

Communications Committee 8 November 2011

Transfer of regulatory functions from the General Social Care Council

Executive summary and recommendations

Introduction

This paper provides an update to the Communications Committee on communications activities in relation to the transfer of regulatory functions from the General Social Care Council (GSCC). It covers communications work undertaken since the last Communications Committee in June 2011.

Decision

The Committee is invited to discuss the attached documents.

Background information

See introduction to paper.

Resource implications

All communications activities associated with this project will be accommodated through the project plan budget.

Financial implications

See above.

Appendices

- Appendix 1: Selection of social work media coverage
- Appendix 2: Media statements
- Appendix 3: Briefing on the Health and Social Care Bill
- Appendix 4: Examples of social work parliamentary activity

Transfer of regulatory functions from the General Social Care Council

Introduction

This paper provides an update to the Communications Committee on communications activities undertaken since the last meeting in June 2011.

Background information

In October 2011, the Department of Health issued a news release about the closure of a number of arms-length bodies. This document stated that the General Social Care Council will close on 31 July 2012. We anticipate opening the Register to social workers in England on 1 August 2012, subject to the passage of legislation.

Communications activities to date

Set out below are some of the activities which we have undertaken since the last Communications Committee on 22 June 2011.

Liaison with the GSCC

The Communications team have regular contact with their equivalents at the General Social Care Council. We liaise with the GSCC on media queries, share media releases and updates to position statements, and have met to discuss our approach to communicating the registration fee.

Media

Social work media activity is monitored on a daily basis.¹ Themes in the media from June to October 2011 have been the standards of proficiency for social workers in England, language proficiency, social care support workers, the passage of legislation and registration fees.

Activities since June have included:

- regular contact with reporters from Community Care;
- updates to the position statement on voluntary registers;
- issued a joint statement on the standards of proficiency for social workers in England and the professional capabilities framework;²

¹ See Appendix 1 – Selection of media coverage

² See Appendix 2 – Media statements

- written a line to take on the difference in registration fees between the two organisations for the frequently asked questions section of the website and briefings notes;³
- uploaded news items to the HPC website and issued a media release announcing the SOPs and SETs consultations;
- secured two interviews for the Chair in Community Care magazine and the British Association of Social Work's professional journal to promote the consultations;
- issued follow-up piece on the standards of proficiency consultation which has been picked up by Community Care and uploaded to the GSCC's website;⁴ and
- included information in the GSCC's social work connections e-bulletin and HPC's social media channels announcing partner recruitment and the consultations.

Parliamentarians

The Health and Social Care Bill had its third and final reading in the House of Commons in September 2011 and concluded its second reading in the House of Lords in October 2011. Activities relating to parliamentarians have included:

- meetings with Lord Hunt, Shadow Deputy Leader of the House of Lords, and Baroness Northover, Government Spokesperson for Health;
- written briefing distributed to approximately 150 peers with an interest in regulation and social care;⁵
- liaison with the Department of Health on written questions in the Lords;⁶
- published information on ePolitix; and
- provided detailed briefings to Baroness Northover and the Department of Health on education and training standards, fees, fitness to practise process, governance, social work community and students.

Stakeholders

We have identified relevant communication contacts in a range of stakeholder organisations and have begun a programme of meetings. Since June 2011 we have met with:

- After Adoption;
- Association of Directors of Children's Services;
- Association of Directors of Adult Social Services;
- Care Councils (via webinar);
- Family Action;
- NSPCC (follow-up meetings to be held); and
- Recruitment and Employment Confederation (planning to attend a follow-up meeting with the nursing and social care sector agencies).

³ See Appendix 2 – Media statements

⁴ See Appendix 2 – Media statements

⁵ See Appendix 3 – Briefing on the Health and Social Care Bill

⁶ See Appendix 4 – Examples of social work parliamentary activity

Events

Activities since the last Communications Committee have included:

- a presentation to the National Social Care Communications Network in September; and
- a joint GSCC/HPC stand at the National Children and Adult Services (NCAS) conference in October 2011.

In November 2011 we will attend the Community Care Children and Families Live conference and the Compass Jobs Fair to hold joints workshop and stands with the GSCC.

Web

We have published updated frequently asked questions (FAQs) on the website.

Publishing

Since June 2011 we have published the following articles in HPC InFocus:

- Issue 36 (August) included an article announcing the launch of the consultations; and
- Issue 37 (October) included an article on the consultations and an advertisement for the recruitment of social work partners.

HPC employees

Since June 2011 we have:

- published one article in HPC Update on the launch of the consultations;
- briefed employees on the progress of the legislation in the September all employee meeting;
- published information in Issues Brief and the media coverage report;
- briefed the employee consultation group; and
- published news items on the intranet on the consultations and the health and social care briefing to peers.

We are also starting work with the Registrations Department to develop and deliver briefings to the team on the communications approach to registration fees.

Next steps

Over the coming months our focus will be on the communications approach to registration fees and student registration. Other areas of priority will be the passage of legislation, meetings with communications contacts within relevant stakeholder organisations and updates to the dedicated social worker webpages.

Appendix 1 - Selection of social work media coverage

July 2011

- 13 July 2011 Community Care
Health Professions Council social work expertise in doubt
Not enough is being done to reassure social workers in England that the Health Professions Council will be an effective regulator, a senior academic has said.
- 19 July 2011 Community care online
Social workers asked for views on HPC standards
The HPC has launched a four month consultation on the newly-developed standards of proficiency for social workers in England.
- 19 July 2011 Community care
Social worker registration fee still unknown, HPC admits
Social workers in England face continuing uncertainty over how much they will be expected to pay to register next year, the Health Professions Council has admitted.
- 25 July 2011 Community care
Social worker regulator switch 'on track' despite Bill delay
Planned changes to the regulation of social workers in England are 'on track' despite the three-month pause in the Health and Social Care Bill, according to the transfer oversight group.
- 18 July 2011 ePolitix.com (copy picked up from press release)
The Health Professions Council has launched a four-month consultation on the newly-developed standards of proficiency for social workers in England.
- 18 July 2011 Dods monitoring (copy picked up from press release)
The Health Professions Council has launched a four-month consultation on the newly-developed standards of proficiency for social workers in England.

August 2011

- 4 August 2011 Community Care
Regulation switch on course despite delayed Bill
Planned changes to the regulation of social workers in England are “on track” despite the three-month pause in the Health and Social Care Bill, according to the transfer oversight group.

- 4 August 2011 Community Care
Blog: State of flux
 Harry Clayton, the man charged with overseeing the abolition of the General Social Care Council, has told Community Care that social work needs a strong regulator and a strong college to provide balance.
- 18 August 2011 Community Care
 Carespace: The debate www.communitycare.co.uk/carespace
Literacy tests for social workers
 The HPC's draft standards of proficiency state that all social workers will need to have a basic level of literacy in order to be fit to practise.
- 23 August 2011 Community Care
HPC standard for social workers slammed
 The standards for social workers being brought in to replace the General Social Care Council's codes of practice are "weak" and "fail to hold employers to account", according to a union official.

September 2011

- 1 September 2011 Nursing Older People
How social care staff working in residential homes perceive their professional status
 New roles being created in the carer workforce raise issues of accountability and job boundaries for some, say Deidre Wild and colleagues.
- 8 September 2011 Community Care
Workforce: The write stuff
 Poor literacy among social workers can sometimes mean they do more harm than good. The Health Professions Council is trying to address the problem, Sally Gillen

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Health Professions Council social work expertise in doubt

Kirsty McGregor

Wednesday 13 July 2011 16:40

Not enough is being done to reassure social workers in England that the Health Professions Council will be an effective regulator, a senior academic has said.

Sector leaders were shocked last July when the government announced that the General Social Care Council would be scrapped and responsibility for regulating social workers in England transferred to the HPC in 2012.

Some worried that a multi-profession regulator such as the HPC would struggle to understand the unique challenges facing frontline social workers - a sentiment echoed by many practitioners.

Now Ray Jones, professor of social work at Kingston University, London, has accused the HPC of failing to allay this anxiety.

He said: "If anything, the concerns are even more prominent now.

"In the last year we've become more aware of the dangers of not respecting the specialist requirements of social care. For example, we've seen the concerns raised regarding the Care Quality Commission about the regulation of care for adults in a regulator dominated by health.

"I'm concerned that the abolition of the GSCC in a year's time will be another example of this."

Responding to Jones' comments, the HPC defended its track record in regulating 15 health and social care professions.

Anna Van der Gaag, chair of the HPC, said: "The HPC is confident, given its experience and approach to regulation, that it is well placed to regulate social workers in England and looks forward to working closely with the government, stakeholders and the GSCC to ensure a smooth transition.

"Our approach to regulation means we are able to effectively regulate a diverse range of professions within a common framework and we already have robust standards and processes which will ensure high standards in social work education and practice."

Penny Thompson, chief executive of the GSCC, said she understood the concerns of the sector, given the difference between the two regulators.

But she added: "It is safe to say that we are committed to working closely with the Department of Health and the HPC to bring together the knowledge and expertise of both organisations in a way that strengthens the social work profession, sustains public protection and supports the social work reform agenda."

Jones also called for the HPC to make significant changes to its senior management and structure, in order to involve social work experts in decision-making from the beginning.

"There ought to be people appointed into the HPC who have demonstrable understanding of social work now, rather than when it's a fait accompli," he said.

Van der Gaag said: "The HPC will be recruiting 180 'partners' from social work fields to provide the expertise the HPC needs for its decision-making, and ensure that we have good professional input into what we do."

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[What the GSCC abolition could mean for social workers](#)

Social workers asked for views on HPC standards



By [Kirsty McGregor](#), Workforce Editor, on July 18, 2011 1:12 PM | [No Comments](#) | [14 TrackBacks](#)



The Health Professions Council has launched a [four-month consultation on the newly-developed standards of proficiency for social workers in England](#).

Newly qualified social workers will have to meet the standards before being allowed on to the social care register in July 2012, when the HPC takes it over from the General Social Care Council.

Anna van der Gaag (pictured), chair of the HPC, said: "The standards of proficiency explain the key obligations that the HPC expects of registered professionals.

"Our standards of proficiency serve a particular purpose: they are threshold standards for safe and effective practise for social workers in England. Although they relate to the existing frameworks, they have to be created for each profession regulated by HPC in order to meet legal requirements."

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Social worker registration fee still unknown, HPC admits

Kirsty McGregor
Tuesday 19 July 2011 16:47



Social workers in England face continuing uncertainty over how much they will be expected to pay to register next year, the Health Professions Council has admitted.

It is thought they may be charged £76, the sum now paid by members of the 15 health-related professions the HPC oversees.

But a decision cannot be made until it is known when responsibility for the register will transfer from the General Social Care Council, said HPC chair Anna van der Gaag.

Under the Health and Social Care Bill, the transfer had been set for April 2012. But this was pushed back to July as a result of the government's three-month "NHS listening exercise".

In an interview with *Community Care*, Van der Gaag said: "All we know is that [the transfer] will be no earlier than July; it's entirely dependent on the parliamentary timetable."

Van der Gaag said she recognised social workers may not be "terribly clear" about how much they will have to pay and why, but that it was better for the HPC to wait until it had a definite date for the transfer.

She also noted that the delay had given the HPC and GSCC more time to achieve a smooth transfer.

"Uncertainty is always difficult when you're moving to a new system," she said. "On the other hand, we have all benefited because we have had more opportunities for meetings and discussions."

Social work students will also have to wait until next year to find out whether they will be expected to register with the HPC, Van der Gaag confirmed.

The HPC has agreed to undertake an impact assessment and public consultation on whether to register students within six to nine months.

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Social work regulator switch 'on track' despite Bill delay

Kirsty McGregor
Monday 25 July 2011 10:38

Planned changes to the regulation of social workers in England are "on track" despite the three-month pause in the Health and Social Care Bill, according to the transfer oversight group.

The handover of the regulation of social workers in England from the General Social Care Council to the Health Professions Council was originally planned for April 2012, as outlined in the Bill.

But this was pushed back to July at the earliest after the Department of Health put the passage of the Bill on hold while it carried out an "NHS listening exercise".

Harry Cayton, chair of the group charged with overseeing the transfer, said the delay had been challenging, but confirmed that both organisations would be ready for the handover in July.

He added: "It has caused more problems for the GSCC than the HPC, because the GSCC has to maintain its statutory duties and staff morale; whereas the delay has given a bit of extra time to the HPC."

Speaking to *Community Care* a year after the government announced the abolition of the GSCC, Cayton said the oversight group had worked through several issues, including arrangements for social workers who wish to work in a UK country other than the one in which they are registered.

"There are good, workable rules for European professionals wishing to work in another country, which are transferable," he said.

The devolved countries would have to understand and build a relationship with the HPC, having previously had a good relationship with the GSCC, he added.

"There is no doubt the HPC's style is different," he said.

He also echoed the HPC's frustration at not being able to confirm how much social workers will have to pay in fees and when.

He said: "The issue of fees is problematic, and there is no simple and easy solution."

But he added: "The HPC is the most efficient and cost-effective regulator we've got."

Transfer timeline

- *July - 18 November 2011*: HPC carries out a public consultation on the standards of proficiency for social workers and threshold level of qualification for entry to the register
- *End of 2011*: Confirmation of whether the Bill is going to progress and on what timeframe
- *July 2012*: Transfer due. Until this date, social workers in England must continue to register with the GSCC

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Delayed end to GSCC 'may cause confusion over registration'

CHILDREN'S VIEWS ARE VITAL

For the family justice system to truly improve, children's views and experiences must be put at the centre of reform efforts



Sue Berelowitz

The Family Justice Review is a welcome opportunity to ensure that children's views and best interests are taken into account at every stage of the family justice system. This is in accordance with Article 12 of the United Nations Convention on the Rights of the Child – empowering children to air their views on issues affecting them and having them taken seriously and Article 3 – making the best interests of the child the priority in all decisions concerning them.

The Office of the Children's Commissioner has consulted 35 children aged four to 17 about their experiences of the system. This work was undertaken for the Family Justice Council. The overall view of the children we spoke to was that adults should listen to them, act on their views and worries and support them to have a real say in decisions affecting their lives.

The consultation captures the experiences shared by many children who live through family breakdown as a result of separation, divorce or having to come into care because of abuse or neglect. These children are vulnerable and need care and support that is based on their individual needs.

A key issue children raised with us was the importance of having adults in the court process who can really listen to and assist them. They told us that being heard and understood is vital to them effectively participating in the family justice process.

Many children want their parents and extended family to provide this help. But families need better access to guidance on court processes to aid them in this role. We know that carers for looked-after children are not always kept well informed about the care plans making it difficult for them to fully support the children.

Those children who took part in our consultation want the following improvements to take place:

- Adults should understand all the pressures children face at every stage of the family justice process.
- Information should be in child-friendly language and formats.
- Every child and young person should have their own plan detailing how they would like to be supported and have their voice heard.

They told us their stories because they want real improvements in the family justice system. We feel a strong sense of responsibility to them to ensure that they are indeed heard and the changes they request are made.

Sue Berelowitz is the deputy children's commissioner for England
 → Download a copy of the report *Do More than Listen. Act* and the Office of the Children's Commissioner's response to the Family Justice Review at:
www.childrenscommissioner.gov.uk

"Carers of looked-after children are not always kept well informed"

WORKFORCE

Children's social workers to extend strike action

kirsty.mcgregor@rbl.co.uk
 Children's social workers in Southampton are taking strike action in protest at the council's pay cuts.

The 50 adoption, fostering and residential child care workers were already due to strike on 3 August as part of a wider walkout of 450 council social care staff.

But they decided to extend the strike by six days, partly in response to the council's proposal to pay a market supplement to a select few social workers.

Unison and Unite organised the walk outs after Southampton slashed pay by up to 5.5% for all but the lowest paid staff on 11 July, with most social workers hit by a £1,300 cut.

The unions' members at the council have been taking ongoing industrial action against the cuts, which Southampton introduced by dismissing staff and re-hiring them on new contracts.

The council went on to offer 140 social workers and team managers in children's services a market supplement of £1,400 a year.

But Unison branch secretary Mike Tucker said: "The extended



Unison: organised walk-outs

strike action by social workers demonstrates the depth of the anger over the council's actions.

"The payment of £1,400 market supplement is part of the problem, not a solution. The council needs to rethink its approach to retaining social work staff."

Those striking on 3 August included social workers, care managers, family centre workers, occupational therapists, contact supervisors and admin staff across adult and children's services.

Royston Smith, leader of Southampton Council, said: "Announcing even one day's strike in this area is unacceptable. Going beyond that and announcing a further six days of strikes for people who directly look after our vulnerable children simply beggars belief."

WORKFORCE

Regulation switch on course despite delayed Bill

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Harry Cayton, chair of the group charged with overseeing the transfer, said the delay had been challenging, but confirmed

that both organisations would be ready for the handover in July.

Speaking to *Community Care* a year after the government announced the abolition of the GSCC, Cayton said the oversight group had worked through several issues, including arrangements for social workers who wish to work in a UK country other than the one in which they are registered.

However, both he and the HPC's chair, Anna van der Gaag, admitted social workers face continuing uncertainty over how much they will be expected to pay to register next year. A decision cannot be made until the transfer date is confirmed.

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BLOG: STATE OF FLUX

Harry Cayton, the man charged with overseeing the abolition of the General Social Care Council, has told *Community Care* that social work needs a strong regulator and a strong college to provide balance.

But social workers can be forgiven for being confused about the future of social work's central structures. Everything is up in air - there is the dispute between the College of Social Work and British Association of Social Workers over how a college should be run, combined with the government's decision to transfer responsibility for the register from the GSCC to the Health Professions Council.

→ www.communitycare.co.uk/blogs/social-work-blog/



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CARESPACE: THE DEBATE www.communitycare.co.uk/carespace

The riots

Boxerdog: Some of us have been reading the signs for many years... the creation of an underclass... young people with no hope for their futures... the growth of gang culture with accompanying violence... young people discarded by the education system... and then have their faces rubbed in faeces by politicians, business and the elite classes. I'm surprised it has taken so long.

Silver Sage: I think it is more sophisticated than that. The debate about a philosophy underpinning social work elsewhere in these forums points in that direction. The new social capitalism is that philosophy. Everyone has been rendered down to an economic unit, and efficiency versus cost is its performance index. If any social group, such as the youth that are rioting and looting, can be efficiently ignored ie there is little cost incurred by their disaffiliation... they will be left to the paucity of existence that they inhabit.

Emm: Too many young people feel there is nothing in society for them: no job, (or at least one with a living wage), no future, no role for

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Riots: Who's to blame?

them. They see themselves vilified and disregarded in the press. They see lives measured by how much stuff people have, value bases that privilege rampant consumerism and people's value as a human based on how much money or stuff one has.

Rupert M: There have always been the "haves" and "have nots" so I don't buy into some of the disenfranchised/alienated youth arguments. My own view is that we have to look primarily at the parents - what makes for decent, law-abiding young people (as the majority are) and the others?

owl: I despair at the woolly thinking of many social workers. This is a serious problem and recent events could hopefully lead to a change in attitudes. For 15 years or more we

have had a growing army of feral teenagers on the streets causing arson and other criminal damage. Something has gone seriously wrong with parenting in Britain.

Literacy tests for social workers

Kirsty: The HPC's draft standards of proficiency state that all social workers will need to have a basic level of literacy in order to be fit to practise. What do people think about this? Is it a good move?

Marbles78: Surely the fact that we have a degree shows that we have a basic level of literacy already? Are they suggesting ongoing testing to see if we can maintain our literacy?

Grinch: Surely we should be aiming for more than just a basic level? I regularly come across assessments/reports that border on the semi-literate which, given that they are written by people with a degree or more, is worrying. This does nothing for our status or credibility.

romeo2001: The quality of written assessments has definitely improved over the years though. Some in the case files beggar belief. Wonder if that is one of the few benefits of professionalisation and the degree?



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HPC standards for social workers slammed

Kirsty McGregor
Tuesday 23 August 2011 12:48



The standards for social workers being brought in to replace the General Social Care Council's codes of practice are "weak" and "fail to hold employers to account", according to a union official.

Both the code of practice for social workers and the voluntary code of practice for employers are due to be replaced by standards of proficiency and standards of conduct performance and ethics from July 2012. It is then that responsibility for regulating social workers in England passes to the Health Professions Council (HPC).

But Roger Kline, social care spokesperson for trade union Aspect, said the HPC had failed to capture many of the "proactive values" of social work in its draft standards, which were opened up to consultation in July.

He was particularly unhappy at the proposed standards to replace the GSCC's specific requirements on equal opportunities and discrimination. He described them as a "frankly meaningless" duty to reflect on the impact of inequality and discrimination.

Of their impact on employers, Kline said: "The [GSCC's] codes helped set out their responsibilities, a role that has vanished.

"This draft weakens the protection of the public, fails to hold employers to account, and fails to capture some essential elements of the existing codes."

The HPC set up a professional liaison group earlier this year to look at the existing standards and frameworks that apply to social workers in England. The draft standards of proficiency are open to public consultation until 18 November.

An HPC spokesperson said: "The key challenge was to ensure that the standards reflect the values of social work, the complexity of practice and diversity of contexts and settings in which social workers find themselves and we look forward to hearing views on this."

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Social work expertise of Health Professions Council in doubt

and NVQ3 (91 per cent) were more likely to perceive themselves as professionals than those at level NVQ2 (67 per cent).

When care staff were asked if they thought others saw them as professionals (Table 2), the overall percentage of affirmative responses (60 per cent) was 25 per cent less than that given for self-perceptions (85 per cent) in Table 1. A minority of staff in the voluntary home (43 per cent) thought that others saw them as professionals, while in the independent home and LA home, 71 per cent and 67 per cent respectively believed they were perceived as professionals.

Further differences became apparent when care staff's perceptions of how others saw them were considered in the light of their NVQ qualifications. Respondents with NVQ2 were less likely than those with NVQ3 or NVQ4 to perceive others' views of the support carer as a professional (Figure 2).

When the findings from both questions were considered together, staff at the independent home were the most positive. Staff in the LA home provided the most consistent responses with 67 per cent replying positively to both questions, while those in the voluntary home were positive in their self-perception but less so about others' views of their role. One reason for staff negativity given by an NVQ4 participant was the media's reporting of bad news: 'A lot of bad publicity [about care homes] - you never hear of good things that go on in a home like this - it undermines things' (team leader NVQ4).

There was further evidence that staff perception of how others viewed their professional status was influenced by their levels of qualification:

'I think probably the seniors have always seen themselves as being professionals but it is about getting all the support staff to think differently and then hopefully that will raise their awareness of their responsibilities and their importance' (LA community resource manager).

Staff definition of attributes Staff were asked to identify with one or more items listed as potential attributes for the support carer as a professional. Table 3 (page 32) shows that 90 per cent of respondents subscribed to 'a high level of competency and skills' and 60 per cent subscribed to 'more than two years' experience'. In contrast, just over half of all staff identified with 'possession of formal qualification' and of these, the highest percentage was recorded for staff from the voluntary home, and the lowest from the LA home. Qualitative LA information suggested that although staff release for training was frequent, some long-serving carers could be resistant to new ideas:

'They attend a lot of training, so on paper they're well trained, but some of them have worked with the authority for 20 or 30 years when care was very different and although people go on courses, people will see training as something they have to do... they then see it as standalone and don't always bring it back to practice - the barrier is that people who are quite set in their ways hear our words but they have their own understanding of them' (community resource centre manager).

Figure 3 is an analysis of selected professional attributes related to staff qualifications. Only NVQ4 staff valued holding formal qualifications as much as a high level of competency and skills. Although NVQ2 and NVQ3 staff valued the possession of formal qualifications less than having a high level of competency and having more than two years' experience, there was a percentage growth in staff subscription to formal qualifications with increased levels of qualification.

Union membership Of the 20 respondents, five (25 per cent) were members of a union and of these, one held NVQ4, three held NVQ3, and one was NVQ2 qualified. When asked for reasons for being union members, all related to the concept that the union would provide support 'if something went wrong'.

Four of the five members identified their union as 'a source of advice' or as being useful if 'injured/in an accident'. The reason least chosen for union membership, by two members from the LA home, was that it provided 'collective bargaining power'.

The 15 staff who were not union members provided their reasons for non-membership. The most frequently chosen reasons were: 'had not thought about it' (six, of whom four held NVQ3); 'able to represent my own interests' (five, of whom two held NVQ2); and 'had not received information about a union' (four, of whom two held NVQ2). Only two staff members identified with the reason that 'union fees are too expensive' (one at NVQ3 and the other at NVQ4 level).

Some comments indicated some disillusion with past union performance but also suggested that belonging to a union could be an unpopular choice in the culture of some homes:

'I just think it seems to have fizzled out really [union membership]... in the past they don't seem to have had the support from the unions and there's quite a lot of negative view about unions. I mean, they are there to help staff I know... just sort of, not the "in thing" to be in the union'

(senior carer NVQ3).

Registration When staff were asked if social care support workers should be registered in a similar way to nurses, half of the 20 respondents said yes (Table 4). Of these, the majority were in the voluntary home. Union membership did not positively influence opinion about registration; three of the five union members did not support it.

During the interviews, ways of professionalising the new role in terms of supportive structures and processes were raised predominantly by managers. For some managers, education and formal representation akin to other healthcare professions were desirable, but others viewed workforce regulation as an important quality control measure:

'If staff were trained appropriately and with recognised bodies, other professionals would hopefully start to appreciate the skill and knowledge they have to offer' (home manager).

'The General Social Care Council is trying to register people and if they then become registered, like most other healthcare professions, that can only help people's professionalism because then they have to keep up, they have re-checks on a much more regular basis... that would at least give us some trail about the quality of the people that work in homes' (senior organisation manager).

Accountability and liability Crucial to being a professional is an understanding of the concepts of responsibility, accountability and liability in practice. Using a scale from 1 to 5, where 1 is greatly increased, 5 is greatly decreased and 3 is no change, staff were asked to gauge the effect of the introduction of the new carer role at NVQ3 on accountability. Median scores of 1 for NVQ2 staff and 1.5 for NVQ3 staff were obtained indicating that accountability was increased; NVQ4 staff recorded a median score of 3. However, local stakeholders commented that care staff were uncertain about the legality of undertaking clinical activities because there was no on-site registered nurse to take responsibility for the standard of these tasks, as in a nursing home:

'They [care staff] don't know where they stand in being able to do that [clinical skills] with it being a residential and not a nursing care home. They could run into some problems... if I did some formal training I would then be accountable for what they are doing and yet I am not here all the time' (community nurse).

This description also highlights a lack of clarity about the boundary between the new role carer's nursing practice and the nurse. The independent

sector home manager raised this and the issue of liability reasons for a delay in equipping her staff with clinical health skills:

'It is finding the boundaries as to what carers could do, and the accountability bit, and I want something a bit more defined before we go ahead with that, so we know that we're doing it right and we're not exposed to any kind of comebacks' (independent care home manager).

Discussion

The number of care staff with NVQ2 to NVQ4 participating in the phase two survey ($n=20$) was small and represented 25 per cent of the total number of staff available ($n=81$). This also limited the use of inferential statistics. However, although caution is recommended in generalising the findings, the study's use of various methods of information gathering from several sources increases reliability of the findings for the homes under study.

Overall, most staff with NVQ2 and NVQ3 were positive about their own sense of professional status but less confident about how other professionals viewed them. This could reflect a sense of isolation from professionals in the wider public health and social care setting. NVQ2 and NVQ3-level staff reported that the least favoured attribute of a professional was acquisition of formal qualifications. Although professional self-belief rose with increased level of formal qualification, staff preference for valuing on-the-job experience suggests resistance to formal learning, perhaps because it was not seen as of close relevance to practice (Wild *et al* 2010).

Knowledge and membership of unions was low among carers, as was the desire for registration. Qualitative findings suggest that care staff are less enthusiastic about the benefits of these structures for professional growth than those in managerial roles. Haslam *et al* (2009) found that most care workers' identity and motivation stemmed from close identification with colleagues in the workplace. Furthermore, because carers demonstrated a sense of altruism towards their work, they responded to work-related issues from a perspective of what is good for the group rather than what is good for the individual worker. Monetary reward was not seen as a high priority. These findings could help to explain care staff's negativity towards any potential benefit from union membership, including the power of collective bargaining to increase wages.

Although care staff appeared to believe that improved accountability was a consequence of NVQ3 roles, those with practice management

roles at NVQ4 were less certain of any change. Qualitative findings suggest that despite the flexibility awarded to the two residential homes training carers with nursing skills, staff were uncertain who was accountable for these practices. The related issues of liability if something goes wrong, and boundaries between new role staff and nurses, were also unclear.

Conclusion

Staff in all three care settings believed themselves to be professionals in the homes in which they worked but were less sure of their status in the wider health and care landscape. Findings suggest that if the social carer workforce is to be considered as a profession, it will require a professional framework: a representative organisation, a code of conduct, and clarity as to how its new role activities interact with those of other established health professionals. Until these fundamental issues are addressed, well-intended innovative new roles, in particular those adopting a dual health and social care approach, could exemplify a cart before the horse that could hamper sustainable growth.

This article has been subject to double-blind review and checked using antiplagiarism software

Conflict of interest

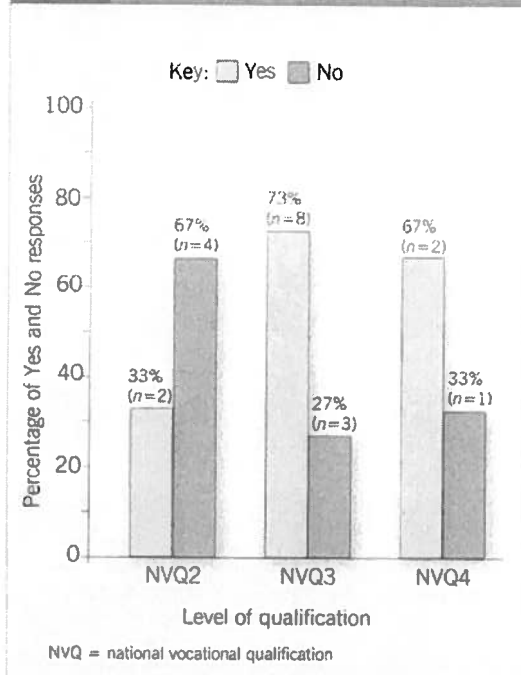
There is no conflict of interest; the study's design, methods, materials, and data analysis were prepared independently by the authors. Intellectual property is retained by the funding provider, the Joseph Rowntree Foundation, but its approval to publish outcomes has been agreed as part of the study's dissemination budget. None of the authors are or have been in receipt of personal finance or any other form of personal gain from the provider, or from the parent organisations of the homes

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Figure 2 Do you think others see you as professionals (by qualification)? (n = 20)



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Implications for practice

- The relative isolation of residential homes and their staff should be addressed by parent operators.
- Care staff's awareness and understanding of professional attributes need to be raised.
- National and local professional bodies, educators and unions should help to shape these new roles in line with other professions.
- This will ensure that residents are not placed at risk of inappropriate practices and will protect carers from unreasonable demand to over extend their practice, unsupported by knowledge and clear interprofessional boundaries.

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Abstract

Aim The aim of the study was to explore how 'new role' and other social carers and stakeholders involved in providing enhanced health and social care for older people perceive the social care support worker's professional status.

Method Three different enhanced care approaches, of which two trained social care support workers to undertake new clinical support roles were studied in three residential homes: a local authority home, a voluntary sector home and a 'not for profit' independent sector home for older people. Participants were staff with national vocational qualifications at level 3 as new role carers with and without additional basic health skills awards. Other participant groups included care staff of other grades, care home managers, their parent organisation managers, and local and national stakeholders.

Results Staff in all three care settings believed themselves to be professionals in the homes in which they worked but were less sure of their status in the wider health and care landscape.

Conclusion If the social carer workforce is to be considered a profession, it requires a professional framework in the form of a representative organisation, a code of conduct for practice and clarity as to how its new role activities interact with those of other established health professionals.

Keywords

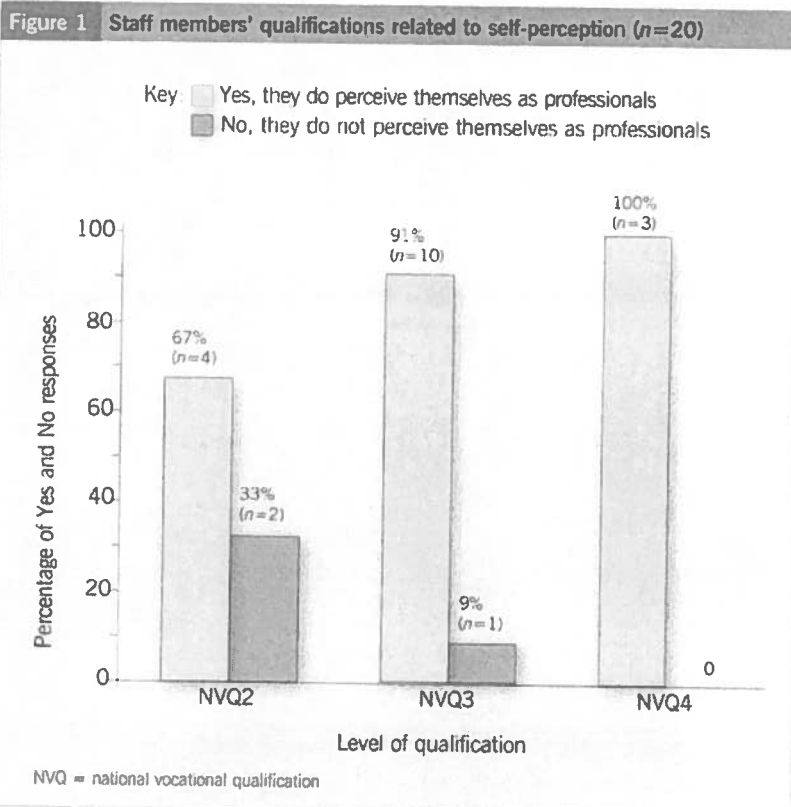
Care home, residential home, social care support worker

Care staff adopting new roles are acquiring skills such as taking temperature, pulse, respiration and blood pressure readings



Table 1 Do you perceive yourself as a professional (by type of site)? (n=20)

	Type of site			Totals n (%)
	Voluntary	Independent	Local authority	
Yes	7	6	4	17 (85)
No	0	1	1	2 (10)
No answer given	0	0	1	1 (5)
Totals	7	7	6	20 (100)



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Table 2 Do you think others see you as professionals (by type of site)? (n=20)

	Type of site			Totals n (%)
	Voluntary	Independent	Local authority	
Yes	3	5	4	12 (60)
No	3	2	1	6 (30)
No answer given	1	0	1	2 (10)
Totals	7	7	6	20 (100)

Table 3 What staff considered potential attributes of a professional care worker (by type of site) (n=20)

Attribute	Type of site			Totals n (%)
	Voluntary n=7	Independent n=7	Local authority n=6	
Possession of formal qualifications (national vocational qualification 3 or above)	5	4	2	11 (55)
More than two years of experience as a carer	5	3	4	12 (60)
A high level of competency and skills (not necessarily formal qualifications) carried out in a proficient and caring manner	7	7	4	18 (90)
Other, for example, common sense	0	0	1	1 (5)

Figure 3 Staff definitions of potential attributes of the professional care worker

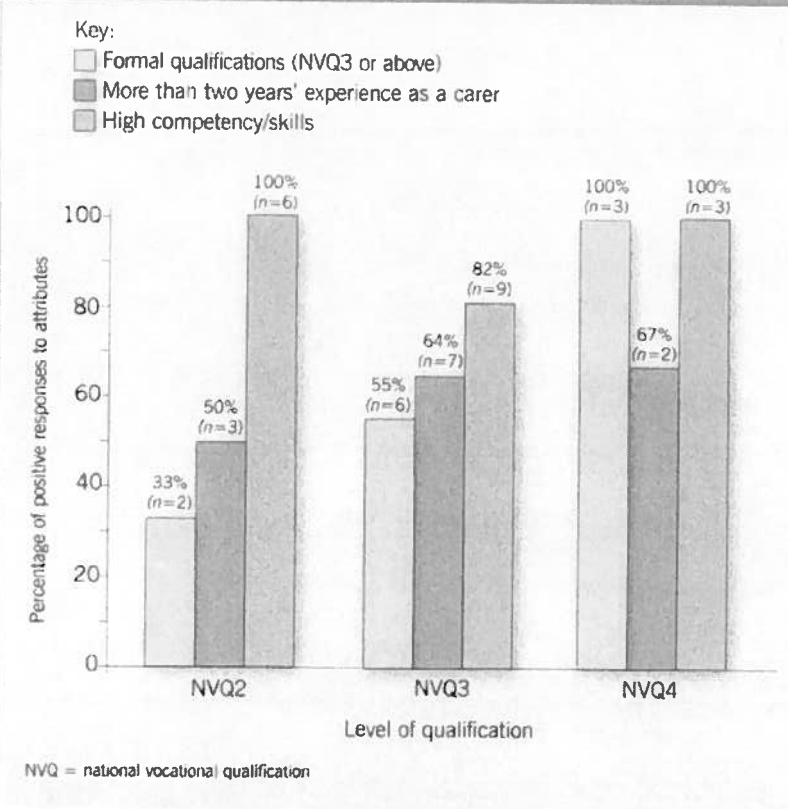


Table 4 Should social care support workers be registered (by type of site)? (n=20)

	Type of site			Totals n (%)
	Voluntary n=7	Independent n=7	Local authority n=6	
Yes	6	2	2	10 (50)
No	0	4	4	8 (40)
No response	1	1	0	2 (10)
Totals	7	7	6	20 (100)

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Improving social workers' literacy

Sally Gillen

Monday 05 September 2011 00:47



Poor literacy among social workers can sometimes mean they do more harm than good. The Health Professions Council is trying to address the problem, as Sally Gillen reports

"I've been to more than one child protection conference and cringed as the parents have pointed out spelling errors in a social worker's report," says Janet*. "We're there as professionals, telling people their parenting skills are inadequate, and we can't even get their child's name or date of birth right," she adds. "How are those parents expected to have any faith in us?"

Janet was, until recently, a team manager and says she could "talk forever" about her frustrations in dealing with social workers' poor literacy. From the social workers who didn't know the difference between "their", "there" and "they're", to those without basic grammar – she once received a 13-page court report composed of one sentence – and those who struggled with the written and spoken word, Janet came across them all (see box, above right).

Now a reviewing officer, she spends hours reading reports riddled with errors, and is often shocked they have made it into the public arena. But she no longer has the opportunity to rewrite them. Unsurprisingly, then, she welcomes plans to introduce a language proficiency standard for social workers. The standard was published for consultation in July by the Health Professions Council, which will take over regulation of social work next year.

From July 2012, practitioners will be required to meet level seven of the International English Testing System (see right) to be considered fit to practise. Overseas social workers will be tested, while it will be assumed that those trained in the UK are up to standard. Universities will be expected to set admission criteria so that those who are unlikely to make the grade do not win social work places.

Literacy problems among students have been highlighted in high-profile reviews, including the Social Work Task Force report in December 2009, which noted "acute concern that a minority of those accepted onto courses have poor skills in literacy or have difficulty in analysing and conceptualising". It is a long-standing issue, confirms Jonathan Parker, professor of social work at Bournemouth University.

Pre-university tests

Bournemouth now expects prospective students to do written and verbal tests, as well as a presentation, to assess their all-round literacy. It isn't a perfect system, admits Parker, but the idea is to "weed out" unsuitable candidates at an early stage.

He argues that good written and verbal skills are crucial for social workers: "They have to be autonomous in their role and able to deliver. So if they have difficulties with literacy, they are going to flounder, which is not good for them, for the profession and, in the long run, not good for their relationship with other professionals."

CareSpace contributor Grinch agrees. "I regularly come across assessments or reports that border on the semi-literate, which given that they are written by people with a degree or more, is really quite worrying," he writes. "This does nothing for our status or credibility and certainly doesn't instil confidence in other professionals or family members who deserve insightful, analytical, balanced and literate assessments."

Others take a more sympathetic view. Ruth Cartwright, England manager at the British Association of Social Workers, says, as a former team manager, she was happy to help otherwise "excellent" social workers with their reports if they struggled with writing. "I didn't mind doing it," she says. "If, however, someone is in a job where formal report-writing is very much part and parcel, this would be a major problem."

So fundamental are communication skills to the social work role that it is hard to imagine someone with poor literacy surviving in the job. But many do and, furthermore, they have done for years. As a social worker 25 years ago, Parker can recall a judge criticising the standard of some social workers' reports. "We have only just raised the stakes in terms of initial qualification by introducing the degree in 2003," he says. "There used to be a number of sub-degree level educated social workers."

Today the entry level for social work may be higher, but training is also more accessible to those from all backgrounds, via non-traditional routes. But what happens to students who struggle with reading and writing once they leave the cosseted university environment? A social work student may have weeks to write an essay, help along the way and the chance to resubmit if they fail. After landing their first job, in what is likely to be an overstretched and under-resourced team, they won't enjoy that level of support and will be forced to cope alone.

"Is it really fair to put someone in that position?" asks Parker. "There should be a limit to how far you support people to become social workers; there are some people who cannot do the job."

Janet agrees. But she has her own theory as to why so many social workers who cannot write well go unchallenged and why, despite the new requirement, they may not be pulled up and forced to address their shortcomings in future. "In the end, managers are scared to come out and say that you must be able to read and write well to be a social worker because they don't want to be accused of being racist or oppressive."

* Not her real name

'Knock-on effect of some errors is horrendous'

Poor literacy is a huge problem - it's been an issue wherever I've worked - but it is only acknowledged behind closed doors because there is such fear that you will be accused of being racist or oppressive, writes Janet*, a reviewing officer and former social work team manager, based in South East England.

But often those who can't write a decent report have limited assessment skills, too. As a team manager I spent 80% of my time reading reports and hours making sense of some of them. I've come across cases where parents have been sent a letter saying "We are now going to remove the children", when it should have read, "We are not going to remove the children". The knock-on effect of some of these errors is horrendous.

And it isn't just some social workers' writing that is a problem. At times, following what a team member was saying to me was almost impossible because their use of language was so poor. If I had a problem, then how were they communicating with children?

It's fantastic that the HPC is including a standard on language proficiency, but I'd be surprised if anyone went down the disciplinary route on this. To begin with, it would be hard to prove: you would have to show the person had had regular supervision and we all know that often doesn't happen; then you would have to show you had provided the right training and support and that often doesn't happen either."

* Not her real name

Testing to level seven

From 2012, social workers in England will be expected to meet level seven of the International English Testing System, which has nine levels, to be considered fit to practise.

Level seven is defined as "Good user: has operational command of the language, though with occasional inaccuracies, inappropriacies and misunderstandings in some situations. Generally handles complex language well and understands detailed reasoning." The test is made up of four parts: reading, writing, speaking and listening.

- An example of a writing test – 20 minutes to write at least 150 words:

You live in a room in college which you share with another student. However, there are many problems with this arrangement and you find it very difficult to work.

Write a letter to the accommodation officer at the college. In the letter,

- Describe the situation
- Explain your problems and why it is difficult to work
- Say what kind of accommodation you would prefer

For more examples visit the website of International English Language Testing System, which offers English language tests

What do you think? Join the debate on CareSpace on literacy in the workplace

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Social work entrants face new competence standards



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How social care staff working in residential homes perceive their professional status

New roles being created in the carer workforce raise issues of accountability and job boundaries for some, say Deidre Wild and colleagues

THE RESIDENTIAL care home sector has become an important source of long-term care with 260,488 places available in England (Regulated Social Care and Independent Healthcare Analytics Team, Intelligence Directorate, Care Quality Commission, 2011, personal communication). Residential homes, with no on-site nurses, employ about 230,000 support care workers and senior care workers (Skills for Care 2008). Two reports (Royal College of Nursing Policy Unit 2007, Griffiths and Robinson 2010) have drawn attention to issues such as the diversity and lack of standardisation of titles, roles and training in related competencies for healthcare support staff working with registered nurses in settings that include nursing homes.

Recognising that healthcare support workers are increasingly undertaking nursing activities, usually within the registered nurse's remit, the reports argue for regulation to ensure public protection. In contrast, in residential homes with no on-site nurse regulatory requirement, the social care support worker may also undertake some nursing activities usually delegated by community nurses providing input as required (Goodman *et al* 2005), yet this does not seem to raise similar concern.

Changes in services

Recent government policy (Department of Health (DH) 2010, 2011) proposes increased health and social care partnership working with pooled budgets and voluntary regulation of the social care sector under a new **Health Professions Council** to replace the General Social Care Council. At the same time, the voluntary registration of social care support workers has been delayed until 2013 (Carson 2011).

As the number of older people with impairment and dependency rises, particularly those with dementia (Personal Social Services Research Unit 2007), it is inevitable that pressures on health

and social care services will increase. Historically, residential homes have catered for less dependent older people, but a 'considerable overlap' in dependency and nursing care needs between the residents of nursing homes and residential homes has been observed (Bowman *et al* 2004). Help the Aged (2007) has argued that, partly due to their limited access to nursing skills, training residential care home staff to anticipate health problems in residents or to deliver care could improve outcomes while reducing community nurse input. The findings of a previous study support this potential (Szczepura *et al* 2008).

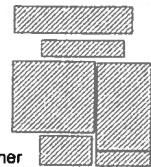
Other authors have shown similar benefits for residents by training care staff in improved quality of life, increased resident activity and stimulation, more positive interactions and relationships between residents and staff, and more appropriate and directed care (Proctor *et al* 1998, Smith *et al* 2005, Fleming and Taylor 2007). However, Nelson *et al* (2009) found that improving the monitoring and basic nursing skills of social care support workers in residential homes can be challenging. As support staff become more articulate and questioning, issues arise about professionalisation, including registration, the lack of incentives for undertaking qualifications and increased responsibilities and recognition of the new roles.

Aim

The aim of the study was to explore how 'new role' and other social carers and stakeholders involved in providing enhanced health and social care for older people perceive the social care support worker's professional status.

Related issues, which could challenge or support the development of a profession, are identified against six defining attributes for a profession adapted from Millerson (1964):

Skill based on theoretical knowledge.



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Skill requiring training and education.
The professional can demonstrate competence.
Integrity is maintained by adherence to a code of conduct.
The service is for the public good.
The profession is organised.

Method

Mixed qualitative and quantitative methods - surveys, interviews, focus groups, documentation reviews and audit - were used throughout the study. Information was sought from different participant groups to describe new role social carers' development. This multifaceted approach has been recommended to provide a richness of information to make findings more explicit (Giorgi 1995). The study had two data collection phases with interim analysis of the first phase information, which enabled greater focus on some areas of inquiry in the second phase.

Three types of residential home were included in the study:

Site 1: A 3-4-bed voluntary sector home where new role carers were trained in basic nursing activities through an in-house health skills award, and given support as required by a community nurse. This innovation was called a 'flexible skill mix' promoted by the organisation's management.

Site 2: A 47-bed home, part of a large independent not-for-profit organisation, where the home manager identified health-related courses for care staff to meet residents' needs. The objective was to provide high quality personal care in a social care model, allowing residents to remain in the home long term with routine community nurse support. This innovation was the vision of the home manager, rather than the parent organisation.

Site 3: A 40-bed local authority (LA) owned home with dedicated in-reach nursing team support provided around the clock. Care home staff were trained in basic nursing care, including monitoring skills. The main aim was to prevent unnecessary hospital admissions. The LA and primary care trust were responsible for this innovation.

Across the three approaches, new role care staff had national vocational qualification (NVQ) level 3. Special permission was granted by the national regulator for new role staff in the voluntary home and LA home to engage in nursing activities. The skills acquired included taking temperature, pulse, respiration and blood pressure; blood sugar monitoring; urine testing; and skin care including

simple dressings. These were achieved using local clinical training awards.

In the independent home, similar clinical training was not provided but some nursing tasks were delegated by a community nurse to meet residents' needs on occasion. No flexibility in regulation was required or requested for this site.

Fifty six care staff took part in the phase one survey and interview data collections and 20 in phase two. The phase one survey elicited a broad scope of staff attitudes towards their approaches to care, external relationships and the impact of the NVQ3 role. After analysis, the findings were used in phase two to seek further information about professionalisation issues.

This article focuses on information gained in the phase two survey and interviews with a convenience sample of only NVQ2 and above qualified staff. Of these, six were NVQ2 representing one in eight of the total, 11 were new role staff at NVQ3 (one in three of the total) and three were NVQ4 (one in two of the total).

Additional interviews with eight care home and deputy managers, three parent organisation managers, and 17 national and local stakeholders, for example, community nurses, in-reach nurses (site 3), community matron and internal and external NVQ3 assessors, were also undertaken in the second phase.

Descriptive statistics were produced using SPSS13 for quantitative data. Content analysis for qualitative data used two researchers; each undertaking an independent review of written comments from the questionnaires and verbatim field notes taken by the researcher (permission for audiotaping by care staff was usually refused). After this process, the researchers came together to identify and agree key themes and sub-themes. Illustrative comments, reported in the text, were similarly selected by researcher consensus as representative of themes and sub-themes.

Ethical considerations Ethical approvals were granted from central office for research ethics committees and the lead university's research ethics committee.

Results

Staff self-perceptions The 20 care staff were asked if they perceived themselves as 'professionals'; 85 per cent answered 'yes', as shown in Table 1 (page 31). Of these, all of the staff in the voluntary home and most in the independent home perceived themselves as professionals. When these results were related to qualifications, as shown in Figure 1 (page 31), those with NVQ4 (100 per cent)

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The write stuff

"I've been to more than one child protection conference and cringed as the parents have pointed out spelling errors in a social worker's report," says Janet*. "We're there as professionals, telling people their parenting skills are inadequate, and we can't even get their child's name or date of birth right," she adds. "How are those parents expected to have any faith in us?"

Janet was, until recently, a team manager and says she could "talk forever" about her frustrations in dealing with social workers' poor literacy. From the social workers who didn't know the difference between "their", "there" and "they're", to those without basic grammar – she once received a 13-page court report composed of one sentence – and those who struggled with the written and spoken word, Janet came across them all (see box, above right).

Now a reviewing officer, she spends

hours reading reports riddled with errors, and is often shocked they have made it into the public arena. But she no longer has the opportunity to rewrite them. Unsurprisingly, then, she welcomes plans to introduce a language proficiency standard for social workers. The standard was published for consultation in July by the **Health Professions Council**, which will take over regulation of social work next year.

From July 2012, practitioners will be required to meet level seven of the International English Testing System (see right) to be considered fit to practise. Overseas social workers will be tested, while it will be assumed that those trained in the UK are up to standard. Universities will be expected to set admission criteria so that those who are unlikely to make the grade do not win social work places.

Literacy problems among students have been highlighted in high-profile reviews,

including the Social Work Task Force report in December 2009, which noted "acute concern that a minority of those accepted onto courses have poor skills in literacy or have difficulty in analysing and conceptualising". It is a long-standing issue, confirms Jonathan Parker, professor of social work at Bournemouth University.

PRE-UNIVERSITY TESTS

Bournemouth now expects prospective students to do written and verbal tests, as well as a presentation, to assess their all-round literacy. It isn't a perfect system, admits Parker, but the idea is to "weed out" unsuitable candidates at an early stage.

He argues that good written and verbal skills are crucial for social workers: "They have to be autonomous in their role and able to deliver. So if they have difficulties with literacy, they are going to flounder, which is not good for them, for the profession and, in the long run, not good for their relationship with other professionals."

CareSpace contributor Grinch agrees. "I regularly come across assessments or reports that border on the semi-literate, which given that they are written by people with a degree or more, is really quite worrying."



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durrants
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he writes. "This does nothing for our status or credibility and certainly doesn't instil confidence in other professionals or family members who deserve insightful, analytical, balanced and literate assessments."

Others take a more sympathetic view. Ruth Cartwright, England manager at the British Association of Social Workers, says, as a former team manager, she was happy to help otherwise "excellent" social workers with their reports if they struggled with writing. "I didn't mind doing it," she says. "If, however, someone is in a job where formal report-writing is very much part and

parcel, this would be a major problem."

So fundamental are communication skills to the social work role that it is hard to imagine someone with poor literacy surviving in the job. But many do and, furthermore, they have done for years. As a social worker 25 years ago, Parker can recall a judge criticising the standard of some social workers' reports. "We have only just raised the stakes in terms of initial qualification by introducing the degree in 2003," he says. "There used to be a number of sub-degree level educated social workers."

Today the entry level for social work may be higher, but training is also more accessible to those from all backgrounds, via non-traditional routes. But what happens to students who struggle with reading and writing once they leave the cosseted university environment? A social work student may have weeks to write an essay, help along the way and the chance to resubmit if they fail. After landing their first job, in what is likely to be an overstretched and under-resourced team, they won't enjoy that level of support and will be forced to cope alone.

"Is it really fair to put someone in that position?" asks Parker. "There should be a limit to how far you support people to become social workers; there are some people who cannot do the job."

Janet agrees. But she has her own theory as to why so many social workers who cannot write well go unchallenged and why, despite the new requirement, they may not be pulled up and forced to address their shortcomings in future. "In the end, managers are scared to come out and say that you must be able to read and write well to be a social worker because they don't want to be accused of being racist or oppressive."

*Not her real name

→ Join the CareSpace debate on literacy skills at <http://bit.ly/nAHb0>

TESTING TO LEVEL SEVEN

From 2012, social workers in England will be expected to meet level seven of the International English Testing System, which has nine levels, to be considered fit to practise.

Level 7 is defined as "Good user: has operational command of the language, though with occasional inaccuracies, inappropriacies and misunderstandings in some situations. Generally handles complex language well and understands detailed reasoning." The test is made up of four parts: reading, writing, speaking and listening.

● An example of a writing test – 20 minutes to write at least 150 words:

You live in a room in college which you share with another student. However, there are many problems with this arrangement and you find it very difficult to work:

Write a letter to the accommodation officer at the college. In the letter,

- Describe the situation
- Explain your problems and why it is difficult to work
- Say what kind of accommodation you would prefer

→ For more examples visit www.ielts.org/test_takers_information/test_sample.aspx

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↓ 'KNOCK-ON EFFECT OF SOME ERRORS IS HORRENDOUS'

"Poor literacy is a huge problem – it's been an issue wherever I've worked – but it is only acknowledged behind closed doors because there is such fear that you will be accused of being racist or oppressive, writes Janet*, a reviewing officer and former social work team manager, based in South East England.

But often those who can't write a decent report have limited assessment skills, too. As a team manager I spent 80% of my time reading reports and hours making sense of some of them. I've come across cases where parents have been sent a letter saying "We are now going to remove the children", when it should have read, "We are not going to remove the children". The knock-on effect of some of these errors is horrendous.

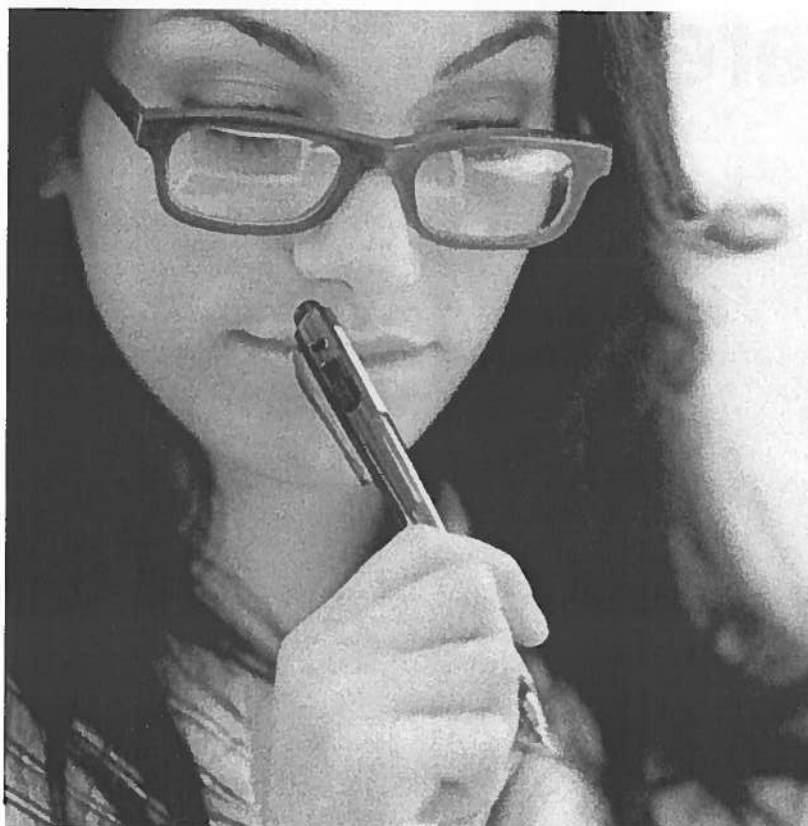
And it isn't just some social workers' writing that is a problem. At times, following what a team member was saying to me was almost impossible because their use of language was so poor. If I had a problem, then how were they communicating with children?

It's fantastic that the HPC is including a standard on language proficiency, but I'd be surprised if anyone went down the disciplinary route on this. To begin with, it would be hard to prove: you would have to show the person had had regular supervision and we all know that often doesn't happen; then you would have to show you had provided the right training and support and that often doesn't happen either.

* Not her real name

"There is acute concern that a minority of those accepted onto courses have poor skills in literacy"

SOCIAL WORK TASK FORCE REPORT IN DECEMBER 2009



Poor literacy among social workers can sometimes mean they do more harm than good. The Health Professions Council is trying to address the problem, as Sally Gillen reports

Appendix 2 - Media statements

July 2011

The standards of proficiency for social workers in England and the professional capabilities framework

This a joint statement issued by the Health Professions Council and the Social Work Reform Board.

In July 2010 the government announced that the regulation of social workers in England will transfer from the General Social Care Council (GSCC) to the Health Professions Council (HPC). This is expected to take place in July 2012, subject to legislation. The HPC recognise that whilst it is preparing for this transfer, the Social Work Reform Board (SWRB) is taking forward its plans to reform social work in England. The HPC is a member of the SWRB and is supportive of its vision to create a safe confident future for social work.

As part of its provisions for the transfer, the HPC is required by its legislation to develop standards of proficiency for social workers in England. Part of the SWRB's work includes developing a Professional Capabilities Framework (PCF) which supports social workers throughout their career. As both pieces of work are being developed at the same time, the HPC and SWRB are keen to set out how the standards of proficiency and the PCF work in conjunction:

- The HPC's standards of proficiency are the threshold standards necessary for safe and effective practice within a profession. They set out what a social worker in England must know, understand and be able to do following the completion of their social work degree.
- Alongside the standards of proficiency, the HPC also sets separate standards for conduct, performance and ethics and continuing professional development.
- All of the HPC's standards must be adhered to in order to remain on the Register. These standards are how a registrants' (individual on the HPC Register) 'fitness to practise' is determined.
- By contrast, the PCF is designed to support social workers throughout each stage of their career, beyond the threshold standards set by the HPC.
- The PCF acts as an overarching framework by setting out key capabilities expected of a social worker as they develop in their career. These include professionalism, values and ethics, knowledge, intervention and skills and professional leadership.

The HPC will continue to work with the SWRB to ensure consistency and understanding about the standards of proficiency and the PCF wherever possible and to support developments in social work practice.

Ends.

October 2011

HPC line on social worker fees

The HPC is an independent regulator and unlike the GSCC, receives no subsidy from the Government. Its current annual registration fee is £76, one of the lowest fees across all of the UK health and social care regulators. The annual fee has remained the same for over three years and the Council recently announced there would be no increase this year.

The GSCC's current annual registration fee is £30 and is subsidised by Government. Had the GSCC remained it would have moved towards financial and managerial independence. Estimates by the Department of Health at the time of the announcement indicated that the fee would have needed to increase from £30 to in the region of £200.00 to achieve independence. However, the GSCC would have worked to reduce this and bring the cost in-line with other regulators.

October 2011

Standards of proficiency for social workers in England: Reflecting the complexity of social work practice

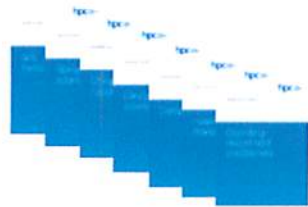
Blog piece on the draft standards of proficiency for social workers in England by Michael Guthrie, Director of Policy and Standards.

Protecting the public
Regulating health professionals



14 OCTOBER 2011

Standards of proficiency for social workers in England: Reflecting the complexity of social work practice



As you may be aware, next year the regulation of social workers in England is due to transfer from the General Social Care Council (GSCC) to the Health Professions Council. We are also due to be renamed the Health and Care Professions Council to reflect our new role. As part of getting ready for the transfer, we are currently consulting on standards of proficiency for social workers in England.

Each profession regulated by the HPC has their own specific standards of proficiency and this is a legal requirement. The standards of proficiency will set out what a social worker needs to know about, understand and be able to do when they become registered for the first time.

We will use these standards when we approve undergraduate degree and masters degree programmes in social work to make sure that someone who successfully completes their degree has met the standards they need to practise safely and effectively as a social worker.

We know that once a social worker becomes registered their practise might develop in lots of different ways - for example, they might work in different settings, specialise in a particular area of practise or become involved in training social work students. Because of this, once a social worker is registered with us we will expect them to continue to meet the standards of proficiency, but only those that continue to apply to their particular scope of practice.

The draft standards of proficiency include standards about ethics, communication skills, team working and safeguarding vulnerable people. Some examples of these standards are listed below:

- knowing the limits of practice and seeking advice or referring to another professional where appropriate
- recognising workload and resources
- understanding the importance of maintaining their own health and wellbeing
- Being aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by disability, culture, age, ethnicity, gender, religious beliefs and socio-economic status.
- Being able to contribute effectively to work undertaken as part of a multi-disciplinary team.

These are just a few examples. We set up a working group involving key stakeholders from social work to help us to put together the draft for consultation

The standards play a specific and important role in how we regulate but very much complement other standards such as the Professional Capabilities Framework (PCF). We have written a short statement with the Social Work Reform Board setting out the role of the standards of proficiency and the PCF <http://www.hpc-uk.org/mediandevents/statements/hpcandswrbjointstatement/>

Currently social workers have to meet the GSCC's code of practice for social care workers and our standards of conduct, performance and ethics (SCPE) will replace this code. These standards describe how the public and professionals alike expect someone who is registered with us to behave. They include standards such as the need to act in the best interests of service users, protect confidentiality and behave with integrity and honesty. The standards apply to all of the 15 professions we currently regulate and once social workers in England join the HPC register they will also have to meet these. Next year, we plan to review these standards so there will be an opportunity for social workers to help us shape these standards for the future.

We are really keen to hear what social workers and others think about the draft standards. It provides a great opportunity for individual social workers to get involved and to help us to make sure the standards are fit for purpose and reflect the values and context of social work.

The consultation closes on 18 November 2011. Please do respond and help us in shaping these important standards for social workers.

Link to the consultation:

<http://www.hpc-uk.org/aboutus/consultations/>

Link to our standards of conduct, performance and ethics

<http://www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/>

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By Michael Guthrie
HPC's Director of Policy and Standards

Posted by HPC at 11:18 AM

Labels: [consultation](#), [GSCC](#), [HPC](#), [social workers](#), [standards of proficiency](#), [statutory regulation](#)

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Appendix 3 - Briefing on the Health and Social Care Bill House of Lords, Second Reading, Tuesday 11 October 2011

Introduction

Part 7 Health and Social Care Bill – Regulation of health and social care workers

Part 7 of the Bill makes various changes to the regulation of health and social care workers. Most prominently, it provides for the abolition of the General Social Care Council (GSCC) and the transfer of its regulatory functions to the Health Professions Council (HPC). This briefing provides further information about the HPC's work as a multi-professional regulator and an update on issues around the transfer of the regulatory functions.

Background

The HPC is an independent, self-funded, UK-wide statutory regulator for 15 professions working in the health, education and social care sector as well as in independent practice. The HPC currently regulates over 219,000 registrants. Its focus is on the protection of the public and it does this by maintaining a Register of professionals who meet established standards for training, professional skills, behaviour and health. The HPC approves and upholds standards of education and training whilst investigating complaints about registrants and taking appropriate action.

Transfer of Regulatory functions

The working timetable set by the Department of Health is to complete the transfer no later than July 2012, subject to Parliamentary approval. It is expected that the HPC will be renamed the Health and Care Professions Council (HCPC), to reflect its wider remit across health and social care. The HPC is working closely with the GSCC to deliver a smooth transition which ensures the protection of the public and provides clarity for registrants.

Other professions

The HPC has an established track record in working with professional and regulatory bodies in preparation for professions entering into regulation by the HPC. In 2004 the HPC assumed responsibility for the regulation of operating department practitioners, after working closely with the Association of Operating Department Practitioners. In 2009 it commenced regulation of practitioner psychologists, transferring voluntary Registers held by the British Psychological Society and Association of Educational Psychologists to the HPC Register. Most recently in 2010 the HPC assumed responsibility for the regulation of hearing aid

dispensers after the abolition of the Hearing Aid Council. Establishing good working relationships was essential to ensuring a smooth transition in all cases.

Issues

Social worker involvement in HPC decision making: Every time the HPC opens a new part of its Register for a new profession, it recruits members of that profession to assist in carrying out its regulatory functions. The HPC is currently recruiting for 100 social work partners in advance of the transfer of the Register to ensure that the necessary expertise is in place. All appointments are subject to the passage of the Bill.

The recruitment exercise to appoint a social worker to the Education and Training Committee will commence in time for the appointment to be taken up on transfer of the Register. In addition, the annual recruitment process for Council members will begin in February 2012 and it is anticipated that eligibility for registrant member vacancies will be extended to social workers with the usual caveats placed on the legislative passage.

In addition to taking steps to recruit social work expertise, the HPC has been working closely with key organisations and initiatives. The HPC is a member of the Social Work Reform Board and it meets regularly with professional body representatives, unions, user groups and education experts from within the field of social work and will continue to do so in the future.

Setting standards for the social work profession: As part of the preparations for the transfer, the HPC set up a Professional Liaison Group (PLG) to help to prepare draft standards of proficiency for social workers in England. This Group had representation from the key stakeholders in social work as well as the GSCC. Public consultation on the proposed standards is on-going and will be completed in November 2011.

Standards of education and training: In addition to standards of proficiency, the HPC is also consulting on the threshold level of qualification for social work. This consultation is currently taking place and will be completed in November 2011.

Registration costs: The registration fee for the GSCC currently stands at £30 per annum, with the organisation receiving significant financial support from the government. This fee would be significantly higher if the GSCC were to operate on a full-cost recovery basis as an independent regulatory body. The HPC charges an annual fee of £76. The HPC currently has the joint lowest registration fees of any UK health and care regulator. There are no plans to increase the annual fee this year and this amount has been frozen for the past three years.

Student registration: Unlike the GSCC, the HPC does not currently hold a voluntary Register for students. However, the HPC provides guidance on conduct and ethics for students and requires all Higher Education Institutions delivering relevant courses to operate a fitness to practise system for students. Statutory powers already in place include the requirements for criminal conviction checks, health declarations and standards of practice placements.

The HPC is currently reviewing its approach to student registration across all of the professions it regulates and for student social workers in England. A preliminary impact assessment has been undertaken and there will be consultation with stakeholders at the end of 2011. The outcome of the consultation will inform a final impact assessment. It is anticipated that final conclusions will be reached in spring 2012.

New name for the Health Professions Council: The Health and Social Care Bill proposes that the HPC be renamed the Health and Care Professions Council (HCPC) to reflect the expanded remit that is proposed. A new strap line will be used to clearly communicate the range of professions that will be regulated: *'Regulating health, psychological and social work professionals'*.

UK-wide registration: The registration of social workers in the UK is devolved, with each of the four countries having its own regulatory body. The current HPC professions are regulated on a UK-wide basis, however the HCPC will only regulate social workers in England.

The HPC is experienced in working with registrants and stakeholders in the devolved administrations. Clause 212 of the Health and Social Care Bill places a duty on HPC to co-operate with other Care Councils and the HPC has already begun working with the social work regulators in Northern Ireland, Scotland and Wales. The HPC will continue to develop good communications to ensure consistency in decision making and to ensure public protection is provided across the UK.

The HPC will enable social workers registered with Care Councils outside of England to practice in England on a temporary basis.

Fitness to practise: Unlike the HPC, the GSCC cannot investigate concerns about a social worker's competence, only their conduct. The GSCC recommended moving to a regulatory regime which gives greater powers in this area. Under the HPC, concerns about competence, as well as conduct, will be dealt with using a wider range of sanctions.

For further information on this paper, please contact:

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Appendix 4 - Examples of social work parliamentary activity

October 2011

Lords Written Answers: Social Work Recruitment

Question: Lord Hunt of Kings Heath: To ask Her Majesty's Government why the Health Professions Council is recruiting social workers to its employment before the Health and Social Care Bill has been enacted.

To ask Her Majesty's Government whether Ministers have approved the decisions of the Health Professions Council in recruiting social workers to its employment before the Health and Social Care Bill has been enacted.

To ask Her Majesty's Government what is the amount of public funds being spent by the Health Professions Council in anticipation of the enactment of the Health and Social Care Bill.

Answer: Earl Howe: The Health Professions Council (HPC) is independent of the department. Ministers have therefore not been asked to approve its decisions in recruiting social workers to its employment before the enactment of the Health and Social Care Bill 2011. However, the department would expect the Health Professions Council to take steps to ensure that it is prepared to take on the function of regulating social workers.

The Department's understanding is that the HPC is in the process of recruiting up to 100 partners in advance of the enactment of the Health and Social Care Bill 2011. This is intended to ensure that it has access to the necessary expertise to support the transfer.

The HPC's advertisements make it clear that any appointments made are subject to parliamentary approval of the proposals in the Health and Social Care Bill 2011.

The department provided £0.24 million in the year 2010-11 to the HPC to help it to prepare its systems and processes ahead of the proposed transfer of functions from the General Social Care Council. A similar sum is expected to be allocated to the HPC in the year 2011-12, and a sum of £0.6 million in the first quarter of the year 2012-13. The department is monitoring this expenditure on a regular basis.