

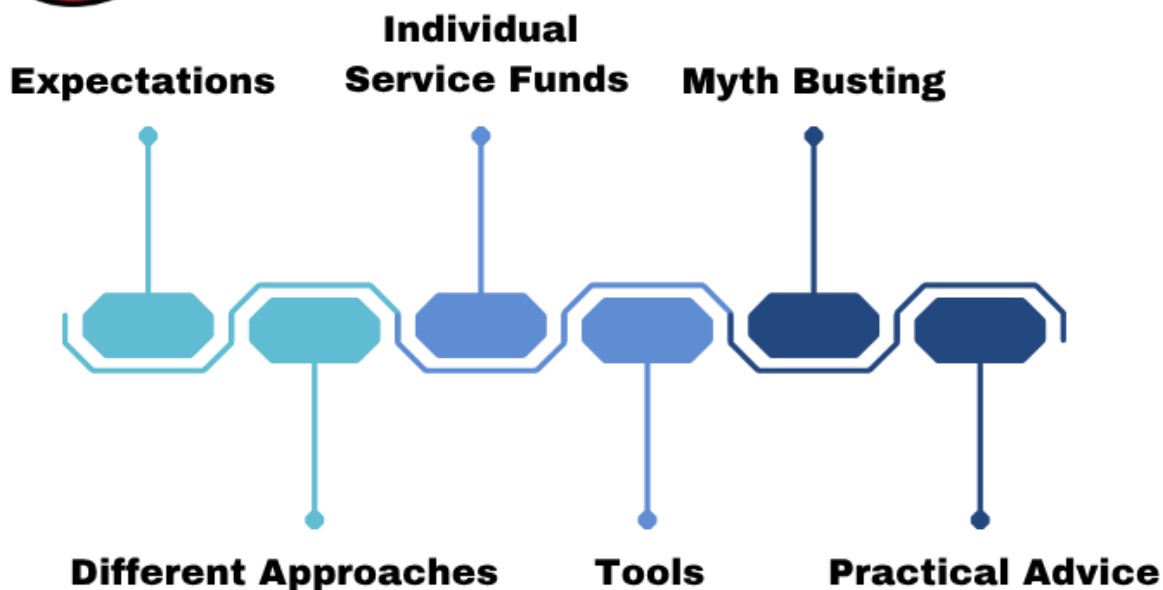


In Control Scotland

Choice. Control. Community. Change.



Option 2 for Providers In Bitesize Chunks



May 2026



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Introduction

Self-directed support (SDS) has been Scotland's approach to social care for over a decade, offering people greater choice and control over how their support is arranged. Option 2, where an organisation manages the budget on a person's behalf, has particular potential to combine flexibility with practical support for individuals and families. However, uptake and implementation have been variable across the country, with differences in how Option 2 is understood, offered and experienced in practice.

If Option 2 is intended to provide the flexibility of Option 1 without the responsibility to the person receiving support for coordinating it, what does that mean for Providers?

What are reasonable expectations? What are the ways your organisation has responded to the challenges of this arrangement and how well is it working for everyone involved?

What is the aim of this toolkit?

This toolkit is designed for support providers delivering or considering Option 2.

It is designed to help you identify key elements of your Option 2 arrangements, provide some ways of checking how well they are working for everyone involved, and see how others have approached these issues. This will allow you to decide if you want to update your approach, support you to have the info at your fingertips and be more confident about what makes sense for you to take forward. After the question and answer section, there is a resources section with some additional details and references to other documents.

Option 2



Resources



Decisions



Expectations



Processes

How to use this toolkit

Throughout the document, you'll see shaded boxes. These are spaces for reflection.

You can use them:

- Individually, to think through your own practice
- In teams, to support discussion
- With partners, to explore shared challenges

There are no “right” answers, the aim is to help you identify what’s working, where there are constraints, and where change might be possible. You’ll also see some checklists at the end that you can use to reflect on what you’ve learned and what you might need to change.

You don’t need to read the whole toolkit at once. Use it like a menu – dip into the parts that are most useful for you and your team.



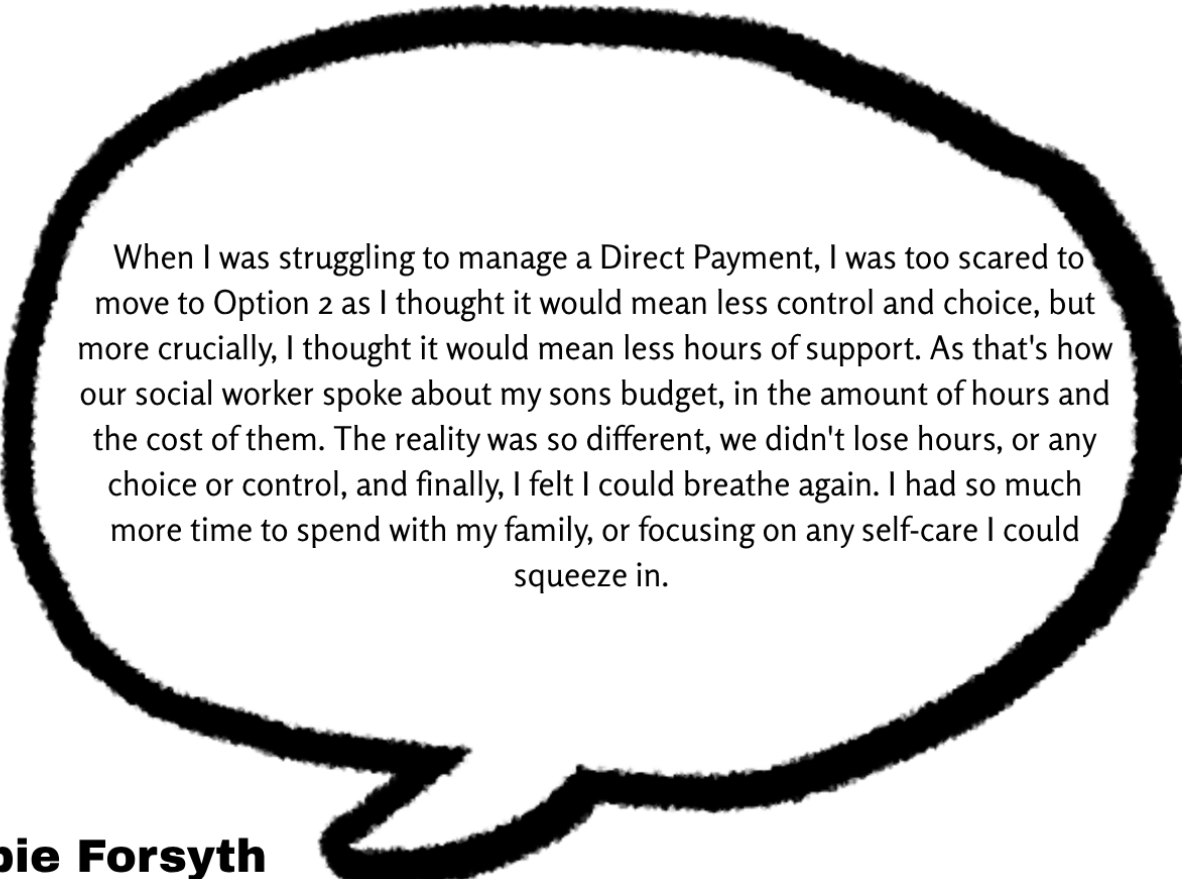
Overview of Option 2



Option 2 is one of the four SDS options. It can be administered in two different ways:

- **Individual Service Fund (ISF):** The local authority passes the budget to an organisation **to manage the funds** on the person's behalf.
- **Or** The local authority holds the budget, but it is spent on the chosen **provider and related costs** on the person's behalf.

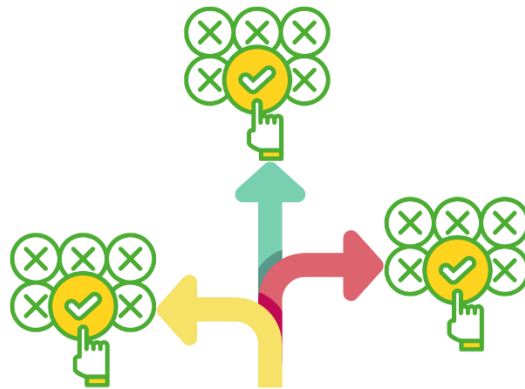
It should give supported people more control without full responsibility: The person directs *how* support is delivered, without needing to manage payroll or finances themselves as happens in Option 1.



When I was struggling to manage a Direct Payment, I was too scared to move to Option 2 as I thought it would mean less control and choice, but more crucially, I thought it would mean less hours of support. As that's how our social worker spoke about my sons budget, in the amount of hours and the cost of them. The reality was so different, we didn't lose hours, or any choice or control, and finally, I felt I could breathe again. I had so much more time to spend with my family, or focusing on any self-care I could squeeze in.

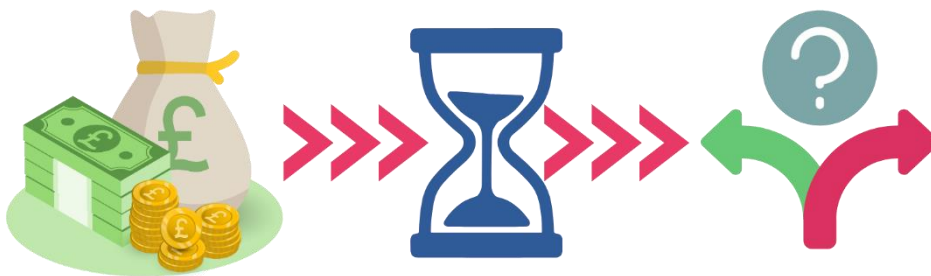
Debbie Forsyth

Choice and Control



- Individuals have **greater say over day-to-day support**, including:
 - How support is delivered
 - When support happens
 - Who provides the support (within the chosen provider)
- Encourages **personalised, outcomes-focused support** rather than standardised services.

Financial Management

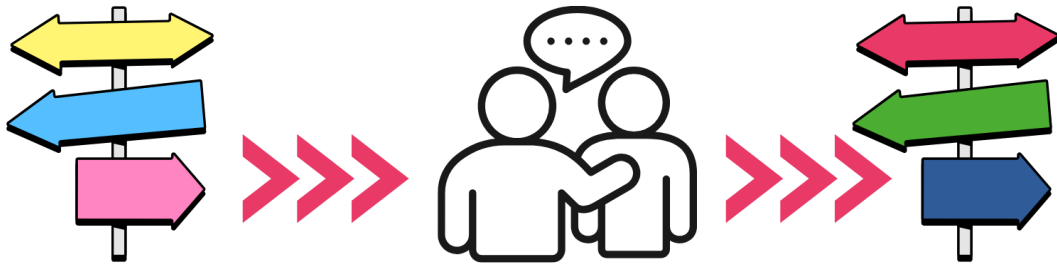


In an option 2 arrangement:

- The **local authority remains legally responsible** for the budget.
- The provider manages:

- Staffing costs
- Service delivery
- Financial reporting
- Reduces administrative burden compared to Option 1 (Direct Payments)

Flexibility of Support



A primary aim of option 2 is that budgets can be used **creatively**, as long as agreed outcomes are met.

Option 2:

- Supports **innovative and flexible approaches**, e.g.:
 - Non-traditional support times
 - Community-based activities
 - Holistic wellbeing support

Role of Providers



Providers play a unique role in option 2 arrangements, as the relationship is tripartite (3-way) between the supported person and the local authority.

In an Option 2 arrangement:

- Providers act as a **partner**, not just the deliverer of support hours.
- Requires:
 - Transparent budget management
 - Clear communication
 - Willingness to adapt support as needs change
- Good relationships between the person, provider, and social work are critical.

Safeguarding and Accountability



Option 2 gives some additional **built-in safeguards**, as funds are not paid directly to the individual.

- It is often seen as suitable for:
 - People who want choice and control
 - People who do not want to manage money or employment responsibilities
- Regular **reviews and monitoring** remain in place.

Accessibility and Inclusion



Option 2 was originally developed because some people can't – or don't want to – manage a Direct Payment. It is a vehicle for ensuring that choice and control is accessible to all.

- Research suggests Option 2 can:
 - Be more accessible for people with complex needs
 - Support family carers by reducing stress and responsibility
- However, availability can depend on **local authority practice** and provider capacity.

Challenges Identified in Research



There has been a body of research conducted into self-directed support, and Option 2 in particular. Several examples of this are included in the resources section at the end of this toolkit, but some key learning on challenges includes:

- Limited choice of providers in some areas.
- Variable understanding of Option 2 among professionals.
- Risk of Option 2 being delivered like traditional services if not genuinely personalised.

Overall Research Insights



- When implemented well, Option 2:
 - Balances choice, flexibility, and protection
 - Supports independence and quality of life
- Success depends heavily on:
 - Informed individuals
 - Skilled providers
 - Supportive commissioning and social work practice



Main features of Option 2



Flexibility when things change for the person



Arranging other support and activities



Direct support to the person



Budget held on behalf of the person



Accountability to the person



Accountability to the system



Ideally the best place to start is to map out your process from start to finish. Identify the information you receive, how useful it is in terms of planning the support, the timescales for correcting any misunderstandings and starting support. Are there any parts of this process that aren't working well for you? If there are areas that cause frustration, delays, or require frequent input from multiple people to clarify or update, these are likely to offer the biggest opportunities for improvement.

What are some helpful principles?

Start with what "good looks like" - in the same way as a Person Centred Plan helps you identify what good looks like when planning with someone you support, if you begin by looking at what the ideal looks like you are more likely to identify compromises that you might ignore as they are so ingrained in how your organisation operates. This applies to both the support you offer to the person and all aspects of infrastructure around how you organise and provide Option 2 support.

We will be asking you some questions as you go through this guide to help you think about a range of issues around Option 2. Use these questions to identify where you need to act.

Where to start?

Some Starter Points –



Making it all work



Confidence



Meeting expectations



What does good look like?



Successful support

Hosting an Individual Service Fund within your organisation is one way to arrange an Option 2, but it is not the only way, The Health and Social Care Partnership can also hold the Option 2 budget, or an independent organisation can be appointed.

Whether you hold the budget or not, supporting the person through an Option 2 involves you thinking beyond the direct support your organisation provides to the person. You are responsible for helping the person achieve their outcomes and that includes other aspects of support as well as activities and outcome related purchases provided elsewhere.

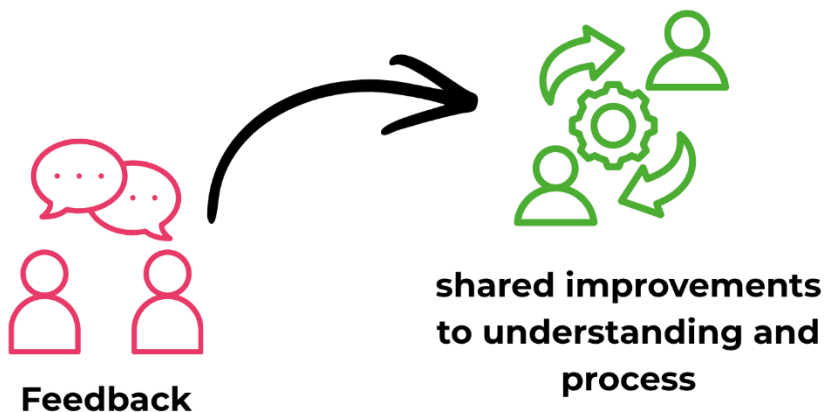
Although Option 2 has been around since the start of Self Directed Support in Scotland, it is still the one that has been around for the least amount of time historically, as Option 1 is very similar to the old Direct Payment, and Option 3 is similar to the support provided directly by Local Authorities. As a result, many of the systems to support it have taken time to put in place, resulting in high levels of variation as to how it is implemented.

For example –

Some Health and Social Care Partnerships will insist that Option 2 Providers are registered on a framework, and that these are the only Providers people can choose from. Others allow people to choose and will make a decision during the process if the organisation has right skills and process to meet the person's needs. Because of these variations, some Option 2 Providers have indicated quite a big variation on how long it takes to get a contract in place and start providing the support.

Some Health and Social Care Partnerships will make additional requirements of the way any Individual Service Fund is held and operated by a Provider organisation. Usually, this will involve signing up to a Tripartite agreement where expectations are clearly laid out. Some of these agreements are straightforward and easy to understand, others are very long and complex.

While this is something that is not something that is easy to influence as a Provider, we will ask you to be aware of their impact on your ability to provide Option 2, as Health and Social Care Partnerships have a responsibility to support the availability and development of Option 2, many welcome the feedback where it strengthens their local availability.





Your Option 2 Offer –

Your Option 2 offer is the combination of what you provide, how you deliver it, and how flexible and responsive it is to people's lives.

Do you currently offer support through Option 2? If so, describe the range of support you offer under Option 2 and the process of putting it in place. If you don't currently offer support through Option 2, what are the reasons that you haven't?

Consider –

- Are you offering Option 2 to all your client groups? Some organisations may offer it only to adults and not children's services for example. Think about if that has been historic or if there is an element of this which could be reviewed.
- Do you offer the option to hold an Individual Service Fund within your organisation?
- Are you confident about the level of need for your existing or proposed Option 2 service? Has this level of need changed over time?

Reflections:

Things to explore further:

When was the last time you reviewed that offer?

If you have offered it for some time, (or haven't offered it previously) what are the things you have noticed that work well, and don't work well? What would the process look like if you were redesigning it?

Consider –

- The information that you provide to people looking for support
- Where it is listed and promoted to make people aware of it
- The planning you carry out with the person to help support them to spend their budget effectively.
- The arrangements to offer support – is it through a framework, or open to all providers?
- The process of agreeing the person's outcomes and approving the budget
- The length of time approval takes before beginning support and any impact that has on the person being supported and your organisation

Reflections:

Things to explore further:



Maximising autonomy and flexibility

Where the supported person and those closest to them are able to act quickly and effectively to provide and alter support to meet the person's outcomes, there is a reduction in delays in implementing changes and improvements.

Option 2 aims to offer much of the flexibility and choice that Option 1 offers, with a reduced financial administrative burden on the individual and their family.

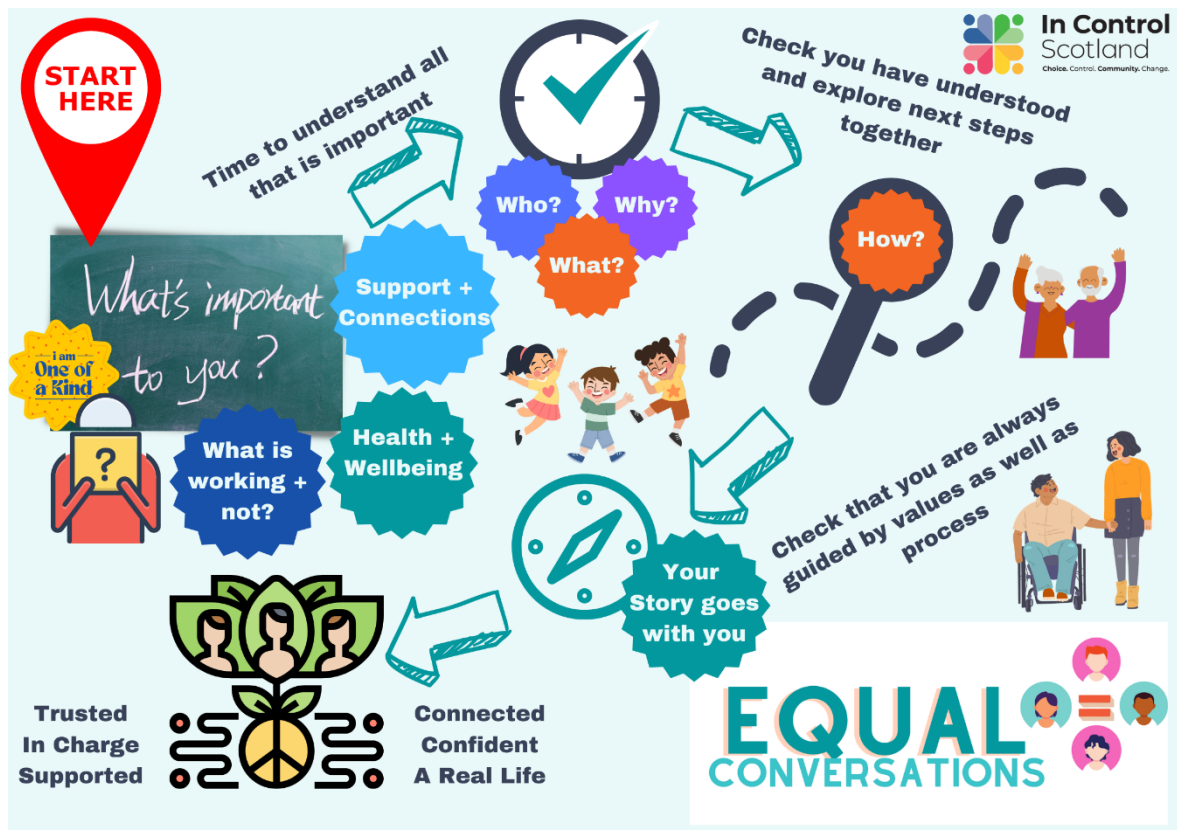
The budget should be clear, and support the planning process, with the person or their family able to use the funding to flexibly meet their outcomes, with active involvement in what support is provided and who provides it.

The support should be flexible, with the option to adjust easily if the person's needs change.

How are you ensuring that the focus of your Option 2 offer encourages wide exploration of relationships and community as well as direct support hours from your organisation?

Reflections:

Things to explore further:



Consider –

- How flexible is your Option 2 Offer?
- Do you use Person Centred Planning or Equal Conversations approaches as part of designing the support the person needs?
- Does your organisation hold Individual Service Funds on behalf of the supported person?
- If you hold an Individual Service Fund, are these completely separate accounts or different headings under an account others are part of? How does that impact the transparency of finding out what budget is available and getting access to make purchases. (Some have reported that where senior staff only have access to accounts due to money being stored in shared budgets, it has been more frustrating and time consuming to make local arrangements and changes due to limited authorised signatories).

Reflections:

Things to explore further:



Opportunities to share learning within your organisation and also externally.

Have you had opportunities to have discussions within your own teams as well as strategically and with the Health and Social Care Partnership (or Partnerships if you work across multiple areas) to discuss the broad approach and any improvements to the process or potential changes to your offer?

Sharing



Learning



Improving

Consider –

- Many Social Care providers are struggling to provide the flexibility and range of supports they would want to offer due to a range of factors. These can include funding, availability of staffing, geographic spread / rural locations, and travel time.
- Are you able to consider Place Based Support? [Place-based approaches — Communities Channel Scotland](#)
- Think about your internal processes - where can you simplify and reduce duplication?, as ineffective processes can eat up precious resources.
- Some have noted discrepancies in the policies from some Health and Social Care partnerships around travel time / costs in rural settings, with decisions being a key factor whether an Option 2 is viable or not, as increased scrutiny on spending and reduced resources can make it difficult to provide support as effectively. Think about opportunities either for yourselves or collectively with other Support Providers to lobby for any practical improvements. As some Providers have found it increasingly difficult to make their Option 2 support financially viable, some have reduced it or stopped it in some areas.
- We would encourage you to not wait until that stage to engage with the Health and Social care Partnership, it is in their interest to ensure that people in their area have a good range of choice in the support available to them. Having a clear indication of what are the most important issues and writing them up in a way that helps identify solutions can be really positive.

Reflections:

Things to explore further:



Where do you feel you are at?



A Reflective Checklist

Having been through all these questions, what do you need to do now? What support do you need to make it happen? Answer the following checklist to see where that leads you.

1. Flexibility of option 2 support

Quick Self-Check: How Flexible Is Your Offer?

Use this to test how responsive your support really is:

- Support can be adjusted without a full reassessment
- Small changes can be agreed quickly (days, not weeks)
- Frontline staff have some autonomy to adapt support
- Budgets can be used creatively (not restricted to fixed tasks)
- Support plans reflect outcomes, not just hours/tasks
- Changes are driven by the person's life, not system processes
- There are few delays caused by approvals or paperwork



! If you ticked fewer than half, your flexibility may be limited.

2. Outcomes-focused practice



Are You Truly Outcomes-Focused?

- Support plans describe what matters to the person (not just services)
- Outcomes are written in plain, meaningful language
- Staff understand the person's goals and preferences
- Support can change when outcomes change
- Reviews focus on progress and learning, not just compliance
- Success is defined by the person, not just the service
- Time and tasks are secondary to achieving outcomes

! Warning sign: If your plans look like timetables rather than life plans.

3. Partnership with the person



How Strong Is Your Partnership Approach?

- The person is involved in designing their support
- They have real influence over how support is delivered
- Decisions are made *with* the person, not *for* them
- There is space for trial and error and learning
- Risk is discussed openly, not avoided
- Family/unpaid carers are included where appropriate
- The relationship is built on trust, not just service delivery

! Red flag: If most key decisions sit with the provider or partnership.

4. Workforce empowerment

Can Your Staff Work in a Flexible, Person-Centred Way?



- Staff understand Option 2 and its purpose
- They feel trusted to use judgement in day-to-day decisions
- They are encouraged to adapt support creatively
- They have time to build relationships with people
- There is support for reflective practice
- Managers enable flexibility rather than restrict it
- Staff are not overly constrained by rigid rotas or tasks

! If staff feel they “just deliver hours,” this is a constraint.

5. Working with the HSCP

How Effective Is Your Relationship with Commissioners?



- There is open communication about what’s working and not
- You feel able to raise concerns early
- Conversations focus on solutions, not just contracts
- There is shared understanding of Option 2 principles
- Flexibility is supported (not blocked) by the Partnership
- You are involved in shaping changes or improvements
- Challenges are acknowledged as system issues, not just provider problems

! Warning sign: Conversations are mostly about cost, compliance, or crisis.

6. Use of systems and processes



Do Your Systems Enable or Restrict Good Practice?

- Processes are proportionate (not overly bureaucratic)
- Recording requirements support good practice (not duplicate it)
- IT systems are easy to use and accessible
- Approvals processes are streamlined
- Staff spend more time with people than on admin
- Systems allow for flexibility and variation
- Issues can be resolved without repeated escalation

! Red flag: Workarounds are needed just to make things function.

7. Sustainability of your model



Is Your Option 2 Offer Sustainable?

- Funding levels match the reality of delivering flexible support
- Staff recruitment and retention are stable
- There is capacity to adapt support when needs change
- You are not regularly absorbing unmet costs
- There is a clear dialogue with the Partnership about pressures
- You can maintain quality without over-reliance on goodwill
- Risks to sustainability are actively monitored

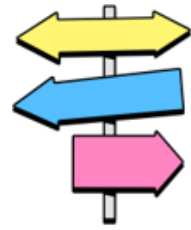
! Warning sign: The model relies on staff goodwill or financial compromise.

8. Community connection

Are You Supporting Community-Based Lives?

- People are supported to build connections in their community
- Support goes beyond “service-based” activities
- Staff help people identify local opportunities
- Community resources are used creatively
- The focus is on belonging, not just attendance
- Barriers to participation are actively addressed
- Support reduces isolation rather than managing it

! Red flag: Community activity is limited to organised or provider-led services.



Keeping engaged

In Control Scotland has a range of other programmes and activities aimed at collaboration and improving Self Directed Support. Sign up for our monthly newsletter on our website using the form at the bottom of the page to access these other opportunities. [Home | In Control Scotland](#)

In Control Scotland

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info@in-controlscotland.org.uk

Reflections:

Things to explore further:

Resources

These are a mix of Option 2 information and excerpts from research as well as links and information to other useful material when planning support using Option 2.



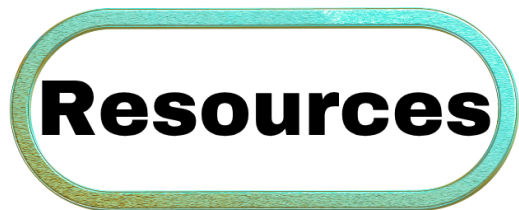
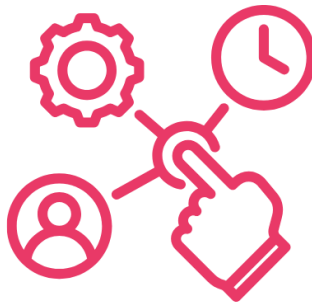
Websites



Info



Reports



1: In Control Scotland: How Are We Doing With Option Two? (2022)

[Self Directed Support p2 | In Control Scotland](#)

“[option two] feels a bit like a wet bar of soap; you know it’s there but you can’t quite get a hold of it!

What We Already Know About Option 2

National research by In Control Scotland (2022) shows that Option 2 is still inconsistently understood and applied across Scotland, with variation in how it is defined, recorded, and experienced in practice. It also highlights that, despite being sometimes as described as “the best of both worlds”, while Option 2 can offer flexibility and creativity, this is not always realised, and it is

sometimes used as a “least-worst” option rather than a positive choice.

At its best, the research shows that Option 2:

- Enables flexible, personalised support
- Works well when focused on outcomes rather than tasks
- Relies on trust and strong relationships
- Can be constrained by systems, processes, and rigid planning

2: In Control Scotland: Learning From Providers

[SDS Option 2 Focus Groups Feedback Report \(2024\)](#)

□ What Providers Told Us About Option 2

Feedback from focus groups (In Control Scotland, 2024) reinforces the potential of Option 2, while highlighting where it is not yet working as intended in practice.

✓ What works well

Participants highlighted that Option 2 can:

- Offer real flexibility — including changing how and when support is used
- Allow people to choose their provider more freely, including outside local authority frameworks
- Enable a more person-centred, responsive approach
- Simplify payment arrangements, with more direct relationships between people and providers

At its best, Option 2 supports greater choice, control, and tailored support around people’s lives.

⚠ What gets in the way

However, this flexibility is not always fully realised. Key challenges include:

- Workforce and cost pressures limiting real flexibility (e.g. needing to maintain staff pay even when support isn't used)
- Lack of clear, accessible information, meaning people are not always able to make informed choices
- Option 2 not always being actively offered or promoted
- A sense that the spirit of SDS is sometimes lost in practice
- Inconsistency and lack of transparency in how Option 2 is understood and applied

What would help providers

Providers identified that they would benefit from:

- More accessible examples of good and creative Option 2 practice
- Stronger, more positive messaging about what Option 2 can achieve
- Clear, robust tri-partite agreements to manage situations like hospital admission
- Better shared understanding (including around areas like guardianship)

Key message

Option 2 works best when it is actively supported, clearly understood, and genuinely centred on the person, not constrained by systems or assumptions.

3: What Early SDS Data Tells Us About Option 2

Self-directed Support, Scotland, 2014-15

National statistics from the first year of SDS implementation (Scottish Government, 2016) show that Option 2 was used by a relatively small proportion of people, with most choosing more traditional services.

Key points include:

- Around 9% of people chose Option 2, compared to 75% choosing Option 3
- Uptake was higher among younger people, while older people were much more likely to use traditional services
- There was significant variation across local areas, particularly in how SDS was implemented and recorded
- Early data was incomplete and still developing, reflecting wider system change

□ What this means for providers

- Option 2 has never been the default option, and may still be less visible or understood
- Uptake is influenced by local practice, confidence, and system culture
- There is a need to actively promote and demonstrate what Option 2 can offer
- Data alone does not capture the quality or impact of support

□ Key message

Low uptake of Option 2 reflects how systems are set up, not its potential value. Providers have a key role in making it a visible, viable choice.

4. Exploring Option 2 in Practice (Martin Kettles, 2015)

[p-p-sds-exploring-option-2-in-practice-2015-kettles.pdf](#)

Earlier research exploring how Option 2 has been implemented in practice (Kettles, 2015) found that it was widely seen as offering strong potential, but was inconsistently developed and not yet embedded in everyday practice.

Key themes included:

- Different interpretations of Option 2 across local authorities
- A gap between the intended flexibility and what was achieved in practice
- The importance of provider involvement in making Option 2 work
- Evidence that learning-by-doing and local relationships were critical to progress
- Ongoing challenges around risk, contracts, and system processes

□ What this means for providers

- Option 2 has always relied on strong partnerships between providers and commissioners
- Its success depends on how it is implemented locally, not just national policy
- Providers play a key role in shaping, testing, and demonstrating what good looks like
- Progress often comes through practice, adaptation, and shared learning, rather than fixed models

□ Key message

Option 2 does not work as a standard model, it develops through local relationships, trust, and a willingness to do things differently.

5. Case Example of Option 2 alongside Option 3

Wendy Minty Senior Practitioner

Wendy told us about a gentleman who is using Option 4 of SDS, which is when two or more Options are combined.

“M is a gentleman who is autistic and has a moderate learning disability, he lived at home with his parents and followed very rigid routines which placed stresses upon his parents, particularly when his father was unwell.

M's parents managed his Direct Payment via Option 1 and he attended a workshop 2 full days and 2 half days per week, he also received 1-1 support on other weekdays which provided a break for his parents from their caring role.

Following an Assessment of Needs it was agreed that alternative accommodation was required and M could not share with another person unless they also followed rigid routines and had their own support staff - this was supported by M's psychology assessment.

Funding was approved which incorporated M's workshop to maintain consistency and support his transition into his new home. M's mother was involved with the selection process regarding which provider could best support her son, she drafted questions, attended the meetings and was in agreement with the Care Manager regarding the final rating.

The workshop M attended was only available via Option 2 and his parents - who are his Welfare and Financial Guardians - did not wish to continue to oversee his entire budget, their preference was an Option 3 package.

Following discussions with M's parents we decided to split the overall budget into Option 2 payments which are overseen by M's parents to enable him to continue to attend his workshop, and Option 3 payments which cover M's 1-1 support and sleep-in staff. During the two weeks at Xmas when the workshop is closed additional funding is provided to cover the 1-1 staff required, along with any unexpected 1-1 support required - for example, when there is bad weather and the workshop has to close -

appropriate paperwork is completed as and when required and the package is reviewed yearly.

M has lived in his own property for 2 years, he continues to attend his workshop which is important to M and enables him to learn transferable skills which are being used in his home, maintain contact with his peers, avoid social isolation and contribute to the making and selling of items. The relationship between both providers is positive and this aided M to settle into his own property. It also provides additional safeguards as M receives 1-1 support at home and is unable to vocalise any issues, as the workshop staff have known M for a long time they can identify any unsettledness/unusual reactions, and this provides reassurance to M's parents.

Other examples of Option 2 are when an individual and their Guardians wish to use a particular provider who are not on our framework but do not wish to manage an Option 1, we will then split the package so it is effectively an Option 4.”

6. Useful links

Further information on the SDS Framework of Standards

[Self-directed Support Framework of Standards, Including Standard Descriptor and Practice Statement and Core Components and Practice Guidance \(updated May 2024\)](#)

The SDS Framework of Standards shows what good practice looks like in Self-Directed Support. It was produced by Social Work Scotland in collaboration with many partners.

Self-Directed Support Scotland SDS Handbook

[Your Support Plan - The SDS Handbook The SDS Handbook](#)

The SDS Handbook is an interactive toolkit covering a wide range of topics, and is a useful resource for supported people and organisations alike.

Self-Directed Support and Agreeing Personal Outcomes

[SDS and Agreeing Personal Outcomes](#)

This report by the Equality and Human Rights Commission Scotland captures a wide range of experiences of Self-Directed Support.

Blog from Dr Danielle Farrel

<https://youtu.be/spMTM3sT37k>

This short video from Danielle shares a good example of using an SDS budget creatively.

CCPS: Mythbuster for Procurement

[ccps myths buster.pdf](#)

This guide helps shatter some myths about commissioning and procurement for social care.

In Control Scotland: Individual Service Funds

[Individual Service Funds](#)

An early exploration of Individual Service Funds by In Control Scotland found several themes that still hold true today.

7. Option 2 Planning with individuals and families



Why equal conversations?

There are a number of methods used to describe less task focussed, more strength-based discussions. You may have heard of these described as Good Conversations or the Three Conversation model. There are a lot of similarities in terms of what they aim to achieve. A conversation might give you what you need, but if it isn't equal, we have the power balance wrong.

There is general agreement that too often organisations have prioritised a focus on efficiency (use of time through short targeted appointments, and checklist-based assessment to establish eligibility for services and quick service referrals as solutions to need).

People are used to working in environments where they list what is wrong (deficits) and asking for help to fix it. If we don't prepare the person for this different approach, they may feel you are not taking them seriously. Because of eligibility criteria, many are not used to discussing other parts of their life, and may struggle to see the relevance. Changing the balance of these conversations is crucial to changing the dynamics of interactions, as well as flexibility, speed, quality and sustainability of what is agreed.

We need to rethink this mindset and reconnect with the importance of people feeling empowered, involved and understood.

Many of us try to work in this way anyway, however if the expectations of how we work are not aligned to these principles, it can affect the effectiveness of individual workers and their confidence to approach these situations in the best way.

We view Equal Conversations as a way to create space to set the tone for your relationship, as well as gathering the information about what is really important.

What is the focus?

Equal Conversations focus on –

- Building a different relationship
- Creating opportunities for trust and openness
- A shift away from a transactional / service-based focus to a person centred one
- Allows a semi structured framework to ensure that you get the information you need, in a way that is helpful and helps the person feel heard.
- Creates links between values, process and culture to identify blockers and help shift them
- Supporting creative practice within agreed limits so decisions are evidenced quickly and can demonstrate the real impact of the actions being planned
- Greater trust and flexibility, resulting in less wasted resource due to having excess support in place (just in case)

What does it look and feel like?

It starts with an acknowledgement that getting answers is not the sole objective. If there is equality of power, then it is truly a two-way conversation. We suggest these conversations have the following features-

- Set out in advance about hearing what is important to the person, rather than just what they need help with
- Create an environment that provides the best chance for engagement
- Minimise repetition
- Engage with the person to explore what the things they bring up mean to them, what is most important?
- Clarify your understanding
- Don't get drawn into "fixing"
- Open up opportunities to explore wider areas of discussion
- Check out together what you are going to do next and by when
- Acknowledge the difficulties without getting drawn into positions
- Create and maintain a trusting equal dialogue where service and resource feature, but is not the main focus of discussion

Our sessions help you work through examples of this approach in action, explores personal and organisational readiness, anxieties and what it would take to move to this approach. We help to bring people with you and demonstrate with the examples of what you are facing, the impact on confidence, trust, streamlining decision making and positive impact on challenges / complaints due to greater engagement and satisfaction.

Person-Centred Planning

[key-principles-of-person-centred-planning.pdf](#)

This resource provides an overview of a range of Person Centred Planning Tools and how to use them.

People Plans and Possibilities

[SHS.People Plans and Possibilities eBook – Inclusion Press](#)

Comprehensive book detailing Person-Centred Planning approaches

Moving From planning owned by professionals

- Trying to 'fix' people, and waiting until they are 'ready'
- People being surrounded by paid staff,
- Bound by the service
- Packaging people
- designing a service solution to last for ever

Moving towards planning owned by the person and those closest to them

- Creating opportunities now, and providing support as and when people need it
- People having friends and strengthening community connections
- Individual and unique support arrangements
- expecting services and supports to change as the person changes

A good plan:

- Addresses the areas of a person's life which are of most concern to her and the people who care about her
- Has the backing of the person and the people around her
- Provides a bedrock for future action
- Does justice to the person in the way it describes her
- Accurately reflects what has been agreed
- Is unique to the individual
- Is specific, clear and accessible

Making plans like this requires a way of working which involves:

- Sharing power
- Building a shared picture
- Building capacity for change

Sharing power

Power is an issue because many people are powerless. Their lives are controlled by others. Other people control in very direct ways how they spend their time, what they eat, how they behave, even what they say. In this context, planning can become just a further indignity.

Person centred planning seeks to redress the balance as far as possible, while recognising that many people will still be at risk of oppression or neglect. It does this generally, by recognising that power is an issue and making a conscious commitment to sharing power. It also builds into the process a number of specific features designed to shift the locus of power and control towards the person and those around them.



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<https://www.in-controlscotland.org>



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