

**“Good support isn’t just about
‘services’ – it’s about having a life.”**



Self-Directed Support Practice Across Northern Ireland Health and Social Care Trusts: Executive Summary of the IMPACT Practitioner survey

Dr Helga Sneddon & Dr Laura Doyle

May 2026



**“Good support isn’t just about
‘services’ – it’s about having a life.”**

Contents

<i>Overview of Key findings.....</i>	<i>3</i>
<i>Implications.....</i>	<i>3</i>
<i>Background to the IMPACT Support Planning project</i>	<i>4</i>
<i>Overview of the survey.....</i>	<i>4</i>
<i>Findings.....</i>	<i>5</i>
Experience of Self-Directed Support.....	6
Level of familiarity	6
Resources to explain SDS	6
Direct Payments and Managed Budgets	7
Person-centred support planning.....	8
How support planning is currently carried out.....	8
Support planning tools and systems	9
Quality of person-centred support planning.....	9
Workforce capability and development	10
Workload pressures and organisational barriers	11
<i>Conclusions and implications</i>	<i>12</i>
Key learning	12
Implications	14

Overview of key findings

- Practitioners across Northern Ireland report having a commitment to the principles of Self-Directed Support (SDS) and generally report confidence in person-centred and outcomes-focused practice.
- The main barriers they identify relate to systems, processes and infrastructure rather than practitioner commitment or understanding of SDS.
- Practitioners consistently describe a gap between the principles of SDS and the realities of implementation, with many reporting difficulties translating person-centred conversations into genuinely flexible and personalised support arrangements.
- Workload pressures, staffing shortages and limited time for support planning emerged as some of the strongest and most consistent concerns across the survey.
- Administrative requirements, recording systems and approval processes are widely seen as burdensome and can limit flexibility, creativity and relationship-based practice.
- Existing SDS resources are widely viewed as insufficient, particularly in relation to understanding SDS options, managing Direct Payments, finding providers and Personal Assistants, and supporting individuals through the support planning process.
- Managed Budgets were identified as one of the most significant gaps in current SDS implementation, with many practitioners describing them as unavailable, inconsistent or poorly understood despite being presented as part of the SDS offer.
- Direct Payments are valued but are often perceived as complex and demanding for individuals, carers and families, particularly where additional support is not available.
- Shortages of providers, Personal Assistants and community-based supports can limit the extent to which people are able to exercise genuine choice and control.

Implications

- The findings suggest that strengthening SDS will require wider system change rather than workforce development alone.
- Future SDS development should consider how systems, documentation, governance arrangements and operational processes can better support outcomes-focused and person-centred practice.
- Addressing workload pressures and administrative burden may be as important as training in improving the quality of support planning.
- Practical support for individuals and families should be strengthened through accessible information, advice, navigation and implementation support.
- Greater clarity, consistency and transparency regarding SDS options, including Managed Budgets, may help improve practitioner confidence and user experience.
- SDS implementation should be linked to wider work on provider capacity, Personal Assistant availability and community support infrastructure to ensure that meaningful choice and control can be realised in practice.

**“Good support isn’t just about
‘services’ – it’s about having a life.”**



Background to the IMPACT Support Planning project

In Northern Ireland, Self-Directed Support (SDS) is increasingly reflected within wider adult social care reform and policy direction, including work led by the Social Care Collaborative Board to strengthen personalised and outcomes-focused approaches.

SDS involves important changes to how practitioners undertake their work and engage with families. This means that personalisation and personal budgets require:

- Professionals to work in partnership with individuals and families to design support arrangements.
- Changes in organisational culture and professional roles.
- Strengths-based approaches that focus on individuals' capabilities and aspirations rather than deficits.
- Identifying and building on community resources.

Many of the factors that underpin successful implementation of SDS come together most clearly in person-centred support planning. It integrates person-centred conversations, strengths-based assessment, collaborative planning, decision-making and review into a coherent approach that enables individuals to exercise choice and control over their support.

IMPACT funded a 12-month project to focus on understanding how person-centred planning is currently being used within SDS processes in NI and to explore ways to support best practice. The host organisation supporting this project is the Southern Health and Social Care Trust, Northern Ireland in collaboration with the SDS leads in all Trusts and Vela Microboards. More information about the project is available here: <https://impact.bham.ac.uk/delivery-models/demonstrators/self-directed-support-in-northern-ireland/>.

The practitioner survey detailed in this report was undertaken as part of that IMPACT project to understand what Trust staff perceive as some of the barriers and enablers to SDS in Northern Ireland as well as the extent to which they undertake person-centred planning as part of the SDS process.

Overview of the survey

As part of the IMPACT Person-Centred support planning project, an online survey was issued to practitioners in all adult Programmes of Care across Northern Ireland in February to April 2026. It explored how practitioners implement SDS and person-centred support planning, the barriers and enablers they encounter and where system or practice change is needed. As an incentive to encourage completion, a £50 Amazon voucher was randomly awarded to one respondent from each Trust.

A total of 101 responses were received to the SDS Practitioner survey. Following eligibility screening, 84 responses from practitioners working with SDS were included in the analysis.

**“Good support isn’t just about
‘services’ – it’s about having a life.”**



Responses were received from all five Health and Social Care Trusts and across a range of programmes of care. The largest proportion of respondents worked within Older People and Learning Disability services.

Most respondents were experienced practitioners, with over half reporting more than 10 years' experience in social care practice. The majority were front-line social work practitioners (58%), with a further 26% in management roles.

The findings therefore largely reflect operational practice experience, alongside some leadership perspectives.

This Executive summary provides an overview of key findings. More detail is provided separately in the Main report.

Findings

Across all sections of the survey, practitioners consistently describe tension between the intended principles of Self-Directed Support and the realities of current systems and service delivery. While respondents generally demonstrate strong commitment to person-centred and outcomes-focused practice, many describe current systems as bureaucratic, service-led, risk-focused, and constrained by workload pressures, administrative demands, limited flexibility, and insufficient service availability.

The findings suggest that practitioners see the main barriers to effective SDS implementation as systemic and organisational, rather than related to practitioner motivation, values, or understanding of person-centred practice. Practitioners frequently describe struggling to balance person-centred approaches with operational pressures including high caseloads, staffing shortages, extensive recording requirements, approval processes, and limitations within available services and support arrangements.

Recurring concerns from practitioners throughout the survey include:

- workload pressures and insufficient time for meaningful support planning
- administrative burden and duplication within systems such as Encompass and Epic
- increasing recording, audit, and governance requirements
- limited flexibility within SDS arrangements
- shortages of providers and Personal Assistants
- limited availability of Managed Budgets
- gaps in accessible information and practical support for individuals and families
- variation and inconsistency across Trusts.

A consistent theme throughout the findings is that practitioners often felt capable of having meaningful conversations about what matters to individuals but felt less able

**“Good support isn’t just about
‘services’ – it’s about having a life.”**



to translate these conversations into genuinely flexible and personalised support arrangements within current systems and resources.

Key areas are described in more detail below and in the Main report which is available separately.

Experience of Self-Directed Support

Level of familiarity

Most practitioners report frequent use of SDS in day-to-day practice (74%), indicating that SDS is embedded within operational practice for many of these respondents. However, around one quarter report using SDS only occasionally, rarely, or never, suggesting some variation in implementation across services and roles.

Confidence in explaining SDS varies considerably depending on the SDS option involved:

- Confidence is highest regarding Trust commissioned support, with 87% feeling quite or very confident.
- Confidence in explaining Direct Payments is also relatively high, with 78% reporting that they feel quite or very confident.
- Confidence is more mixed regarding blended approaches, with 62% feeling confident and over one third reporting low confidence or uncertainty.
- Confidence is lowest regarding Managed Budgets. Only 43% report feeling quite or very confident, while 41% report low confidence and 15% are unsure.

The findings suggest that confidence is closely linked to the extent to which different SDS options are consistently available and operationalised in practice.

Resources to explain SDS

Practitioners consistently report that existing SDS resources require significant improvement. Across all areas of SDS, approximately 70–80% of respondents report that resources either require improvement or are absent altogether. Only a small minority consider current materials sufficient and requiring no change.

Practitioners most frequently described concerns with resources relating to:

- finding support providers and Personal Assistants
- managing Direct Payments
- engaging people in the support planning process
- understanding SDS options in practice
- reviewing SDS arrangements over time.

Resources to help people find support providers was identified as a particularly significant gap:

**“Good support isn’t just about
‘services’ – it’s about having a life.”**



- 35% report that no resources currently exist in this area
- 51% report that existing resources require improvement
- only 7% consider current resources adequate.

In terms of identifying areas of weakness, practitioners repeatedly describe existing resources as:

- overly lengthy
- difficult to navigate
- outdated or inaccurate
- inconsistent across Trusts
- insufficiently practical
- inaccessible for many individuals and carers.

In terms of what would be better, practitioners asked for:

- concise and practical guidance
- step-by-step implementation information
- easy read and visual materials
- clearer explanations of responsibilities and limitations
- greater access to practical advice and implementation support.

Practitioners consistently emphasise that written information alone is insufficient and that individuals and families also require access to hands-on support, guidance, specialist advice, brokerage support, helplines, and SDS teams to navigate SDS effectively.

Direct Payments and Managed Budgets

Direct Payments emerge throughout the findings as a major source of concern for practitioners. Respondents frequently describe Direct Payments as administratively burdensome, stressful for families, and difficult to manage in practice, particularly for:

- older people
- carers
- individuals with reduced capacity
- people without strong informal support networks.

Practitioners repeatedly refer to:

- difficulties associated with becoming an employer
- payroll and insurance responsibilities
- financial management pressures
- time-consuming paperwork
- difficulties recruiting Personal Assistants and providers.

Managed Budgets emerge as one of the clearest recurring gaps within current SDS implementation. Practitioners frequently describe Managed Budgets as unavailable, paused, inconsistently implemented, or poorly explained across Trusts.

Many respondents view Managed Budgets as essential for individuals and carers who are unable or unwilling to manage Direct Payments directly. Several practitioners express frustration that Managed Budgets continue to be referenced within SDS information despite not being operational in practice.

Person-centred support planning

How support planning is currently carried out

Support planning is strongly centred on the individual, families, and statutory staff. Most practitioners report that individuals are always or usually involved in support planning discussions, indicating strong commitment to person-centred principles at a basic level.

Practitioners consistently described family involvement as high, particularly where individuals require support to engage in planning processes or where carers play significant roles in ongoing support arrangements.

However, involvement of non-statutory organisations, community supports, and informal networks appears more limited and inconsistent:

- only 5% report always involving community or voluntary organisations
- only 1% report always involving community providers or informal supports.

Practitioners generally view community and voluntary organisations as providing useful complementary input rather than playing a central role within support planning. Where benefits are identified, these organisations are seen as potentially offering:

- more time with individuals
- stronger local knowledge
- more flexible and relationship-based support
- better understanding of community resources.

However, practitioners also raise concerns regarding:

- inconsistent understanding of SDS
- lack of operational infrastructure
- limited availability of organisations able to provide support planning input
- lack of established processes between Trusts and community organisations.

**“Good support isn’t just about
‘services’ – it’s about having a life.”**

Support planning tools and systems

Practitioners most commonly report using standard Trust assessment and support planning tools, including NISAT assessments, Trust support plans, review documentation, and carers assessments.

A smaller number describe using more explicitly person-centred approaches such as:

- “What is important to me” exercises
- visual tools
- Talking Mats
- ideal week planning
- social stories
- one-page profiles.

However, practitioners described these approaches less frequently than standard assessment and recording systems.

Across multiple sections of the survey, practitioners consistently describe experiencing current systems and recording requirements as:

- repetitive
- time-consuming
- bureaucratic
- insufficiently person centred
- overly focused on compliance and risk.

Encompass, EPIC, support planning documentation, and audit requirements are repeatedly identified as major contributors to administrative burden. Practitioners frequently describe support planning as becoming experienced as a “tick-box exercise” rather than a meaningful person-centred process.

Many respondents also describe lacking sufficient time to use more creative or engagement-based approaches due to workload pressures and staffing demands.

Quality of person-centred support planning

Practitioners generally described themselves as having a strong commitment to person-centred and outcomes-focused practice:

- 87% agree that planning conversations focus on what matters to the person
- 76% agree that individuals are meaningfully involved in shaping their support
- 72% agree that plans reflect strengths and assets.

However, there is considerably more mixed feedback regarding whether support planning is genuinely outcomes-focused in practice:

**“Good support isn’t just about
‘services’ – it’s about having a life.”**



- only 43% agree that planning is driven more by outcomes than by tasks, time, or services
- only 31% agree that indicative budgets are usually sufficient to support personalised plans
- only 42% agree that support plan approval processes are straightforward
- only 49% agree that review processes focus on outcomes rather than service provision.

The findings suggest that practitioners see a significant gap between the principles of person-centred practice and the operational realities of SDS implementation. They repeatedly describe support planning as constrained by:

- workload pressures
- service limitations
- administration and approval systems
- funding restrictions
- provider shortages

Workforce capability and development

Practitioners generally report high confidence in core relational and communication skills associated with SDS practice. They feel most confident about:

- facilitating person-centred conversations
- identifying meaningful outcomes
- co-producing support plans.

They report feeling less confident in areas requiring more complex or advanced application of SDS principles, including:

- creativity in support planning
- cultural competency
- empowering individuals to lead planning processes
- balancing choice, control, and risk.

Most practitioners report having received formal SDS training, although more structured developmental approaches such as mentoring and coaching appear limited.

Practitioners expressed a strong demand for further workforce development across all areas of SDS practice, particularly:

- positive risk-taking
- legal and statutory responsibilities
- practical support planning tools
- engaging individuals and families
- cultural competency
- practical implementation of SDS options
- outcomes-focused planning.

Overall, the findings suggest that while practitioners report generally understanding the principles of SDS, many would like further support in applying these principles flexibly and consistently within complex operational environments.

Workload pressures and organisational barriers

Workload and workforce pressures emerge as some of the most significant barriers identified throughout the survey:

- 94% report that improvements are needed regarding time for person-centred support planning
- 97% report improvements are needed regarding caseload and workload pressures.

Practitioners repeatedly describe:

- excessive caseloads and increasing administrative demands
- staffing shortages
- crisis-driven practice
- limited protected time for relationship-based work.

Administrative systems and recording requirements are also consistently described as major barriers:

- 90% report that task-focused recording requirements require improvement
- 82% report that administrative and IT systems require improvement
- nearly two thirds report that audit and recording requirements hinder flexible practice.

Many respondents describe current systems as prioritising compliance, governance, risk management and service processes over outcomes, flexibility, relationship-based practice and personalised support planning.

Conclusions and implications

The practitioner feedback suggests that SDS cannot be strengthened through workforce development alone. Training remains important, but the main barriers identified in the survey relate to workload, administrative systems, available support options, practical resources and wider service infrastructure.

Key learning

The key learning from the survey is summarised below.

1. Practitioners understand and support the principles of SDS, but current systems can make these difficult to apply

Practitioners generally report strong commitment to person-centred and outcomes-focused practice. However, they describe support planning as often constrained by existing service models, approval processes, limited budgets, recording systems and availability of support options.

This suggests that future SDS development may need to focus not only on practitioner skills, but also on whether systems, forms, governance arrangements and operational processes actively support person-centred and outcomes-focused practice.

2. Workload and capacity pressures are central barriers

Time, caseloads and staffing pressures emerge as some of the strongest concerns in the survey. Practitioners describe limited time for meaningful conversations, relationship-based work and creative support planning.

This suggests that improving SDS practice may require attention to workforce capacity and protected time and not just changes to guidance or training.

3. Administrative systems and paperwork are experienced as limiting flexibility

Practitioners repeatedly describe current recording systems, paperwork, audit requirements and approval processes as time-consuming, repetitive and overly focused on compliance. Encompass, Epic, NISAT documentation, support planning systems and Access NI processes are all referenced as contributing to heavy administrative burden.

This suggests a need to review whether current documentation and recording systems are proportionate and whether they support, or unintentionally hinder, flexible and outcomes-focused SDS practice.

4. SDS resources need to be more practical, accessible and consistent

Practitioners report significant gaps in the information and resources available to individuals, families and staff. The most pressing gaps relate to finding

providers or Personal Assistants, managing Direct Payments, understanding SDS options, engaging people in support planning and reviewing SDS over time.

This suggests that future resource development should focus on practical, step-by-step guidance, accessible formats, clearer explanations of responsibilities and limitations, and better support for navigating SDS in practice.

5. Written resources alone will not be enough

Practitioners consistently emphasise that individuals and families need access to advice, guidance and hands-on support, not just leaflets or information packs.

This suggests that future development should consider the role of SDS teams, Direct Payment teams, brokerage support, helplines, Centres for Independent Living, peer support and other forms of practical assistance.

6. Managed Budgets are viewed as a significant missing part of SDS infrastructure

Managed Budgets are one of the clearest recurring issues in the survey. Practitioners describe them as unavailable, paused, inconsistently implemented or poorly understood. They are seen as particularly important for people who do not want to manage Direct Payments, people without informal support networks, carers under pressure and individuals who may struggle with employer or financial responsibilities. Without Managed budgets, the SDS offer is seen as misleading and incomplete, raising expectations about options that are not currently possible.

This suggests that further consideration should be given to the role, availability and practical operation of Managed Budgets across Trusts, or information should be updated to remove mention of them until they are available.

7. Direct Payments are valued but are seen as placing significant pressure on families

Practitioners repeatedly describe Direct Payments as complex, administratively burdensome and stressful for some families and carers. Concerns relate to becoming an employer, payroll, insurance, financial management, paperwork and recruitment of Personal Assistants.

This suggests a need to consider whether the practical support around Direct Payments is sufficient, particularly for older people, carers, people with reduced capacity and individuals without strong informal support networks.

8. Wider provider and community infrastructure affects whether SDS can offer real choice

Practitioners describe shortages of Personal Assistants, limited provider availability, rural inequalities and gaps in community-based supports. These issues limit the extent to which support planning can be genuinely flexible or personalised.

This suggests that SDS development needs to be linked to wider work on provider markets, Personal Assistant availability, community infrastructure and local support options.

9. Voluntary and community organisations may have a useful role, but this is not yet well embedded

Practitioners see potential value in voluntary and community organisations providing local knowledge, additional time and complementary insight. However, involvement appears inconsistent and there are concerns about role clarity, organisational bias, availability and understanding of Trust processes.

This suggests that any expanded role for community and voluntary organisations would need clear governance, role definition, quality assurance and practical links with Trust processes.

10. Workforce development should focus on applied practice

The survey does not suggest that practitioner capability is the main barrier. However, practitioners do identify areas where further development would be useful, especially in more complex and applied aspects of SDS practice. These include positive risk-taking, legal responsibilities, support planning tools, cultural competency, creative planning, and supporting people to take greater ownership of their plans.

This suggests that future training should be practical, case-based and linked to real implementation challenges rather than focused only on general SDS principles.

11. Consistency and transparency across Trusts matter

Practitioners describe variation in SDS processes, availability of options, resources and operational arrangements. Some also raise concerns that SDS is presented as more flexible than it can currently be in practice.

This suggests a need for greater consistency and transparency about what SDS options are available, how they operate and what individuals and families can realistically expect.

In summary, the feedback from practitioners suggests that strengthening SDS will require action at several levels. Workforce development is important, but practitioners' responses indicate that training alone will not address the main barriers they experience when seeking to make SDS truly person-centred.

Implications

In terms of overall implications, it would be useful for the following to be considered in future implementation of SDS:

- how support planning systems and documentation can better support outcomes-focused practice

**“Good support isn’t just about
‘services’ – it’s about having a life.”**



- how workload and capacity pressures affect the quality of support planning
- how administrative processes can be simplified
- how practical support for individuals and families can be strengthened
- how Managed Budgets and Direct Payments operate in practice
- how access to providers, Personal Assistants and community supports can be improved
- how greater consistency and transparency can be achieved across Trusts.

Overall, the findings indicate that practitioners understand what good SDS practice should look like, but current systems and infrastructure can make it difficult to deliver this consistently in practice.