



THE CHARTERED SOCIETY OF PHYSIOTHERAPY

# Supervision, accountability and delegation of activities to support workers

A guide for registered practitioners and support workers

Intercollegiate information paper developed by the CSP, RCSLT, BDA and the Royal College of Nursing

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## PREFACE

This paper has been developed by a working group of representatives from the professional bodies for the allied health professions and nursing\*.

The terminology used to describe this group of workers and their management, varies within and across professions and so for the purposes of this paper, the following terms have been used:

<b>Term used in this paper</b>	<b>What the term covers or describes</b>
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Support worker	
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	There is currently no national policy that determines a single name for this group of workers. Numerous titles exist to reflect the many and varied roles carried out and the plurality of employers.
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The titles include:

- care assistant
- health care assistant
- health care support worker
- re-ablement worker
- rehabilitation assistant
- rehabilitation support worker
- rehabilitation technician
- support worker
- support practitioner
- team support worker
- therapy assistant

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- assistant practitioner
- assistants
- technical instructors

For the purposes of this paper the term 'support worker' describes the staff member who has a role or task delegated to them by the registered practitioner.

Registered  
Practitioner

Many terms have been used to describe the practitioner who is responsible for delegating a task. It simply means that it is a professional who is on a register for that particular profession, i.e., the Health Professions Council (HPC) or the Nursing and Midwifery Council (NMC)

## **INTRODUCTION**

The purpose of this paper is to encourage both groups of staff engaged in the delivery of healthcare to reflect collaboratively on tasks proposed for delegation, in order to ensure that clients receive safe and effective care from the most appropriate person.

Health and Social Care in the UK is undergoing rapid change as organisations restructure the delivery of services in order to provide the most efficient and effective care to service users. A wide range of drivers has led to support worker roles growing both in terms of number and in the scope of activities being undertaken. This has prompted an increasing number of enquiries to professional bodies and trade unions about their management and support. This paper has therefore been developed to help clarify the delegation process for registered practitioners and support workers and the associated issues of accountability and supervision.

Research and anecdotal evidence shows that support workers throughout the UK can be working at relatively simple or a very wide range of levels of practice as a result of delegation<sup>1 2</sup>. This variance is broadly explained by two associated factors:

- the decision as to which activities are appropriate to delegate lies solely with the registered practitioner, who is responsible for delegating work to the support worker; and,
- there is no specific guidance regarding which activities can or cannot be delegated.

Professional bodies have collaborated to provide more comprehensive and detailed guidance in this area. The aim of this intercollegiate paper is to enable each discipline to learn from the experience of others. It prevents duplication and promotes a shared approach to support the delivery of health and social care groups from multi-disciplinary teams, rather than from uni-professional services. It aims to prevent confusion in these teams by collaboration at a national level that is driven by local practice.

The issue of delegating tasks to support staff is increasing in significance, following the current consultation on the registration and regulation of this group.

The paper is for:

- individuals who manage support workers either through line management or by providing clinical support
- support workers
- any registered practitioner or manager who delegates an activity or role
- service managers

- individuals who deliver services from a multi-disciplinary team that has a mix of registered and non registered workers
- all settings where registered practitioners are called upon to delegate tasks to support workers – education, social service, NHS, independent sector etc.

## **UNDERSTANDING DELEGATION AND COMPETENCE**

### **What is delegation?**

In this context delegation is the process by which a registered practitioner can allocate work to a support worker who is deemed competent to undertake that task. This worker then carries the responsibility for that task.

There is a distinction between delegation, and assignment. In the former case the support worker is responsible while the registered practitioner retains accountability. The latter case both the responsibility and accountability for an activity passes from one individual to the other<sup>3</sup>.

Choosing tasks or roles to be undertaken by support staff is actually a complex professional activity; it depends on the registered practitioner's professional opinion. For any particular task, there are no general rules. Additionally it is important to consider the competence of the support worker in relation to the activity to be delegated.

### **Principles of delegation**

The registered practitioner must ensure that delegation is appropriate. The following principles should apply:

- the primary motivation for delegation is to serve the interests of the patient/client
- the registered practitioner undertakes appropriate assessment, planning, implementation and evaluation of the delegated role
- the person to whom the task is delegated must have the appropriate role, level of experience and competence to carry it out
- registered practitioners must not delegate tasks and responsibilities to colleagues that are beyond their level of skill and experience
- the support worker should undertake training to ensure competency in carrying out any tasks required. This training should be provided by the employer
- the task to be delegated is discussed and if both the practitioner and support worker feel confident, the support worker can then carry out the delegated work/task
- the level of supervision and feedback provided is appropriate to the task being delegated. This will be based on the recorded knowledge and competence of the support worker, the needs of the patient/client, the service setting and the tasks assigned
- regular supervision time is agreed and adhered to

- in multi-professional settings, supervision arrangements will vary and depend on the number of disciplines in the team and the line management structures of the registered practitioners
- the organisational structure has well defined lines of accountability and support workers are clear about their own accountability
- the support worker shares responsibility for raising any issues in supervision and may initiate discussion or request additional information and/or support
- the support worker will be expected to make decisions within the context of a set of goals /care plan which have been negotiated with the patient/client and the health care team
- the support worker must be aware of the extent of his/her expertise at all times and seek support from available sources, when appropriate
- documentation is completed by the appropriate person and within employers' protocols and Professional Standards<sup>4</sup>.

## ACCOUNTABILITY

Like other public bodies, the health service providers are accountable to both the criminal and civil courts to ensure that their activities conform to legal requirements. In addition, employees are accountable to their employer to follow their contract of duty. Registered practitioners are also accountable to regulatory and professional bodies in terms of standards of practice and patient care. At present, support workers are not subject to professional registration<sup>5 6</sup>.

When delegating work to others, registered practitioners have a legal responsibility to have determined the knowledge and skill level required to perform the tasks within the work area. The registered practitioner retains accountability for the delegation, and the support worker is accountable for accepting the delegated task and responsibility for his/her actions in carrying out the task. This is providing that the support worker has the skills, knowledge and judgement to perform the delegation, and that the delegation of task falls within the guidelines and protocols of the workplace, and the level of supervision and feedback is appropriate<sup>7</sup>.

### What is competence?

There are two key questions to be answered when considering delegation of activities.

1. Does the registered practitioner view the support worker competent to carry out the tasks?
2. Does the support worker feel competent to perform the activity?

Competence is an individual's ability to effectively apply knowledge, understanding, skills and values **within** a designated scope of practice. It is evidenced in practice by the effective performance of the specific role and its related responsibilities. Competence also involves individuals in critical reflection about, and modification of, their practice. Capability is a step further than competence and relates to the individual's full range of potential and may go **beyond** their current scope of practice.

The following summary may help to clarify related terms and their meanings:

Term	Basic meaning
Competence	General, overall capacity; holistic; rests on consensus view of what forms good practice
Competency	Specific ability that makes up competence

Competencies	These are statements about what needs to be carried out within the work place and therefore form part of how practice can be described. Underpinning these competencies is all the knowledge, understanding and skills that individuals have, together with their professional values and beliefs.
Capability	Potential competence
Performance	Competence in action

(Taken from the Physiotherapy Competence & Capability resource pack 2005)

Continuing professional development underpins delegation and competence. Individuals and employing organisations need to consider both **immediate** needs (related to current responsibilities and competence) and **longer-term** needs (related to future responsibilities and capability) when considering staff development needs.

### **Delegation and the assessment of patients/clients**

The initial assessment is likely to be diagnostic (relies on clinical reasoning) requiring the assessor (registered practitioner), to determine a programme of treatment or care. It is expected therefore; that it will be a registered practitioner who makes the clinical diagnosis, analyses and interprets assessment results, and generates possible therapeutic options in discussion with the patient/client.

The support worker will, however, be expected to make decisions within the context of designated work with a patient/client, whilst working towards the aims set by the registered practitioner. This may mean that support staff working at more advanced levels (e.g. assistant practitioner) are able to plan and implement a therapy/ treatment programme or care plan within the scope of their skills and training – reporting to the registered practitioner for re-direction and advice, as necessary.

The assessment process should be a continuing element of the overall therapy programme/treatment plan. Support workers may therefore be able to judge the patient/client progress and make some treatment decisions based on that judgement, assess and re-assess the patient/client's progress. It is expected that a support worker who is delegated a task will be competent to continually monitor and evaluate changes in the patient/client's responses and to feedback relevant information to the registered practitioner(s).

In some instances, where a clear protocol has been produced or a specific client group in a particular environment, the support worker may have delegated discretion, alongside limited and defined autonomy for some elements of continual assessment.

It is essential that the role and specific activities of the support worker are made explicit, in the design of such protocols.

**REMEMBER Any support worker to whom a task has been delegated should be appropriately trained and supported to ensure that the activity can be undertaken competently.**

## **DECIDING ON DELEGATION**

The question of who should carry out which activity depends on a number of factors. The three central elements involve:

- the individual's skills, competence, attitudes and experience of the health care provider(s)
- the requirements of the patient/client group; and
- the nature of the task in the specific circumstance.

The latter point also encompasses the particular setting e.g. hospital, community and so on.

Delegation of activity is determined in the context of the relationship that exists between the person who delegates and the person to whom some aspect of practice is delegated. A number of factors have been identified that are significant for those who delegate tasks when deciding on whether to pass a duty on to a support worker.

### **Length of service**

A support worker with a long service might reasonably be assumed to have developed substantial understanding of practice through their day-to-day experience. On the basis of this assumed relationship they could be argued to be better able to take on delegated activities in a competent fashion. Previous work experience in other roles can be equally relevant.

Long service does not, however, necessarily lead to the development of competence. Similarly, simply undertaking a programme of education cannot be seen as indicative of competence. Conversely some individuals can become extremely competent after working for only a short time in a particular area of practice. These issues are the same whether the individual is a registered practitioner or a support worker. It is important, therefore, to assess the competence of individuals within the specific workplace setting. Consequently it is essential for registered practitioners to have the necessary skills to effectively carry out these assessments.

### **Assessing competence**

When assessing competence, the registered practitioner should have an awareness and knowledge of the education, training and qualifications the support worker has undertaken. It is important to know whether the support worker has competently performed particular tasks in the past. The practitioner also needs to be confident that the tasks will be performed competently in the future. If, however, the support worker has not carried out the specific activities before, this indicates that there is a training need prior to delegation taking place.

One of the many ways in which competence is assessed in the health and social care sector (and in other occupational areas) is through the award of National/Scottish Vocational Qualifications (N/SVQ).<sup>\*</sup> N/SVQ's are national awards that acknowledge an individual's work-based skills. They are based upon National Occupational Standards (NOS), which describe practical performance in the workplace. They allow individuals to demonstrate their competence by applying knowledge, understanding and skills to perform to the standards required in employment. The formalised structure of the N/SVQ may therefore provide useful support when considering the issues of competence and delegation. The advantages of these qualifications are as follows:

- encouragement of **close working** relationships between registered and support staff
- **a formal** assessment of practical competence across the whole range of support activity undertaken in the workplace
- Encouragement for support workers to **develop knowledge** that underpins the practical aspects of their work, and
- Development of transferable and recognisable knowledge and skills.

If the support worker does not have access to an N/SVQ, competence can be assessed using NOS. These standards (some of which are used to form the basis of an NVQ) are stand-alone competencies that can be used for various purposes by anyone from a consultant physician to a support worker. Potential uses include:

- to define job roles and write job descriptions
- to design training programmes
- in annual staff appraisals to identify progress towards development goals
- to assess competence against a given standard.

### **Lifelong learning**

In the delivery of any patient/client service, it is essential that those who are in the front line should be adequately prepared to carry out the tasks expected of them. Users have the right to expect that those who deliver the service are competent to do so. In the field of health and social care, the government is working to ensure that this is the case, through its encouragement of continuing professional development (CPD) and lifelong learning (LLL). This can be supported by the following strategies:

- appropriate induction and training are for working in a multidisciplinary setting, including information about relevant policies
- planned orientation, induction and support programme for newly employed support workers

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<sup>\*</sup> This is one example of the many learning and development opportunities now available for support workers.

- system of monitoring support worker ability through performance review, appraisal and personal development planning
- systematic approach to the training and development of support workers
- support worker should have access to continuing development opportunities (e.g. N/SVQ, BTEC, local in-service training programmes, foundation degrees and others relevant to the job)
- where specialist skills are required, training is provided and updated
- the service should be able to demonstrate that support workers keep clinically up-to-date (e.g. participation in personal development planning and monitoring, membership of Special Interest Groups, clinical supervision).

## **SUPERVISION**

The registered practitioner is responsible for designing a supervision system that protects the patient/client and maintains the highest possible standards of care. On-going supervision is used to assess the support worker's ability to perform the delegated task and capability to take on additional roles and responsibilities. It is normally expected that a named supervisor is provided.

The following should apply:

- there should be a system in place for support workers to access supervision and clinical advice as required
- regular supervision time is agreed between the registered practitioner and the support worker and a record is made of each session
- the registered practitioner must have the necessary skills to support and assess the supervisee
- the support worker shares responsibility for raising issues in supervision and may initiate discussion or request additional information/support
- when the registered practitioner is absent from a setting where the support worker is working, there is an identified contact in case of query or emergency.

Supervision can vary in terms of what it covers. It may incorporate elements of direction, guidance, observation, joint working, discussion, exchange of ideas and co-ordination of activities. It may be direct or indirect, according to the nature of the work being delegated. The decision concerning the amount and type of supervision required by a support worker is based on the registered practitioner's judgement and is determined by the recorded knowledge and competence of the support worker, the needs of the patient/client, the service setting, and the delegated tasks. Factors to be considered by the registered practitioner therefore include:

- the level of experience and understanding of the support worker relevant to the task being delegated
- assessment of the support worker's competence relevant to the delegated task
- the complexity of the delegated tasks (i.e. whether the delegated task is a routine activity with predictable outcomes)
- the stability and predictability of the patient/client's health status
- the environment or setting in which the delegated task is to be performed and the support infrastructure available (e.g. whether working in a community, acute or school setting)
- availability of and access to support from an appropriate registered professional
- periodic review of the patient/client's outcomes

- an identified process for periodic review and evaluation of the support worker's performance
- an identified process for recording and reporting.

Supervision and appraisal have a key role to play in:

- supporting the development of individuals in line with personal need and service requirements
- ensuring consistency and quality in the delivery of services
- ensuring the ongoing development of the profession
- helping individuals to meet statutory obligations
- ensuring clarity about roles and expectations e.g. delegating tasks to support workers.

Appraisal in the workplace, particularly where this process is linked to assessing personal development needs, provides a useful means by which both manager and individual members of staff can identify training needs, define learning outcomes, and decide on what sort of learning activity is the most appropriate. In terms of general guidance, however, the following observations apply:

### **New staff**

There should be a planned orientation, induction and support programme for newly employed support workers. They will need to be introduced to both the generalities of care provision (for example the need to ensure that quality and equality is central to practice) and the specifics of the work they will be asked to do.

The following are some routes (taken from the National Support Worker Framework)<sup>8</sup>.

**Formally** – the N/SVQ Level II in Clinical Support might be appropriate. The newly developed Foundation Degree might also be an appropriate formal programme of education for these workers.

**In-house programme** – needs to be designed to address both the tasks being delegated and to encourage an awareness of the environment in which the staff work.

**Informal learning** – i.e. observation, when adequately assessed and accurately recorded in an individual's portfolio, can be used in induction, although a defined programme of input, observation and supervised practice represents the best combination at this stage.

### Examples:

**Formally** – the N/SVQ Level III Allied Health Professions Support might be appropriate. Similarly, the BTEC/EdExcel Professional Development Qualification operates at the same level, but is a more classroom-based programme.

**In-house programme** – needs to equip staff with, the essential knowledge and practical skills required to undertake duties safely and effectively. Wherever possible, services should work with their local education provider to develop an educationally sound programme that can attract accreditation.

**Informal learning** – needs to be carefully managed. Measurable learning outcomes need to be agreed, and the activities (such as work shadowing or self-supported learning) need to be carefully planned.

### Experienced support workers

Experienced support workers need to have their lifelong learning needs assessed and met in the same way as registered practitioners need their continuing professional development needs assessed.

Keeping support workers up to date, in terms of the activity that they undertake, is important for both those staff, the professional staff that delegate activity to them, and to the clients with whom they work.

### Examples:

**Formally** – suitably targeted short courses.

**In-house programme** – wherever possible, two types of in-service training should be offered: departmental, where all staff are involved; and specific, where training is designed solely for those working as support workers.

**Informal learning** – is very important but it should be structured. Moreover, it must be recorded, so staff need to be equipped with the skills required to maintain an effective portfolio.

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### Knowledge and Skills Framework

In the NHS, the Knowledge and Skills Framework (KSF) represents the staff development element of Agenda for Change (AfC)<sup>9</sup>. It is concerned with identifying the relevant competency levels required for job roles with the NHS.

The KSF is used, as a tool for individual review and development. This is an ongoing cycle of review, planning, development and evaluation, similar to appraisal, and is linked to organisational and individual development needs. In order for this cycle to take place, a KSF post outline needs to be developed for every post using the KSF dimensions that apply to and which identifies the level at which the post holder is required to work. Each support worker working within the NHS will have a post outline that shows where they are at in terms of meeting the requirements of the full post outline for their post. This will provide evidence to the delegating practitioner of the skills and knowledge that the support worker is applying competently within their current role.

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### **Pay and grading**

This paper recognises that many support workers across the UK are working at quite sophisticated levels of practice, and acknowledges the contribution that this staff group makes to the delivery of service.

It is important to remember that employers have an obligation to ensure that all posts are appropriately banded.

### **Professional Liability Insurance**

It is highly likely that the employer provides this insurance through vicarious liability, but this should be clarified before the support worker starts working.

## **CONCLUSION**

A great deal of hands-on care is now being delivered by support workers. It is essential, therefore, to bear in mind that, while support workers are not registered staff, they must be **trained** and preferably qualified to a national standard. The connection between staff development and quality of service is now at the centre of the government's view of the *new* NHS.

Importantly, patients/clients have the right to know who is treating them and expect that those who provide their care are knowledgeable and competent; support workers need to feel confident of their abilities in this new and changing environment; and registered practitioners need to feel confident in delegating activities to their support workers.

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The following organisations have been involved in the development and publication of this information paper.

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Website: [www.bda.uk.com](http://www.bda.uk.com)

**N.B.** Each of these organisations will have a range of additional relevant information papers. Please go to the appropriate website listed above, for further information.

## **THE NATIONAL POLICY CONTEXT DRIVING THE DEVELOPMENT OF SUPPORT WORKERS**

### **The changing support workforce**

A new tier of the health and social care workforce has been growing over the past 2 decades. Increasingly multi-professional support workers, as opposed to the previous and traditional healthcare assistant or therapy assistant, support the work of registered professionals. In the UK there are over a million workers whose role can be broadly described as a support worker with approximately 30 different job titles. The support workforce across the whole health care sector in the UK is growing both in terms of numbers and in the development of its scope of activity. Increasingly, this group of staff is playing a crucial role in the delivery of services to patients and clients, and participates fully as part of the health and social care team.

A wide range of driver's looks set to sustain this growth and development.

### **The requirement for more flexibility in service delivery.**

The need for flexibility has been driven from several quarters. The NHS Plan (England) confirmed the drive to blur professional boundaries, a feature that was beginning to manifest itself in practice<sup>10</sup>. The resulting flexibility of approach in relation to who does what, at what time and in what setting, has changed the skill mix of teams. Often it is the support worker who is the main deliverer of the patients' management programme. It is the support worker who provides the consistency for the patient/client. Financial imperatives will always govern the shape of any health care system resulting in the need to make the best use of scarce resources. The development of support workers is one of the key resulting initiatives.

### **An increasing emphasis on patient-centred care group service models.**

This initiative again driven by the NHS Plan, has put patients/clients at the centre of decision-making and more recently has given the patient real choice in where they access health care<sup>11 12</sup>. Over recent years the introduction of community rehabilitation teams has led to an increase in therapy assistants who work more generically, supporting the work of different disciplines thereby facilitating a more client-centred model of care. The policy drivers relating to services for older people place high importance on inter-professional teams working across both health and social care sectors. Policy statements make significant reference to generic workers who support multi professional clinical teams. The audit commission stated that 'the deployment of generic assistants, who cover more than one discipline, helps by providing a much more flexible and efficient workforce that fits well with the multi-professional focus of rehabilitation and the complex needs of the patient and carers'. The NSF for Older People (England)<sup>13</sup> has identified four principles to underpin planning and delivery:

- person centred care

- whole system working
- timely access to specialist care and
- promoting health and active life<sup>14</sup>.

### **The shift towards an NHS that is increasingly focused on the delivery of primary care**

The development of Primary Care Trusts [England], Local Health Boards [Wales], and Health and Social Care Groups [Northern Ireland], Community Health Partnerships from Health Boards [Scotland] and the push for greater co-operation between health and social services has led to the increasing development of rehabilitation and care teams in primary care settings. Scarce resources have again meant that the local workforce of support workers has been increasingly utilised.

### **The prioritisation of rehabilitation and intermediate care**

The shift towards community rather than institutional care alleviates the pressure on secondary care by freeing up more beds and reducing attendances in accident and emergency departments. This combined with the drive to establish multi-disciplinary teams has, in part, led to the growth of support workers.

### **Greater use of protocols and guidelines in the delivery of service**

The establishment of protocols has allowed services to identify a patient pathway, and the expected interventions along that pathway for a particular speciality, e.g., hip and knee replacement surgery in orthopaedics. A protocol allows a normal expected treatment scenario to be delegated to a support worker who is trained to deliver care according to the protocol, and importantly, to recognise when the patient/client does not fit the expected and identified norm along that pathway or within that protocol.

### **The need for managers to provide a comprehensive 24/7 service**

In teams where there is a relatively high ratio of support workers to registered staff, it makes sense that the support worker delivers a large proportion of care that can be delegated by other practitioners. In practice, this means that the support worker will spend more time with each patient/client than the registered staff. The benefits of this approach are that the patient/client can develop a more continuous relationship with a single support worker. This reduces the potential of a number of different registered staff seeing the same patient/client and aims for seamless care.

### **Changes in the scope of practice, and role redesign**

The NHS Plan formally introduced the idea that registered staff could broaden or add to their scope of practice. Most registered staff groups have taken up the challenge and the development of the advanced practitioner grades has taken off in the last 3-4 years with the establishment of Consultant Nurses, Consultant AHP's, Advanced Practitioners and Clinical Specialists. As the registered staff take on more advanced tasks, support workers in particular, can be used to successfully 'back-fill' and deliver

activity traditionally the remit of a registered practitioner. There is resistance to this, however, within some professions<sup>15</sup>.

### **Recruitment and retention difficulties with regard to registered staff**

Professions such as speech and language therapy or physiotherapy are recognised as national workforces. National workforces suffer from shortages whereas support workers are locally trained and recruited and therefore should be more plentiful in supply. There is, however, often competition for this workforce from other sectors, such as the retail sector, who can offer competitive salaries and working conditions<sup>16</sup>.

### **Accountability, delegation and competence**

Registered professionals are regulated within statute and are accountable to their regulatory body- i.e. Nursing and Midwifery Council (NMC) for nurses, midwives and health visitors and, Health Professions Council (HPC) for occupational therapists, dieticians, podiatrists and so on.

Although support workers are not currently regulated by statute they are accountable for their actions in four ways:

- To the patient/client - civil law (duty of care)  
The support worker is accountable for their actions and omissions when they can reasonably foresee that they would be likely to injure people, or cause further discomfort or harm, e.g. If a support worker failed to report that a patient had fallen out of bed
- To the public – criminal law  
e.g. If a support worker were to physically assault a patient, then they would be held accountable and could be prosecuted under criminal law, as well as being in breach of their contract of employment
- To the employer - employment law  
Working outside of their job description would breach the employment contract
- To the support worker – the code of conduct exists for some professions.  
Ethical, moral and legal issues which form code in conjunction with standards of practice.

## **COUNTRY SPECIFIC POLICIES DRIVING THE DEVELOPMENT OF SUPPORT WORKERS**

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## **Northern Ireland**

The Northern Ireland Assembly was suspended on 14<sup>th</sup> October 2002 and dissolved on 28<sup>th</sup> April 2003. The Secretary of State has assumed responsibility for all Northern Ireland Departments and we are therefore unable to list any relevant political drivers in Northern Ireland at this time.

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<http://www.topssengland.net/>
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<http://www.ccwales.org.uk/>
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