older People:
- 50% of people identified solutions to meet their outcomes that cost less than with traditional services.
- 20% identified solutions that cost the same as traditional services.
- 30% identified solutions that cost more than traditional services.

C.   Steps Already Taken

57   The mechanism for calculating the indicative personal budget or RAS during the evaluation period has now been replaced by an updated

version. This has been informed by the experience to date and calibrated to reflect the funds available to meet the assessed needs.

Performance

A. Aim and Source

58 The aim of this section of the report is to identify, in performance terms, whether social care teams, that have mainstreamed Self Directed Support, are meeting the targets set by indicators and whether Self Directed Support is providing people who use our services, and their carers, improved services and outcomes.

59 The information used in this section is taken from national and Surrey specific indicators, as well as outcomes from reviews and feedback from people who use our services and their carers.

B. Findings

60 Monitoring outcomes during the review stage of Self Directed Support shows that in the majority of cases there is an improvement. The 13 categories for people, including carers, show improvement in peoples' quality of life, as a result of Self Directed Support.

61 There is no significant effect on timeliness of assessments using the new process. This result was based on new users assessed between April 2009 and March 2010.

62 As expected, teams who have fully adopted Self Directed Support report a higher rate of Self Directed Support (personal budgets, which includes direct payments), but in OP/PSD this is mainly made up from client non-direct payment services, for example, Surrey-contracted homecare provided via Self Directed Support (SDS).

63 Non-SDS teams had slightly higher numbers of new carers provided with a service/ info and advice than SDS teams. This result is unexpected as Self Directed Support has a strong emphasis on carer support.

Commissioning

A. Aim and Source

64 The aim of this section is evaluate whether people who use services and their carers are able to access the services they require to meet their outcomes.

65 The information used in this section has been taken from a number of sources, including feedback from interviews with people who use services and carers, the staff event, and support plans.

B. Findings

66   The evidence from people who use services and carers suggests that they are happy with the available services, although there are some issues around affordability and flexibility.

67   Analysis of support plans against national trends suggests that the use of direct payments is helping Surrey to move away from traditional services to more personalised, community-based services, with less use of home based care and greater use of Personal Assistants when compared against all personal budgets.

68   Feedback from staff and Brokers suggest that services that are requested are not always available and there is a lack of choice, such as options in the community, transport and employment.

Equality Impact Assessment (EIA)

A. Aim and Source

69   The aim of this section of the report is to ensure that Self Directed Support has an EIA that has been actioned, to ensure minority or excluded groups have been included in consultation, and any negative or differential impact on affected groups is monitored and resolved.

70   The information used in this section is taken from the rollout information database and feedback from consultation events, both before and during the pilot.

B. Findings

71   The Equality Impact Assessment is still evolving. It was recently reviewed, updated, and presented at the external Equality Advisory Group. There are a number of issues to be resolved, and resource should be allocated to resolve these issues. These are detailed in the main report and include ensuring advocates are available to support people from minority or excluded groups and that the Resource Allocation System should be flexible enough to allow for the purchase of specialist services or equipment.

C. Steps Already Taken

72   Some concerns that were expressed through consultation during the pilot have now been addressed. For example, there were some concerns about the accessibility of some of the documents to enable people to self-serve. Working groups have been formed, with people who use services, to review and amend these.

Conclusions

73   Whilst Surrey County Council recognises many lessons have been learnt along the way, and further developments are to be made, the

implementation of Self Directed Support has, on the whole, been successful.

Financial and value for money implications

74   The Adult Social Care Finance team have been monitoring the cost of solutions to meet the outcomes of individuals. Currently only 207 people have been recorded as going through Self Directed Support and having an initial review. This number, statistically, is too low to draw any firm conclusions. For older people the indications are that 50% of people costs are less, 20% of people costs are the same and for 30% of people costs are more, when comparing solutions identified through Self Directed Support with solutions identified through traditional methods.

75   A new Resource Allocation System (RAS), which is used to calculate the cost of support, has now been developed, making use of the data from the pilot to calibrate the calculations.

Equalities Implications

76   The equalities implications of Self Directed Support have been fully monitored through an Equality Impact Assessment (EIA). The Equality Impact Assessment is still evolving and has recently been reviewed and updated. It has also been presented to the external Equality Advisory Group.

77   Although issues have been identified and resolved, there are some that still need monitoring, such as ensuring advocates are available to support people from minority or excluded groups and that the Resource Allocation System should be flexible enough to allow for the purchase of specialist services or equipment.

Risk Management Implications

78   There were two aspects of risk management identified in the old adult care system: the risk to the person, if suitable support is not provided (eligibility) and the risk that emergencies may take place after services have been put in place.

79   On the first point, a proportionate approach is taken, to ensure that the level of service for an individual is proportionate to their specific needs, whilst reducing the risks associated with their needs. It is the intention that individuals in complex situations, which can only be addressed by services of significant cost, will receive a Supported Self Assessment and the detail contained in the assessment will be proportionate to the person's needs.

80   On the second point, Self Directed Support in Surrey has introduced a new approach to risk management, which maximises the choices people can make about the support they need to lead fulfilling lives, whilst steps are taken to minimise the chances of harmful situations developing. At the same time, risk assessments are carried out once support plans are developed to determine the frequency of reviews. These take into

account the nature of the person's needs, the complexity of the support they are receiving and the method they have chosen to receive these services.

81   The governing principle behind good approaches to choice and risk within Self Directed Support is 'positive risk taking', where people have the right to live their lives to the full, as long as that does not stop others from doing the same. Fear of supporting people to take reasonable risks in their daily lives can prevent them from doing the things that most people take for granted. Sometimes, making a decision that involves taking a small risk can make a big difference to someone's quality of life, particularly if they make that decision for themselves. The key thing is that they understand the implications of that decision.

Implications for the Council's Priorities or Community Strategy/Local Area Agreement Targets

82   One of the five priorities identified for 2009/2010 by the Executive is "Helping adults to live independently and safely". The implementation of Self Directed Support helps to deliver the priority "increasing the number of vulnerable adults able to live independently", by the implementation of inventive support plans.

83   Additionally, Self Directed Support will help to achieve targets set in National Indicator NI 130 that has been updated for 2009/10 and monitors social care clients receiving Self Directed Support. It includes those receiving Self Directed Support, as well as those people who are receiving any type of personal budget. This is also a priority as part of Surrey's Local Area Agreement for 2008-2011.

84   One of the 10 areas where the Surrey Strategic Partnership believe a difference can be made to the lives of the people in Surrey is "Greater support for vulnerable people to live independently and choose their health and care arrangements". Self Directed Support has a key role to play in this, and its continual development will help provide people with more control and more opportunities to live independently.

Recommendations and Next Steps:

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a)   The findings from the Self Directed Support Evaluation report has shown that development areas already identified as part of the Transforming Adult Social Care Implementation Programme should be continued. These are:

- Surrey Information Point and web-based marketplace tools will enable people to access an on-line directory of information and services available to adults in Surrey. Surrey Information Point will be launched internally and with partners in the first week of October 2010. The launch will be low key to allow for the identification of any issues before being marketed to the public at the beginning of 2011.
- The piloting of citizens' hubs in Epsom and Ewell, and Reigate and Banstead. The intention is to situate the hubs in high streets

to provide access to hard to reach communities and secure better engagement with disabled people and carers. The hub in Epsom and Ewell will be going live in September 2010.

- Support with Confidence kite marking scheme, which will provide a measure of quality assurance around provision that falls outside the regulated area. This should address concerns about potential financial abuse by vetting non-approved service providers. Customers and Communities are currently developing this, in partnership with Adult Social Care, and it is proposed that it will be launched in January 2011.

- New social care IT system, Adult Information System (AIS), is replacing SWIFT and better supports Self Directed Support. This is currently being rolled out, starting with Banstead, Epsom and Ewell Social Care team on the 2 August 2010. It will be operational in all social care teams by the 31 March 2011.

- Increasing options for people to manage their money, such as Individual Service Funds. This is where the provider manages the budget on behalf of the individual, working with them to ensure their support is delivered appropriately to meet their needs and outcomes which may resolve issues round flexibility. This should be in place by the 31st March 2011.

- Local events, to raise awareness about personalisation, engage local people and groups, facilitate local plans to develop the market and provide an opportunity for stakeholders to network and work together. An event has already been held in Epsom and Ewell, and one is currently being planned for early October 2010 in Reigate and Banstead. The intention is for an event to be held in each of Surrey's district and boroughs by April 2011.

- Work to further develop brokerage, including additional analysis from the pilot information, to ensure it is fit for purpose. Surrey's brokerage policy is currently being reviewed, with the intention of having a revised policy by the end of September 2010. Further to this, a revised brokerage model will be developed and implemented by the 31st March 2011.

- Ongoing calibration of the Resource Allocation System (RAS), to more accurately calculate against actual spend. It remains the intention that Surrey will move towards adapting a generic RAS over time.

- Accessible versions of all key documents and guidance, such as the development of an easy read version of the Supported Self Assessment. The intention is for the Adult Social Care Information and Communication team to take on this work, to produce easy read versions of the Supported Self Assessment, Support Plan and Reviews. Timescales are yet to be agreed.

- Ongoing training and support for managers, staff and Brokers, to support the delivery of Self Directed Support. The frontline teams will be fully trained by February 2011.

- Workforce developments, such as work on staff competencies, to ensure it supports personalisation. This should be completed by the 31st March 2011.

- Revised guidance for managers on performance, supervision and supporting staff, to ensure they are supported through the culture change.

b) In addition to the work already being undertaken it is recommended that Surrey County Council:
- Monitor, through the further rollout of Self Directed Support, that people who use services are fully informed about all aspects of Self Directed Support, ensuring this becomes part of the staff training and core business.
- Works with providers to see how the cost of services that people who use services purchase through direct payments can be similar to the cost Surrey County Council pay by block contracts.
- Should do more to improve carers' understanding of why they are completing the assessment and how this relates to the indicative personal budget of the person they care for. Surrey County Council also needs to raise awareness with carers about support planning, the importance of reviews, and generally the benefits of Self Directed Support for carers. This should be targeted through the Self Directed Support training for staff and information packs for carers.
- Should consider further suggestions about improving direct payments, and raising the awareness of Supported Managed Accounts, as part of the work to develop options for the way in which people manage their money.
- Should improve communication and feedback between Brokers and practitioners, by replicating examples of good practice through the rollout and the in-house broker acting as a link to any external brokers.
- Needs to resolve issues around information sharing with brokers. The provision of clear guidance around timescales for completion of work for Brokers and practitioners would also be valuable.
- Needs to undertake further analysis of whether there is a link between the low number of broker involvement with older people and the low number of direct payments for older people.
- Needs to undertake further investigative work to understand why the evidence suggesting that more carers are receiving supported self assessments is not being reflected in the NI 135, which reports on the number of carers receiving services.
- Should ensure Self Directed Support links with Adult Social Care Commissioning, to ensure the development of new solutions to help to meet identified outcomes for people who use services and carers.
- Continues monitoring issues raised in the Equalities Impact Assessment.

c) Further evaluation of the impact of implementing Self Directed Support is recommended in a year's time and should, where possible, be included as part of existing or future feedback and data collection exercises.

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Sources/background papers: [List of all documents used in compiling the report, for example previous reports/minutes, letters, legislation, etc.]

1. Self Directed Support: Research into People who use Services' experiences of Self Directed Support, Surrey County Council
2. Self Directed Support: Research into Carers' experiences of Self Directed Support, Geraldine Bolam for Surrey County Council
3. Self Directed Support Equality Impact Assessment, Surrey County Council, http://www.surreycc.gov.uk/sccwebsite/sccwspublications.nsf/docidLookup FileResourcesByUNID/docid1DD64B328374EB31802577510039D5C3?o penDocument
4. 'Putting People First', Department of Health, (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publication sPolicyAndGuidance/DH_081118)
5. Local Authority Circular LAC (DH(2008)) 1, p 4
6. Managing the Money: Resource deployment options for personal budgets, Department of Health (http://www.supportplanning.org/Support_Planning_Downloads/Managing_ the_Money_-_Resource_deployment_options_for_personal_budgets.pdf)
7. "Evaluation of the Individual Budgets Pilot Programme", Department of Health, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Publication sPolicyAndGuidance/DH_089505
8. Self Directed Support learning exercise evaluation, Oxfordshire County Council (http://mycouncil.oxfordshire.gov.uk/(S(111temanaulowwi3xfkizm45))/Publi shed/C00000114/M00000229/AI00001109/$ASDEC0209R12.docA.ps.pdf)