



Self-Directed Support
NHS Highland
Policies and Procedures

Staff and Independent Support
Feedback

August 2025

Staff and Independent Support Feedback: Findings

The revision of NHS Highland Self-directed Support (SDS) Option 1 and Option 2 Policies and Procedures, is to ensure they fall in line with the [SDS Framework of Standards](#)¹. The SDS Framework of Standards will guide NHS Highland into ensuring individuals have greater choice and control over their social care support.

To evaluate the current situation, we asked Social Worker Assistant Practitioners, Social Worker and Social Work Team Managers to complete a questionnaire on how effectively they felt our Policies and Procedures have supported Service Users and assisted staff in guiding them through their Self-directed Support journey.

Following on from this we held a focus group with representation from Social Work, SDS Review Team, and Community Contacts our Support in the Right Direction (SiRD) partners.

We specifically asked questions about:

- What **documentation** they are familiar with and how helpful it was
- How useful our Service **Policies and Procedures** were in promoting choice, flexibility and control; and
- How well equipped did they feel in supporting the Service User through their **SDS journey**

The **Findings** from the staff questionnaire and focus group are presented – below – after a short section on definitions.

In addition, we distributed a separate questionnaire to Service Users to gather their views. Findings from that work can be found in the document library on our [Self-directed support | NHS Highland](#) page.

Thank you to everyone who took the time to complete the questionnaire and attend the focus group – your feedback is appreciated and key in helping us improve our SDS Policies and Procedures.

¹ <https://hub.careinspectorate.com/media/5793/sds-framework-of-standards.pdf>

Definitions

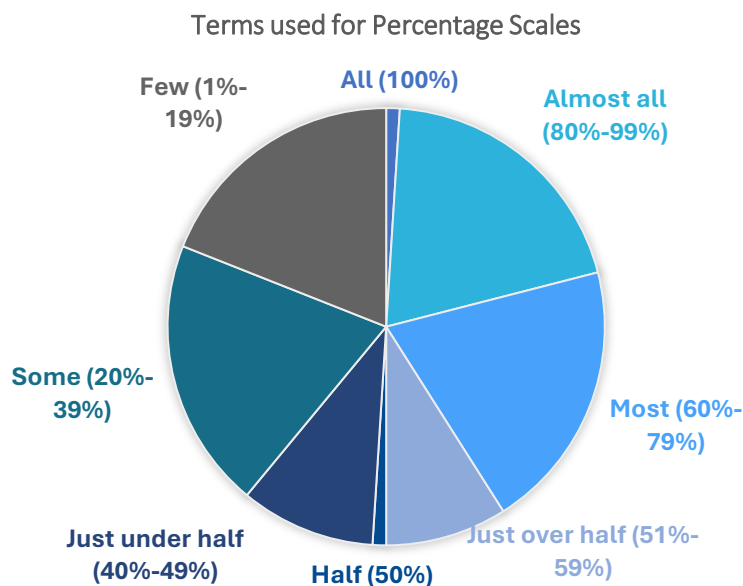
Option 1 – The supported person receives a Direct Payment

The supported person arranges their own support using a budget provided by NHS Highland. The budget can be used to employ staff and/or purchase goods and services. This option gives the supported person the most responsibility, which may include employer responsibilities.

Option 2- The supported person decides on the support they want, and support is arranged on their behalf (Individual Service Fund)

The supported person uses the budget provided by NHS Highland to choose goods and services, and then the support is arranged on their behalf. This can be arranged by NHS Highland, or a third party (such as a support provider) can manage the money on behalf of the supported person. The supported person directs the support but does not manage the money.

When discussing the results of the questionnaire we have used the following terms to quantify the percentage range.



Description of Words Used

Supported person, people or individual – covers people that receive Self-directed Support (SDS)

Personal Outcomes – what matters to the person and what they want to achieve

Respondents, participants – the people that completed the questionnaire or attended the Focus Group

Documentation

We asked the social work staff, what documentation issued to Option 1 and Option 2 users they were familiar with?

Table 1: Documentation Received

Option 1 Users	Agreement to participate in Direct Payment Scheme	36%
	A helpful guide to Self-Directed Support in Highland Option 1 - Direct Payment	82%
	A guide for spending a Direct Payment Budget	64%
	EML Payment Card - Frequently Asked Questions	41%
	EML Payment Card - Basic Information Sheet	27%
Option 1 and Option 2 Users	Community Contacts - Information Sheet (SDS Options / 7 Steps)	64%
	Copy of your Personal Outcome Plan and Support Plan	91%
Option 2 Users	Individual Service Fund Agreement (Tri-Party Agreement)	86%

Headlines

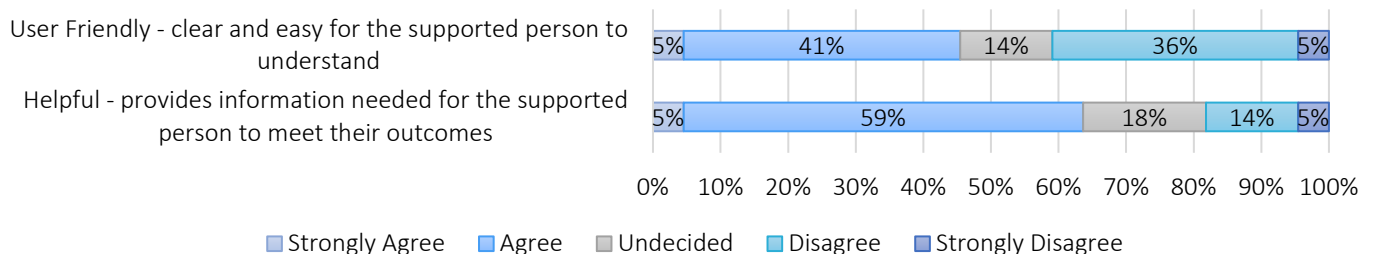
The copy of the Personal Outcome Plan and Support Plan was the highest at 91% which would be expected, this was then followed by the Individual Service Fund Agreement at 86%.

The 'EML Payment Card – Basic Information Sheet' was the lowest response at 27%. Some of the social work respondents (36%) also noted that they were familiar with the 'Agreement to participate in Direct Payment Scheme' document. This makes it appear that most social workers may have limited awareness of the next stage in the process of the Option 1- Direct Payment scheme.

(See Table 1)

We asked social work staff how they felt about the documentation provided to the Option 1 and 2 Users?

Chart 1: Documentation Feedback



Headlines

There was split view on whether the documentation was user friendly, with less than half strongly agreeing or agreeing to this statement and less than half either disagreeing or strongly disagreeing, the remaining few were undecided.

Most of the social work respondents strongly agreed or agreed that the documentation provided was helpful. (See Chart 1)

Documentation: the themes identified were:

Information was described as **lengthy, cumbersome** and **complex**. Existing guides were reported as being **outdated, unprofessional and difficult to read**. Current easy read materials were noted as **vague and limited to a single page**. Social workers expressed their concern for individuals with **limited internet access or technical skills**, emphasising the need for information to be provided in formats tailored to individual needs. The appearance of the materials was described as **very corporate and not specific to NHS Highland, lacking colour and clarity**. While some social workers found the documentation to be **informative and clear** it was pointed out that **families often lack the time to read lengthy documents**.

Suggestions for improvement included the creation of an **easy read booklet** that clearly explains all Self-Directed Support options, which could be used to support conversations with individuals. It was also recommended that information be brought together into **one simple, comprehensive pack**, with **more illustrations** to aid understanding.

“Easy read versions would be ideal for clients as it is their parents we tend to send the information to due to level of understanding. When speaking with a client themselves, easy read would be better to explain.”

“Would be good to have a "pack" for Option 1 and 2 to provide for the family/carers of all clients across Highland.”

Option 2 – Tri-Party Agreement was described as **too long and not user-friendly** with any changes requiring full reprint of the document.

Suggestions included **creating a more concise version** of the Option 2 Tri-Party Agreement to improve accessibility and understanding.

“For Option 2- the Tri-Party agreement is very lengthy so would be better if this could be more concise.”

We social work staff – What is Missing?

The themes identified here were:

List of care / resources available, focus group attendees and questionnaire respondents both expressed the need for a **list of care options** available in each area, including people and organisations that can be employed to provide support. Staff shared concerns that individuals who are desperate to recruit may be at **risk of recruiting unsuitable personal assistants**. It was acknowledged that not all individuals want Option 1 as some find the process of **accessing and purchasing care too stressful**. One social worker noted that they only recently became aware that an Option 1 user can **access help from a broker**.

Suggestions for improvement included providing a **directory of self-employed personal assistants** and/or a **pool of PAs**. It was also recommended that individuals and social workers be **made aware of support available** to them.

“Without a pool of PAs to access, then DPs don't work.”

Availability of Carers remains a **concern** across all Highland districts but **particularly in rural areas**, where options are limited. It was noted that while private carers are emerging many **restrict their availability** to Monday to Friday, 9am – 5pm. The need to support carers was also raised, as personal assistant (PA) **work can be very isolating**.

Suggestions for improvement included **promoting the role of personal assistants** more widely and signposting them to **appropriate support**. It was also recommended to **include Independent Support** to help the individual through the process of becoming an employer. Ensuring that both employers and employees have a **contingency plan** in place with realistic solutions for when PAs are unavailable, was highlighted as essential. Additionally, the use of **sponsorship models to bring in carers from abroad** was suggested, although currently government barriers around visa applications were acknowledged.

“It would also be helpful to make sure potential PAs are being paid enough to make them wish to do the job.”

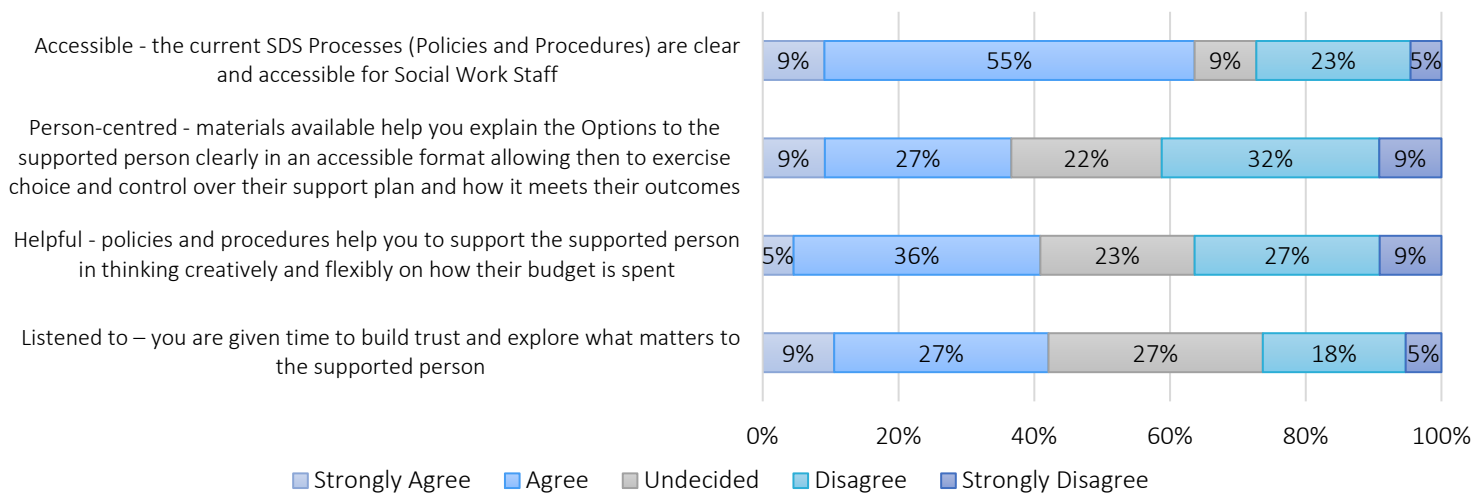
Time to support SDS discussions, Social workers expressed that they **find it difficult to build trust** and explore fully what matters to individuals while in a hospital setting, due to **pressure to discharge patients** quickly. **Reviews are overridden by more urgent work**, and ongoing support is lacking to ensure that individual's outcomes are being met.

Suggestions included allowing **more time to speak to individuals** to think more creatively around outcomes and budget spend. It was recommended that **tighter reviewing systems** be put in place. Other suggestions included making **social workers more visible in communities** and reducing waiting lists through **pop-up advice sessions**. Participants also advocated for more **collaborative, community-rooted models** and **freeing up frontline staff to make decisions**.

“Staff need to feel confident offering the SDS options and have engaging and user-friendly information and time to support and in some cases revisit discussions.”

Service Policies and Procedures

Chart 2: Service Policies and Procedures Feedback



Headlines

Most of the Social Work respondents felt that the policies and procedures were accessible to them. However, when asked how helpful these policies are in supporting individuals, responses were mixed — with a slight majority agreeing. A similar pattern was seen in the person-centred statement, although there was a small increase in those who disagreed. (See Chart 2)

Policies and Procedures: the themes identified were:

Clearer guidance on notifying individuals of their SDS budget and how it can be spent, attendees and respondents felt that the **rigid approval processes and traffic light system** limit flexibility in spending. Social workers also reported that they were **not informed in advance about unspent budgets**, which were reclaimed before they had the opportunity to discuss with the individuals how it could be used effectively.

Suggestions raised from the questionnaire respondents included creating a **simple information sheet** explaining what individuals can and cannot use their funds for, and **what happens if they are misused**. One social worker suggested a **letter that outlines the approved Option 1 funding** to reduce confusion. However, focus group participants strongly supported **removing the traffic light system** to allow greater flexibility, and to empower frontline staff to **approve spending based on legality and outcomes**.

“It would be helpful to have support to think creatively around budgets.”

District Care Planning was described as **frustrating** with panels **not understanding the individual’s situation** resulting in assessments being overridden.

Suggestions included the continuation and hopefully expansion of the **worker autonomy pilot** in Inverness where levels, that would normally go to DCP, go through a decision-making forum attended by a District Manager.

“DCP is very difficult, especially if you don't have a social work advocate on the panel”

Service Policies and Procedures (continued)

Simplified Payment Card System, staff have observed and reported **technical difficulties** with the current payment system, which have caused significant **frustration for users**. These system failures have led to **financial stress and delays in accessing care**. Due to known delays in setting up direct payment cards, some social workers feel **pressured to rush assessments** in urgent situations to ensure clients receive support as quickly as possible. One member of staff described a situation where they tried to assist a supported person with their payment card but found the **instruction unclear**.

Suggestions included the need for better **contingency planning and improved support** with the payment system. Respondents also highlighted the importance of **clearer, more simplified instructions**, and an **increase in staff** responsible for setting up payment cards to reduce delays.

“I also supported someone who had huge issues activating the Option 1 card and I struggled with it as well....the instructions weren't very clear.”

Transitioning from Children's Services to Adult Services- Financial Guardianship was reported as **needing urgent clarification**. Social workers expressed concern that the NHS Highland's policy **does not align with legislation**, as it does not allow an individual, who lacks capacity, to hold a Tri Party Agreement without a financial guardian (private person) to sign it. This process can take several months, resulting in young people, under Local Authority Welfare Guardianship, being **unfairly excluded from accessing Options 1 and 2**.

Suggestions included introducing **early planning for transitions** involving all relevant parties, along with a **clearer process pathway**. It was also proposed that **allowing DWP appointees to sign the Tri-Party Agreement**, could help **reduce delays**.

“Consider interim measures as a Guardianship Order is progressed through court, so there is no delay in starting a support package.”

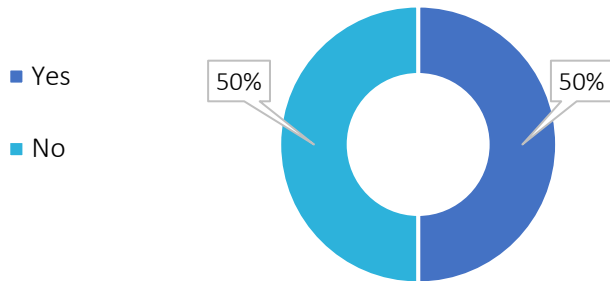
Option 2 Limits and Lack of Understanding was raised through both focus group discussions and questionnaire feedback. Participants described the restrictions set by NHS Highland, particularly around contracts as **too rigid**, with significant **overlap with Option 3**. Option 2 was perceived as being **underused** due to **limited flexibility** and **unclear interpretation**. Some staff have not seen Option 2 used in practice and **feel unclear about how it works**, making it difficult to support clients confidently. One of the main regulatory barriers is the **restrictions on who can be employed** under Option 2. Additionally, guidance on what is permitted under Option 2 **varies across regions**. For example, some areas approve supports such as travel costs and deep cleaning services, while others do not, resulting in what many referred to as a **“postcode lottery.”**

Suggestions included **making Option 2 more distinct from Option 3** and **allowing greater flexibility**. Participants also proposed introducing more **community-based solutions** and **local brokerage models**, as well as applying **clear and consistent rules** across all areas.

“Option 2 does not work due to requirement of contract with NHSH- meaning looking at the same pool of providers under Option 3”

The SDS Journey: Detailed Feedback

Chart 4: Do you think our Option 1 and 2 offering helps increase flexibility, choice and control for the supported person?

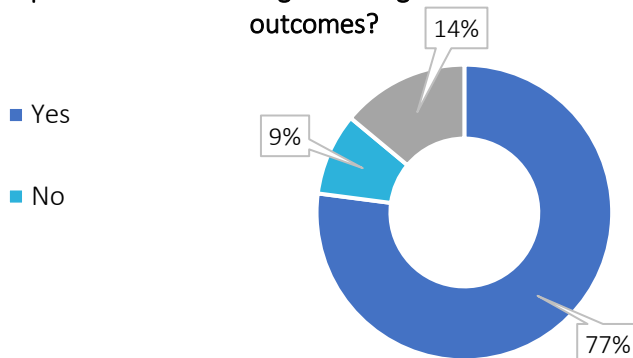


As you can see from the diagram adjacent the feedback was 50 – 50 with those stating 'No' commenting that:

- Option 1 is not always the individuals first choice and can be the only option in some areas.
- Option 2 needs to be improved with less restrictions.
- Option 3 seen as the preferred option

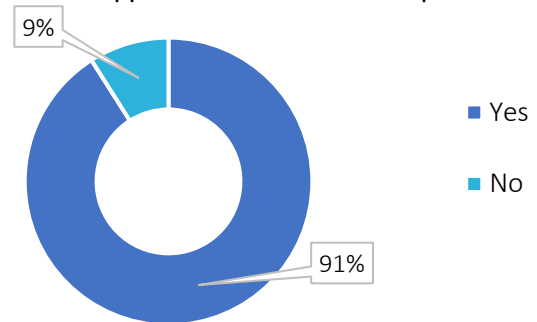
Almost all social work respondents reported that they provided information on support services, it also was noted at the Focus Group that Community Contacts are often only approached at crisis point, rather than early on when they could better support individuals with choice and control.

Chart 6: Were you able to provide the supported person of a realistic agreed budget to reach their outcomes?



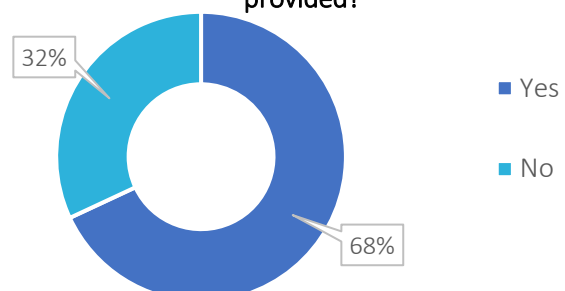
Most of the social work staff reported that they are supported to carry out regular reviews in a person-centred way, although some indicated this is not always the case, with reviews being seen as a lower level of priority, resulting in them being postponed in favour of more urgent cases.

Chart 5: Were you able to provide the supported person with information on local Independent Support Organisations, Community Brokerage and/or Advocacy to support them with their SDS process?



Most of the respondents noted that they were able to provide a realistic agreed budget. However, it was also noted there are challenges in recruiting Personal Assistants, often leading to the supported person having to pay more than the current rate for support, resulting in less care being received.

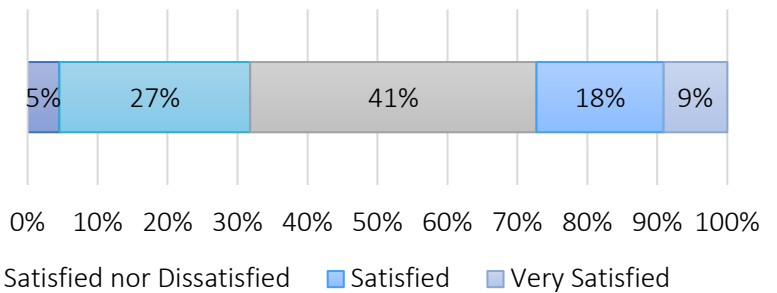
Chart 7: Are you supported to carry out regular reviews in a person-centred way, allowing the supported person to make changes if they are not happy with the support provided?



Satisfaction Summary

Chart 8: Satisfaction Scale

Overall, how satisfied are you with NHS Highland policies and procedures with regards to the Self-Directed Support processes?



Headlines

Social work respondents were undecided about NHS Highland self-directed support policies and procedures with just under half feeling neither satisfied nor dissatisfied, with them. (See Chart 8)

Summary Themes

During the Focus Group and through questionnaire feedback, several key concerns were raised around the implementation of Self-Directed Support (SDS). **Option 1 is often allocated by default when no other services are available**, particularly due to the lack of Option 3, which **limits individuals' ability to choose the support that best suites them**. **Staff shortages**, including SDS officers, social workers, and independent support further hinder the process.

Further suggestions to assist staff included **clearer SDS policies and procedures on the intranet**; the creation of a **flow chart to explain the full process**, and **mandatory training** on SDS Options. Additional recommendations focused on **promoting consistency** by sharing information about what other managers are approving.

On a positive note, the **SDS team was praised for being responsive, knowledgeable, and helpful**. Furthermore, support provided by **community contacts was regarded as invaluable** in assisting individuals navigate SDS options.