



**Self-Directed Support
NHS Highland
Policies and Procedures**

**Option 1 and Option 2 Users
Feedback**

August 2025

Service User 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 Option 1 and Option 2 SDS users to complete a questionnaire on how well they felt our Policies and Procedures have helped them through their Self-directed Support journey.

We specifically asked questions about:

- What **documentation** people received and how helpful it was
- How useful our **Service Policies and Procedures** were in promoting choice, flexibility and control; and
- What was people's experience of the **SDS journey**

The **Findings** from this work are presented – below – after a short section on definitions. There is also a breakdown at the end of who all responded to our questionnaire.

In addition, we distributed a separate questionnaire to Social Workers and held a focus group with representatives from Social Work, the SDS Review Team, and our Support in the Right Direction (SiRD) partners at Community Contacts. 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 –
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

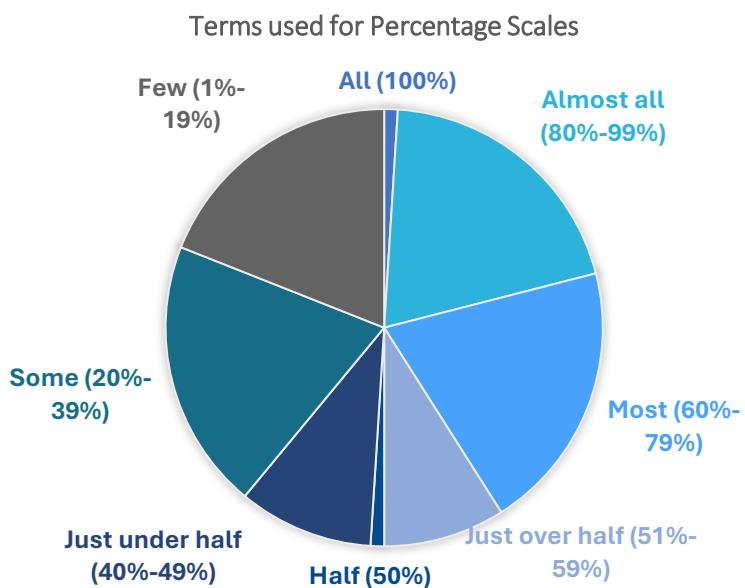
Option 1 – The supported person receives a Direct Payment

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 – the people that completed the questionnaire

Documentation

We asked individuals what documents they received, based on the SDS Option(s) they are currently using.

Table 1: Documentation Received

Option 1 Users	Agreement to participate in Direct Payment Scheme	77%
	A helpful guide to Self-Directed Support in Highland Option 1 - Direct Payment	70%
	A guide for spending a Direct Payment Budget	51%
	EML Payment Card - Frequently Asked Questions	63%
	EML Payment Card - Basic Information Sheet	60%
Option 1 and Option 2 Users	Community Contacts - Information Sheet (SDS Options / 7 Steps)	23%
	Copy of your Personal Outcome Plan and Support Plan	38%
Option 2 Users	Individual Service Fund Agreement (Tri-Party Agreement)	69%

Headlines

Most Option 1 and mixed package respondents reported that they received key documentation relating to Option 1 (Direct Payments). However just over half (51%) said they received 'A guide for spending a Direct Payment Budget'. This limited distribution may help explain some of the confusion among Option 1 users regarding what their budget can be used for.

Most of Option 2 and mixed package respondents (69%) reported that they received the 'Individual Service Fund Agreement (Tri-Party)' document.

The Community Contacts – Information Sheet (SDS Options / 7 Steps) was the least commonly received document with only some of the respondents (23%) reporting that they had received it. This may be one of the reasons why individuals are unsure who to contact for support.

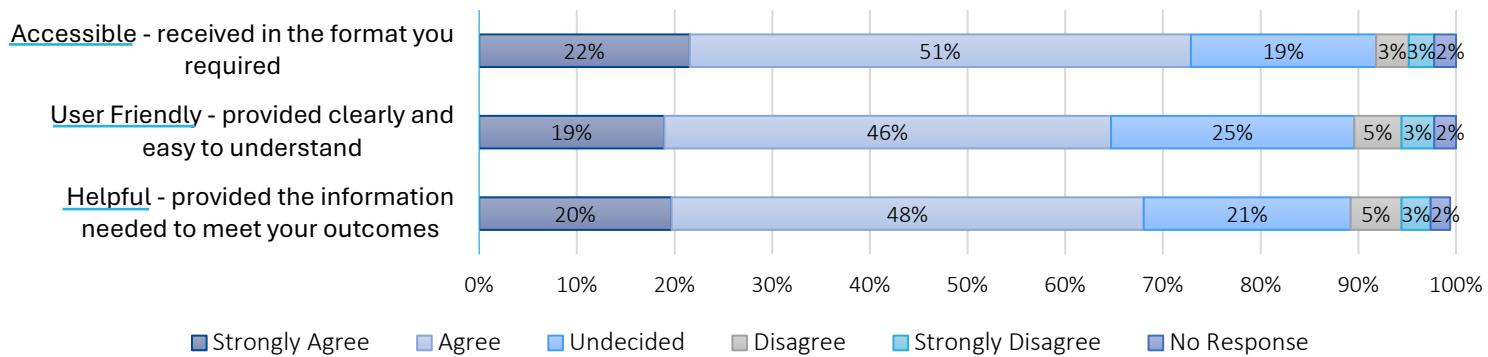
Some individuals (38%) stated that they were given a copy of their 'Personal Outcome Plan and Support Plan' several went on to state it was difficult to understand.

Few respondents (14%) indicated that they either did not receive any or could not remember receiving any documentation. Some explaining they were ill at the time or in hospital when arrangements were made.

Other information, that a few respondents noted as having received and being especially useful was, contact details for support organisation such as Alzheimer Scotland and MacMillan Cancer Support. (see Table 1)

We asked individuals how they felt about the documentation provided?

Chart 1: Documentation Feedback



Headlines

Most of the respondents strongly agreed or agreed that the documentation received was accessible, user friendly and helpful. (see *Chart 1*)

Documentation: the themes identified were:

Information was described as **confusing, overwhelming or not easy to understand**, especially during stressful times. Some individuals revealed they had initial struggles with the documentation but found it **useful, when being support by staff** such as Social Workers, SDS Officers and Independent Support (Community Contacts). While some respondents noted that **not all information was provided** others said there was too much information **provided in a fragmented way**. There were also concerns about documentation **not being provided in the requested or appropriate format**, with specific issues raised about accessibility for blind users and those with limited digital skills.

Suggestions for improvement included **issuing updated documentation, providing a single comprehensive pack**, and **creating a “Quick Start Guide” with hyperlinks** to more detailed resources. A **clear, easy-to-understand guide**, in an **easy-read format**, was also recommended.

“Information not in an easy read format and had to be explained.”

“The sheer volume of paperwork and number of different items is overwhelming and really not user friendly.”

“As I am registered blind, I have no access to the policies and procedures.”

POP (Personal Outcome Plan) was described as **challenging and difficult to understand**. Individuals reporting having **not receiving the plan or given opportunity to review it**. In cases where it was issued, the document was often **poorly printed** or **not explained properly**.

Suggestions were given for the POP to be **provided in a clearer and more accessible format**.

“POP needs to be in a clearer and more accessible format.”

We asked individuals – What is Missing?

The themes identified here were:

Finding someone to speak to, with **no clear point of contact** especially after staff changes, individuals feeling **uninformed and unsupported**. This resulting in individuals having a **lack of clarity around roles and responsibilities**, which in turn delays their support plan being met.

Suggestions for improvement included direct access to someone to have a **face-to-face conversation**; **more support services – people to speak to** through a clearer, more structured and accessible route.

“Can't be listened to if I never speak to an actual person.”

“Helplines and support need improving. Everyone helpful and supportive when you can get through to them but getting contact is difficult.”

List of care / resources available, a number of respondents expressed the need for a list of care available in each area, of people/organisations that can be employed in providing care. Individuals have expressed that **being expected to source and manage their own carers is overwhelming**, and the process of setting up support feels **stressful and confusing**.

Suggestions for improvement included providing a **list of available care / resources** and **support in contacting/sourcing care**.

“One straight forward guide to what is available and how the system works would be helpful.”

“Documentation on known carer agencies or individual carers in the area who you could employ.”

Availability of Carers remains a **concern** for individuals across all Highland districts but **especially in rural areas**, where options are limited. A few respondents expressing that they were **not given a choice in their care arrangements**, highlighting the need for individuals to have earlier links with Independent Support to help them make an informed choice.

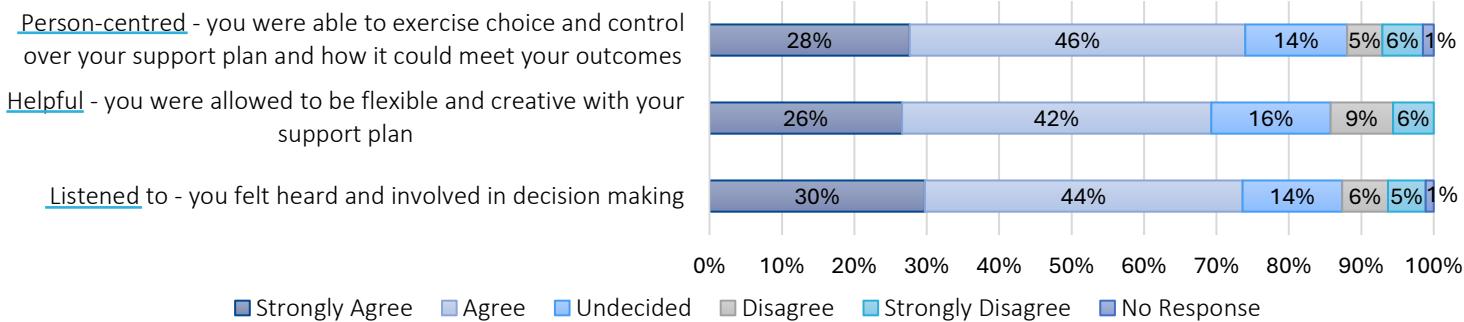
Suggestions for improvement could be to **promote the Role of Personal Assistants** more widely and **increase Independent Support** for individuals.

“Was not informed about Community Contacts – found PA with the help of the local Day Centre in [Area]. Community Contacts help needs to be clearer.”

“The SDS provides a good service but there is No other choice as care at home is very limited and no other service providers available in the area, I would say SDS would work perfectly in a town or city but when nothing is available and you're very rural it's hard.”

Service Policies and Procedures

Chart 2: Service Policies and Procedures Feedback



Headlines

Most of the respondents strongly agreed or agreed that the documentation received was accessible, user friendly and helpful. (see *Chart 2*)

Policies and Procedures: the themes identified were:

Clearer guidance on notifying individuals of their allocated SDS budget and how it can be spent, this was a reoccurring theme, with individuals looking for more **flexibility and creativity** in how their budget can be used. People also highlighted the need for **clarity around the use of funds for respite care and what carers can be asked to do**, this allowing the individual to **plan spend effectively** to meet their outcomes.

Suggestions to create **detailed guidance on what funding can be spent on/used for** as well as **clear notification of the allocated amount**.

“Difficult to always define what I can use funds for, especially when care not available- activities, items to facilitate my interests. Need flexibility.”

“Documentation on what you can spend your SDS monies on and how you are expected to achieve certain types of support.”

Simplified Payment Card System, individuals describing the system as being **outdated and difficult to navigate** with frustrations arising, such as being asked for **frequent login and password changes**, which they find unnecessary. **Recurring technical problems** often lead to **delays in payments to carers**, and **time-consuming periods on the phone** seeking support.

Suggestions for improvement included a **more user-friendly system** with some individuals feeling they should be **offered alternative ways to receiving monies**.

“The online access to account is very poor, frequent glitches in use, multiple authentications at random times throughout any transaction, login issues.”

“Finding difficulties making payments with EML Payment Card. I have been 1 hour regularly on the phone.”

Service Policies and Procedures (continued)

Transitioning from Children's Services to Adult Services, was another area where contact and support were lacking for some, with one individual declaring they **had not been contacted since leaving school**. While another found the process **helpful**.

Suggestions, to introduce **early planning for transitions** with all relevant parties, with a **clearer process pathway**.

“There is no contact with us from SDS- no support or advice when transitioning to Adult Services.”

“Excellent service which helped us make our son's transition from school to the outside world very easy.”

Needs not being understood, Individuals have expressed that their needs are often **not fully understood or considered**, and they feel that a more **person-centred approach is needed**. Support plans were noted as **not being reviewed regularly**, which may result in support needs no longer being suitable for the individual.

Suggestions for more **collaborative working** between all parties involved, to **reduce mixed messages and confusion** and to get a **better understanding of individual's needs**.

“I should have never have felt that my social worker didn't understand me and my needs...”

“I felt that many aspects of all my difficult health issues were completely ignored and/or not taken into account at all.”

Limits on Option 2, due to **NHS restrictions**, was highlighted as a barrier **reducing flexibility** on how Individual Service Funds (ISF) can be spent. This was particularly noted in relation to travel costs, with one individual sharing that it directly impacted their ability to engage in community activities. In some cases, due to lack of support, **Option 2 was not even an available option for them**.

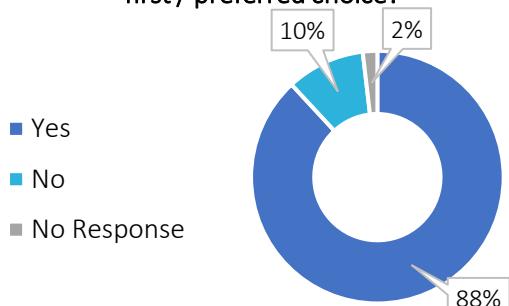
Suggestions to **remove limits** on how Individual Service Funds (ISF) can be used.

“Because of the restrictions that you have imposed, I am unable to volunteer in Nairn. Using a taxi would be far too expensive and public transport isn't a viable option either.”

“A lot of things that were suggested for [Name] was not allowed to be paid for by the sds.”

The SDS Journey: Detailed Feedback

Chart 3: Was your selected SDS Option your first / preferred choice?



Almost all of the respondents 88% (237) stated that their selected SDS Option was their first preferred choice.

The 10% (27) that responded that their SDS Option was not their first choice, stated the SDS Option they would have preferred or why they were unable to select it.

Option 1	4%
Option 2	19%
Option 3	26%
Option 4	4%
Unsure	7%
Shortage of Carers /no other service available	18%
Not aware of other options /choice was made for them	22%

71% (191) respondents felt they were given enough information on all SDS Options. Looking at further comments from those respondents they comment on receiving help from Social Work staff, SDS Officers and Community Contacts.

8% (22) respondents reported that they were not given enough information on all SDS Options, 5 of which stated that they were either told they could only have Option 1, or the choice was made for them.

Chart 4: Were you given enough information on all SDS Options to make an informed choice?

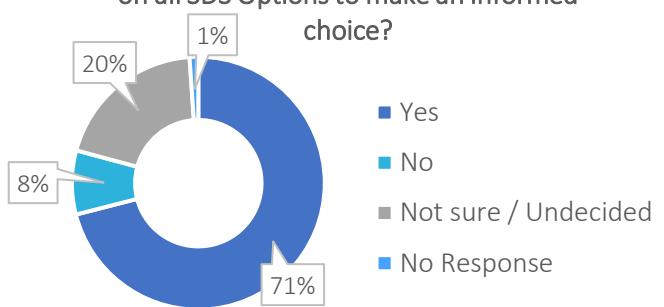
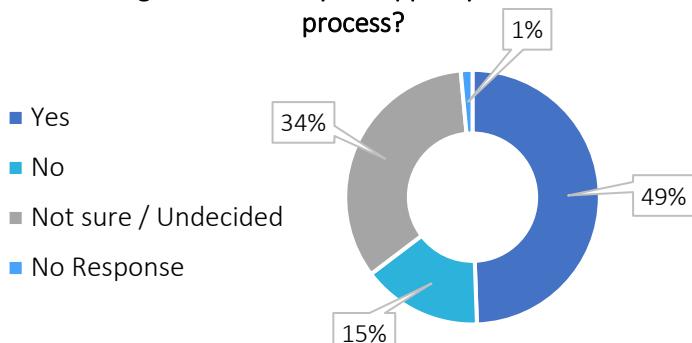


Chart 5: Were you provided with information on local Independent Support Organisations, Community Brokerage and Advocacy to support you with the SDS process?



49% (133) respondents recorded that they were given information on local Independent Support Organisations, Community Brokerage and Advocacy. 5% of those respondents commented on their external support using phrases such as "invaluable", "supportive", "amazing support", "[they] keep me right".

15% (41) respondents noted that they did not receive information on local support with the SDS process. 34% of those 41 respondents also said that their selected SDS Option was not their first/preferred choice.

The SDS Journey: Detailed Feedback (continued)

Most of the questionnaire respondents 69% (185) were aware of their agreed budget and ongoing balances.

Whereas some of the respondents 31% felt they were not informed of their budget, or they were not sure/undecided.

Chart 6: Were you informed of the budget agreed and its ongoing balance to reach your outcomes?

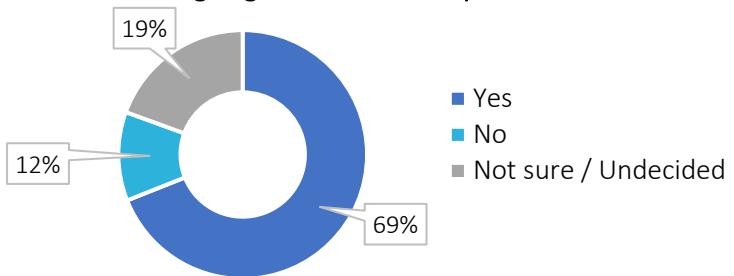
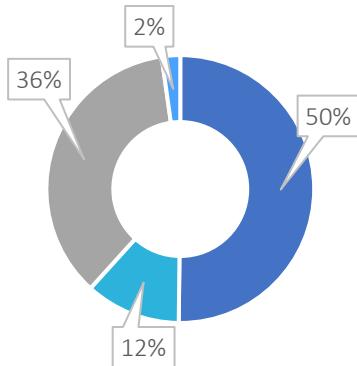


Chart 7: Did our Policies and Procedures inform you on what steps to take if you were not happy with the support provided?

- Yes
- No
- Not sure / Undecided
- No Response

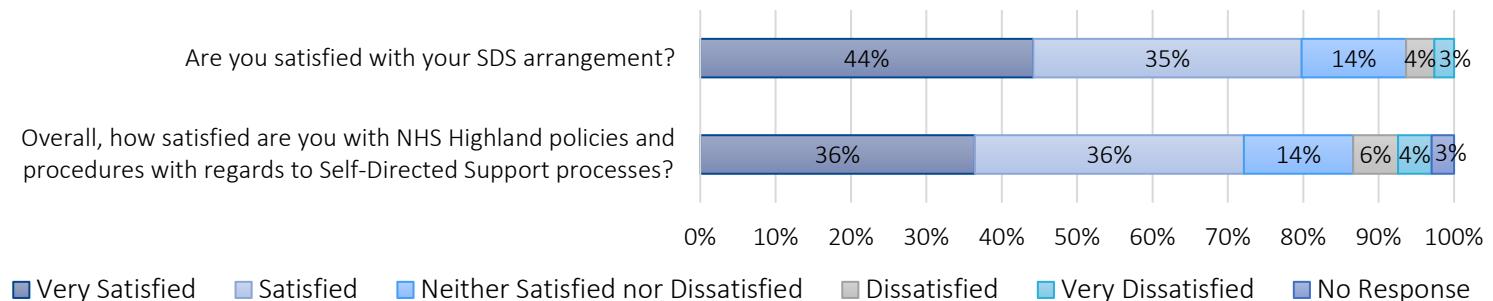


Half of the respondents felt that our policies and procedures informed them on what steps to take if they were not happy with the support provided.

The other half of respondents felt that they were not informed on what steps to take, or they were not sure/undecided, or they did not respond.

Satisfaction Summary

Chart 8: Satisfaction Scale



Headlines

Overall, most of the respondents reported being satisfied with Self-Directed Support (SDS) arrangements, and a similar level of satisfaction was noted regarding NHS Highland SDS Policies and Procedures.

Although around a third of respondents expressed satisfied, many comments highlighted areas for improvement, as outlined in the emerging themes sections. (see Chart 8)

Summary Themes

Despite the challenges, many users appreciated the help and support they received describing it as **helpful and responsive**, and felt **listened to and valued**. It was clear that **people felt having direct contact was important** throughout the whole process from initial conversations to ongoing support and reviews.

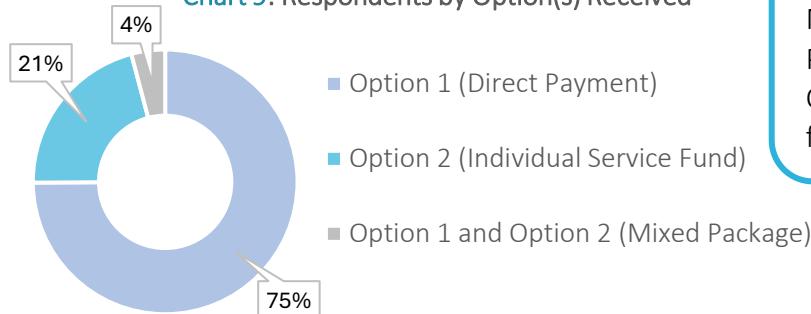
The importance of **brief, clear, and accessible information** that is **consistent** with all involved was also highlighted as an important area for improvement.

Individuals felt that social work, health services, and other people or organisations involved in their care should **work more closely** to **build a shared understanding of their needs and outcomes**, creating a more **person-centred approach**.

Who Responded?

The questionnaire was open for 1 month and was distributed, by post (paper format) or e-mail (pdf document), the questionnaire could also be accessed using a QR code for both methods. The option of verbal completion via telephone was also provided.

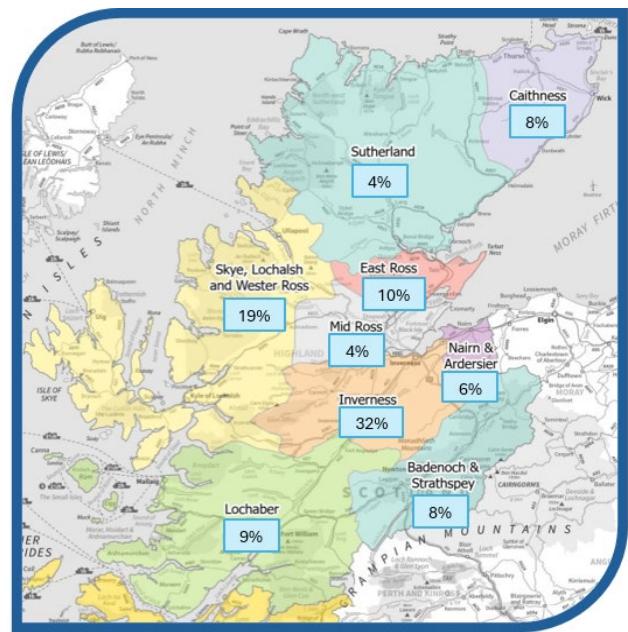
Chart 9: Respondents by Option(s) Received



We received a 22% return (269 respondents): Most returns coming from Option 1 users (Direct Payment) and only some being completed by Option 2 users (Individual Service Fund) and a few from receiving Mixed Package. (see Chart 9)

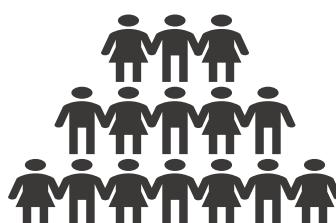
Respondents by District Area

Our highest percentage of returns was from the Inverness Area at 32%, this was then followed by, Skye, Lochalsh and Wester Ross Area with 19%. The lowest return at 4% was seen in both Sutherland and Mid Ross. The other areas varied ranging from a 6% to 10% return. (see Map)



Age of Respondents

- 11% aged between 16-25
- 19% aged between 26-40
- 20% aged between 41-64
- 51% aged 65+



Gender of Respondents

- 48% Male
- 51% Female
- 1% Non-Binary or Prefer not to say

Chart 10: Respondents by Category

