

Equality Screening Report



August 2008

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1 Background

The Organisation

1.1 The Northern Ireland Social Care Council (NISCC) was established on 1 October 2001 under the Health and Personal Social Services (Northern Ireland) Act 2001. It was designated as a public body under Section 75 in December 2002. The NISCC is responsible for:

- the registration and regulation of the social care workforce
- setting and regulating standards for social work education and training
- developing occupational standards
- promoting training within the broader social care workforce.

1.2 Through its work, the NISCC aims to protect the public, by promoting and supporting confidence, competence and credibility in the social care workforce.

1.3 Following the introduction of protection of the title of social worker in June 2005, only those who have registered with the NISCC may practise as a social worker. This registration is valid for a period of three years.

The Policy - Renewal of Registration of the Social Care Workforce

1.4 Renewal of registration must take place every three years, and in order to renew, the NISCC must receive evidence of the registrant's good character, good conduct, competence and fitness to practice, as well as payment of a renewal fee and a criminal record check.

1.5 The registrant must also have completed 15 days or 90 hours of post registration training and learning (PRTL) within the three-year period, and be able to provide evidence of this

to the NISCC. It is this training and learning requirement that is supplementary to the requirements for initial registration, and therefore will be the focus of this screening exercise. The further criteria for renewal of registration have been assessed in 'Access to Registration Services for Social Care Workers' – a screening report published in August 2006.

- 1.6 The screening exercise will focus on registrants within phase 1 of registration (social workers, team leaders, residential child care staff, and heads of residential homes and day care facilities). Students, adult residential care workers and domiciliary care managers are not included as they have not yet registered.

Access to Training and Learning Requirements

- 1.7 The type of training and learning is left to the discretion of individual registrants. As a guide, an outline of the scope of forms of training and learning which can be undertaken to constitute the 90-hours/15 days can be found in the 'Post Registration Training and Learning Requirements for Registered Social Care Workers' part 1 guidance leaflet. This can be found by clicking the link below.
http://www.niscc.info/registration/pdf/Post_Reg_Train_Guide_Oct2004.pdf.
- 1.8 It is ultimately the registrants' responsibility to ensure that they fulfil the requirements, as stipulated in the Codes of Practice for Social Care Workers. There is an expectation as set out in the Codes of Practice for Employers of Social Care Workers that line managers support registrants in undertaking training and learning activities.
- 1.9 The requirements are the same for full time and part time workers, and for those who are currently not in employment (i.e. unemployed or on a career break). Those who do not meet the requirements must provide justification to the NISCC when applying to renew registration.

Equality Screening

The Purpose of Screening

- 1.10 As a public body under the terms of Section 75 and Schedule 9 of the Northern Ireland Act 1998, NISCC is required to promote equality of opportunity and good relations in carrying out its functions.
- 1.11 In its Equality Scheme the NISCC has committed to subjecting its policies to equality screening. Screening involves assessing the likely impact of policies on different groups of people. These groups are defined by Section 75 as:
- a) persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation
 - b) men and women generally
 - c) persons with a disability and persons without
 - d) persons with dependants and persons without.
- 1.12 The screening exercise attempted to determine the likely impact of the training and learning requirement on each of the 9 groups listed in 1.11 above, and considered mitigation of any negative impacts.

2 The Approach to Screening and Information Collected

- 2.1 To inform the screening, the NISCC sought to collect two different types of data: quantitative data i.e. statistics on the Section 75 profile of the social care workforce and qualitative data i.e. views and suggestions regarding the likely equality implications of the policy.

quantitative data

- 2.2 There is a distinct lack of data around section 75 monitoring of the workforce for a number of reasons. The Workforce Census (DHSSPS 2006) delivers details of groups of social

care staff in terms of age and gender only. Though not necessarily directly representative of the staff involved in the renewal of registration process (since it encompasses all staff in the wider social care workforce rather than the narrower groups involved in renewal of registration as outlined in 1.6), it will be used as proxy data for the purpose of this screening exercise. While most social workers are employed by Trusts, which have monitoring obligations and thus would collect data on some additional groupings, previous attempts to collect information from all HSC employers in other contexts had posed difficulties. Moreover, data collection for this exercise fell into a period of profound organisational change (implementation of the first phase of RPA), posing further limitations on the feasibility of collecting comprehensive data from across the HSC.

qualitative data

- 2.3 In order to gain insights into perceptions of any equality issues involved the NISCC conducted a targeted consultation exercise. The consultation focused on the key stakeholders of the policy. These were identified as being:
- trade unions
 - registrants
 - voluntary sector organisations representing the interests of Section 75 groups.
- 2.4 In a first step, the NISCC approached NIPSA and Unison with a request for an in-depth interview. Unison agreed to meet to provide input into the screening process.
- 2.5 Secondly, and taking on board the outcome of the discussion with Unison, the NISCC designed a questionnaire, which was distributed to a sample of registrants alongside a cover letter and an information paper. The consultation focused on two main issues:

- (1) perceived barriers to the renewal of registration for any of the nine groups under Section 75 (their nature and likely significance)
 - (2) suggestions on how any such barriers may be addressed.
- 2.6 It also asked consultees to identify any other relevant information / data on the matter which may inform the screening exercise. Finally, it welcomed any other suggestions for further actions by the NISCC to promote equality of opportunity in relation to the renewal of registration.
- 2.7 A 10% sample of registrants was drawn. 511 questionnaires were distributed; in total, the NISCC received 92 responses.

3 The Likely Equality Implications of the Training and Learning Requirement for Section 75 Groups

- 3.1 To provide a clear indication of the source of the data, views of registrants and Unison will be dealt with separately in this report.

Views of Registrants

- 3.2 Registrant views, elicited through the questionnaire, are outlined below.

Direct Impacts

Dependants, Gender, Marital Status

- 3.3 Respondents indicated that staff on career breaks to bring up children, who are most likely to be women and married, or those on maternity leave might have difficulties accessing formal training, and therefore meeting the training and learning requirements.
- 3.4 Registrants highlighted potential impacts for part-time workers. Uptake of flexible working policies, including

reduced hours, term-time hours, or part-time hours tends to be from those with dependants, females and those who are married (reference EQIA on Flexible Working Policies, CSA, 2003).

- 3.5 The monitoring forms for registrants were revised in 2006 to capture data on a range of groups under Section 75. For the first phase of registrants, however, monitoring data on whether or not a registrant has dependants is not available. It may be argued, however, that dependant status and gender are closely linked – with primary carers traditionally being women. Given that women make up more than 80% of the social care workforce (DHSSPS Workforce Census 2006), impacts in relation to those with dependants could therefore be substantial.

Disability

- 3.6 Registrants identified potential barriers to meeting the PRTL requirements for staff who are on disability related absence from work.

Age

- 3.7 Respondents noted that older staff might find it more difficult to accumulate the required training hours, as they will have already covered training in particular areas earlier in their career and thus fewer opportunities may be available to them.
- 3.8 With more than 1 in 5 of the social care workforce (DHSSPS Workforce Census 2006) being over 50, and projections of the Office of National Statistics that by 2020 nearly a third of the labour force will be over 50, any impacts on this group could be deemed significant.

Summary Direct Impacts

- 3.9 In summary, registrants indicated that those groups directly impacted by the PRTL requirements in a negative way were:

those with dependants, women, married people, those with a disability and older people.

Indirect Impacts

- 3.10 However, registrants devoted most of their attention overall to potential barriers to accessing training, rather than barriers associated with the actual PRTL requirements that are the subject of this screening exercise.
- 3.11 In this respect, it was thought that again those with dependants, females, and married people (on the basis that their caring responsibilities restricts study time) and those with a disability (mainly due to the limited accessibility of venues and training materials) would face the greatest difficulties.
- 3.12 Also mentioned were agency staff and staff on temporary contracts in relation to difficulties in accessing training. It might be reasonable to assume that females, ethnic minorities and younger staff would be more likely to be represented in this group.
- 3.13 Some respondents felt that overseas staff may have reduced access to training opportunities due to language barriers. It was also thought that this issue would become ever more significant given the increasing diversity of the social care workforce.
- 3.14 The NISCC recognises the immense value of the information gathered through the questionnaire responses as a resource for the authorities and bodies responsible for the commissioning and delivery of training to the social care workforce.

Views of Unison

- 3.15 On a general note, Unison representatives conveyed their view that registration raises the profile of the social care workforce, affirming social workers and social care workers as professionals. This, in turn serves to make social care and

social work more attractive as a career opportunity. Specific issues raised by Unison are detailed below.

Direct Impacts

Gender/Dependants

- 3.16 Unison representatives reiterated registrants' concerns regarding those on career breaks (most likely to be women) in meeting the PRTL requirements; they welcomed further clarity and guidance on the type of activities constituting PRTL. It was also argued that consideration should be given to reducing the 15days / 90 hours requirement for these groups.
- 3.17 Furthermore, concerns were raised that those who have taken time out of work to raise a family, and as a result are currently not in employment, would not be in a position get their forms signed to vouch for their competence and good character (this task being ascribed to the employer).
- 3.18 Unison emphasised that part-time employees, again mostly women with dependants, should be offered the same opportunities for training as full-time employees. The requirement of five days' training and learning activities per year was not seen as being excessive. This contrasted sharply with registrants' views that the PRTL requirements for part-time staff were too high.

Indirect Impacts

- 3.19 Unison argued that those with low literacy levels would be negatively impacted upon by the PRTL requirements, particularly in relation to those who have entered the social care profession with no qualifications as they may face particular difficulties in participating in formal training. According to the Adult Literacy Survey (Sweeney and Morgan, 1997) this group of people are most likely to be aged 55 and above, to come from Catholic backgrounds, and to be on the lowest income levels.

- 3.20 A further differential highlighted was in relation to access to training for non-public versus public sector staff. In the independent sector employers may impose greater restrictions on access to training due to financial concerns. Unison referred to NVQ training in particular, where in-house assessors would be available in the public sector but rarely so in the independent sector. Thus, provision of such training in the voluntary / private sector incurs extra costs of bringing in external assessors.
- 3.21 In relation to ethnic minority registrants, Unison did not identify any particular barriers. On a general note, however, representatives spoke of the importance of staff working in social care having attained a good level of written and in particular spoken English, arguing that effective communication would be essential in ensuring the quality of care provided. It was thought that an assessment of English proficiency should form part of the recruitment process.

4 Suggested Measures to Overcome Barriers

Direct Impacts

- 4.1 Registrants and Unison made the following suggestions as to how the NISCC might address barriers identified. These are discussed in light of further information by the NISCC, where appropriate.

Dependants/Gender/Marital Status

- 4.2 Registrants and Unison both identified potential barriers to fulfilling the PRTL requirements for staff on a career break to bring up children, or on maternity leave. Unison suggested that the NISCC provide clearly defined guidance as to what counts as PRTL activities, and that the NISCC consider reducing the requirements for this group of staff.

The NISCC will continue to consider each case on an individual basis. We would refer registrants to the guidance leaflet referenced in 1.7, which outlines the scope of forms of training and learning which can be undertaken to constitute the 90-hours/15 days. This would include, for example, reading and literature reviews.

The type of activity stated as acceptable was intentionally defined in general terms in this booklet in recognition of the wide range of social care posts, individual preferences for particular learning styles, and plans for career progression. In doing so it is intended to offer registrants a wide choice in the type of training and learning they can undertake.

Feedback from registrants through the questionnaire, and from Unison has however highlighted a general desire for more detailed guidance in this field; the NISCC therefore makes a commitment to:

- a) provide further guidance on activities that might make up the 90 hours, which should prove helpful for these groups of staff, along with a specific flyer for staff not currently in employment (see 4.3), and*

b) collate a list of the types of training and learning activities submitted in applications by registrants to be published on the NISCC website to facilitate shared learning.

- 4.3 Unison sought clarification on who might verify and endorse renewal of registration forms for those who have taken a career break to bring up children. (see 3.17)

Guidance on verification and endorsement of application forms can be found on the NISCC website:

http://www.niscc.info/registration/pdf/23996_Guidance_Notes_NISCC.pdf . The NISCC is happy to discuss arrangements on an individual basis.

The NISCC will produce targeted information for staff who are not currently in employment, in the form of a flyer, to address queries around verification and endorsement of forms and suggestions of types of training and learning which might be considered.

- 4.4 Section 3.16 outlines conflicting views held by stakeholders in relation to part-time staff: on the one hand, Unison representatives stated that 90 hours / 15 days was not excessive, and on the other hand many registrants suggested that the 90 hours / 15 days be reduced for this group.

Ultimately the need to protect service users would be paramount, and the NISCC would therefore hold that it is equally important for this group of staff to be appropriately prepared for the demands of the job through continuous development of their knowledge, skills and values; all staff on the social care register should therefore undertake 90 hours or 15 days training in the 3 year period.

Disability

- 4.5 Registrants referred to a potential barrier for people on disability related absence from work in meeting the PRTL requirements, and suggested that the NISCC take this into

consideration when reviewing applications for renewal of registration.

The NISCC is committed to considering each case on an individual basis, however would deem that

- i) 90 hours training and learning within a 3 year period is not excessive, even with a period of absence, and*
- ii) as mentioned in 4.4, to maintain highest standards of service delivery, and to ensure all staff are fit and competent to practise, it would be expected that this group of staff meet the requirements in order to be registered.*

Age

- 4.6 Registrants highlighted a potential barrier for older staff who have already completed particular training earlier in their careers and thus may have fewer training opportunities to avail of.

The NISCC would suggest that this is not an insurmountable barrier and would refer registrants to existing guidance on the wide scope of training and learning activities (see section 1.7) along with the commitment the NISCC has made to provide further information, see 4.2a and 4.2b. It should be noted that that the Codes of Practice for Social Care Workers 6,8 refers to improving your knowledge and skills and “contributing to the learning and development of others”. This would be particularly relevant for older staff with extensive experience who may be in a position to act as a mentor.

Indirect Impacts

Ethnicity

- 4.7 Registrants highlighted potential barriers with regards to ethnicity (language in particular), which they felt might become more significant as the workforce becomes increasingly diverse. On the other hand, Unison expressed that in fact all social (care) workers should have a good level of English, and that this level of English should be tested as part of the recruitment process. Unison suggested that the NISCC should provide guidance to employers on such testing, and on how employers can encourage the uptake of English classes. They also suggested that the NISCC should adopt an active role in monitoring uptake of the above guidance.

The NISCC agrees with Unison views that the social care workforce should indeed be proficient in English. Responsibility for recruitment rightly lies with the individual employer, and providing recommendations on the testing of English as part of the recruitment process would fall outside the legal remit of the NISCC.

Disability

- 4.8 Registrants indicated that access to formal training could be problematic for people with disabilities (see Appendix 1).

It should be noted that the NISCC will accept a wide range of training and learning activities, other than formal training, as outlined in the 'Post Registration Training and Learning Requirements for Registered Social Care Workers' part 1 guidance leaflet. The NISCC makes a commitment to consider applications for renewal of registration on an individual basis, in particular where the applicant has a disability.

The NISCC acknowledges the many suggestions made regarding the method of delivery of training, training venue accessibility and location, type of training offered, and timing of training, however would reaffirm that training delivery is the responsibility of the employer, and beyond the remit of the NISCC. The NISCC will however liaise with the DHSSPS and Regulation and Quality Improvement Authority (RQIA)¹ to communicate the gathered information (see Appendix 1).

Other

- 4.9 Representatives expressed that there should be a balance of accredited versus non-accredited training, with a minimum % of accredited training to be specified by the NISCC.

There is currently no specified balance of accredited/ non-accredited training, however this may change with the implementation of the DHSSPS Personal Social Services Training and Development Strategy. The NISCC will implement changes as directed by this strategy.

- 4.10 It was argued that the NISCC should secure financial assistance for training of staff in voluntary/private sector organisations.

This falls beyond the legal remit of the NISCC. Readers may wish to note that Departmental measures are in place for the provision of financial assistance for training staff in voluntary sector organisations – see DHSSPS (2007): Guidance for Voluntary Social Services Sector 2007/2008. At this time funding is not provided for private, profit making organisations.

- 4.11 Unison representatives and registrants suggested that the NISCC make it mandatory for employers to provide training opportunities for continuous professional development – assisting staff with continuous professional development

¹ As the regulatory body for Health and Social Care establishments, the RQIA monitors and reviews the training provision for staff by employers.

should be mandatory under the practice code rather than merely desirable as good practice.

The NISCC would draw attention to the NISCC Code of Practice for Social Care Workers and Employers of Social Care Workers, which states that staff are responsible for:

“Undertaking relevant training to maintain and improve your knowledge and skills”

Furthermore the Code states that employers are responsible for:

“Providing induction, training and development opportunities to help social care workers do their jobs effectively”

The RQIA monitors the implementation of these standards through its Social Care Governance Reviews. The NISCC commits itself to sharing the comments and suggestions received with the Authority.

- 4.12 Registrants felt (section 3.10) that temporary or agency staff may need special consideration, as they might be considered less likely to have access to training.

The ‘Post Registration Training and Learning Requirements for Registered Social Care Workers’ part 1 guidance leaflet outlines that there is a joint responsibility for the agency and the social care contractor to ensure the workers are fit and competent to practise. The contractor must provide opportunities for these workers to meet their training and learning requirements; this is monitored by the RQIA.

5 Conclusions

Direct Impacts

- 5.1 The screening exercise identified potential barriers to attaining the required training and learning hours for people with dependants, gender (females), marital status (married people), disability and age (older people).
- 5.2 The NISCC, taking on board comments from registrants, will do the following in an attempt to remove any potential barriers to any of the Section 75 groups mentioned above.

Scope of Training and Learning

- Provide further guidance on the types of activities that might constitute training and learning.
 - Provide further specific guidance in the form of a flyer on the types of activities that might constitute training and learning, targeted towards those who are not currently in employment, due to pregnancy/maternity, disability, career break or other reason.
 - Collate a list of the types of training and learning activities submitted by registrants in recording forms, to be shared with all registrants on the NISCC website to illustrate options for training and learning.
- 5.3 No direct barriers were identified on basis of sexual orientation, religion, political opinion and racial group.

Indirect Impacts

- 5.4 Respondents felt that access to training would have a knock on effect on attaining the required training and learning hours for those with dependants, gender (females), racial group, age (older people and younger people), marital status (married people) and religion (Catholic).

- 5.5 The NISCC acknowledges the points raised by respondents and in taking steps to act on the information highlighted the NISCC will:
- Communicate the gathered information to bodies involved in the commissioning, regulation, management and delivery of training, i.e. DHSSPS and RQIA.
- 5.6 The NISCC has welcomed the opportunity to seek the views of registrants and representatives in the screening of this policy, and is committed to implementing the actions above to mitigate against any adverse impacts.
- 5.7 The NISCC would hold that realisation of the above actions will ensure no significant adverse impacts occur as a result of the training and learning requirements, and therefore there would be no necessity to carry out a full equality impact assessment.
- 5.8 The NISCC is committed to ensuring that no further adverse impacts arise as a result of this policy, and therefore makes a commitment to consider the Section 75 groups as the renewal of registration process evolves, through collection of monitoring data on submission of the registration forms. Any indication of adverse impact will result in a further screening exercise, with the potential to then proceed to equality impact assessment.

Appendix 1

The issues below were raised by respondents in relation to access to training.

Dependants

- 1.1 Many respondents spoke of particular difficulties for those with dependants in accessing training:
- The location of the training might cause difficulties for those with dependants– increased travel time might impact on childcare arrangements.
 - Training involving overnight stays may preclude those with dependants who can only attend training during normal working hours to accommodate childcare.
 - Home reading or study time may be difficult for parents to avail of as it impinges on childcare time.

Registrants pointed out that part-time workers would face difficulties in taking time off for training. Attending half- or full-day sessions could mean that they would not have any client contact for an entire week (in turn impacting on service delivery). Furthermore, part-time workers who only work mornings may have difficulties in accessing full day or afternoon courses.

One person felt that the impacts on those with dependants become more keen when dependants have illness, particularly if terminal.

Disability

- 1.2 Many of those surveyed felt that training must take account of the needs of disabled people, including venue, style of training, training materials etc. There was anecdotal evidence of a recent training venue not being accessible for wheelchair users, and of training materials not being accessible for people with visual impairments. Respondents

specifically mentioned the needs of people with dyslexia in relation to training.

- 1.3 It was noted that distance to venues could also cause difficulties for some people with disabilities.
- 1.4 One respondent pointed out that people with physical disabilities are sometimes perceived to have learning disabilities, suggesting the need for awareness training. Furthermore, some types of training involving physical activities, for example, Therapeutic Crisis Intervention (restraint) may be problematic for someone with a physical disability.

Age

- 1.5 A number of registrants argue that resources are not made available for training older people – investment in younger people being prioritised. Conversely however, one respondent suggested that young social workers might not have access to regular training, and another that younger staff might have limited access to management training.
- 1.6 The survey indicated that some staff felt that older people are less motivated to undertake training, along with a general opinion that older people lack I.T. skills.
- 1.7 Some staff felt that older people would prefer to undertake training with peers from their own age group.

Race

- 1.8 24% of respondents felt that the training and learning requirements would have an impact on individuals on the basis of their racial group. However, it emerged that registrants were primarily referring to their own training needs in terms of meeting needs of clients of different racial groups.
- 1.9 Others commented on needs of social care staff in relation to anti-racism training.

Gender

- 1.10 There was a view that training is geared towards women since the workforce is mostly female, and that men are disadvantaged as a result. Men are perceived to be restricted in relation to learning activities related to research involving female social issues.
- 1.11 One respondent stated that men are given higher risk clients, and that relevant training should be provided.
- 1.12 A respondent reported that most social work managers are male, and that there is no specific management training for women. This is reflected in statistics from DHSSPS Workforce Planning Review (DHSSPS, 2006), which indicate that 29% of male staff are in senior positions, while only 17% of female staff are in senior roles; this represents a significant disparity, and a potential area of further investigation.
- 1.13 There was a view that part-time workers (mostly women) may not be considered for long-term training, e.g. on family therapy. With 25% of social services staff being part-time workers (DHSSPS Workforce Planning Review, 2006), impacts in this regard could be significant.

Marital Status

- 1.14 15% of respondents felt that the requirements would pose difficulties for individuals based on their marital status. Issues were identified in relation to lone parents, whether single, divorced or separated, and focussed on childcare arrangements to cover training time, making it impossible for lone parents to undertake training in general but professional training in particular.
- 1.15 One respondent felt that married professionals with dependants find it extremely difficult to commit time to training or quiet study time.

Sexual Orientation / Religion / Political Opinion – Training needs Raised

- 1.16 Generally the views of the 12% who felt there was an issue in relation to sexual orientation, were in relation to sensitivities of dealing with clients who are LGB, and the need for awareness training to improve services provided to clients. Two respondents actually felt there was an issue of homophobia/ homophobic attitudes.
- 1.17 One respondent felt that religion/ political opinion could be an issue if an individual clashes with manager or trainer.
- 1.18 There was a view that there is little opportunity to study other religions and their needs. Similar training needs were highlighted in relation to race; racial awareness training would encompass religious awareness elements.

Appendix 2

Comments received on NISCC consultation on the screening outcome of the renewal of registration of social care workers (consultation closed 16 May 2008).

Organisation	Name	Comments	NISCC Response
Disability Action	Monica Wilson	<p>Disability Action wishes to congratulate the NISCC on its work on screening this policy, the pro-activity demonstrated by the Council in its outreach and specifically its work with Unison is commendable and unusual.</p> <p>Disability Action would point out that a textphone number or SMS number has not been added to contact details for responding to consultation.</p>	<p>The NISCC noted omission and added a textphone number to consultation documentation on NISCC website whilst consultation was underway.</p>

<p>Belfast HSC Trust</p>	<p>Miss Bernie McNally, Director of Social Services, Family and Childcare</p>	<p>The Belfast Trust welcomes the NISCC's commitment to incorporating the range of actions detailed in the report into its policy and practice.</p> <p>In particular the Trust welcomes the Council's intention to provide guidance on further activities that may constitute training and learning, to address circumstances of registrants not currently in employment, and to collate a list of training and learning activities submitted by registrants in recording forms to illustrate options for training and learning.</p> <p>While acknowledging the Council's readiness to consider each case on its own merits, the Trust would suggest that the Council might</p>	<p>The NISCC recognises the need for further guidance in this area, a requirement that has also been highlighted through learning from</p>
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		consider issuing further guidance to registrants and employers about those circumstances in which a registrant does not complete the requisite 90 hours/15 days PRTL as a result of extended absence from work.	the renewal process. Discussions are currently underway within the NISCC to address this issue, and employers will be informed when decisions have been taken.
Western Health and Social Services Board	Anna Jack, Commissioner PSS Training	<p>General agreement with views expressed in report, and that PRTL requirements (15 days/ 90 hours) should be retained as minimum standard for all registrants.</p> <p>Further guidance, as mentioned, would welcome, particularly following the review of submissions for re-registration and NISCC feedback about the range and acceptability of examples of activity included.</p> <p>There is another group of people –</p>	While the NISCC acknowledges

		<p>retirees – who may wish to maintain their professional SW status but who may find it difficult to access formal training opportunities to meet the requirements. Perhaps they constitute a special category for registration where they are not actively engaged in SW practice or service provision?</p>	<p>the particular interests of the group mentioned, it is bound by its role in safeguarding service users, their carers and the public. The 90 hours / 15 days PRTL requirement is set by the 4 nations as part of the Rules that determine admission to the Register. Registration affirms suitability to practise in social care and offers the public the safeguard of knowing a social worker has met the required standards to be admitted to and remain on the register. The NISCC would reaffirm that PRTL requirements can be attained through many types of activities other than 'formal training', e.g. reading, reflection etc. As stated in section 4.2 of the screening report, guidance will be produced in this regard. The NISCC would hold that the credibility of the title 'social</p>
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			worker' is dependent on adherence to the rules of registration for all persons on the register, and that to introduce exceptions or special categories might result in diminished public confidence in the Register.
Disability Action	Patricia Bray	<p>Disability Action believes that the contact details in this consultation document should include a textphone number to enable deaf people the same access as those who are hearing.</p> <p>Disability Action recommends that a statement offering a range of accessible formats should be placed at the beginning of the main consultation document and in any future documents for ease of reference.</p>	<p>See NISCC comment above.</p> <p>The NISCC operates a practice of providing materials in alternative formats on request, including when this is not specifically stated, however the NISCC is in full agreement with this comment, and makes a commitment to inclusion of such</p>

		<p>Regarding quantitative data Disability Action believes that the NISCC, having identified a distinct lack of data around Section 75 monitoring, must now take steps to input a system to gather this information to inform future Section 75 screening and EQIA.</p>	<p>a statement in all future consultation documentation.</p> <p>Application forms for registration include a monitoring form, collecting data on 6 of the 9 S75 groups. The NISCC has no power however to make completion of this form mandatory as it is not a requirement for registration, and has found a return rate to date of only 50 – 60%. The NISCC would welcome suggestions as to how registrants might be encouraged to complete monitoring forms.</p> <p>Staff recruitment, and related monitoring is currently governed by each employer, and therefore falls beyond the remit of the NISCC.</p>
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		<p>Regarding registrants with disabilities Disability Action is concerned by and therefore requires further information* on the NISCC statement "...to ensure all staff are fit and competent to practise..." to enable informed comment to be made.</p>	<p>However the NISCC (through the CSA) provide input to the new monitoring section of the regional HPSS online recruitment, which will include monitoring of all 9 S75 groups.</p> <p>The NISCC has not refused any application for registration on health grounds. The NISCC is aware that the role of health assessment more appropriately lies with the employer through occupational health, and is currently investigating the scope for influencing review of the statutory requirement to reflect this.</p> <p>*further information communicated to Disability Action following request.</p>
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		<p>Disability Action believes that formal training must be made accessible to people with disabilities under the provision of the DDA 1995. Access to training is more than physical access to the built environment, the NISCC must be more concerned with the broader issue of access in relation to geographical location, travel distance, alternative formats, time of day.</p>	<p>The NISCC also firmly believes that training should be accessible to people with disabilities in relation to all factors mentioned by Disability Action. Unfortunately the NISCC has no direct authority or remit regarding the commissioning or delivery of training of staff employed in social work (with the exception of those staff employed by the NISCC); this is the responsibility of the employer of the individual, or the organisation commissioning or providing the training. However the NISCC has a regulatory role over the PQ partnership, which manages the arrangements for the delivery of the Northern Ireland Post Qualifying Education and Training Framework for Social Work in Northern Ireland; the NISCC makes a commitment to build</p>
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		<p>Disability Action recommends that the proposed guidance must be offered in a range of formats.</p>	<p>promotion of accessibility in training provision into this role.</p> <p>The NISCC has made a commitment to take steps to ensure the information gathered regarding barriers to training is communicated to the DHSSPS and the Regulation and Quality Improvement Authority, who have an influencing and regulatory role respectively. This Screening Report will also be communicated to social care employers as consultees in this screening exercise.</p> <p>The NISCC will ensure the guidance is offered in a range of formats.</p>
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		Disability Action recognises the time and effort that have gone into producing this document for consultation and thanks the NISCC for the opportunity to respond and looks forward to continued dialogue.	
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