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A REVIEW OF

Delegation in Practice

Enabling People to Live Well 'Closer to Home'

ANNEX 2

Delegating Healthcare Interventions to Personal Assistants Using Direct Payments

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

IMPACT
Improving Adult Care Together
Economic and Social Research Council
The Health Foundation

Foreword

By Brendan Casey, Co-Producer of the IMPACT Delegation of Health Care Demonstrator Project

My name is Brendan Casey. I am 32 years old and I live with Duchenne muscular dystrophy. When I attended the first engagement event for this demonstrator project, I shared openly that what I really wanted was simple: choice, independence, and the flexibility to live my own life.

For me, something as basic as having my personal assistant trained to change my ventilator battery would mean that I could get out independently, without relying on my mother to accompany me everywhere. That is one of many differences that delegation of healthcare interventions can make. I have received multiple care packages from independent providers over the years, many of which ended abruptly because they could not fulfil the contract. Each time, I was left vulnerable and without the support I needed. I was encouraged to use direct payments as I was advised that it could offer me more choice and control, however then I was advised that aspects of my care could not be delegated. Delegation of healthcare activities is not a luxury; it is essential to enabling people like me to live independently

Being involved in this project has meant that my voice, and the voices of those I represent, have been heard in the discussions about how delegated healthcare interventions could be improved in Northern Ireland. It matters deeply to me that every person, regardless of where they live, can benefit from a fair, equitable, and consistent approach. Delegation should support people to achieve the independence they deserve.

To those reading this report, I ask you to see it from all perspectives.

For people like me, the decisions you make determine whether we can live independent and fulfilled lives.

For practitioners delivering health and social care, a shared approach and shared leadership are vital so that the information given to people is clear, consistent, and reliable—no matter where they live.

And for everyone reading this, I would ask you to reflect on something important: someday, just like me, you may require care and support. If you were in my shoes, what would you need? What would independence mean to you?

My message to you is this: please use your influence, your position, and your voice to help ensure that people like me have choice, control, and independence when receiving health and social care

Executive Summary

Enabling Good Lives, Not Just Managing Tasks: Addressing Challenges in Delegating Healthcare Interventions to Personal Assistants Using Direct Payments in Northern Ireland

This report explores the challenges and opportunities associated with the delegation of healthcare interventions to personal assistants (PAs) employed through direct payments in Northern Ireland. It has been developed through a demonstrator project led by IMPACT (Improving Adult Care Together), in partnership with the Centre for Independent Living NI (CIL NI) and co-produced with Brendan Casey.

The project was initiated by CILNI following their observations of an increase in people in receipt of direct payments unable to receive delegated health care interventions across Northern Ireland due to variance in practice across health and social trusts and a lack of a shared understanding of the legislation guiding this practice.

This issue became increasingly apparent during the transitions process for children and young adults with disability, impacting significantly on people's ability to exercise choice and ensure control of the care and support they required to live independently. CIL NI noted that practice varied across NI.

Using a systems thinking approach and the **ICEBERG** analogy, the report surfaces visible issues while also uncovering deeper cultural and relational dynamics. These findings were generated through three bespoke surveys and co-produced engagement across lived experience, professional, and practitioner communities.

Key findings

- People who draw on care want to have choice and control in making decisions about their care. Explicit arrangements for delegated health care interventions should be available to them.
- Practitioners are committed to providing safe and effective care, but they experience uncertainty around delegation frameworks, professional accountability, and the legal context of practice.
- There is a need to support develop and enhance the role of personal assistants in NI.
- Transitions between children's and adult services are frequently disjointed, with significant impacts on continuity of care influenced by different approaches to practice and service design.

Core themes identified

- The need for collective leadership to address variable understanding of delegation policies and practice across the HSC system and professions.
- The need for a shared governance framework, promoted and understood by practitioners and people who draw on care and support.

- An opportunity to refocus practice based on risk enablement to enhance opportunities for choice and control in the lives of people who draw on care and support.

Recommendations

The report sets out a series of evidence-informed insights and practical suggestions, including:

- Establishing a shared, multi-professional framework for delegation in the context of direct payments
- Shifting from risk avoidance to risk enablement, supported by supervision, reflection, and leadership
- Enhancing training, support, and wellbeing pathways for personal assistants
- Creating simple, accessible guidance and advocacy for all involved
- Embedding co-produced, relationship-based approaches to decision-making and improvement

Drawing on best practices from across the UK and internationally, the report also highlights key principles for shaping future practice, including the importance of co-production, clarity, continuity, and system-wide trust.

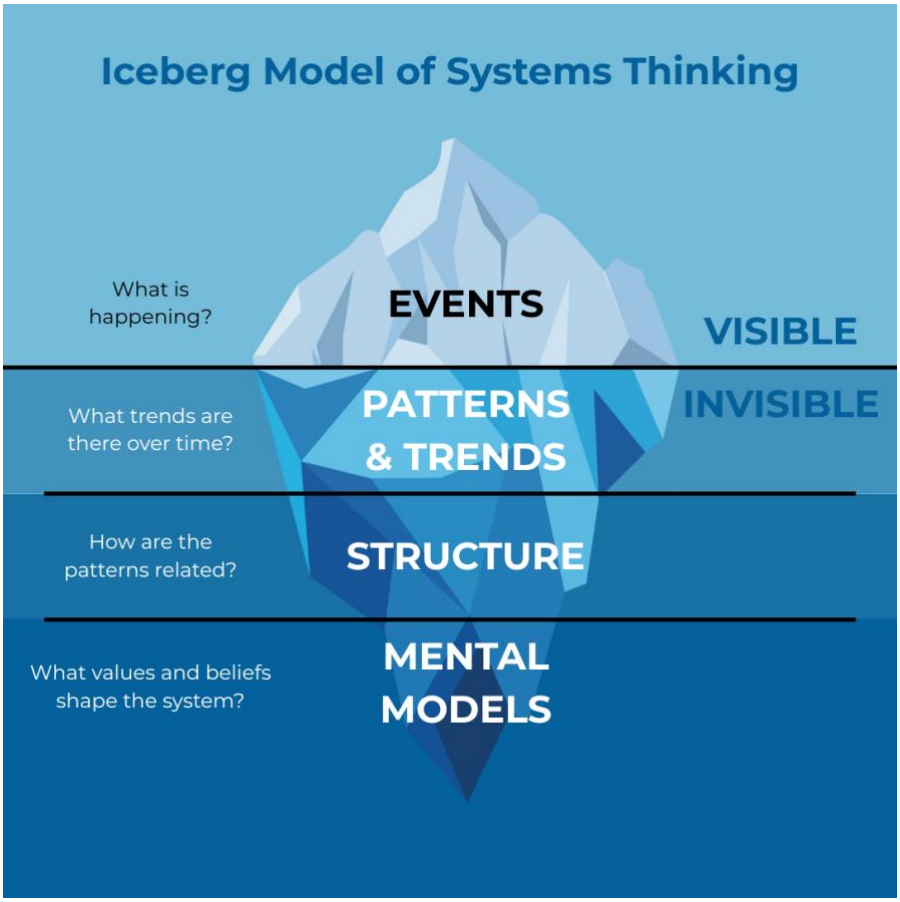
These findings highlight the need for a cultural shift from managing clinical risk to enabling good lives. With collective leadership, shared accountability, and a renewed focus on person-centred care, Northern Ireland can move towards a more confident, compassionate, and consistent approach to delegation in self-directed support.

Introduction

The delegation of healthcare interventions to PAs through direct payments can offer greater choice, control and flexibility for people who draw on care and support. Currently in NI there is no consistent approach to enable region wide implementation despite the principles of self-directed support being widely endorsed.

This report has been developed by IMPACT to explore challenges and opportunities associated with delegation to personal assistants in the context of direct payments. It aims to present an evidence-informed account of what matters most to those involved in this work and what is needed to improve social care outcomes.

Following an outline of the IMPACT demonstrator project approach, the report summarises the activity of the project and learning using the ICEBERG analogy aligned to systems thinking. The Iceberg analogy helps us understand that what we see on the surface / the care outcomes is just a small part of underlying factors when we seek to understand complex situations. Through engagement with people who draw on care and provide care we have learned about perceptions, patterns and evidence contributing to the systems inability to fully support the practice of delegations consistently as this time.



About IMPACT

IMPACT's approach centres on addressing strategic, complex, and long-standing issue within adult social care through collaborative, evidence-informed improvement. Senior Strategic Improvement Coaches work alongside people with lived experience, communities, and professionals across sectors to explore the underlying causes of these issues. By facilitating reflection on diverse forms of evidence and fostering shared decision making, they help to design, implement, and evaluate new ways of working. This process not only builds local capacity and learning but also contributes to a broader legacy by disseminating insights at regional and national levels where appropriate.

In September 2024 IMPACT commenced a Demonstrator project hosted by the Centre for Independent Living in NI (CIL NI). CIL NI had identified concerns from people who draw on care and support about the safe and effective delegation of complex health and care tasks when they were in receipt of direct payments. These concerns were becoming increasingly apparent during the transitions process for children's and adults. The challenges were impacting significantly on individual's ability to exercise choice and ensure control of the care and support they required to live independently.

A co-produced steering group was established, and a review of evidence and best practice was commenced.

A literature review led by IMPACT's evidence and evaluation team highlighted a lack of substantial literature on this specific area of practice within the context of transitions. However, further examination of literature, policy and practice suggests an international trend towards delegation of professional tasks[1].Aligned to this movement has been the development of both country wide and professional frameworks to support this activity. In Northern Ireland this work has been led by the Northern Ireland Social Care Council (NISCC) and Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) reporting to the Chief Nursing Officer and Chief Social Worker. More recently the Chief Allied Health Professional Officer has identified a clear professional position on delegation. However, there remains no shared NI framework for delegation of interventions to PAs employed through direct payments.

As IMPACT projects seek to get evidence of what works used in practice to make a difference to services and to people's lives. It was agreed that the project would focus on exploring the following areas of practice relating to delegation

- The experience of people who draw on care and support
- Practitioners' experiences and views
- What is working well
- What needs to change

These specific areas were identified as they are aligned to the purpose of IMPACT which draws on knowledge from different types of research, the lived experience of people who draw on care and support and carers, and the practice knowledge of social care staff.

[1] Wilson, G , 2019 A Desk top Review to identify National and International Approaches to Governance Arrangements for Supporting Delegations Across Professions.

Early engagement with professional colleagues in the HSC system revealed that the issue was already under consideration by senior professional officers in the Department of Health.

A joint Delegation of Healthcare / Nursing Interventions Oversight Group was established in November 2024 led by the Chief Nursing Officer. IMPACT was invited to contribute to this work by aligning the activity of the demonstrator project to the work of a subgroup focusing on the Delegations of Healthcare Interventions under Direct Payments in HSC Trusts. The information and analysis presented in this report is intended to support the work of this subgroup. As a small-scale qualitative study, the findings are not intended to be generalisable, but rather to offer a tailored perspective for the specific subgroup who commissioned it. Nonetheless, the content analysis undertaken has revealed common themes that are examined in the following sections.

The tip of the iceberg – what is seen

IMPACT hosted an early engagement workshop with people who draw on care and support and engaged with people working in health and care settings in various roles.

Key messages highlighted through early engagement are summarised as follows.

Shared commitment to person centred delegation

There is a collective desire among practitioners, personal assistants, and people who draw on care and support to improve the delegation of healthcare interventions in ways that uphold choice, control, and independence. Current practice and procedures are often perceived as prioritising organisational or professional risk over person centred outcomes.

Need for system wide clarity and consistency

There is significant variation in delegation practices across Trusts, teams, and regions. This inconsistency undermines confidence, creates confusion for families and staff, and reinforces inequality in access to care particularly where some families can self-fund professional care and others cannot.

Transitions between services

Care delivered under multidisciplinary children's services is often experienced as more coordinated and responsive. However, the transition to adult services frequently results in disruption, reduced support, and a lack of clarity for families who feel vulnerable and uncertain about opportunities available to them.

Shared approach to risk

Families and staff report the need for a shared and supported approach to risk that enables safe delegation consistently across NI

Shared approach to leadership and legislation

While there is evidence of good practice and collaboration across professions, meaningful and sustainable change requires clear leadership from senior stakeholders, supported by legislative and policy alignment that enables safe, confident delegation.

Hearing the voice of those who draw on care and support

Some individuals and families who value the delegated care they are receiving report a fear of losing their individual arrangements if they share their good experience. Conversely, others feel their human rights are being breached due to inappropriate or unavailable care options.

Families struggle to have their voice heard though professional practice and on occasions, have had to resort to media engagement and litigation. Advocacy has been described as a *"game changer,"* highlighting the need for stronger, more accessible support systems.

IMPACT Demonstrator approach

The Demonstrator project sought to further understand how these themes were experienced by those using and providing care in people's homes, in decision making conversations and in the relationships between professionals, PAs and the people they support. Using three bespoke surveys, further insights were gathered from

- **People with lived experience** of managing direct payments and employing personal assistants. This was circulated through CIL with responses from across Northern Ireland.
- **Personal assistants (PAs)** currently supporting individuals in their homes. This was circulated through CIL with responses from across Northern Ireland.
- **Health and social care practitioners** working within one integrated HSC Trust, combined with qualitative interviews with additional staff across Northern Ireland.

Across all three groups, respondents expressed strong commitment to enabling personalised care and support. The findings demonstrate that while the ambition for integrated, person-centred care is widely supported, the reality of delivering it is complex and challenging.

These perspectives offer a unique and often underrepresented layer of evidence: the everyday realities, frustrations, and hopes that underpin formal policy and practice.

Listening below the surface

This section presents the key findings from the surveys and a multi professional workshop facilitated by IMPACT. These insights are critical to guide our understanding of the challenges and suggest new ways of working.

People who draw in care and support

People using direct payments expressed a clear preference for receiving care from known, trusted individuals who understand their needs, routines, and preferences. For many, personal assistants are not simply employees, but central figures in maintaining independence, safety, and dignity.

A strong theme emerged around choice and control. Respondents valued the autonomy to make decisions about how their care was delivered but expressed concern that current systems often override their preferences.
“I want to live my life on my terms, but I constantly feel like I have to ask for permission. That’s not choice - that’s gatekeeping.”

“I trust my PA more than I trust a stranger from the Trust. She knows my routine, she knows my triggers, she knows what I need without me having to explain it over and over.”

Respondents highlighted how a lack of clear, consistent information about delegation left them feeling excluded from key decisions. Several reported that decisions about what could or could not be delegated were made without their input or were applied inconsistently across teams or Trusts.
“In one place I was told it’s fine for my PA to help with meds. In another, I was told it’s not allowed. Who makes these rules? And why don’t they ask me?”
What matters most to this group is being treated as an expert in their own lives, with an active role in decisions that affect their daily care. They want clear, co-produced processes and accessible guidance that enable them to make informed decisions and safely direct their own support.

What is working well

The most frequently cited strength was the consistent, trusting relationship between individuals and their PAs.

Individuals highlighted the stability offered by employing their own PAs through direct payments. Unlike traditional services, where staff might change frequently, PAs provided a consistent presence.

“Having the same person each day helps me feel safe and in control.”
This continuity supported better emotional wellbeing and enabled routines that promoted independence.

When delegation and direct payment arrangements worked well, individuals felt more in control of their care, particularly when they were involved in decisions about what tasks their PAs could perform.

Several individuals shared that children’s services were more coordinated, and person centred, with multidisciplinary teams working together to ensure smooth delivery of care including healthcare interventions.
“When I was under children’s services, everyone talked to each other. It felt like we were part of a team.”

This contrasted with more fragmented experiences once transitioned to adult services.

Some individuals noted that certain Trust teams or professionals demonstrated flexible, person-centred approaches to delegation, often based on good local leadership or individual relationships.
"One nurse we worked with really took the time to understand our situation, she helped us get a plan that worked for everyone."

Where advocacy support was available, or where professionals actively engaged individuals and families in care planning, people felt empowered and respected.

"Having someone in my corner who could speak up made all the difference."

What needs to change

- People who draw on care and support not being fully engaged in decisions about delegation, despite being the employer of the PA.
- Variation in delegation practices and policies across teams and professionals.
- People who draw on care and support feeling disempowered by professional assumptions about risk and competence.
- Concerns about continuity of care when tasks are withheld from PAs

Personal Assistants (PAs)

PAs described their role as enabling person centred independence in people's homes. Some reported performing healthcare interventions, sometimes without knowing whether these had been formally delegated or approved. The most common interventions included medication support, catheter care, PEG feeding, stoma care, and monitoring of health conditions.

A dominant theme in PA responses was a desire to "get it right" for the person they support but in the absence of training, guidance, or clear accountability structures, many reported anxieties about their responsibilities.
"I've been doing this work for years, but no one has ever told me what I am or am not allowed to do. I'm just doing my best — but it feels like I'm always one step away from doing the wrong thing."

"I'm willing to take on healthcare tasks, but only if I know I'm doing it right and I'm not going to get into trouble if something goes wrong."

Some PAs expressed frustration that they are expected to deliver complex support but not provided with the training or recognition to do so safely.
"It feels like we're good enough to do the job, but not important enough to be properly supported."

What matters most to personal assistants is the need for clarity, training, and recognition. Many indicated that they are willing and capable of taking on delegated interventions, but

only within a system that acknowledges their role, supports their development, and provides clear routes for supervision and advice.

What is working well

PAs consistently reported that close, trusting relationships with the individuals they support were the most rewarding and effective aspect of their role. These relationships often enabled personalised, intuitive care and supported better communication, emotional well-being, and safety.

Many PAs expressed a strong sense of job satisfaction, knowing that their work directly contributed to the independence, dignity, and wellbeing of the person they supported.
"I feel proud of what I do. I help someone live their life the way they want to."
"It's the kind of care I'd want for myself or my family."

While many reported the lack of formal training as a challenge, some PAs highlighted how they had developed skills and competence over time through hands on experience and learning directly from the person they support.

PAs who had been included in planning conversations with social workers or health professionals felt more confident in their role and clearer about expectations. These experiences were rare but highly valued.

"When professionals include me, it makes everything easier — we're all on the same page."

What needs to change

- Lack of formal training and support opportunities for delegated healthcare interventions.
- Unclear accountability and fear of blame if mistakes occur.
- PAs feeling isolated with limited engagement with professionals.

Health and Care Practitioners

Practitioners who responded to the survey including nurses, social workers, and allied health professionals broadly supported the principles of delegation, particularly in enabling people to live independently and reduce unnecessary clinical interventions. However, many expressed uncertainty about how delegation should work in practice, particularly in the context of direct payments.

A recurring theme was professional accountability and organisational risk. Practitioners described concerns about liability, particularly where delegation occurred outside formal governance structures.
"I want to support people to stay at home and be cared for by someone they know. But without clear oversight, it's hard to delegate and still feel professionally safe.'

"Sometimes we provide advice or training, but don't follow through with formal delegation because the frameworks don't fit the situation."

Many practitioners were also unsure whether the tasks being carried out by PAs had been formally delegated or had evolved informally, leading to blurred boundaries and uncertainty about responsibility.

"It's not always clear who is ultimately accountable, the person, the PA, the Trust, or the professional who gave the advice."

What matters most to practitioners is confidence in a clear, shared process that defines roles, ensures safety, and supports joint decision making. Many highlighted the need for more integrated guidance and a regionally agreed governance framework that recognises the realities of self-directed care while maintaining professional standards.

What is working well

Practitioners frequently cited children's services as a setting where delegation was more structured, consistent, and well-supported.

"In children's services, we have a clear process, assessments are done, risks considered, and everyone knows their role."

This was attributed to stronger multi-professional planning, clearer governance, service design and greater availability of practice educators.

Some practitioners reported positive experiences using the NIPEC delegation framework or local decision-making panels to support safe delegation.

"We use the NIPEC matrix for complex cases. It helps justify decisions and supports us professionally."

Where applied, these frameworks helped practitioners feel more confident about accountability and decision-making.

In specific Trusts, delegation panels were described as helpful mechanisms to support practitioners in making complex delegation decisions. These panels enabled shared discussion, reduced individual burden, and promoted transparency.

Some professionals highlighted that good working relationships with social care staff (and occasionally with PAs) enabled more practical and person-centred decision making.

"When there's trust and open communication, we can be more flexible and realistic about what's needed."

Practitioners acknowledged that delegation, when done well, could improve continuity of care and reduce unnecessary interventions. Many expressed willingness to delegate more frequently if clearer governance and support were in place.

"We know delegation is important for personalised care. The issue is making sure it's safe and supported."

Several respondents indicated a strong desire to engage in improvement efforts and to co-produce clearer guidance, highlighting a shared readiness for change within the workforce.

"We want guidance that reflects the real world, something we can use with confidence, not just refer to in theory."

What needs to change

- Lack of clarity on whether legislation permits delegation
- Ambiguity about governance in direct payment arrangements
- Inconsistent understanding or application of existing delegation frameworks
- Perceived professional risk in delegating without ongoing oversight
- Difficulty accessing reliable information about PA's training or competence

Cross-cutting themes

Despite differing roles and responsibilities, all three groups emphasised:

- The need for trust in people, in processes, and in each other.
- The importance of clarity about what is possible, safe, and allowed.
- A desire for consistency across teams, Trusts, and commissioning arrangements.

Each group expressed willingness to support a more flexible, person-centred model of care but not at the cost of safety, autonomy, or emotional well-being. They articulated a shared aspiration for a system that is co-produced, transparent, and respectful of everyone's role in supporting good care.

While policy ambitions around self-directed support and personalisation are clear, delegation of healthcare tasks to PAs through direct payments remains fraught with difficulty. Beneath the surface-level issues of guidance, governance, and limitations lie deeper, more entrenched perceptions and cultural dynamics that shape how decisions are made or avoided in practice.

What lies beneath: uncovering the hidden barriers

This section explores the emotional, relational, and organisational undercurrents identified through survey responses from people with lived experience, PAs and health and care practitioners.

Fear of blame

“If something goes wrong, the finger will point at me — even if I wasn’t the one providing the care.” Practitioner survey respondent

Across practitioner responses, a strong theme emerged: concern over legal liability and professional accountability when delegating healthcare tasks. This fear was particularly pronounced among nurses and allied health professionals, who described a lack of clarity about indemnity, oversight, and regulatory protection.

For many, the fear of something going wrong and being held responsible is concerning. Delegation is perceived not as a facilitative process, but as a potential professional risk.

Fixed roles and professional boundaries

“They told me we don’t do that’ — but no one said who does.” — Lived experience respondent

Practitioners often referenced strict demarcations between what health staff and social care workers are “supposed” to do, with some even expressing discomfort with supporting a model they felt blurred professional boundaries. Meanwhile, people drawing on care described being passed between services or told that interventions could not be delegated because of “the rules.”

Personal Assistants carrying hidden risks and responsibilities

“I’m doing it because I care — but I worry if I’m doing it right, or if I’ll be blamed.” PA survey respondent

PAs who responded to the survey sometimes described performing healthcare-related interventions informally, without formal training or support, and without always knowing whether the tasks were officially delegated or required to be delegated. While they expressed a strong sense of commitment to the people they support, many voiced anxieties about working in this way

They highlighted a lack of clarity around:

- What they are allowed to do
- How to access training or support
- Who they should go to for advice

Trust deficit: between systems and people

“It feels like they don’t trust us to make decisions about our own care.” Lived experience respondent

“We can’t just hand over clinical tasks and hope for the best.” Practitioner survey respondent

Trust — or the lack of it — emerged as a key fault line across all groups. People with lived experience spoke of feeling disempowered or distrusted, even when they had years of experience managing complex conditions. Practitioners, meanwhile, expressed uncertainty about the capability of PAs or service users to safely manage certain interventions, especially without oversight.

Emotional labour and invisible work

"No one sees the emotional weight of doing this work at home, on your own." PA survey respondent

PAs described carrying not just the tasks themselves, but the emotional impact of supporting people with complex needs in deeply personal ways.

Similarly, service users and carers spoke of managing complex health situations daily, often improvising solutions in the absence of timely professional support.

Confusion and ambiguity: a system without a map

"We've been using direct payments for years, but still no one can explain what's allowed and what's not." Lived experience respondent

Despite national and regional aspirations for greater autonomy and choice in care, there is no consistent understanding of what delegation looks like in practice. Respondents across all groups highlighted:

- Conflicting messages from different professionals
- Lack of accessible written guidance
- Inconsistent application of rules between Trust areas

Surfacing insights, steering improvement

These insights reveal that the challenges around delegation are not simply technical or procedural they are cultural, relational, and systemic. If this issue is to be addressed meaningfully, it requires more than updated guidance; it calls for trust building, role clarity, shared responsibility, and emotional recognition.

It suggests the need for a focus on the following actions to steer the broader reform agenda forward together.

- Support the development of system wide understanding of the multi professional framework for delegations addressing the role of PAs.

- Create a jointly developed framework that sets out shared principles, decision making criteria and standards for the delegation of tasks across professional boundaries.

- Shape the development of support, supervision (for delegated tasks) and CPD arrangements for personal assistants in Northern Ireland aligned to the Social Care Workforce Strategy 2025 – 2035.

- Shift practice towards enablement and shared risk. Further promote a culture where professionals are supported to move from risk aversion to risk enablement through shared learning, reflective practice and supervision to enable safe decision making in partnerships with people who draw on care and support.

- Support smoother transitions from children to adult services with coordinated planning and clarity on delegated interventions to maintain safe and consistent care.

- Sustain the focus on practice development through the development of a co-produced and multi professional learning opportunities and the development of a network /community of practice to embed and share learning.

- Strengthen the voice of people using direct payments, actively listen to their experiences to shape practice, ensuring their voice remain central to practice and workforce development.

- Ensure the availability of advocacy services.

- Develop simple guides and explanations which will enable better understanding for all involved in receiving or providing delegated health care interventions.

Guiding lights, learning from others

The insights gained from this examination of practice both in NI and further afield highlight key principles that should guide practice improvement.

- The primary purpose of delegating a task is the safety and wellbeing of one individual only.
- It is not appropriate to identify professional tasks that can or cannot be delegated generally. The decision to delegate is made by a professional consistent with their professional regulation and governance frameworks.
- Co-production should be central, not optional. Delegation works best when decisions are made with, not about, the person receiving care. Involving individuals meaningfully in decisions supports ownership, understanding and the promotion of autonomy.
- Governance frameworks are enablers not barriers. A shared delegation framework and clarity on professional accountability forms the foundation to enable professionals and those receiving care and support, to work together to reach decisions that promote choice and control.
- Delegation is not a one-off event but a dynamic process. Tasks may need to be reviewed as circumstances change. Regular monitoring and feedback loops should be embedded into care planning.

- Clarity and shared understanding of policy and legislation is essential to promote and enable collective leadership across the HSC system. Leadership is needed at every level from frontline practice to strategic systems. Visible leadership is needed to create a culture that values shared responsibility and recognises the importance of personalised care.
- The practice of delegations works best when there is shared multi professional assessment, support and decision making.
- Transparency and simplicity increase confidence. Advocacy and accessible information for all involved, including visual tools and clear language, helps to reduce uncertainty and build shared understanding.
- Personal assistants, although direct employees of the person receiving care and support, require training, support and a focus on their well being to support best care. There are many examples of training and support initiatives across the UK

These principles provide a foundation for shaping delegation practice that is safe, respectful, and person led drawing on learning from across the UK and internationally, while recognising the importance of local context and relationships.

Anchoring change: towards a safer, stronger future for delegation

This report has surfaced complex, and at times, conflicting realities about the delegation of healthcare tasks to PAs through direct payments in Northern Ireland. It has amplified the voices of those often-unheard people drawing on care and support, PAs and frontline professionals and revealed the underlying cultural, relational, and systemic dynamics that shape current practice.

What has emerged is not a lack of willingness, but a lack of clarity, consistency, and confidence. There is strong support for more flexible, person-centred approaches to care. However, this is often overshadowed by organisational fear, fragmented systems, and professional uncertainty.

The delegation of tasks is not just a technical act; it is a human one. It happens within relationships of trust, of expertise, of shared responsibility and must be understood in that context. Delegation is a process that demands clarity and courage: clarity about roles, risks, and responsibilities; and courage to reimagine traditional boundaries and lead with compassion.

This report does not offer a single solution. Rather, it offers evidence-informed insights, shared principles, and actionable recommendations to guide collective improvement. It is anticipated it will contribute to co-produced change which will anchor the opportunity to enable improvements in the delegation of health care interventions under direct payments in Northern Ireland.

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June 2026