



Northern Ireland
Assembly

Committee for Health, Social Services and
Public Safety

OFFICIAL REPORT (Hansard)

Health and Personal Social Services
(Amendment) Bill: Departmental Briefing

23 September 2015

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Ms Maeve McLaughlin (Chairperson)
Mr Alex Easton (Deputy Chairperson)
Mrs Pam Cameron
Mrs Jo-Anne Dobson
Ms Rosaleen McCorley
Mr Daithí McKay
Mr Fearghal McKinney

Witnesses:

Ms Lorraine Conlon	Department of Health, Social Services and Public Safety
Ms Christine Smyth	Department of Health, Social Services and Public Safety
Ms Colleen Stirling	Department of Health, Social Services and Public Safety

The Chairperson (Ms Maeve McLaughlin): I welcome Ms Christine Smyth, deputy chief social work officer; Ms Lorraine Conlon, head of the Bill team in the Office of Social Services (OSS) governance and planning; and Ms Colleen Stirling, head of conduct at the Social Care Council. I am always impressed when we deal with social care; it is always very gender-specific. That reflects the profession as a whole. You are very welcome. I invite you to make an opening presentation, and then we will open the meeting for questions or comments.

Ms Christine Smyth (Department of Health, Social Services and Public Safety): Thank you, Chair, and good afternoon. We are grateful for the opportunity to update you on proposals to amend the Health and Personal Social Services (Northern Ireland) Act 2001, which I will refer to as the 2001 Act throughout this statement. With me today are Lorraine, who has been leading the Department's Bill team, and Colleen, the head of conduct from the Northern Ireland Social Care Council (NISCC), which I will refer to as NISCC throughout the presentation.

As it has been some time since our last update to the Committee — July 2014 — I will briefly provide members with background information about NISCC. NISCC was set up in 2001 and has three core regulatory functions, which are as follows: registration of the social care workforce, which includes social workers and social care workers; setting standards of conduct and practice; and approval of professional training for social workers to agreed standards.

Registration of the social care workforce is an integral part of the overall system that the Department has put in place to strengthen safeguards for people who use social care services, with the objective of protecting, promoting and maintaining their safety and well-being. A secondary, but equally important, objective is promoting and maintaining public confidence in the social work and social care workforces and promoting and maintaining agreed standards of conduct and practice.

Compulsory registration has been rolling out on a phased basis since 2005, and there are currently 23,000 registrants. They include the following: social workers; social work students; managers in residential day care and domiciliary care settings, and social care staff working in children's homes, adult residential care homes and nursing homes. The registration of domiciliary and day-care workers has just commenced this month, and an estimated further 12,000 staff will be registered by December 2016, which will increase the number registered with NISCC to approximately 35,000, and will include all social care workers employed in settings described in the 2001 Act. I will now provide an update on the proposed amendments in the 2001 Act.

There are two key objectives for the proposed amendments: first, to modernise the model of conduct used by NISCC to bring it into line with other health and social care regulators across the UK and; secondly, to extend opportunities for the recognition of the continuous professional development activity of social workers post-registration.

At our last update to the Committee, we outlined the public consultations on the proposals. The first consultation commenced in June 2012 and ended in September 2012. It sought views on the proposed amendments to the 2001 Act to modernise the model of conduct. A total of 90 responses were received, and respondents included registrants, employers, trade unions, service users and key stakeholders from the statutory and voluntary sector, as well as professional organisations and universities providing social work, education and training.

The analysis of the responses indicated that there was overwhelming support for the proposed amendments, with 87% agreeing that the conduct model should be modernised and the range of sanctions available to NISCC extended.

A separate consultation on the proposals to extend NISCC's powers to recognise learning achieved through continuous professional development activity by social workers was carried out between November 2012 and January 2013. There were 38 responses to the consultation exercise and the responses indicated a high level of support for the proposals. In response to a request from the Committee, a list of consultees to both the consultation exercises was provided to you in August.

Work commenced on the proposed amendments to the Bill in 2013, but due to the unexpected departure of the then head of the Bill team, and time lag in recruiting a replacement, the timetable for bringing forward the Bill was set back by some months. We briefed the Committee about that in July 2014. The Bill has now been drafted, and you have been provided with a copy of the draft Bill. There are nine proposed clauses, and I will briefly explain each clause.

Clause 1 will extend the range of sanctions available to NISCC in the disposal of conduct cases so that NISCC will be able to make a person's registration subject to conditions. It will also be able to reach agreement with the registrant that he or she will comply with specified undertakings and give warnings or advice to registrants. Currently, the available sanctions are admonishments, suspension or removal. The proposed additional powers, particularly to set conditions for a registrant, will enable conduct committees to respond more flexibly and proportionately to individual cases, particularly where there are competence- or health-related issues.

Clause 2 provides NISCC with the power to obtain information to assist it in its decision to register social care workers, or in making a determination in a conduct case about a person's continued suitability to be registered with NISCC and practise as a social worker or social care worker. The clause also provides NISCC with the power to require a person to provide details of all relevant employers where NISCC is carrying out an investigation into a registrant. It further provides NISCC, in instances where it is in the public interest, with the power to publish information relating to a person's suitability to work as a social care worker.

The purpose of the clause is to enable NISCC to progress registration and conduct cases in a timely and efficient manner. Employers and others are not currently compelled to provide such information to NISCC, and that can cause delays in decision-making and in the process.

Clause 3 places a requirement on social workers and social care workers employed in prescribed settings in the HSC system in Northern Ireland to be registered with NISCC. Currently, the 2001 Act permits social workers and social care workers who are registered with a relevant regulatory body in Scotland, England or Wales to practise in Northern Ireland. This clause will require all social workers and social care workers who work in Northern Ireland to be registered with NISCC.

Registration of the social care workforce is a devolved matter, and arrangements, standards and requirements for registration are set by each jurisdiction. Clause 3 aims to strengthen protection for service users in Northern Ireland so that all social care workers will be subject to the same processes for registration and regulation, and decisions will be made about their suitability to be registered in the context of Northern Ireland legislation and an understanding of the integrated health and social care system here.

Clause 4 adds to NISCC's powers to make rules relating to how agreed standards of proficiency for social workers post-registration may be recognised by the award of a certificate. The 2001 Act currently gives NISCC powers to award certificates to individuals who complete training courses approved by NISCC post-registration. The purpose of clause 4 is to extend the powers of NISCC to award certificates to social workers in recognition of learning achieved to agreed standards through a wider range of continuous professional development activity.

There is also a proposed amendment to section 18 of the 2001 Act. The purpose of that amendment is to provide NISCC with the power to make provision for the payment of fees in connection with assessment of standards of proficiency. That provision will be given effect only through rules that would be subject to departmental approval.

Clause 5 will provide the care tribunal, the body responsible for hearing appeals arising from NISCC conduct hearings, with powers to vary decisions of NISCC in line with the proposed additional sanctions available. That was raised by the care tribunal as part of the consultation exercise.

Clause 6 makes minor or consequential amendments to other legislation as a result of the Bill. It also makes provision for transitional arrangements to be made through NISCC rules.

Clause 7 provides the definition of the 2001 Act.

Clause 8 provides that all of the clauses will come into operation on Royal Assent, from which time all registrants would be subject to the new arrangements.

Clause 9 specifies the name of the Bill. The Act will be titled the Health and Personal Social Services (Amendment) Act (Northern Ireland).

Much progress has taken place since we last updated you. The Bill team, led by Lorraine, has worked closely with the Office of the Legislative Counsel to progress the proposed amendment, and a draft Bill has been produced. As part of the normal legislative process, we have sought and received confirmation from the Attorney General that the draft Bill is within the legislative competence of the Assembly. As part of the legislative consultation process with other Departments, the Department of Justice, which is responsible for the care tribunal, the body that hears appeals, raised two concerns: first, the potential for an increase in the number of appeals and associated increase in costs and; secondly, the capacity of the DOJ to make necessary changes to the regulations governing the care tribunal in order to give effect to the proposed amendments in the Bill.

Following discussions between departmental officials, the DOJ's concerns have been addressed, and it has agreed to progress amendments to relevant regulations governing the care tribunal, which will enable it to vary decisions for any of the sanctions available to NISCC, in line with the proposed amendments in the draft Bill, following Royal Assent.

Very briefly before I finish, I advise the Committee of a number of related initiatives that had been progressed simultaneously to the drafting of the Bill to update standards and arrangements for the registration and regulation of the social care workforce, which have been in place since NISCC was established in 2001. These initiatives include the following: the introduction of a revised fee structure for registrants; the revision and update of codes of conduct and practice for social workers and social care workers; a new continuous professional development framework for social workers, and plans to introduce compulsory registration for domiciliary care and day care workers which, as I said, commenced this month. Along with the modernisation of the model of conduct, those initiatives will strengthen the capacity of NISCC to realise its core objectives and ensure greater consistency in approach to conduct hearings and fitness-to-practise decisions alongside other health and social care regulators across the UK.

I hope that this has given the Committee a sense of the work that has been progressing in this area. The next step will be to introduce the draft Bill in the Assembly. That will be subject to ministerial

approval. I hope that has been helpful. We are happy to expand on any points or answer any questions you may have.

The Chairperson (Ms Maeve McLaughlin): Thank you for that, Christine. I want to be clear on something: has the draft Bill been approved by the Executive?

Ms Smyth: No, it has not.

The Chairperson (Ms Maeve McLaughlin): Does it need to be?

Ms Smyth: Yes, it does.

The Chairperson (Ms Maeve McLaughlin): Is there a suggestion as to how that will be dealt with?

Ms Lorraine Conlon (Department of Health, Social Services and Public Safety): It has gone through to the Executive to get their agreement to it being introduced. The next stage is approval for introduction from the Minister.

The Chairperson (Ms Maeve McLaughlin): Is there a timeline in which this has to be processed and through its due legislative process before the end of the mandate?

Ms Conlon: Sure. When we were with the Committee previously, we had anticipated that it would be introduced around Christmas, as Christine has referred to; but, obviously, there have been iterations of the Bill and issues arising that we have had to deal with. We had hoped to get introduction before the summer but then we had issues arising from the Department of Justice that had to be resolved so that we could get everything exactly right at this stage. The next stage that we are dependent on is to get approval from the Minister to have introduction in order for the Bill to progress.

The Chairperson (Ms Maeve McLaughlin): I am a bit confused. Has it not received Executive approval?

Ms Conlon: No. It has not been introduced nor has it had its debate stage, which would follow —

The Chairperson (Ms Maeve McLaughlin): Has it had Executive approval? That is what I am trying to pin down.

Ms Conlon: It has not had Executive approval.

The Chairperson (Ms Maeve McLaughlin): OK. I just want to be clear on that as well. Is there a cut-off point or a timeline for this to be properly processed with due diligence in this mandate?

Ms Smyth: We are not aware of the actual cut-off point, but we realise that the opportunity for introducing and progressing the Bill in this mandate is becoming slimmer by the day. Unless we get approval from a Minister in the next few weeks, it is highly unlikely that it can progress in this mandate.

The Chairperson (Ms Maeve McLaughlin): So, it will be in the next few weeks.

Ms Conlon: It is difficult to put a fine line on it. Having appeared before the Committee today and been able to provide you with the details, we hope that, when the Bill comes back to you for Committee Stage, you will be more aware of the detail, which might obviate and accelerate the process.

The Chairperson (Ms Maeve McLaughlin): With respect, we know about the timelines for our scrutiny purposes when we process a Bill. I seek clarification from you about the exact date that we are talking about because there is obviously a risk.

Ms Smyth: There is, absolutely, a risk. We have discussed, internally in the Department, what a cut-off point might be, but we have not been given a definitive date for that. We understand, given the time it takes to progress a Bill, that we are rapidly running out of time to do that.

The Chairperson (Ms Maeve McLaughlin): OK. As this progresses, even in the next days and weeks, may I ask that we are furnished with the detail of that timeline?

Ms Conlon: It is useful to reinforce that the next stage that we require is ministerial approval for introduction. The Department has produced the draft Bill and there is nothing else that we, as officials, can do to move that on. It simply and importantly requires ministerial approval for introduction. We have the draft Bill, and we have addressed the important issues raised by the Department of Justice and the Attorney General. We have taken it as far as is possible for the Department in order to progress it. That is the next stage.

The Chairperson (Ms Maeve McLaughlin): For me, speaking frankly, it highlights the absolutely farcical scenario that we have. We are dealing with important legislation at this point, and we have the absence of that ministerial approval to process them. The real risk is that legislation such as this may not be passed in this mandate.

Ms Smyth: I cannot comment on the situation where we are currently without a Minister, but I reiterate that it will require the approval of a Minister. Obviously, in such cases, any priorities that need to be brought forward will be subject to the Minister's priorities in giving approval. As Lorraine said, we have taken this as far as we can at present, and we await the approval of a Minister when a Minister is in position.

Ms Conlon: As soon as we get agreement on that we will work swiftly to move to the next stage.

Mr McKinney: This issue will come up in the next evidence session as well. We would have expected, potentially, to see movement from the Health Minister on a smoking ban in cars in which there are children. It is not for our witnesses to comment, of course, but here we have another example of the Health Minister playing politics with patients and people. It is not acceptable. I make the point again — it was made last week, and it has been made twice in the Assembly this week — that this is a very practical example of improving regulations in social care. The other case deals with children who are affected by smoking in cars. The Minister has walked away from that issue.

The Chairperson (Ms Maeve McLaughlin): The point is well made. I do not expect you three to comment on that, but the point is well made and, I think, heard.

On the specifics of the proposals, you said that the Bill will bring the powers in social care here into line with workforce regulations in England, Scotland and Wales. I am interested in the situation in the rest of the island — in the Twenty-six Counties. I am not sure what regulations are there.

Ms Smyth: There is a regulatory body in the Republic of Ireland. It already operates what is called a fitness-to-practice model of conduct, which is similar to the model of conduct that we will be able to introduce should the Bill obtain Royal Assent. That is similar to the models of conduct that other health and social care regulatory bodies operate in England, Scotland and Wales.

The Chairperson (Ms Maeve McLaughlin): You referred to clause 2, which deals with the powers to obtain and disclose information and the ability of the Social Care Council to publish that information in relation to a person's fitness to work. Is that an almost a name-and-shame-type process?

Ms Smyth: Colleen, can you deal with that?

Ms Colleen Stirling (Department of Health, Social Services and Public Safety): We already have the power — in fact, our rules require us — to publish information about someone who is deemed to be unsuitable to work in social care. The clause will give the council more clout or power to receive information. We experience delays as we await employers, universities, employment agencies and courts etc giving us the information that we need to take the cases forward.

The Chairperson (Ms Maeve McLaughlin): Did you seek legal advice on that so that it is compliant with human right legislation, for example?

Ms Smyth: Yes.

Ms Stirling: Yes.

The Chairperson (Ms Maeve McLaughlin): You have, and it is?

Ms Smyth: Publishing the outcome of conduct cases if somebody is removed or has a condition on their registration provides a safeguard. There is a public-facing part of the register that members of the public, prospective employers or even service users can use to check the registration status of a social care worker. As we move to increased self-directed support, with individuals bringing in carers themselves as well as employees, it will provide a safeguard for people to be able to see the registration status and that the person they are getting is what they say they are.

Ms McCorley: Go raibh maith agat, a Chathaoirligh. I am also concerned that we are looking at legislation that deals with important issues that might not go anywhere because of the actions or lack of actions by the Minister, or the in-out Minister. I want to ask you some questions about it anyway. Would it apply to private sector, to care workers who work in private companies?

Ms Smyth: Yes. It is prescribed for where social care workers are employed. If you are a social care worker who is employed in a domiciliary care agency, it does not matter whether you are working in the statutory, voluntary or private sector. All social care workers who work in those settings will be registered. It is the same for adult residential care settings or nursing homes.

Ms McCorley: OK. Do you see it placing any greater onus on the requirements on private companies and what they are required to comply with? Do you see that as an implication of the legislation?

Ms Smyth: Employers have been very supportive of the introduction of registration. There are probably some concerns that they may be expected to, perhaps, sign off things for the social care workers that are required by registration. In bringing forward the requirements for registration of social care workers, the NISCC has been very mindful not to put an overly heavy onus on those conditions of registration. In fact, it works very closely with the systems regulator, the Regulation and Quality Improvement Authority (RQIA), so that some of the requirements go onto the employer, not onto the individual. The workforce requirements will go onto the individual and not the employer, so we have tried to be proportionate and not to put an undue burden onto the private sector, which we know is running businesses, and it can be very difficult.

Ms McCorley: In clause 1, you refer to the fact that a person who has to register will be subject to conditions and that they will have to comply with specified undertakings. Is that much different from what people are expected to comply with currently?

Ms Smyth: Colleen, would you like to talk to that?

Ms Stirling: Yes. There will be some differences, but we believe that it will be fairer and more proportionate because, at the moment, if someone's practice is considered to be risky or unsatisfactory, the only options that we have are to suspend them or to remove them from the register. We will get a much broader range of sanctions available under this legislation.

Ms McCorley: I have one last question. I understand that this is about safeguards for everybody, and then it is about ensuring that people who are not suitable to be in the profession are not in it and are removed. What about circumstances where you have people who can be wrongfully accused? That can happen in care settings, understandably, with people with dementia. You find that sometimes care workers are accused, say, of taking money. How are people like that protected?

Ms Smyth: It is fair to say that if anybody makes a complaint, it will be treated seriously and looked at, but it will be through the initial investigations into that complaint that the facts of the case would be established. Colleen, as the head of conduct, might have more experience.

Ms McCorley: In this new process, will things be dealt with more expeditiously? I think that, sometimes, delays in dealing with cases are very traumatic for the people who are involved.

Ms Stirling: One of the aims is that we will be much more efficient and streamlined in our procedures. Ultimately, we hope that it will be less stressful for the registrants who are in the position that you are talking about, wrongfully accused of something. Our rigorous investigation process and the high threshold of evidence that we have to meet in a case will ensure, I hope, that innocent people will not fall foul of our system by having been wrongly accused.

Mr McKinney: I am looking for some detail. What disciplinary procedures exist at present under the existing arrangements? What are the numbers of people being dealt with?

Ms Smyth: We have some statistics with us. Have you got those, Colleen?

Ms Stirling: What period are you referring to?

Mr McKinney: What is ongoing, for example? I hate this bit where I have to try to second-guess you on the information that you have. Let us hear some information.

Ms Stirling: Last year, we had 195 complaints referred to us. This year already, in less than six months, we have had a further 132 complaints. Since NISCC was established, we have had 58 registrants removed from the register. We have had 20 suspended, and we have had 44 people admonished. We produce annual reports, so there are lots of figures that I could give you, if I knew specifically what you would like to know.

Ms Conlon: Indeed, we can share those.

Mr McKinney: Yes, maybe you could share those.

Ms Smyth: Would it be useful if we were to tell you the figures for last year, if you want an overview? There were 36 complaints about social workers, 156 complaints about social care workers and three complaints about social work students. On misconduct and the outcomes, as Colleen said, it is difficult to put them into individual years, but, since we have had conduct hearings, 58 registrants have been removed from the NISCC register, of which 10 have been social workers and 47 have been social care workers, and one social work student has been removed.

Mr McKinney: Give me that breakdown again.

Ms Smyth: I said that there were 10 social workers, 47 social care workers and one social work student, 58 in total. The registered social work population is about 5,500, whereas the social care registrants number about 16,500. So proportionately —

Mr McKinney: Proportionately, it is less, although it looks to be a bigger figure upfront. That pushes it back to the results of people being excluded from work for whatever —

Ms Smyth: Yes

Mr McKinney: So, even within the proportion of the complaints, a significant number have not been subjected to the ultimate sanction.

Ms Smyth: Absolutely.

Mr McKinney: Take it back, then, a bit. How many of them have received lesser punishments or been found not to merit any action?

Ms Smyth: OK. There are other sanctions. Again, since the register was opened in 2007, we have had 20 workers suspended from the register, and that breaks down to six social workers and 14 social care workers. We have had 42 admonished. Six social workers were admonished and 36 social care workers were admonished. I would have to do my maths to work out what proportion all of that is, but, if it would be helpful, we can provide that to you.

Mr McKinney: Can we have access to that, Chair? You propose registration fees in the domiciliary care sector.

Ms Smyth: Yes.

Mr McKinney: They are probably, notoriously, the poorest paid —

Ms Smyth: Absolutely.

Mr McKinney: — in the overall health system. Can anything be done to mitigate that?

Ms Smyth: From the start of the Social Care Council being set up, it was recognised that the fees should be differentiated for social care workers and social workers because the social care workforce tends to be less well paid. The fees were set around 2001-02, and it was £15 for a social care worker, I think, at that time and £30 for a social worker, so it was double. Those fees were not reviewed until two or three years ago, and it was decided that none of the fees had ever risen for any of the registrants. So, the fees were reviewed and widely consulted on, including with trade unions, and it was agreed that a phased increase in fees would be introduced but mindful of the low pay of the social care workforce and retaining that differential. I think that the current fee for social care workers is £25 and for social workers £55. There will be a further increase next year, when social care workers will rise to £30 and social workers to £60.

Our fees are still quite low in comparison to other regulators. So, for example, a health care regulator may charge £120 to be registered, and social workers in England pay £90 to be registered. Our fees are not commensurate with other regulators, but we have maintained them at a low level. I think that the intention, going forward, would be not to leave such a gap between raising fees, but we could take smaller, more incremental fees, in line with increases in people's salaries, rather than leaving it for years and then introducing an increase, because of the issues that you have raised.

Mr McKinney: It is still a significant rise for those who are on the lower rates and who have to work long hours too. It is still a significant rise in fee, given the historical figures.

Ms Smyth: It is.

Mr McKinney: It has doubled in 10 years.

Ms Smyth: Although, it would probably be worth mentioning that some discussions were under way with employers to see a more commensurate way in which those fees could be, for example, deducted from wages over a period rather than paid in one lump sum. Discussions are under way about how that may be facilitated. Clearly, the costs to NISCC of administering a direct-debit system would well outweigh the benefits of delivering that kind of service. However, it was certainly discussed, considering the low-paid nature and so on of the workforce.

The Chairperson (Ms Maeve McLaughlin): I am just conscious that that issue is not dealt with in the draft Bill.

Ms Smyth: No. The fees are set by rules by the council and subject to departmental approval. They were subject to full public consultation as well.

Mrs Dobson: Apologies for missing your briefing. My questions may have already been covered, but I will ask them anyway. It certainly appears to be a strung-out process, having started before 2012, then I think you briefed the Committee on 2 July 2014, and there has been very little since. Why has it taken so long?

Ms Smyth: You missed us say in the presentation that, when we were last here in July 2014, we did explain some of the delay at that point, which was due to the unexpected loss of the then head of the Bill team and delays in recruiting somebody to that position. There are a number of factors to explain why it has taken some time since last July to get to this point of the draft Bill. First, drafting legislation is a very precise art form, I would say.

Mrs Dobson: We are well aware of that. *[Laughter.]*

Ms Smyth: It is an iterative process; every word counts. Each draft was quality assured to ensure that, as far as possible, the proposed amendments did not lead to any unintended consequences for the provisions that are not subject to amendment in the Bill. There were some areas that actually took longer than expected until everyone was satisfied that the wording gave effect to the changes required, but we are sure that those changes did not adversely impact on what needed to be retained. I think that process did contribute to delay. Indeed, the timescales that we set ourselves last July were perhaps ambitious. I think that time was well spent, and hopefully, when we get approval to introduce the Bill, the need for extension or further amendments will not be necessary.

There are other factors that are worth rehearsing in terms of the delay. Throughout the drafting process we maintained a weather eye to developments elsewhere in the UK; in particular, the Westminster's Government's response to the Law Commission's review of the regulation of healthcare professions and of social care professions, which has led to a draft Bill in England in respect of the regulation of health and social care, which was only published in January 2015. The departmental Bill team took time to consider the Westminster Government's response and the provisions of the draft Bill to ensure, as far as possible within the agreed policy direction for regulation of the social care workforce in Northern Ireland, that the proposed amendments to the 2001 Act were future-proofed.

I have already outlined — I do not know if you want me to go over it again — that, at the same time as progressing the Bill, the staff who were working in the Bill team were also progressing a number of other initiatives linked to the Social Care Council to revise and modernise other arrangements within the council.

Mrs Dobson: I am happy to read it in Hansard. You say "ambitious": when you told the Committee last July that you envisaged Royal Assent by May or June of this year, were you being ambitious?

Ms Smyth: No, it was last year. Sorry; it was ambitious for us to say that it would be drafted and introduced by November 2014. I think we did that in response to a comment made by one of the Committee members that we had not actually set that date, but somebody said, "So, can I understand that it will be introduced by November?". If it had been introduced, we potentially could have got Royal Assent, but we were unable to do that.

Mrs Dobson: It was ambitious then.

Ms Smyth: It was ambitious.

Mrs Dobson: I am just concerned about the delay and why it was not brought to the House. I am happy to read it in Hansard. If your ultimate aim is to modernise and make sure that the system is fit for purpose and, as you say, reflects best practice, are you not concerned that the present arrangements let down social workers in their career advancement and learning, as well as their clients?

Ms Smyth: That was actually raised in July 2014 as well — that the delays were hindering both the conduct and the professional development in social work. The conduct model that is in place within the NISCC is robust. People who come forward with serious allegations against them and who are required to be removed from the register will be removed. One of the primary aims is that unsuitable people will not be able to practise in social work and social care, but I am fairly confident that we are not letting the system down by allowing people to stay in the workforce who should not be in the workforce. However, I think that we are probably not achieving as much through regulation as we could in terms of improving standards and helping people to address shortcomings or deficits that have brought them to the attention of the council in the first place.

Under the current sanctions, while you could suspend somebody or admonish them, you cannot set a condition to say that they need further training to help them address the issue or that they need to work under supervision for a time until everybody is assured that they have addressed the issues. So —

Mrs Dobson: So people are being let down.

Ms Smyth: We are not achieving as much as regulation could achieve. Certainly, if the Bill achieves Royal Assent, it will move that forward.

Ms Conlon: One of the key things that we want to take forward in the Bill and the amendments is that, for example, a condition is placed on someone's practising so that you are not losing that person completely from the whole system; therefore, the investment that has been made in the training, development and education is not totally lost and a deficit to the whole sector. It is a much more proportionate model and fair and similar to that used by other healthcare regulators here and in other places in the UK.

Mrs Dobson: The figures revealed to Fearghal were very concerning.

Finally, we are obviously already behind the practices in other regions of the UK. To your knowledge, are any of the regions amending their legislation further? It is important to be sure that we are not two steps behind everyone else.

Ms Smyth: I think that Wales is looking at amendments to legislation. That is not part of a much wider welfare reform, but it is impacting on the Care Council for Wales. Scotland already has wider powers than Northern Ireland, and it is moving to a fitness-to-practice model. Apart from the draft Bill of the Law Commission, we are not aware of any other legislation.

Mrs Dobson: It is important that we are not left far behind.

Ms Smyth: Absolutely.

Ms Smyth: Christine said earlier that that was one of the deliberations around the Law Commission Bill. We wanted to be absolutely sure that we were future-proofing our work. Whilst it would have been ideal — indeed, the Bill team wanted to be further on with its work at this stage — it was much more important that the work that we did and what we produced was future-proofed. Whatever stage it moves to in the future, it will be as right as it can be.

The Chairperson (Ms Maeve McLaughlin): Thank you for your presentations. I reiterate the point that it is no longer just ambitious; it is fairly farcical at this stage that we are discussing important legislation that has not got ministerial consent. In fact, we do not have a Minister to make that decision or give that direction. I just want to make that point. Thank you for your time today.

Ms Smyth: Thank you for your time.