Equality Impact Assessment (EQIA)

On the ‘Review of registration fees’

Northern Ireland Social Care Council

14 September 2026

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Consultation Announcement

This document is being presented for public consultation. It reports the outcome of an Equality Impact Assessment (EQIA) by the Northern Ireland Social Care Council (the Social Care Council) on the 'Review of registration fees'.

A copy of the full report is also available on the Social Care Council's website at www.niscc.info.

Requests for versions of the EQIA in accessible formats will also be considered.

Consultation on the EQIA will end on 9 November 2026. It is intended that other consultation methods will be used to seek views and it may be that you will receive further communication from us in due course.

We hope that you will find time to comment on this document.

Executive summary

This document reports the outcome of an Equality Impact Assessment (EQIA) by the Social Care Council on the consultation paper 'Review of registration fees' of the Social Care Council.

The EQIA was carried out with reference to the Equality Commission's 'Practical Guidance on Equality Impact Assessment' (Equality Commission 2001).

About the Social Care Council

The Social Care Council is part of health and social care in Northern Ireland. We are responsible for:

- Maintaining a Register (the Register) which has almost 50,000 people on it who are social workers, social care practitioners and students.
- Carrying out investigations about the conduct of social workers and social care practitioners who are registered with us. Social workers and social care practitioners have Standards of Conduct

and Practice (previously referred to as Codes of Conduct) which they must comply with.

- Ensure those who are registered complete all the necessary training they need.

The Policy

To be registered with the Social Care Council a person must not only comply with the Standards expected of them but also pay an annual 'registration fee' – the level of fee depends on whether the person is a social worker, social care manager, social care practitioner or student studying for a Degree in Social Work.

The registration fees have not been reviewed in over ten years and have remained at the same level since 2016. The consultation looks at options to increase these fees.

Data collection

Data from the Register of social workers, social care managers, social care practitioners and social work students has been used to inform this Equality Impact Assessment.

The latest results of the NI census report have been reflected where relevant in relation to workers in Northern Ireland.

Other data sources, where relevant, includes:

- The Northern Ireland Health and Social Care Workforce Census March 2026.
- NI Health And Social Care Workforce Census – March 2026 | Department of Health.

Key findings

The demographic of the registered social work and social care workforce in Northern Ireland is predominately female (82% in relation to social workers) and 85% in relation to social care practitioners). An overview of the impact on the Section 75 groups is set out below:

Group	Level of impact
Gender	High
Age	Low
Religion	None
Political opinion	None
Marital status	Low
Dependant status	Medium
Disability	Medium
Ethnicity	High
Sexual orientation	None

Level of Impact:

- None – there are no issues identified for this group.
- Low – there may be some issues however these do not require mitigation.
- Medium – there are some issues for this group and these need to be considered.
- High – there are issues for this group and these need to be considered and mitigated against.

The above high-level overview does not consider those belonging to more than one group e.g. females, who may have dependants and are in single income units.

The increase in registration fees in any form is likely to negatively impact:

- Those on lower incomes.
- Those with a disability, who are also likely to be in lower paid job roles.
- Those with or without dependants.
- Those from minority ethnic backgrounds, who are also likely to be in lower paid job roles.
- Females who make up over 80% of the registered workforce.

Conclusions

There will be an impact on the groups as set out above and as such the review of registration fees consultation must be open and transparent. It needs to listen to the views, experiences and feedback of those who respond, including considering the form of engagement and

consultation. In particular, those from minority ethnic groups and ensuring the consultation reaches all registrants so that they have an opportunity to engage.

This includes engaging with representative groups across the Section 75 groups of gender, disability, carers and ethnicity.

During and following the consultation, consideration should be given to the mitigating actions set out in this document at page xx.

While there are issues impacting across some of the Section 75 groups these can be mitigated against.

Background

What we do

The Social Care Council is part of health and social care in Northern Ireland.

Our main roles include:

- Maintaining the Social Care Council register which has almost 50,000 people on it who are social workers, social care practitioners and students.
- Carrying out investigations about the conduct of social workers and social care practitioners who are registered with us. Social workers and social care practitioners have Standards of Conduct and Practice (previously referred to as Codes of Conduct) which they must comply with.
- Ensure those who are registered complete all the necessary training they need.

We manage around 1,000 new applications to join the Register every month – and around 300 people leave the register each month. A number of those who leave the register re-join at a later date on taking up a new role in the health and social care sector.

We manage around 70,000 emails and phone calls every year – supporting registrants and employers in a range of areas.

We also support registrants and employers through engagement and face to face and online resources, including quality assuring training and development.

Each year we receive around 600 ‘referrals’ to our Fitness to Practise Team – these can be from employers or members of the public. Referrals are where someone is raising a concern about the conduct or behaviour of a social worker or social care practitioner. We investigate these concerns to see whether the social worker or social care practitioner is fit to remain on our register. Everyone who is registered with us must provide safe, compassionate and good quality care in carrying out their role in line with our Standards.

Our work in all these areas has grown significantly in the last five years and we need to review our registration fees to ensure we can continue to provide high-quality regulation. This is important for those who use social work or social care services – so they can be confident that there is robust regulation of those who provide these services to our communities and within our homes.

Equality Impact Assessments

Section 75 of the Northern Ireland Act 1998 has placed the following statutory requirements on each public authority.

1. A public authority shall in carrying out its functions relating to Northern Ireland have due regard to the need to promote equality of opportunity –

    a. Between persons of different religious belief, political opinion, racial groups, age, marital status or sexual orientation;
    b. Between men and women generally;
    c. Between persons with a disability and persons without; and
    d. Between persons with dependants and persons without.

2. Without prejudice to its obligations under subsection (1), a public authority shall in carrying out its functions relating to Northern Ireland have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group.

A key practical element of the statutory equality duties is that public bodies should assess the impact of their policies and procedures on the promotion of equality of opportunity and good relations. This is

practically carried out by initially assessing the equality implications of a policy or procedure, called screening. Those policies assessed as having major equality implications should then be considered for an equality impact assessment.

An Equality Impact Assessment (EQIA) is a thorough and systematic analysis of a policy to determine whether that policy has a negative impact on groups or individuals in relation to one or more of the nine equality categories. It also aims to identify further opportunities for promoting equality of opportunity. The stages of an EQIA are listed in Appendix 1.

Equality Scheme and Plan

The Social Care Council has developed an *Equality Scheme* which sets out how it aims to fulfil its Section 75 duties including undertaking assessments and ensuring that effective arrangements are in place for monitoring and reviewing progress.

As part of its Equality Scheme, the Social Care Council has developed an *Equality Action Plan* to promote equality of opportunity and good relations. The Plan is informed by audits which analyse information across Section 75 categories to identify inequalities and is subject to review and revision as appropriate throughout its life.

The Social Care Council's Equality Scheme and Equality Action Plan can be accessed on its website, see: niscc.info/equality-and-diversity.

Data collection

Policies and legislation with a bearing on the consultation

The consultation paper is not directly related to other policies however there are rules and procedures which underpin the registration of the social care workforce.

When the Northern Ireland Assembly established the Social Care Council in 2001, it was its policy intent that, in common with other registered professionals, registrants would contribute to the costs of registration through the payment of fees to the Social Care Council.

The Assembly were also of a view that there should be a sliding scale of fees to reflect the different categories on the Register.

The NI Assembly had agreed to cover the initial costs of establishing registration, however there was always an expectation that a greater proportion of the costs would be met through registration fees.

The Social Care Council is funded through the Department of Health NI (DoH). Health and social care bodies in Northern Ireland were required to produce savings from 2026/27 in response to the overall shortfall in health and social care funding in Northern Ireland. The Social Care Council's budget for 2026/27 was reduced by 5% as part of this – representing a significant shortfall to sustain regulatory services going forward.

Quantitative and qualitative data

It was decided that any assessment of the equality impacts of the policies should be based on two types of data:

Quantitative data (statistics) provide a first overview of the characteristics of those people most likely to be affected by the policy. This is set out in the table below.

<table>
<tr><th>Category</th><th>What is the makeup of the affected group? (%) Are there any issues or problems? For example, a lower uptake that needs to be addressed or greater involvement of a particular group?</th></tr>
<tr><td>Gender</td><td>Social work and social care workforce:

Majority of the broader social care workforce are female.
Part 1 (Qualified Social Workers) – Female (82%) Male (18%)
Part 2 (Social Care Practitioners) - Female (85%) Male (15%)
Students - Female (83%) Male (17%)
On the Register, registrants have defined their gender as female, male or other. As at July 2026, 49 registrants defined their gender as 'other'.

Population
NI population most recent mid-year population estimates for Population of Northern Ireland was 1,903,100. Male = 49.2%; Female = 50.8% (NISRA, 2021).

<u>Data from Census 2021 - Gender & Disability by age group:</u><table><tr><td>Age group</td><td>Males Prevalence %</td><td>Females Prevalence %</td></tr><tr><td>0–15</td><td>3.90%</td><td>2.13%</td></tr></table></td></tr>
</table>

16–39	**5.37%**	**4.93%**
40–64	**12.95%**	**14.96%**
65+	**25.54%**	**29.59%**

GIRES 2014 estimate the number of gender nonconforming employees and service users, based on the information that GIRES assembled for the Home Office and subsequently updated:

- gender nonconforming to some degree (1%)
- likely to seek medical treatment for their condition at some stage (0.2%)
- receiving such treatment already (0.03%)
- having already undergone transition (0.02%)
- having a GRC (0.005%), and
- likely to begin treatment during the year (0.004%).

The number who have sought treatment seems likely to continue growing at 20% per annum or even faster. Few younger people present for treatment despite the fact that most gender variant adults report experiencing the condition from a very early age. Yet, presentation for treatment among youngsters is growing even more rapidly (50% p.a.). Organisations should assume that there may be nearly equal numbers of people transitioning from male to female (trans women) and from female to male (trans men).

Disability
The Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report on disability – whilst it is recognised that the report is dated – indicated that:

There is a higher prevalence of disability among adult females with 23% of females indicating that they had some degree of disability compared with 19% of adult males:

- Male prevalence rates are only higher than female rates amongst the youngest adults (16 to 25): 6% of males compared with 4% of females.
- 8% of boys aged 15 and under were found to have a disability, compared with 4% of girls of the same age.

Disability Prevalence by Age:

Age group	Prevalence (%)
0–15	8.68%
16–39	13.14%
40–64	28.03%
65–69	43.72%

	70–74	49.37%
	75–79	58.87%
	80–84	70.45%
	85–89	81.31%
	90+	90.68%

Age

Social work and social care workforce:
Across the three core groupings of Registrations, the age profile is:
Part 1 (Qualified Social Workers)

- Up to and including 30 years – (14%)
- 31 – 40 years – (26%)
- 41 – 50 years – (30%)
- 51 years and over – (29%)

Part 2 (Social Care workers)

- Up to and including 30 years (25%)
- 31 – 40 years (21%)
- 41 – 50 years (26.5%)
- 51 years and over (27.5%)

Part 1 and 2 combined

- Up to and including 30 years (21%)
- 31 – 40 years (23%)
- 41 – 50 years (28%)
- 51 years and over (28%)

Population
Age profile of the NI population (Census 2021):

Age band Population Percentage
0-14 365,200 19.2%
(15-64 1,211,500 63.7%)
15-39 594,400 31.2%
40-64 617,100 32.4%
(65+ 326,500 17.2%)
65-84 287,100 15.1%
85+ 39,400 2.1%
All ages 1,903,200 100%

Disability
Northern Ireland Statistics and Research Agency (NISRA) in its 2007 report indicated that prevalence of disability increases with age: ranging from 5% among young adults to 67% among those who are very old (85+).

As the population ages, so does the likelihood of having a disability that limits the day to day activities ‘a lot’. Figures from 2011 Census of people

	who are limited a lot by their disability are as follows within the following categories. Male 0-15 – 3% 16-44 – 5% 45 – 64 – 16% 65 and over – 33% Female 0 – 15 – 2% 16 – 44 – 5% 45 – 64 – 17% 65 and over – 38%. Overall there are greater proportions of older people with a disability
Religion	**Social work and social care workforce:** Workforce data is not collected **Population** Census 2021 Current Religion • 'no religion' (17.4%) • 'religion not stated' (1.6%) • Catholic (42.3%) • Presbyterian Church in Ireland (16.6%) • Church of Ireland (11.5%) • Methodist (2.4%) • Other Christian denominations (6.9%) • Other non-Christian Religions (1.3%). Religion/religion of upbringing (Number - Percentage) Catholic 869,800 45.7% Current religion 805,200 42.3% Religion of upbringing 64,600 3.4% Protestant and other Christian (including Christian related) 827,500 43.5% Current religion 711,000 37.4% Religion of upbringing 116,600 6.1% Other religions 28,500 1.5% Current religion 25,500 1.3% Religion of upbringing 3,000 0.2% None 177,400 9.3% All usual residents 1,903,200 100.0% **Disability** Not available broken down by disability/

Political Opinion	**Social work and social care workforce** – Workforce data is not collected **Population** National identity (nationality based) (Number – Percentage) • British 814,600 42.8% • Irish 634,000 33.3% • Northern Irish 598,800 31.5% • English 16,800 0.9% • Scottish 10,200 0.5% • Welsh 2,000 0.1% • Other national identities 113,400 6.0% National identity (person based) (Number – Percentage) • British only 606,300 31.9% • Irish only 554,400 29.1% • Northern Irish only 376,400 19.8% • British & Northern Irish only 151,300 8.0% • Irish & Northern Irish only 33,600 1.8% • British, Irish & Northern Irish only 28,100 1.5% • British & Irish only 11,800 0.6% • English only/Scottish only/Welsh only 16,200 0.9% • Other combination of British/Irish/Northern Irish/English/Scottish/Welsh only 11,700 0.6% • Other national identities 113,400 6.0% • Polish only 23,900 1.3% • Lithuanian only 11,900 0.6% • Romanian only 7,100 0.4% • Portuguese only 6,900 0.4% • Bulgarian only 4,300 0.2% • Indian only 4,100 0.2% • Other national identity with one or more of British/Irish/Northern Irish/English/Scottish/Welsh only 12,700 0.7% • Other national identities 42,600 2.2% • All usual residents 1,903,200 100.0% **Disability** Not available broken down by disability.
Marital Status	**Social work and social care workforce:** There is some data but not enough to inform equality screening. **Population** Census 2021 • 45.59% (690, 509) of those aged 16 or over were married • 38.07% (576, 708) were single • 0.18% (2,742) were registered in civil partnerships (more than double since 2011) • 6.02% (91,128) were either divorced or formerly in a civil partnership which is now legally dissolved

	• 6.36% (96, 384) were either widowed or a surviving partner from a civil partnership • 3.78% (57, 272) were separated (but still legally married or still legally in a civil partnership) **Disability** Not available broken down by disability.
Dependent Status	**Social work and social care workforce** Workforce data is not collected **Population** Census 2021 Northern Ireland All usual residents aged 5 and over 1,789,348 Percentage of usual residents aged 5 and over who provide: No unpaid care 87.58% 1-19 hours unpaid care per week 5.63% 20-34 hours unpaid care per week 1.38% 35-49 hours unpaid care per week 1.57% 50+ hours unpaid care per week 3.84% Carers NI (State of Caring 2022 report) There are over 290,000 people providing some form of unpaid care for a sick or disabled family member or friend in Northern Ireland – around 1 in 5 adults. (Carers UK (2022). Carers Week research report 2022.) Of those participating in the survey… • 82% identified as female and 17% identified as male. • 4% are aged 25-34, 17% are aged 35-44, 33% are aged 45-54, 31% are aged 55-64 and 14% are aged 65+. • 24% have a disability. • 98% described their ethnicity as white. • 28% have childcare responsibilities for a non-disabled child under the age of 18 alongside their caring role. • 56% are in some form of employment and 18% are retired from work. • 31% have been caring for 15 year or more, 16% for between 10-14 years, 25% for 5-9 years, 25% for 1-4 years, and 3% for less than a year. • 46% provide 90 hours or more of care per week, 13% care for 50-89 hours, 23% care for 20-49 hours, and 19% care for 1-19 hours per week. • 67% care for one person, 25% care for two people, 5% care for three people and 3% care for four or more people. **Disability** It may be concluded that a considerable share of people with a disability are carers themselves.

Disability

Social work and social care workforce –
Less than 5% of the workforce has a disability

Population

Census 2021

Out of all usual residents (n=1,903,179), the Percentage of usual residents whose day-to-day activities are:
Limited a lot – 11.45%
Limited a little – 12.88%
Not limited – 75.67%
('Day-to-day activities limited' covers any health problem or disability (including problems related to old age) which has lasted or is expected to last for at least 12 months.)

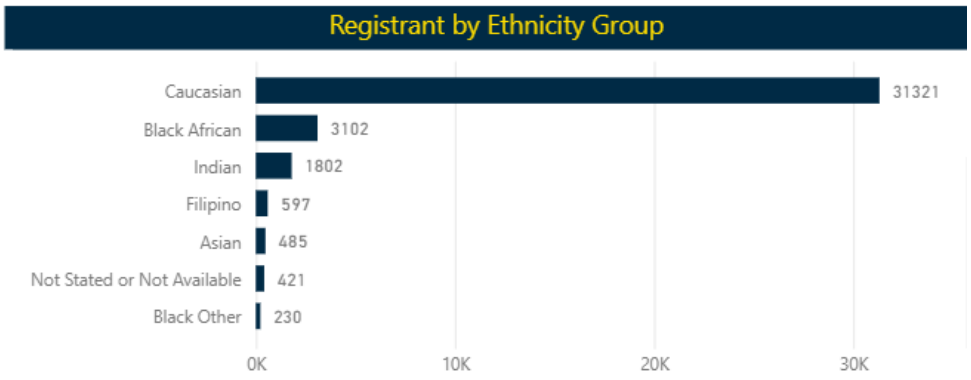
The breakdown of the various long-term conditions as outlined in the 2021 Census is:

Type of long-term condition	**Percentage of population with condition %**
Deafness or partial hearing loss	5.75
Blindness or partial sight loss	1.78
Mobility of Dexterity Difficulty that requires wheelchair use	1.48
Mobility of Dexterity Difficulty that limits basic physical activities	10.91
Intellectual or learning disability	0.89
Learning difficulty	3.5
Autism or Asperger syndrome	1.86
An emotional, psychological or mental health condition	8.68
Frequent periods of confusion or memory loss	1.99
Long – term pain or discomfort.	11.58
Shortness of breath or difficulty breathing	10.29
Other condition	8.81

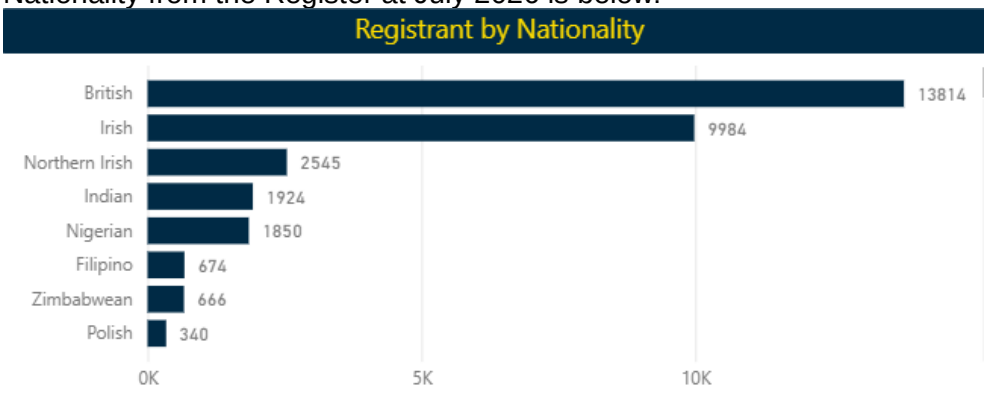
Information on rare diseases provided by NI Rare Diseases Partnership www.nirdp.org.uk suggests 1 in 17 people is likely to be affected by a rare disease at some point in their lives; that is around 110,000 people in Northern Ireland. A disease is “rare” if it affects fewer than 1 people per 2,000.

Research using data from 2011 (Getting and staying in work - LLTI 2001 - Research Report (nisra.gov.uk)) suggests that

- The disability employment gap in 2011 was 52.3 percentage points (pps) – the difference in employment rate between those with (31.4%) and without a long-term health problem or disability (83.7%) of the household population aged 30 to 59 years.
- A statistical modelling exercise found that general health explains around a quarter (25.7%) of the disability employment gap (13.4 out of 52.3pps). Other large contributors are educational qualifications (6.4pps) and providing unpaid care (5.6pps). The unexplained part (15.4pps) accounts for 29.5% of the disability employment gap.

	• This analysis was repeated for several disabilities or health conditions. The employment gap ranges from 14.5pps for deafness or partial hearing loss, to 61.8pps for those with frequent periods of confusion or memory loss. • The combination of general health, other health conditions and highest educational qualifications explained more than half of the employment gap for each condition except for those with an emotional, psychological or mental health condition (42.4%), which also has the largest proportion of the employment gap (31.7%) that could not be explained. Disability and unemployment in Northern Ireland - Report from Ulster University's Economic Policy Centre 2022 • Northern Ireland has the lowest rate of employment for people with disabilities in the UK. • Just over a third of disabled people in Northern Ireland are in work, compared with over half in the rest of the UK. • One in three young disabled people aged from 16 to 24 was not in education, employment or training (NEET). • A young disabled person is almost five times more likely to be NEET than a non-disabled person • Almost two-fifths (38%) of people living in households experiencing poverty in Northern Ireland include a person living with a disability • There is a "disability employment gap" in Northern Ireland of 44% - the highest in the UK by a significant margin.
Ethnicity	**Social work and social care workforce –** Ethnicity data from the Register at July 2026, shows that of the 49,674 registrants, declared ethnicity is: 

Nationality from the Register at July 2026 is below:



This means that up to 14% of our registered workforce are from minority ethnic groups.

Population
In the general population the 2021 Census indicated that 3.4% (65,600) of the usual resident population belonged to minority ethnic groups.

Ethnic Group

Ethnic Group Number Percentage
White 1,837,600 96.6%
Minority Ethnic Group 65,600 3.4%
Black 11,000 0.6%
Indian 9,900 0.5%
Chinese 9,500 0.5%
Filipino 4,500 0.2%
Irish Traveller 2,600 0.1%
Arab 1,800 0.1%
Pakistani 1,600 0.1%
Roma 1,500 0.1%
Mixed Ethnicities 14,400 0.8%
Other Asian 5,200 0.3%
Other Ethnicities 3,600 0.2%
All usual residents 1,903,200 100.0%

Country of birth
Country of birth Number Percentage
Northern Ireland 1,646,300 86.5%
Great Britain 92,300 4.8%
England 72,900 3.8%
Scotland 16,500 0.9%
Wales 2,800 0.2%
Republic of Ireland 40,400 2.1%
Outside United Kingdom and Ireland 124,300 6.5%
Europe (other EU countries) 67,500 3.5%
Europe (other non-EU countries) 3,700 0.2%
Other Countries in the World 53,100 2.8%
All usual residents 1,903,200 100.0%

	Main language of usual residents aged 3 and over Main language Number Percentage English 1,751,500 95.4% Main language not English 85,100 4.6% Polish 20,100 1.1% Lithuanian 9,000 0.5% Irish 6,000 0.3% Romanian 5,600 0.3% Portuguese 5,000 0.3% Arabic 3,600 0.2% Bulgarian 3,600 0.2% Other languages 32,200 1.8% All usual residents aged 3 and over 1,836,600 100.0% Figures from the 2011 Census provide the prevalence of disability among the following ethnic groups **Percentage of those whose disability limits their day-to-day activities a lot** All – 12% Irish Traveller – 20% White other – 12% Chinese – 3% Indian – 3% Pakistani – 6% Bangladeshi – 4% Other Asian – 2% Considering the 2011 Census figures for the ethnic composition of the General Population alongside those of People whose disability limits their day-to-day activities a lot, it shows that, with the exception of Irish Travellers, black and minority ethnic people are underrepresented amongst those with a disability when compared with their share amongst the general population. **White –** 98.21% (1, 778, 449) – 99.40% **Chinese** – 0.35% (6, 338) – 0.10% **Irish Traveller** – 0.07% (1, 268) – 0.12% **Indian –** 0.34% (6, 157) – 0.08% **Pakistani –** 0.06% (1, 087) – 0.03% **Bangladeshi** – 0.03% (543) – 0.01% **Other Asian** – 0.28% (5, 070) – 0.03% **Black Caribbean** – 0.02% (362) – 0.01% **Black African** – 0.13% (2354) – 0.03% **Black Other** – 0.05% (905) – 0.02% **Mixed** – 0.33% (5976) – 0.10% **Other** – 0.13% (2354) – 0.08%
Sexual Orientation	**Social work and social care workforce** – Workforce data is not collected. **Population** Census 2021 • Straight or heterosexual: 90.04% (1,363,859) • Gay or lesbian: 1.17% (17,713)

	• Bisexual: 0.75% (11,306) • Other sexual orientation: 0.17 (2,597) • Prefer not to say: 4.58% (69,307) • Not stated: 3.3% (49,961) Not available by disability though if the general population shows figures between 7-10% of the population who are gay, lesbian or bisexual assumptions have to be made in relation to dual issues of sexual orientation and disability (see also qualitative issues in section 2.4) This assumption is also supported by research in Northern Ireland on people with a disability who identify as lesbian, gay or bisexual - McClenahan, Simon (2013): Multiple identity; Multiple Exclusions and Human Rights: The Experiences of people with disabilities who identify as Lesbian, Gay, Bisexual and Transgender people living in Northern Ireland. Belfast: Disability Action.

Qualitative data provides some insights into perceptions held by those who are likely to be most affected by the policy as well as suggestions for improvement. This is set out in the table below.

Category	***Needs and experiences***
Gender	Females account for the majority of the social care workforce (82 - 85%) and are therefore largely affected by the proposed new fee structure. Those in social care services are likely to be less well paid than other workforce employees and work fewer hours. Women are likely to present the overwhelming share of part-time workers, who will experience the most impact of increased fees due to their lower incomes.
Age	The age profile of the social care workforce is largely split with 59% being over 40 years of age and over and the remainder are below that age grouping. The age and gender mix means that it will be largely the older female population who are likely to be affected by the proposal. The points made in the final paragraph in relation to gender in this section equally apply here.
Religion	There are no identified different needs or experiences on the basis of religion.
Political Opinion	There are no identified different needs or experiences on the basis of political opinion.
Marital Status	There is no evidence to suggest that those who have a partner or are single are any more or less affected by an increase in fees in terms of disposable income. However single income households, in particular single parents, will experience greater relative impacts than other groups.

Dependent Status	Those with dependants may find the financial impact of an increase in fees more difficult to fund than those without dependents. The points made in the final paragraph in relation to gender in this section equally apply here.
Disability	People with a disability are generally over-represented amongst those on lower incomes and will thus experience greater impacts.
Ethnicity	People from ethnic minority groups are generally over-represented amongst those on lower incomes and will thus experience greater impacts. The points made in the final paragraph in relation to Gender in this section equally apply here.
Sexual Orientation	There are no identified different needs or experiences on the basis of sexual orientation.

Key findings

3.1 Equality of opportunity

Gender

Over 80% of the registered workforce is female. This is the case in both social work and social care. Female registrants will also fall into other groups including those with dependents and/or caring responsibilities. Given the female demographic, they will also make up the greater part of those with a disability, those on lower incomes and those who work part-time hours.

The changes outlined in relation to registration fee levels need to consider how female registrants are supported in paying their annual registration fee and this may include staggering the introduction of the increased fee, and/or providing other means to pay the fee other than in one annual payment.

Age

There are no particular issues identified due to age across the registered workforce, except that those with older years may experience ill-health and disability. There is a good spread of age profiles on the register, with those over 40 years representing 56% of the register.

At various points, registrants may have to care for elderly relatives and/or children or others within their care, however there are no identified issues arising for this group from the review of registration fees

other than those set out above and in the body of the qualitative analysis.

Religion

There are no identified issues arising due to religion.

Political opinion

There are no identified issues arising due to political opinion.

Marital Status

There are no identified issues arising due to marital status however single income households, in particular single parents, will experience greater relative impacts than other groups. Given the overall demographic of the register these are more likely to be female registrants.

Providing opportunities to stagger the increase and provide other (instalment style) plans to pay the annual fee may assist this and related groups.

Dependant Status

Those with dependants may find the financial impact of an increase in fees more difficult to fund than those without dependents. This applies to both male and female registrants. There will be a greater impact on those from single family units and for females, particularly those in lower paid job roles.

Providing opportunities to stagger the increase and provide other (instalment style) plans to pay the annual fee may assist this and related groups.

Disability

People with a disability are generally over-represented amongst those on lower incomes and will thus experience greater impacts. Given the demographic of the overall workforce these are also likely to be female registrants.

Providing opportunities to stagger the increase and provide other (instalment style) plans to pay the annual fee may assist this and related groups.

Ethnicity

People from ethnic minority groups are generally over-represented amongst those on lower incomes and will thus experience greater impacts. There are up to 14% of minority ethnic groups on the Register and these are largely within social care. They are also likely to be female.

Providing opportunities to stagger the increase and provide other (instalment style) plans to pay the annual fee may assist this and related groups.

Sexual Orientation

There are no identified issues arising due to sexual orientation.

3.2 Good Relations

Differential impacts have not been identified for people of different political opinion. The changes proposed in the review of registration fees will apply across all registrants – with varying degrees of level of fees depending on the job role. It is not expected to have to have an adverse impact on good relations between groups.

3.3 Disability Duties

Paying the annual registration fee is part of the regulation and registration of being a social worker or social care practitioner. Ensuring that fees are considered at the right level depending on the job role will be important as those on lower incomes face a range of financial challenges – and those with a disability are more likely to be in lower paid roles.

3.4 Human Rights

Based on the evidence there are no human rights issued identified as a result of the consultation on the review of registration fees. Consideration does need to be given however to engagement with the registered workforce through the consultation to ensure the proposals do not have any other impact other than those outlined here.

Mitigating actions

Subject to the outcome of the consultation and the response to the Equality Impact Assessment:

- Consideration to be given to other staggered forms of payment such as Direct Debits.
- Tiering the level of registration fee to the job role – ensuring those on lower incomes are paying less.
- Consideration is given to increasing the fees over a period of time.
- Appropriate and reasonable notice is provided to any change in the fees following the consultation exercise.
- Other, more straightforward, ways to pay are considered including the development and promotion of the Social Care Council's App.
- Consideration of the notice periods when fees are due to give time to prepare for this.
- That any changes in fees are reasonable and based on the principles set out in the consultation document.

Proposed monitoring

Feedback from the consultation will be analysed in full before proceeding to implement any changes. Specific consideration will be given to any equality issues identified through this Equality Impact Assessment and the consultation.

Actions identified to mitigate will be added to the Social Care Council's Equality Action Plan and will be reported on through its Equality Progress Report which is produced annually.

We will also produce an action plan for regular monitoring and ensure this is reported on.

All of these documents can also be found on the Social Care Council website at: www.niscc.info.

Feedback

As part of the consultation process, we invite stakeholders to consider the information included within this EQIA and provide feedback through the following consultation questions.

a. Are there any adverse impacts in relation to any of the Section 75 equality groups that have not been identified from page 10 of the EQIA Consultation document? If so, what are they? Please provide details.

b. Please state what action you think could be taken to reduce or eliminate any adverse impacts in revising the registration fees?

c. Are there any other comments you would like to make in regard to this EQIA or the consultation process generally?

Comments on the Social Care Council Equality Impact Assessment can be submitted by 9 November 2026by email to businesssupport@niscc.hscni.net

Appendix 1: The Steps of an EQIA

- **What is it we are actually looking at? ('Aims of policy')**

The first part of an EQIA involves thoroughly understanding the policy to be assessed; what context it is set in; who is responsible for what; what links there are with other organisations or individuals in implementing the policy etc.

- **How can we tell what is happening on the ground? ('Consideration of data')**

This involves reviewing what data is available in-house or elsewhere and identifying what data needs to be newly collected. 'Data' means both statistics and the views, experiences and suggestions of those affected by the policy. 'Collecting new data' means going out and doing a survey and also talking to people who are affected by a policy or those who are involved in implementing the policy, for example in delivering a service.

- **So are there any problems for any of the groups? ('Assessment of impacts')**

All relevant data that has been identified (whether collected from available sources or newly gathered) is brought together and analysed. Conclusions are drawn as to the impact of the policy on the nine groups.

- **What can be done to make things fairer? ('Consideration of measures')**

Now the findings are related back to action: proposals are what can be done to address any inequalities/ unfairness that the analysis of the data has revealed.

- **Are we getting the right picture and are we thinking of doing the right thing? ('Formal consultation')**

The findings and the proposed actions are brought back to the public at this stage, usually on the basis of a draft report. Now it's time to find out what people think about the analysis and proposals!

- **With what people have told us – what are we going to do? ('Decision by public authority')**

After the wider public has had a chance to comment on the analysis and proposals it's time for the organisation to take final decisions and commit themselves to action points.

- **This is what we have found out and this is what we will do ('Publication of results of EQIA)**

These decisions and commitments are published in a final report alongside the findings from the analysis of collected data and the comments raised by the wider public during formal consultation.

- **Keeping a close eye on what is happening ('Monitoring of adverse impacts')**

An EQIA is not a one off. It's important to keep a close eye on what difference the changes to the policy actually make.