

# Provisional Standard One Decision

National Association of Care & Support Workers  
(NACAS)

Care Professional Register

July 2025

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# The Accreditation process

## How we assess organisations against Standard One ('public interest test')

The Professional Standards Authority (PSA) accredits registers of people working in health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove they meet our *Standards for Accredited Registers*<sup>1</sup> (the Standards). Once accredited, we check that Registers continue to meet our Standards.

There are nine Standards. Registers must meet Standard One before we can assess against how the register meets the remaining Standards. Standard One checks eligibility under our legislation, and if accreditation is in the public interest.

Organisations may apply for a preliminary assessment against Standard One before submitting a full application.

Preliminary Standard One decisions are made by an Accreditation Panel following an assessment of evidence by the Accreditation Team. The evidence includes the organisation's application, a desk-based review of relevant sources of evidence about the benefits and risks of the role(s) registered, and responses received through our 'Share your experience' public consultation.

If the Panel decides that the activities of registrants fall within the definition of healthcare, and that overall, the benefits of the services of practitioners outweigh the risks then it may determine that Standard One is provisionally met. If the Panel decides that either of these requirements is not met, then this will be communicated to the organisation with the reasons for the decision, and it may apply again later.

Decisions for preliminary assessments against Standard One are provisional. If an organisation later submits a full application, we will check whether there have been any changes which effect this outcome. An Accreditation Panel can also issue recommendations for the organisation to consider should they decide to complete a full application. More about how we assess against Standard One can be found in our *Supplementary Guidance for Standard One*<sup>2</sup>.

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<sup>1</sup> <https://www.professionalstandards.org.uk/publications/standards-accredited-registers>

<sup>2</sup> <https://www.professionalstandards.org.uk/sites/default/files/attachments/accredited-registers-supplementary-guidance-for-standard-one.pdf>

# About the Care Professional Register

## About the National Association of Care & Support Workers' (NACAS)

<p><b>Type of Organisation</b></p>	<p>The Care Professional Register (CPR) is a voluntary register for professional social care workers in England. It is designed for workers who are not currently subject to statutory regulation, including those providing personal care, practical support, and advocacy to individuals in their day-to-day lives.</p> <p>The register is administered by the National Association of Care &amp; Support Workers (NACAS), a private company limited by guarantee without share capital</p>
<p><b>Overview of Governance</b></p>	<p>At the time of this assessment, the register was supported by two part-time staff members and one full-time volunteer. NACAS has indicated that it intends to move towards a board-led governance model in the future.</p>
<p><b>Overview of the aims of the register</b></p>	<p>The CPR aims to support the professionalisation of the adult social care workforce in England. It recognises care workers who meet defined standards by:</p> <ul style="list-style-type: none"> <li>• Requiring an enhanced Disclosure and Barring Service (DBS) check</li> <li>• Setting a Code of Conduct for registrants</li> <li>• Providing a way for care workers to demonstrate professionalism and commitment to safe, high-quality care</li> </ul>
<p><b>Register Website</b></p>	<p>Care Professional Register: <a href="http://www.thecpr.online">www.thecpr.online</a>  NACAS: <a href="http://nacas.org.uk">nacas.org.uk</a></p>
<p><b>UK countries in which Register operates</b></p>	<p>The register is intended for care workers based in England, where there is no legal requirement for individual care workers to register. However, NACAS may also register individuals from the devolved nations (Scotland, Wales, and Northern Ireland) if they are working in England.</p> <p>In contrast, social care workers in the devolved nations must register with a statutory body to work legally. These are:</p> <ul style="list-style-type: none"> <li>• Scotland: Scottish Social Services Council – <a href="https://www.sssc.uk.com">https://www.sssc.uk.com</a></li> <li>• Wales: Social Care Wales – <a href="https://socialcare.wales">https://socialcare.wales</a></li> <li>• Northern Ireland: Northern Ireland Social Care Council – <a href="https://nisc.info">https://nisc.info</a></li> </ul>

<p><b>Role(s) covered</b></p>	<p>NACAS registers individuals under the broad title <b>Professional Social Care Worker (PSCW)</b>. It also uses the term <b>Care Professional</b> to promote a shared professional identity across different job titles used in the sector, such as:</p> <ul style="list-style-type: none"> <li>• Care worker</li> <li>• Support worker</li> <li>• Domiciliary care worker</li> <li>• Community care assistant</li> </ul> <p>The roles currently within the register’s scope include:</p> <ul style="list-style-type: none"> <li>• <b>Frontline care professionals</b> – providing direct care and support in homes, residential settings, or the community</li> <li>• <b>Self-employed care professionals</b> – working independently, outside of regulated organisations</li> <li>• <b>Care professionals working with children</b> – supporting children and young people in homes, schools, and other settings</li> <li>• <b>Supervisory and managerial staff</b> – such as team leaders or care home managers responsible for oversight, safeguarding, and team coordination</li> </ul>
<p><b>Number of registrants</b></p>	<p>NACAS estimates that around 1.5 million people work in paid care roles in England. It currently has approximately 11,000 members. The CPR is not yet live, but NACAS aims to register 5% of its members in the first year, and 5% of the broader care workforce over time.</p> <p>According to 2021 data from the Nuffield Trust<sup>3</sup>, the number of adult social care jobs across the UK is as follows:</p> <ul style="list-style-type: none"> <li>• England: 1,150,300 (unregulated)</li> <li>• Wales: 83,000 (regulated)</li> <li>• Scotland: 212,400 (regulated)</li> <li>• Northern Ireland: 37,000 (regulated)</li> </ul>
<p><b>Main practice settings</b></p>	<p>NACAS told us that Care Professionals “operate in various settings such as clients' homes, community centres, hospitals, residential care facilities, and schools.”</p>

<sup>3</sup> <https://www.nuffieldtrust.org.uk/news-item/what-does-the-social-care-workforce-look-like-across-the-four-countries0>

	<p>This is reflective of settings worked in by the regulated social care practitioners in the other UK nations, for example in Northern Ireland:</p> <p>“To work/practise in social care you (social care practitioner) must be registered with the Northern Ireland Social Care Council, the regulator for the social care sector. This includes:</p> <ul style="list-style-type: none"> <li>○ adult residential care</li> <li>○ nursing homes</li> <li>○ day care</li> <li>○ supported living</li> <li>○ home care (domiciliary care)</li> </ul> <p>Social care practitioners employed in the above settings are all required to register with the Social Care Council as part of compulsory registration for social care practitioners under the Statutory Rules of Northern Ireland 2013 (No. 225).<sup>45</sup> “</p>
<p><b>About the patients and service users</b></p>	<p>NACAS explained that registrants:</p> <p>“Work with a diverse client base, including children, the elderly, people with disabilities, those with mental health issues, and marginalised or vulnerable populations.”</p> <p>PSCW’s whether working in a regulated environment or independently will be providing “personal care”, as defined in Regulation 2 (Interpretation) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014<sup>6</sup>. The definition of personal care covers:</p> <ul style="list-style-type: none"> <li>● “Physical assistance given to a person in connection with: <ul style="list-style-type: none"> <li>○ eating or drinking (including the administration of parenteral nutrition)</li> <li>○ toileting (including in relation to menstruation)</li> <li>○ washing or bathing</li> <li>○ dressing</li> <li>○ oral care</li> <li>○ the care of skin, hair and nails (except for nail care provided by a chiropodist or podiatrist)</li> </ul> </li> </ul>

<sup>4</sup> [https://www.legislation.gov.uk/nisr/2013/225/pdfs/nisr\\_20130225\\_en.pdf](https://www.legislation.gov.uk/nisr/2013/225/pdfs/nisr_20130225_en.pdf)

<sup>5</sup> <https://learningzone.niscc.info/file/standards-of-conduct-and-practice-6/module#/id/5fcf56403b07251974049742>

<sup>6</sup> <https://www.legislation.gov.uk/uksi/2014/2936/regulation/2>

	<ul style="list-style-type: none"><li>• Prompting and supervising a person to do any of the types of personal care listed above, where that person is unable to make a decision for themselves about performing such an activity without being prompted and supervised.”<sup>7</sup></li></ul> <p>Service users may live independently, or within CQC-regulated environments that provide services such as:</p> <ul style="list-style-type: none"><li>• Care homes with nursing</li><li>• Care homes without nursing</li><li>• Specialist college services</li><li>• Domiciliary care services</li><li>• Extra care housing services</li><li>• Shared lives schemes<sup>8</sup></li><li>• Supported living services<sup>9</sup></li></ul>
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<sup>7</sup> [Scope of registration: Glossary of terms - Care Quality Commission \(cqc.org.uk\)](#)

<sup>8</sup> <https://www.nhs.uk/conditions/social-care-and-support-guide/care-services-equipment-and-care-homes/shared-lives-schemes/>

<sup>9</sup> [https://www.cqc.org.uk/sites/default/files/20151023\\_provider\\_guidance-housing\\_with\\_care.pdf](https://www.cqc.org.uk/sites/default/files/20151023_provider_guidance-housing_with_care.pdf)

## Share your experience

- 1.1 As part of our assessment, we invited views through our *Share Your Experience* consultation. This was open to service users, the public, professional organisations, employers, and other stakeholders.
- 1.2 We received four responses. Respondents welcomed certain aspects of the register, particularly:
  - Registration had been initially free of charge
  - The requirement for enhanced Disclosure and Barring Service (DBS) checks
  - The support NACAS provides to its members, including training and professional updates
- 1.3 Respondents also suggested areas for development:
  - One noted that applicants are not currently required to provide proof of insurance cover or professional references
  - Another highlighted the need for structured ways to assess competence, particularly important as care workers in England have varying qualifications
  - A third suggested that applicants should be required to declare any previous professional conduct issues
- 1.4 While these suggestions would be examined in detail during a full application assessment, the Panel considered this feedback when determining whether accreditation would be in the public interest.

## Outcome

- 2.1 Two Accreditation Panels were held to reach an outcome. The first Accreditation Panel adjourned to collect further information. The second Accreditation Panel considered the further information and decided upon the outcome.
- 2.2 The first Accreditation Panel met on 27 September 2024 to consider NACAS' application for a preliminary assessment against Standard One (the public interest test). The Panel determined that Standard 1a was met, confirming that the roles registered fall within the scope of the Accredited Registers programme.
- 2.3 However, the Panel identified several areas of concern regarding Standard 1b, specifically:
  - Risk awareness and mitigation: NACAS' risk register did not sufficiently demonstrate an understanding of potential harms that could arise from registrants' activities, nor how these would be mitigated
  - Scopes of competence: the register lacked clear definitions of roles eligible for registration and their scopes of practice

- Publishing outcomes: there was insufficient information about how fitness to practise outcomes would be published to protect the public
  - DBS requirements: inconsistencies were identified regarding DBS check requirements.
- 2.4 The Panel decided to adjourn its decision and requested NACAS to address these concerns within three months.
- 2.5 NACAS submitted an initial response in January 2025, which partially addressed the Panel's concerns, and a further updated response in March 2025. Following a review of these submissions, the Panel reconvened on 6 May 2025 and determined that Standard One is provisionally met.
- 2.6 The Panel has issued the following recommendations for NACAS to consider should it proceed with a full application for accreditation:

**Recommendations:**

1. NACAS should further develop its risk matrix to explicitly incorporate declaration requirements, the role of publishing sanctions as a public protection measure, and indemnity insurance requirements as specific mitigations for relevant risks.
  2. NACAS should develop clear public-facing guidance on the scope of its oversight, to support transparency for those accessing the register.
  3. NACAS should develop clear public-facing messaging on how DBS checks are used and supported within the CPR's wider safeguarding framework.
  4. NACAS should begin establishing formal links and information-sharing protocols with statutory regulators and other key stakeholders to support coordinated oversight and public protection.
  5. NACAS should ensure consistent communication of indemnity insurance requirements across all relevant materials and public-facing publications.
  6. NACAS should consider developing specific provisions on advertising and social media, particularly for registrants working independently or outside regulated settings. This could include clearer expectations in the Code of Practice, a requirement to declare public-facing websites, and proportionate monitoring of promotional content to ensure alignment with the register's standards.
- 2.7 The Panel was satisfied that NACAS had addressed the four key issues identified during the initial assessment. While some areas will require further development as the register becomes operational, the Panel agreed that the revised documentation provided a sufficient basis for a provisional finding that Standard One is met.
- 2.8 The Panel noted that affordability of registration is an important consideration for this workforce. As NACAS develops its register, it will need to carefully balance accessibility with the maintenance of rigorous professional standards.

2.9 The Panel also noted that as the register develops, NACAS will need to ensure clear separation between its support and advocacy roles and its regulatory functions to maintain independence and public confidence.

The following section of the report summarises the key considerations in reaching this conclusion for each part of Standard One.

## Standard 1: Eligibility and ‘public interest test’

### Summary

3.1 The Panel determined at its meeting on 6 May 2025 that Standard One is provisionally met. This assessment provides a foundation for NACAS to develop its register further. If NACAS proceeds with a full application, the PSA will review this decision to consider any relevant developments or changes that may affect the outcome.

### The Accreditation Panel’s findings

#### Standard 1a: Eligibility under our legislation

- 4.1 The PSA's powers of accreditation are set out in Section 25E of the National Health Service Reform and Health Care Professions Act 2002<sup>10</sup>.
- 4.2 Under Standard 1a, we assess whether a register is eligible for accreditation. This means considering whether the roles it covers involve providing health or social care services, and whether those roles are already subject to statutory regulation in the UK. If registration with a statutory regulator is not required by law, and the roles provide care that supports people’s health or wellbeing, the register may be eligible.

#### How social care is regulated across the UK

- 4.3 Social care is regulated differently across the UK nations:
- In Scotland, Wales, and Northern Ireland, individual social care workers must be registered with their country's regulator to work legally:
    - Scotland: Scottish Social Services Council (SSSC)<sup>11</sup>
    - Wales: Social Care Wales (SCW)<sup>12</sup>
    - Northern Ireland: Northern Ireland Social Care Council (NISCC)<sup>13</sup>
  - In England, the situation is different. Individual care workers are not required to register with a regulator. Instead, the Care Quality Commission (CQC)<sup>14</sup> regulates the organisations and services that provide care, not the

<sup>10</sup> Roles that are required to be enrolled with a statutory register to practise in the UK are set out in Section 25E (2) of the National Health Service Reform and Health Care Professions Act 2002, available at: [National Health Service Reform and Health Care Professions Act 2002 \(legislation.gov.uk\)](https://legislation.gov.uk)

<sup>11</sup> <https://www.sssc.uk.com>

<sup>12</sup> <https://socialcare.wales>

<sup>13</sup> <https://niscc.info>

<sup>14</sup> <https://www.cqc.org.uk>

individual workers. This means care workers in England operate without statutory registration, whether working for regulated services or directly for individuals.

### **What this means for care workers in England**

- 4.4 Most care workers in England work in one of two types of setting:
- In CQC-regulated settings (such as care homes or home care agencies):
    - The organisation must register with the CQC and meet quality standards
    - The care workers themselves don't need to register individually
    - They are covered by their employer's registration and policies
  - Working directly for individuals (such as personal assistants):
    - Some care workers are employed directly by the people they support
    - These arrangements can be funded privately or through Direct Payments from local authorities
    - These care workers have even less regulatory oversight as they work outside the CQC framework

### **What care professionals do**

- 4.5 Care professionals provide essential hands-on support to help people with daily living activities. They help with eating, drinking, toileting, washing, dressing, and personal care. They also support people who need prompting or supervision to carry out these tasks. Their work aims to maintain dignity and independence for service users.
- 4.6 Care professionals work with diverse clients including children, older adults, people with physical or learning disabilities, those with mental health needs, and other vulnerable populations. They work in various settings including clients' homes, residential care facilities, nursing homes, day centres, and supported living environments.

### **How the Care Professional Register fits in**

- 4.7 The CPR aims to provide professional recognition for care workers in England through voluntary registration. While care workers aren't required by law to join, registration offers a way to:
- Demonstrate commitment to professional standards
  - Provide public assurance about DBS checks and other safeguards
  - Promote the professionalisation of the workforce
- 4.8 By registering care workers, the CPR is seeking to provide similar assurances that exist in the other UK nations, while acknowledging that registration remains voluntary.

### **Conclusion on eligibility**

- 4.9 The Panel determined that the Care Professional Register meets the eligibility criteria under Standard 1a, as social care workers in England provide health

and social care services but are not subject to statutory registration requirements.

### **Standard 1b: Public interest considerations**

5.1 Under Standard 1b, we consider whether it is likely to be in the best interests of patients, service users and the public to accredit a register. This involves weighing the benefits of the activities carried out by registrants against any potential risks, and ensuring these risks are appropriately managed.

#### **i. Evidence that the activities carried out by registrants are likely to be beneficial**

##### **The importance of social care work**

5.2 Social care workers provide essential support that helps vulnerable people maintain their dignity, independence and quality of life. Their work includes:

- Helping people with daily tasks like washing, dressing and eating
- Supporting people to live independently in their own homes
- Providing emotional support and companionship
- Helping people access their community and maintain social connections
- Supporting family carers who need respite

##### **Evidence of benefits**

5.3 We reviewed several sources of evidence showing that good social care delivers clear benefits. Examples of these were:

- The Northern Ireland Social Care Council (NISCC) describes social care as providing "care, support and safeguards to people with a wide range of needs arising from disability, illness or other life situations. Good care and support transforms lives, it helps people to live as independently as possible, protects people from harm in vulnerable situations, balances risks with rights and offers essential help at times of crisis. It supports health and wellbeing, increasing independence, choice and control."<sup>15</sup>
- The Care Act 2014, a key piece of legislation that reformed adult social care law in England, recognises the importance of social care by making wellbeing, prevention, and person-centred care central principles for adult social care. The Act places duties on local authorities to promote individual wellbeing when carrying out care and support functions.<sup>16</sup>
- Research shows that good social care can ease pressure on hospitals and lead to better outcomes for patients. In a 2022 survey by the NHS Confederation, more than 80% of healthcare leaders said that limited social care capacity was a major factor driving demand for urgent and emergency care.<sup>17</sup>

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<sup>15</sup> <https://niscc.info/app/uploads/2020/12/FINAL-designed-Social-Care-Matters-report.pdf>

<sup>16</sup> <https://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<sup>17</sup> <https://www.nhsconfed.org/publications/adult-social-care-and-nhs>

- Data from 2019/20 estimated that 855,000 emergency admissions of older people could have been avoided with appropriate social care in place, highlighting how good care can reduce unnecessary hospital visits and admissions.<sup>18</sup>
- The Kings Fund has highlighted that quality social care requires skilled professionals who can navigate challenging and risky situations. Their research emphasises that when care is delivered by properly supported staff, there are 'significant consequences for the quality of care' received, resulting in better health outcomes and enhanced wellbeing for service users.<sup>19</sup>
- The Adult Social Care Workforce Data Set (ASC-WDS) 2023-2024 published by Skills for Care demonstrates the essential nature of care work, showing the sector “grew for the second consecutive year to 1.71 million filled posts, an increase of 4.2%, or 77,000 posts.” This growth highlights the increasing demand for care services and their vital role in supporting vulnerable populations across England.<sup>20</sup>

5.4 The Panel was satisfied with the substantial evidence demonstrating that social care workers deliver clear benefits to public health and wellbeing. These benefits include enhanced dignity and independence, prevention of avoidable hospital admissions, and improved quality of life for vulnerable individuals. The Panel determined that Standard 1b(i) is therefore provisionally met.

**ii. Evidence that any harms or risks likely to arise from the activities are justifiable and appropriately mitigated by the register’s requirements for registration.**

**Initial assessment and additional information requested**

- 6.1 When assessing this part of Standard 1b, we consider whether the register understands the risks related to its registrants' work and has proper measures to address these risks. This includes reviewing how the register protects vulnerable people, sets professional standards, and checks that registrants continue to meet these standards.
- 6.2 In our initial review of NACAS' application, we found that while NACAS demonstrated a clear commitment to high standards, more specific information was needed about their risk management approach. The Panel required greater clarity on how NACAS would identify, assess and mitigate potential risks associated with social care practice.

<sup>18</sup> <https://bmjopen.bmj.com/content/11/2/e044291>

<sup>19</sup>

[https://assets.kingsfund.org.uk/f/256914/x/bb14474d98/nhs\\_social\\_care\\_workforce\\_meeting\\_needs\\_2013.pdf](https://assets.kingsfund.org.uk/f/256914/x/bb14474d98/nhs_social_care_workforce_meeting_needs_2013.pdf)

<sup>20</sup> <https://www.skillsforcare.org.uk/adult-social-care-workforce-data/adult-social-care-workforce-data.aspx>

6.3 High-profile cases such as Winterbourne View have shown why strong safeguards are essential in care settings. The Panel asked NACAS to provide more information about:

- Specific risks that can arise in social care work
- How these risks are assessed and prioritised
- Who is responsible for managing each risk
- What specific safeguards the register would put in place

#### **NACAS' risk management approach**

6.4 In response, NACAS provided a comprehensive risk management framework showing how they identify and address potential harms. Their documentation included:

- A detailed risk matrix measuring both the original risk level and the remaining risk after safeguards are applied
- Clear statements about risk ownership, whether by NACAS, employers, regulators, or others
- Special considerations for self-employed care workers who operate outside regulated settings
- Focused safeguards for high-risk areas such as protecting vulnerable people and managing medications

#### **Key risks and specific mitigations**

6.5 NACAS' revised risk framework comprehensively addresses key categories of potential harm, with specific safeguards for each area. These include:

- Safeguarding risks, such as abuse or neglect: addressed through enhanced DBS checks, safeguarding training, conduct procedures, and published sanctions
- Clinical risks, such as medication errors or poor infection control: managed through training, defined scopes of practice, supervision, and employer checks
- Conduct risks, such as working beyond competence or inappropriate behaviour: mitigated through a Code of Conduct, CPD requirements, and fitness to practise processes
- Governance risks, such as failing to escalate concerns: addressed by whistleblowing guidance designed to align with statutory models and support registrants in raising concerns about abuse, neglect, or poor practice through clear and protected channels
- Risks for self-employed workers, including isolation from oversight: managed through extra verification checks, indemnity requirements, and more frequent monitoring

6.6 NACAS' framework acknowledged the greater vulnerability of some service user groups, such as children and individuals with cognitive impairments. It included specific safeguards for work in these contexts, including tailored DBS

requirements, supervision protocols, and an emphasis on appropriate role definitions and training.

- 6.7 The Panel noted that further strengthening could be achieved by explicitly incorporating declaration requirements, the role of publishing sanctions, and indemnity insurance requirements directly into the risk matrix. This would create a more comprehensive framework for managing risks in practice.

### **Publishing outcomes**

- 6.8 Initially, the Panel was concerned that NACAS had not provided sufficient detail about how it would publish information about sanctions or restrictions on practice. In response, NACAS:
- committed to using the NISCC's fitness to practise framework as the basis for its complaints procedures, adapted to be suitable for a voluntary register
  - confirmed that sanctions, including interim measures, would be published on the register
  - outlined plans for a real-time register that reflects current registration status.
- 6.9 The Panel noted that publishing outcomes of fitness to practise-type proceedings is an important public protection measure, as it allows service users and employers to make informed decisions. The Panel recommended that NACAS explicitly recognise this in its risk mitigation strategies.

### **DBS check requirements**

- 6.10 The Panel identified inconsistencies in how DBS requirements were presented in NACAS' initial application. NACAS clarified that:
- all registrants require enhanced DBS checks appropriate to their role
  - registrants working with both adults and children must have checks covering both groups
  - all registrants must subscribe to the DBS Update Service
  - NACAS will verify DBS status at registration and monitor ongoing compliance.
- 6.11 The Panel noted that this approach aligns with legal requirements under the Safeguarding Vulnerable Groups Act 2006<sup>21</sup>, which mandates enhanced DBS checks with barred list checks for those carrying out "regulated activities."
- 6.12 The Panel also noted the importance of explaining how DBS checks fit into the wider safeguarding approach, particularly for members of the public who may not be familiar with their limits.

### **Clarity regarding eligible roles**

- 6.13 The Panel noted that NACAS had not clearly defined the roles eligible for registration in its initial application. NACAS addressed this by:
- providing detailed job descriptions for key registerable roles

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<sup>21</sup> <https://www.legislation.gov.uk/ukpga/2006/47/contents>

- clarifying the qualifications required for different positions
  - outlining how the register will address roles not subject to statutory regulation
  - explaining how it will handle possible overlap with regulatory bodies.
- 6.14 For each role, NACAS set out expected responsibilities, typical qualifications, settings of practice, and the types of service users supported. This information helps clarify what is expected of registrants and supports understanding of the register's scope among both the public and professionals.
- 6.15 The Panel recommended that NACAS develop public-facing guidance explaining the scope of its oversight, to help service users and employers understand the register's role and limits.

### **Digital verification and professional development systems**

- 6.16 NACAS also outlined plans to implement a digital "employment passport" to support safer recruitment and ongoing oversight. This system would verify DBS checks, identity, and right-to-work status, and allow employers to view a registrant's status in real time. It is also intended to include a conduct register and other tools to support risk management and information-sharing. This may also support future analysis of workforce-level trends or recurring risk indicators, such as CPD compliance or themes emerging from complaints.

### **Safeguarding communications and collaboration**

- 6.17 The Panel noted NACAS' constructive response to its earlier concerns. However, it agreed that clearer public information would still be beneficial. In particular, the Panel recommended that NACAS further explain its safeguarding approach in a way that is easy to understand for care workers, service users, and members of the public.
- 6.18 The Panel acknowledged NACAS' strengthened internal safeguards, while emphasising that effective public protection in social care requires coordinated approaches across organisations. No single registration body can address all risks in isolation.
- 6.19 Many care workers operate in environments where concerns may also be raised with bodies such as the CQC, OFSTED, or local authorities. Sharing information across these systems helps ensure concerns are acted on and risks do not go unaddressed. The Panel therefore recommended that NACAS begin establishing formal links and information-sharing protocols with statutory regulators and safeguarding bodies, to support joined-up oversight and help prevent gaps in protection.
- 6.20 As the register develops, NACAS may also wish to explore formal agreements, such as Memorandums of Understanding, with statutory regulators to support the secure and timely exchange of information where public protection concerns arise.
- 6.21 NACAS could also explore ways to support registrants in raising concerns that fall outside employer procedures, such as linking into broader speaking-up

frameworks. This would further support registrants in navigating ethical challenges in unregulated or ambiguous settings.

- 6.22 Overall, the Panel found that NACAS had demonstrated a credible understanding of the risks linked to social care work, including safeguarding, clinical, and conduct risks. The revised framework presented proportionate measures to address these, with specific attention to self-employed workers and people in higher-risk groups. While further work is needed in areas such as information-sharing protocols and safeguarding communications, the mitigations currently in place were considered sufficient to justify a provisional finding that the potential harms do not outweigh the likely benefits. Standard 1b(ii) is therefore provisionally met.

### **iii. Commitment to ensuring that the treatments and services are offered in a way that does not make unproven claims or in any other way mislead the public**

#### **Communications, advertising, and public confidence**

- 7.1 When assessing this part of Standard 1b, we consider whether the register demonstrates a commitment to ensuring that the services offered by registrants are described accurately, without unproven claims or misleading information. This includes how the organisation sets expectations for public-facing communications such as websites, advertising, and social media content.
- 7.2 In our review of NACAS' application, we found that its Code of Practice and Code of Ethics include high-level principles around respectful communication and integrity. However, we did not see specific guidance on advertising standards or social media use. While NACAS has not made unsubstantiated claims itself, we noted the possibility that registrants, particularly those working independently, may promote services without the same oversight as those employed in regulated settings. We suggested that NACAS consider the approach taken by statutory regulators such as Social Work England and the Care Quality Commission, whose standards include clearer expectations about avoiding misleading claims.
- 7.3 The Panel also recommended that NACAS continue working to ensure consistent messaging across all its public-facing materials, including how information about registration and safeguards is presented online.
- 7.4 NACAS has taken appropriate steps to ensure the information it provides to the public is accurate and not misleading. It has clarified DBS check requirements, committed to consistency across materials, and recognised the importance of clear public guidance about the register's scope and limits. Further development will be needed as the register becomes operational, particularly in relation to safeguarding messages and formal partnerships with statutory bodies, but the Panel agreed that the approach meets expectations at this stage. Standard 1b(iii) is therefore provisionally met.

## Conclusion on Public Interest

- 7.5 After reviewing the evidence and NACAS' responses to its initial concerns, the Panel concluded that:
- The activities carried out by care workers on the register provide clear benefits to service users
  - While there are inherent risks in social care work, NACAS has demonstrated a good understanding of these risks and has appropriate measures to manage them
  - NACAS is committed to providing accurate information about its register and registrants
- 7.6 The Panel therefore determined that Standard 1b is provisionally met, meaning that accreditation of the register would be in the public interest.
- 7.7 The Panel identified some areas where NACAS could further strengthen its approach, which are reflected in Recommendations.

## Impact assessment (including equalities)

- 8.1 Before granting accreditation, we must assess the potential impact on potential registrants, employers and service users. This includes considering how accreditation might affect different groups protected under the Equality Act 2010. Once a register is accredited, we review this assessment annually.
- 8.2 As this is a provisional decision on Standard One, we have not published a full assessment. However, we have considered the main groups likely to be affected and the potential impacts based on available evidence.

### Equalities impacts

- 8.3 We reviewed data from NACAS, UK social care regulators, and academic research. This showed that both care workers and the people they support represent diverse backgrounds. Many care workers come from minority ethnic backgrounds, and service users often include older adults, disabled people, and those with mental health needs.
- 8.4 The CPR's Code of Practice includes commitments to equality, dignity and respect. NACAS also recognises that understanding different cultural needs is important for good care. Professional registration could help improve care standards and enhance recognition for practitioners from all backgrounds.
- 8.5 We noted that NACAS had not yet fully defined what skills and qualifications will be required for registration. This could potentially create barriers for workers without formal qualifications, which might disproportionately affect those from disadvantaged backgrounds. NACAS could address this by recognising prior experience and offering support to help people meet the standards.

## **Cost and market impacts**

- 8.6 Registration with the CPR is currently free, though NACAS plans to introduce fees in the future to support the register's development. There may be additional costs for registrants such as obtaining DBS checks and completing ongoing training. These costs could be balanced by benefits such as professional recognition and better career prospects.
- 8.7 NACAS is exploring partnerships with training providers to offer more affordable development opportunities. Employers may also help staff with registration costs once the register is established. However, it is important to acknowledge that the relatively low pay typically associated with these roles and ongoing concerns about retention in the broader social care workforce will be significant factors to consider when assessing the economic impact of registration on individuals and the sector.

## **Social and environmental impacts**

- 8.8 Accreditation of the CPR register could contribute to higher standards of care, strengthen safeguarding practices, and increase public confidence in social care services. These improvements would particularly benefit vulnerable service users who rely on consistent, high-quality care. Additionally, a professional register could help address sector-wide challenges around recruitment and retention by enhancing the professional status of care work. This aligns with the ongoing reform agenda for social care highlighted by the Casey Commission<sup>22</sup>, which has emphasised the need for a skilled, well-supported workforce as part of creating a sustainable national care service that delivers dignity, independence, and quality of life for service users.

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<sup>22</sup> <https://www.gov.uk/government/news/new-reforms-and-independent-commission-to-transform-social-care>