

significantly affected by the change. For a similar reason, those using services provided by social workers are not assumed to be significantly affected.

- E51. CHRE will also be enabled to accredit voluntary registers of unregulated health professionals and health care workers in the UK and social care workers in England. It is not yet known which groups of workers will apply to the CHRE for accreditation of their register, and so no assessment of equality impact can be made until the groups affected are known.
- E52. CHRE will also have new powers to assist the Privy Council in carrying out its appointment functions to the regulatory bodies and the CHRE itself, and to assist the Devolved Administrations in carrying out their functions of appointing a non-executive member to the CHRE. It will continue to observe its equality duties as a public body.

Impact on staff

- E53. The functions carried out by staff will be expanding to include oversight of social workers' regulation and accreditation of voluntary registers of unregulated health professionals and health care workers and social care workers in England. We do not anticipate any differential impact across different equality strands of staff.

Evidence of good practice

- E54. The recruitment of staff at the CHRE is undertaken with a commitment that "CHRE will not discriminate directly or indirectly when advertising a post".

- E55. Examples of the work undertaken by the CHRE include:

- Working with the regulators on improving their commitment to equalities
- Leading work with regulators on how to investigate allegations of racism
- Investigated allegations of racism at one regulator on behalf of the Secretary of State.
- Developing policy advice and the development of practice changes on health conditions in response to the Disability Rights Commission
- Ensuring that the regulators handle all complaints with due regard to equality issues
- Ensuring that patients and the public are properly recognised through its role in patient advocacy

- E56. In the absence of the CHRE this work would not have been undertaken. CHRE's functions will be expanding significantly. We expect the CHRE's current functions to continue to be carried out in the same way and we also expect that its new functions will be carried out with the same regard to equality and diversity. Therefore, if there is any impact upon equality resulting from this policy change it is likely to be positive.

General Social Care Council (GSCC)

- E57. Policy proposal: Transfer the role of the regulation of social workers in England to the Health Professions Council (HPC) and abolish GSCC.
- E58. This proposal is for a change only in the mechanism of how social workers in England are regulated. It is being delivered by transferring the function from one body that is subject to, and complies with, the statutory equality duties to another such body. GSCC is an ENDPB, and the

HPC, although not in the ALB sector, is recognised as a public body and both organisations are bound by requirements relevant to the equality and diversity agenda. During the transition period we expect the GSCC and HPC will work in partnership to achieve their equality duties and ensure that appropriate action is taken to prevent or mitigate any adverse impact on any of the equality strands.

Impact on service users

- E59. The term service users here describes the direct users (the social worker workforce, and approved mental health professionals (AMHPs) and the indirect users (patients and the public). The impacts are expected to occur initially on social workers who are currently registered with GSCC, but ultimately on service users who would be affected by poor care delivered by social workers with vulnerable adults and children disproportionately affected.
- E60. From figures provided by the GSCC, social workers in England are broadly representative of the general population in terms of age, ethnicity and disability, and while a majority of social workers (77%) are female, the impact of the changes will not differ between men and women in general. There is no reason to think that the change in regulatory mechanism would have any disproportionate impact on social workers as a whole due to religion or belief, or sexual orientation.
- E61. Users of social work services may be drawn disproportionately from some equality groups, particularly older and younger people and those with disabilities of all kinds. The social care provided needs to reflect lifestyle, characteristics and beliefs of those receiving the services and people with multiple protected characteristics could be doubly affected. However, the users of these services are unlikely to be affected negatively as the regulatory functions in relation to social workers in England will continue. Service users are in fact likely to benefit from the transfer; for instance, the HPC's fitness to practise system is expected to deal more effectively with competence issues than the GSCC's current conduct system.
- E62. The evidence to support this is informed by issues relevant to GSCC's ability to regulate social workers efficiently. In June 2009, the GSCC notified the DH that a backlog of conduct referrals had been identified. Subsequent events and an independent report by the Council for Healthcare Regulatory Excellence (CHRE)¹⁰⁹ identified significant failings in the conduct function of the organisation. Under its new leadership team the GSCC has made progress in developing the organisation in response to the CHRE Report. However, its costs have significantly increased as a result of the improvements made and it would be challenging for the Department or for individual social workers to meet these costs. We believe the transfer is the most cost-effective means to effective and sustainable regulation of social workers. More detail is available in the report itself.
- E63. The Government is confident that the HPC is well placed to take on the regulation of social workers in England and that this option will be best in the long-term for the public, social workers and their employers. HPC is an experienced regulator with a proven track record of providing effective, safe and value for money regulation for 15 professions. In its Performance Review Report 2009/10¹¹⁰ the CHRE described the HPC as a 'well-organised, efficient and cost-effective regulator' which maintained a good performance as it assumed responsibility for further

¹⁰⁹ <http://www.chre.org.uk/publications/#/folder10>

¹¹⁰ http://www.chre.org.uk/_img/pics/library/100806_Performance_review_report_2009-10_tagged_1.pdf

professions. It is anticipated that the change in regulatory mechanism should have no significant impact on any of the equality strands with respect to the social work workforce in England, since the regulatory mechanism will continue in another body that is subject to, and complies with, the statutory equality duties.

- E64. Social workers and social work students pay a registration fee to GSCC. Figures from GSCC indicate that if they were to become an independent self funding body their fees would rise. The transfer of the function of social work regulation to HPC will result in a rise in fees for social workers, expected to be in line with fees charged to other professions regulated by HPC. All social workers would be charged the same fee, irrespective of earnings. There is a higher proportion of women in the social worker workforce than in the general population, so this equality strand would be more affected. However, given the earnings of social workers are broadly comparable to other professions regulated by HPC, the costs of regulation would not be disproportionate compared to other professions in a similar socio-economic position.
- E65. The HPC does not currently regulate students. Rather it requires, as part of its approval process, Higher Education Institutions delivering pre-registration courses to operate fitness to practise schemes for students. Decisions about the model to apply to social work students have yet to be taken and therefore the cost implications and any impact on any of the equality strands are as yet unclear.
- E66. The changes in relation to the approval of courses for AMHPs in England (the vast majority of whom are social workers) or would-be AMHPs are unlikely to have any disproportionate impacts on any of the equality strands.

Impact on staff

- E67. The functions relevant to the regulation of social workers in England are transferring from GSCC to HPC. The implications for GSCC staff are being worked through and staff will be fully consulted and supported in whatever outcomes are agreed. It is intended that this process will be carried out with due regard to all the equality strands. Any necessary legal provision will be made to ensure staff are treated fairly.
- E68. The current GSCC workforce consists of around 250 staff, of whom about 50 are non-permanent. As both GSCC and HPC have statutory equality duties and because they are committed to the delivery of the equality and diversity agenda the Department can be confident that the processes they apply relevant to the transfer process will not be discriminatory, although DH will keep this under review.
- E69. The staff make-up of the GSCC is broadly in line with the national population, with the exception of having a higher proportion of female staff (78%). The staff within GSCC will be given necessary training and information to help apply for new jobs.

Evidence of good practice

- E70. The HPC demonstrates, in its own equality and diversity scheme¹¹¹, robust, equitable processes that will be adopted in relation to the regulation of social workers. For example the HPC describes individual equality policies for six equality strands (disability, age, race, gender, sexual

¹¹¹ <http://www.hpc-uk.org/aboutus/aimsandvision/equality/>

orientation, religion or belief), ensuring that their practices are representative of their own workforce and the workforce they regulate and adequately consult with relevant equality groups.

Alcohol Education and Research Council (AERC)

E71. Policy proposal – Facilitate the closure of the AERC as an ALB. The AERC intends to set up a new charitable body to continue the AERC's existing function of administering a fund to carry out research into alcohol-related harm. The legislation will abolish the Council and remove references to the AERC from other legislation.

Impact on service users

E72. The anticipated impact from closing the AERC is minimal.

Impact on staff

E73. The AERC intends to transfer all of its staff and council members to the new charitable body with no change of terms and conditions planned. There is no equality impact anticipated.

Health and Social Care Information Centre (IC)

E74. Policy proposal: Abolish the SpHA the Health and Social Care Information Centre, and establish a body corporate with the same name to take on similar functions with expansion of responsibilities to eradicate data collection duplication and to become the national repository for health and adult social care data.

Impact on service users

E75. Organisations that are users of the IC's services are expected to benefit from a uniform approach to central data collection, increasing choice and detail of data. The NHS Commissioning Board will decide what NHS information should be collected to meet the needs of patients and the public, and enable them to exercise choice. The Secretary of State will decide similarly in respect of what public health and social care data should be collected centrally. As bodies subject to the public sector equality duties, the Board and the Secretary of State will be required to take steps to advance equalities when deciding what IC should collect.

E76. The IC will have to ensure that data that it collects is collected in the most efficient and equitable way, giving due consideration to relevant equality groups to ensure fairness and non-discrimination. The IC will have a duty to minimise central data collection burden, but should also consider where there would be impact on equality, eg by ensuring that central data collections are not stopped arbitrarily where this would have an adverse effect on equality. The IC will be obliged to have regard to the NHS Constitution, which gives service users the right not to be unlawfully discriminated against in respect of the protected characteristics.

E77. The IC's current website allows users to change the size and colour of the font, navigate using a keyboard and change the language. The new IC as re-established is expected to provide similar services and improved website functionality. The IC's new functions will involve additional data collections, and opportunity to publish more data for analysis by reference to specific groups, eg on equality of access to services.