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| **You can get this document on tape, in Braille, large print and various computer formats if you ask us. Please contact Interpretation and Translation Service (ITS) on 0131 242 8181 and quote reference number 23-8523. ITS can also give information on community language translations.**  |

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 **Reference number: 23-8523**

# Self-Directed Support Contracts Review; Practitioner’s feedback

We are doing a review of current contracts that support Self Directed Support Options, specifically Option 1 Direct Payments and we need your help.

It is essential that we gain views from practitioners who have helped someone to use any of the services outlined below.

We would appreciate your feedback to help us understand how useful the services are in enabling people to have choice and control on the lifestyle they want. It will help us identify areas of good practice and areas for improvement.

### Thank you for helping us by completing the following survey.

## Give us your views

1. Please indicate which services you have supported someone to access or manage below? (Please tick all that apply)

Lothian Care for Inclusive Living

|  |
| --- |
|  |
|  | Independent support service |
|  | Grapevine Service |
|  | Payroll / Financial Management Service |

Fife Business Services

|  |  |
| --- | --- |
|  | Payroll / Financial Management Services |

Accountability

|  |  |
| --- | --- |
|  | Payroll / Financial Management Services |

1. How did you hear about the service/s you recommended?

|  |  |
| --- | --- |
|  |  |
|  | A medical professional |
|  | A Council worker |
|  | A support worker |
|  | The internet |
|  | An organisation |
|  | Family member or friend |
|  | Other (please use box below) |

1. Was the process satisfactory for you to support the person accessing or managing the services? (Please use the box below)
2. Overall, how satisfied or dissatisfied are you with the services provided to the individual?

|  |  |
| --- | --- |
|  | Very satisfied |
|  | Satisfied |
|  | Neither satisfied nor dissatisfied |
|  | Dissatisfied  |
|  | Very dissatisfied  |

1. Is there anything you would like to tell us about your experience of helping someone access or manage the service? (Please use the box below)
2. Do you think you offered choice and control to enable the individual to make an informed decision about what payroll organisation to use? (Please tick one answer only)

|  |
| --- |
|  |
|  | Yes |
|  | No |
|  | Don’t know |

1. Please provide reasons for your answer using the box below.

|  |
| --- |
|  |

Thank you for taking the time to complete this survey.