Introduction

In this document you will find an overview of some of the Government Policy and legislation which has an impact on workers in health and social care settings. You will be able to identify the legislation that most affects the work you do, and will have a broad understanding of the International, European and UK Government policy that has an impact upon the way we must work.

Plans for genuine partnership working between health and social services lie at the heart of the government's strategy to modernise the management and delivery of social care. The emphasis is upon empowerment, person centred planning, public protection and a well trained and regulated workforce to deliver quality services. You will see the trends in the following pages as legislation, policy and guidelines all reflect the same aim. There will often be differences between the four countries of the UK as devolution has enabled each country to focus upon their own priorities.

How devolution affects health and social care workers

Devolution is the process by which power has been transferred from Westminster to three countries of the UK. The framework for devolution is laid down in the Scotland Act 1998, the Government of Wales Act 1998 and the Northern Ireland Act 1998. There are different levels of devolved responsibilities for each country.

Scotland has a Parliament and an Executive based upon the Westminster model. Under the Scotland Act 1998, the Parliament can pass Acts and the Executive can make secondary legislation in many areas.

Under the Government of Wales Act 1998, powers in certain areas have been delegated to the National Assembly for Wales. The Assembly can make secondary legislation in these ‘devolved areas’, but primary legislation for Wales is still made by the UK Parliament.

Devolution in Northern Ireland is linked closely to the success of the peace process; issues with this have led to the Assembly and Executive being suspended several times. When in operation the Northern Ireland Assembly can make primary and secondary legislation in ‘delegated areas’.

This means that although in health and social care the four countries do work closely together, there will often be different priorities, policy and guidance, depending on where people live and work, as each country will define its own way forward based on research which identifies the needs of individuals in their country. This can be confusing for people who live on the borders of Scotland or Wales, where there are often conflicting requirements in terms of qualification requirements for staff or differences in National Service Standards. It is important to make sure that any legislative requirements, White Papers, policies or guidance you use to underpin your work are the right ones.

The White Paper Modernising Social Services set the scene for developments that have changed the face of social care in England over the past few years. You will see common themes, which underpin the ethos of legislation, growing in strength and being reflected in the way service provision is delivered. As you read through the next few pages and identify the parts that are most relevant to the area in which you work you will find everything emphasises empowerment of individuals receiving services, public protection, flexible needs led services,
partnership and a service that centres upon the needs of each individual. All of this depends upon the UK having a well trained and regulated workforce.

**Modernising Social Services**

The White Paper ‘Modernising social services promoting independence, improving protection, raising standards’ was published on 1st January 1998. It outlined the government's plans for modernising social service provision, emphasising the importance of promoting independence, public protection and ensuring the delivery of quality services for adults and children. It also introduced a new system of regulation, workforce standards, and the establishment of a General Social Care Council. It emphasised the importance of partnership with the NHS and non-statutory bodies, and produced a framework for cooperation between local authorities and central government to promote the delivery of efficient, high quality services.

Branded the ‘third way’ for social care, it identified important ‘key principles’:

- care should be provided to people in a way that supports their independence and respects their dignity. People should be able to receive the care they need without their life having to be taken over by the social services system.

- services should meet each individual's specific needs, pulling together social services, health, housing, education or any others needed. And people should have a say in what services they get and how they are delivered.

- care services should be organised, accessed, provided and financed in a fair, open and consistent way in every part of the country.

- children who for whatever reason need to be looked after by local authorities should get a decent start in life, with the same opportunities to make a success of their lives as any child. In particular they should be assured of a decent education.

- every person - child or adult - should be safeguarded against abuse, neglect or poor treatment whilst receiving care. Where abuse does take place, the system should take firm action to put a stop to it.

- people who receive social services should have an assurance that the staff they deal with are sufficiently trained and skilled for the work they are doing. And staff themselves should feel included within a framework which recognises their commitment, assures high quality training standards and oversees standards of practice.

- people should be able to have confidence in their local social services, knowing that they work to clear and acceptable standards, and that if those standards are not met, action can be taken to improve things.

Useful web site www.archive.official-documents.co.uk/document/cm41/4169/chap-1.htm
Equality Legislation

Over the past 30 years a number of different pieces of equality and equality related legislation have been introduced. You are not expected to become an expert on any or all of them. The following section summarises the key legislation and principle concepts, which you are most likely to encounter and find useful on a day-to-day basis.

There is a legal framework to protect people from unlawful discrimination in respect of sex (including gender reassignment), race, colour, nationality, ethnic origins, national origins and disability. The key legislation is as follows:

- Equal Pay Act 1976
- Disability Discrimination Act 1995, Amendment in force from October 2004
- Protection from Harassment Act 1997
- Human Rights Act 1998
- European Race and Employment Directives 2000
- Disability Rights Commission Act 2000
- Employment Equality (Sexual Orientation) Regulations 2003
- Employment Equality (Religion or Belief) Regulations 2003

New legislation on age will be in force by December 2006.

The Equal Opportunities Commission works to eliminate sex discrimination in 21st Century. The organisation promotes equal chances in life for women and men. They provide up-to-date information for all Four Nations of the UK, their web site is an excellent resource for equal opportunities can be found at the following address: [http://www.eoc.org.uk](http://www.eoc.org.uk)

Arndale House, Arndale Centre Manchester M4 3EQ
Email: info@eoc.org.uk
Fax: 0161 838 1733
Tel: 0845 601 5901

The Sex Discrimination Act 1975

This Act protects people from discrimination on the grounds of sex and marital status. Exceptions to the Act include genuine occupational requirements. The Act applies to both men and women. The inclusion or marital status was an important feature of the Act. The reason for including this alongside gender is to prevent employers from making, and acting upon, assumptions that married women are more likely to have child care responsibilities and are therefore less reliable or less committed employees.

Further information can be found on: [www.pfc.org.uk/legal/sda.htm](http://www.pfc.org.uk/legal/sda.htm)
Equal Pay Act 1976

The Equal Pay Act gives women (or men) a right to equal pay for equal work. The equal pay code is aimed at employers, but employees and employee representatives may also find it useful. The code aims to help employers, employees and their representatives by giving practical guidance on how to ensure pay is determined without sex discrimination. The Act applies to both genders, full, part time, or casual or temporary workers regardless of length of service.

The Race Relations Act 1976

This Act protects people from discrimination on the grounds of race, colour, nationality and ethnic or national origins. The Act defines racial discrimination as less favourable treatment on racial grounds and identifies several ways in which such treatment may occur. A person racially discriminates against another if:

- He or she treats the person less favourably than he or she treats, or would treat another person on racial grounds or
- He or she applies a requirement or condition to that other person which is such that the proportion of the person’s racial group which can comply with it is considerably smaller than the proportions of persons not of their racial group

Further information can be found on: www.homeoffice.gov.uk

Victimisation

Victimisation is unlawful, it occurs when another person is treated less favourably because they have made or intend to make a complaint or may have assisted another person in making a complaint of discrimination. A person has the right to make a complaint without prejudice to their existing, potential or future equal opportunities.

Direct discrimination

To treat a person less favourably than another person is or would be treated in the same or similar circumstances on racial grounds is known as direct discrimination. The motive or intention behind the treatment doesn’t matter. For example, it would be unlawful for a nursing home to refuse to admit a person simply because he or she is black, white or Asian or because of the colour of his or her skin.

Indirect discrimination

An example of indirect discrimination is when an employer tells an employment agency that his care setting only wanted people who spoke good English without a foreign accent. Although the employer did not specify that he would employ white people only, the effect of the condition was to exclude many people from minority ethnic groups and is unlawful.

Further information can be found on: www.racialjustice.org.uk/Indirect%20Discrimination.htm
Race Relations Amendment Act 2000

This Act places a statutory obligation on all public bodies to develop a race equality policy and action plan, not only to eliminate race equality but proactively to promote equality between different racial groups, to assess the impact of all its policies on staff and students from different racial groups, to ensure that all staff are trained in their duties regarding promoting race equality.

Further information can be found on: 
www.homeoffice.gov.uk


Most employment has been consolidated into the Employment Rights Act 1996. The Employment Relations Act 1999 introduced various changes but most of these were inserted into the 1996 Act. It covers the rights of employees in all areas related to work from contracts of employment to redundancy and maternity leave.

Disability Discrimination Act 1995

This Act was introduced in four stages. The Act set out:

- A new individual right to ‘no discrimination’ on the basis of disability
- A new duty to reasonably accommodate the needs of a disabled person
- A new obligation on employers to make ‘reasonable adjustments’ to the physical features of premises and arrangements for employing disabled people
- More favourable treatment of someone because they are disabled is permitted, for example agreeing to interview all disabled candidates who meet all the essential criteria of a person specification

An employer must do all they can reasonably do to find out if a person has a disability. The Act defines a disabled person as ‘someone with a physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.’

Long term means likely to last for more than 12 months.

Normal day to day activities include mobility, manual dexterity, physical co-ordination, continence, ability to lift, carry, move everyday objects, speech, hearing, eyesight, memory or ability to concentrate, learn or understand perception of risk of physical danger.

Adjustments: physical adjustments to working environment, equipment, provision of specialist aids and adaptations, additional support, adjustments to working arrangements, adaptation of duties, hours, help with personal care.

Further information on this subject can be found at: www.disability.gov.uk

Protection from Harassment Act 1997

A person must not pursue a course of conduct which amounts to harassment of another, and which he knows, or ought to know, amounts to harassment of the other.
Human Rights Act 1998

The Human Rights Act means that residents of the United Kingdom will now be able to seek help from the courts if they believe that their human rights have been infringed. It is likely that anyone working within health and social care will be working within the provision of the Human Rights Act, which guarantees the following rights:

- The Right to life
- The right to freedom from torture and inhuman or degrading punishment
- The right to freedom from slavery, servitude and forced or compulsory labour
- The right to liberty and security of person
- The right to a fair and public trial within a reasonable time
- The right to freedom from retrospective criminal law and no punishment without law
- The right to respect for private and family life, home and correspondence
- The right to freedom of thought, conscience and religion
- The right to freedom of expression
- The right to freedom of assembly and association
- The right to marry and found a family
- The prohibition of discrimination in the enjoyment of convention rights
- The right to peaceful enjoyment of possessions and protection of property
- The right to access to an education
- The right to free elections
- The right not to be subjected to the death penalty

With the introduction of the Human Rights Act, the Government had to show commitment to protecting the most vulnerable adults as well as children. In the past some people had not always been able to access their rights, this will now be regarded as a violation of an individual's human rights.

Further details of the Human Rights Act can be accessed on the following websites:
www.hmso.gov.uk
www.yourrights.org.uk

European Race and Employment Directives 2000

All EU member states must agree and tackle discrimination due to:

- Age
- Disability
- Race
- Religion
- Sex
- Sexual orientation

Further information can be accessed on: www.homeoffice.gov.uk

Employment Equality (Sexual Orientation) Regulations 2003

The Employment Equality (Sexual Orientation) Regulations 2003 outlaw discrimination and harassment in employment and vocational training on the grounds of sexual orientation.

**Direct discrimination** – treating people less favourably than others on grounds of their sexual orientation.
**Indirect discrimination** – applying a condition, principle or practice which disadvantages people of a particular sexual orientation which is not justified as a fair means of achieving a legitimate aim.

**Harassment** – unwanted conduct that violates people’s dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment.

**Victimisation** – treating people less favourably because of something they have done under, or in connection with, the Regulations, e.g. made a formal complaint of discrimination or given evidence in a tribunal case.

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**Employment Equality (Religion or Belief) Regulations 2003**

The Employment Equality (Religion or Belief) Regulations 2003 outlaw discrimination in employment and vocational training on the grounds of religion or belief.

**Direct discrimination** – treating people less favourably than others on grounds of their religion or belief.

**Indirect discrimination** – applying a condition, principle or practice which disadvantages people of a particular religion or belief which is not justified as a proportionate means of achieving a legitimate aim.

**Harassment** – unwanted conduct that violates people’s dignity or creates an intimidating, hostile, degrading, humiliating or offensive environment.

**Victimisation** – treating people less favourably because of something they have done under, or in connection with, the Regulations, e.g. made a formal complaint of discrimination or given evidence in a tribunal case.

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**Service users rights and care law**

People who use health and social care services do so in the belief that care practitioners and the organisations they work for will put service users interests at the heart of the services they provide.

The protection of client’s rights in care situations is an area of fundamental importance within care work. These are some of the statutes that exist to protect the rights and interests of health and social care service users.

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**Mental Health Act 1983 (currently under review)**

This Act allows people to be detained if they are thought to be a risk to themselves or others. It addresses four categories of mental illness:

- severe mental impairment and mental impairment: generally interpreted as people with learning disabilities who may also display severe challenging behaviour or aggressiveness
- psychopathic disorder: a persistent disorder or disability of mind which leads to aggression
- mental illness

The main sections of the Act refer to admission to hospital. Individuals can be compulsorily admitted to hospital following an application by an Approved Social Workers (ASW) or the person’s nearest relative, for instance, a person may be admitted for:
- Assessment (Section 2) a maximum of 28 days
- Treatment (Section 3) a maximum of 6 months, renewable for 6 months and after that, for periods of one year

The Act introduced ‘Guardianship orders’. Guardians have the powers to require the individual to:
- live in a specified place
- attend medical treatment, a job, education or training
- meet with an ASW, medical practitioner or other specified person

Mental Health Review Tribunals: Tribunals in each Regional Health Authority consist of legal, medical and lay members. Individuals have opportunities to appeal to these tribunals during compulsory hospital stays. Section 117 states that local Health Authority and Social Services have a duty to provide after care services. It was recognised that ‘after care services’ were not always providing adequate support. The Mental Health (Patients in the Community) Act 1995 added sections into the 1983 Act, some of which gave additional powers to enable supervised after-care conditions to be placed on individuals who were considered ‘at risk’.

The Government is planning major changes to the Mental Health Act it is envisaged a new Mental Health Bill will be published shortly (2005). However, there have been concerns that some of the changes may be detrimental to the rights of people who experience mental distress.

You can keep updated by logging on to:
www.mind.org.uk/; www.hyperguide.co.uk; www.markwalton.net

The NHS & Community Care Act 1990

This Act highlighted the importance of values and principles for all people working in care settings. It moved us away from institutions promoting a ‘mixed economy of care’; there were six key objectives:-

1. to promote the development of domiciliary, day and respite services to enable people to live in their own home wherever feasible and sensible
2. to ensure that the service providers make practical support for carers a high priority
3. to make proper assessment of need, and good case management the cornerstone of high quality care
4. to promote the development of a flourishing independent sector alongside good quality public provision
5. to clarify the responsibilities of agencies and so make it easier to hold them accountable for performance
6. to secure better value for the taxpayers money by introducing a new funding structure for social care

Carer’s (Recognition and Services) Act 1995

A carer may request an assessment of their ability to continue to provide care for an individual who is being assessed.
Community Care (Direct Payments) Act 1996

A person who has been assessed as in need of services can now be paid direct. This means that an individual can use the money to choose who will deliver their service and pay for it themselves. However, there are restrictions as direct payments cannot be made to some individuals, such as those with particular mental health problems or drug or alcohol dependency. Also the individual cannot use the money to pay close relatives, partners or people who live with them.

The Health Act 1999 enabled health and social services to pool budgets and deliver services through ‘one-stop shop’ arrangements and the NHS Plan in July 2000 allowed for the development of care trusts, which are responsible for commissioning and providing health and social care.

Care Standards Act 2000 (CSA)

The Care Standards Act (2000) has had an enormous impact on everyone working in the social care sector. It created a new regulatory framework for all regulated social care and independent health care services. The Act has two fundamental aims, to:

- protect vulnerable people from abuse and neglect; and
- promote the highest standards of quality in the care that people receive

The aim is to ensure that children in care are protected from abuse and neglect, older people and people with a disability who rely on care services, get appropriate standards of care and the protection they deserve, private hospitals and clinics provide modern standards of healthcare and parents who use child minders or day-care can be assured that their children are in safe hands.

The General Social Care Council (GSCC) was set up under the Care Standards Act 2000, along with the National Care Standards Commission (NCSC) and the Social Services Inspectorate (SSI). NCSC and SSI merged in April 2004 to become the Commission for Social Care Inspection (CSCI).

The General Social Care Council exists to promote the highest standards of social care in England for the benefit and protection of people who use services and the wider public by:

- acting as a guardian of standards in social care practice and as a champion of a committed workforce;
- requiring the highest standards of conduct from social care workers, and compliance with a code of practice;
- promoting the highest standards of training for social care workers;
- always keeping the best interests of service users and the wider public at the heart of the organisation; and
- working in an open, accessible and inclusive way.

The General Social Care Council (GSCC) is the workforce regulator for social care workers. Its three main functions are to:

- Establish codes of practice for social care workers and employers
- Set up a register of 1.4 million social care workers in England
Regulate social work education and training.

Taken from the GSCC Web site: www.gscc.org.uk/Home/

See page 17 for more details of the GSCC Codes of Practice

Commission for Social Care Inspection (CSCI)

The inspectorate carries out inspections of all social care organisations, public, private, and voluntary, against national standards and publish reports of their findings. The Inspectorate register services that meet national minimum standards, inspect social service authorities and report on their activities and findings to Parliament each year. In your setting you will have regular inspections, against National Minimum Standards and will receive a report indicating how the setting has performed.

Web site: www.csci.org.uk/

The Carers (Equal Opportunities) Act 2004

This increases the rights of carers to be given information about their entitlement in terms of work opportunities and education and requires more collaboration from statutory services to support them.

The Carers and Disabled Children Act 2000

Gave carers, aged 16 or over, the right to an assessment of their ability to provide care or continue to provide care, if they care on a regular basis for another individual aged 18 or over. This is only applicable if the local council is satisfied that the person cared for is someone for whom it may provide or arrange for the provision of community care services. They have this right even if the person cared for has refused an assessment by the local council social services department or has refused the delivery of community care services following an assessment.

Web site: www.carers.gov.uk/elearningwelcome.htm

The Waterhouse Report, ‘Lost in Care’ (February 2000)

This report investigated the abuse of children in local authority care in the 1970s and 80s. The report made a number of recommendations for better safeguards in the future. As a result of this report government implemented a series of strategies to enhance the protection of vulnerable people and children. A Useful web site is: www.alisontaylor.net/waterhouse/

No Secrets (2000)

In March 2000, the Department of Health and Home Office issued guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse. The guidance was aimed to prevent the abuse of vulnerable adults, including physical, sexual, psychological and financial abuse.

A useful web site:
Protection of Vulnerable Adult List (PoVA)

The list must be checked by all people recruiting in the social care sector when they carry out the CRB check. An employer has a duty to add a person to the list if they have been involved in any form of behaviour that harms a vulnerable person. The person does not have to commit a criminal offence to be included on the list. The Secretary of State/Home Office ultimately takes decision for inclusion.

Protection of Children Act (PoCA)

This is a list, held by the Department of Health, which identifies people who are unsuitable for employment with children. The Protection of Children Act 1999 advises that certain professions must be checked against the list prior to employment. It also places a responsibility on employers to refer individuals for inclusion on the list where this may be appropriate. The checks against the PoCA list are made when a higher level Disclosure is requested from the CRB.

More information is available at www.doh.gsi.gov.uk/scg/childprotect

The Children Act 1989

This Act replaced most of the previous legislation relating to children, anyone working with Children must have a broad understanding of the implications of this wide ranging piece of legislation. The Act addressed the following areas:

- Reforming the law relating to children
- Making provision for local authority services for children in need and others
- Amending the law with respect to children's homes, community home, voluntary homes and voluntary organisations
- Making provision with respect to fostering, child minding and day care for young children and adoption, and for connected purposes

In November 2000 the Children's Fund was launched. Its aim is to tackle disadvantage among children and young people by identifying those at risk of social exclusion and supporting them to achieve their full potential.

The Children Act Report 2003 was published in December 2004, it drew together information taken from research, statistics and inspection findings. This came as a result of significant activity across Government and children's services to improve outcomes for all children and young people, and to narrow the gap in outcomes between the most vulnerable children and their peer group. These were taken forward through the Children Act 2004, which provides the legislation necessary to implement the strategy for improving children's lives. The aim is to encourage joint planning, commissioning and delivery of services, improve multi-disciplinary working, remove duplication, increase accountability and improve the coordination of individual and joint inspections in local authorities.

The Children Act 2004 strengthens the arrangements for protecting and promoting the welfare of children and young people. For the first time it places a duty on all local authorities to make arrangements to promote co-operation with a view to improving the well being of children in their area, in relation to:
- Physical and mental health and emotional well-being;
- Protection from harm and neglect;
- Education, training and recreation;
- The contribution made by them to society; and
- Social and economic well-being.

For more information: [www.ntas.org.uk/childrenact.htm](http://www.ntas.org.uk/childrenact.htm)

**Every Child Matters** was published in 2003. It was published at the same time as the government’s response to the report into the death of Victoria Climbié. Every Child Matters built on plans already in place to prevent the abuse of children, it focused on:

- Increasing the focus on supporting families and carers
- Ensuring necessary intervention takes place before children reach crisis point
- Addressing the underlying problems identified in the report into the death of Victoria Climbié weak accountability and poor integration
- Ensuring that the people working with children are valued, rewarded and trained

After the consultation, the Government published **Every Child Matters: the Next Steps**, and passed the Children Act 2004, providing the legislation which could support the development of more effective, accessible services which focused on the needs of children, young people and their families.

**Every Child Matters: Change for Children (2004)** outlines the government’s approach to the well-being of children and young people from birth to age 19. The aim is that every child, whatever their background or circumstances should have the support they need to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

Any organisations involved with providing services to children must now genuinely work in partnership and share information, to protect children and young people from harm and help them achieve what they want in life. During the next five years each local authority will work with its partners to find out what is best for the children and young people who live locally. Children and young people will be involved in this process and able to influence issues that affect them. Inspectors who will assess how each area is performing will focus upon the views of the children and young people.

**A Children's Commissioner** for England was appointed in March 2005. The role aims to to give children and young people a voice in government and in public life. The Commissioner will collect the views of the most vulnerable children and young people in society, and will support them to become more involved in the work of organisations whose decisions and actions affect them.

For more information visit: [www.everychildmatters.gov.uk/](http://www.everychildmatters.gov.uk/)

**Making Safeguarding Everybody’s Business – Consultation paper 2005**
The Government proposes to create a ‘vetting scheme’ for anyone wanting to work (paid or unpaid) with children or vulnerable adults. This consultation paper is a response to the recommendations made by Sir Michael Bichard following his inquiry into the failures that were highlighted by the murders of Holly Wells and Jessica Chapman in 2003.

The scheme will reinforce existing ‘barring lists’ and Criminal Records Bureau services, to provide a centralised, integrated updated system that will prevent unsuitable people working with vulnerable groups. It also aims to make sure that anyone who acts in a way that could put vulnerable people at risk, once they are in the workforce, can be prevented from continuing or gaining access to vulnerable people through any other role. It is anticipated the scheme could be in place by 2007 at which point every employer or parent would be able to check the list to make sure an individual was not barred from working with vulnerable children or adults.

The NHS Plan 2000
This laid the foundation for the biggest change to healthcare in England since the NHS was formed in 1948. It set out the way in which increased funding and reform would provide a standardised service, no matter in which area an individual may live, improve service standards, and extend patient choice.

The National Institute for Clinical Excellence was given the responsibility of making sure that the use of cost effective drugs were not dependent on the area in which the patient lived. A Modernisation Agency was set up to spread best practice. Local NHS organisations that performed well would have greater freedom and more funds were promised to those who performed well.

Social Services and the NHS would work together pool resources. Care Trusts were set up to commission health and social care in a single organisation to prevent patients ‘getting lost’ between different services. It introduced new contracts for both GPs and hospital doctors and instigated a concordat with private providers of healthcare to enable the NHS to make better use of facilities in private hospitals. Patients were to be given new powers and more influence over the way the NHS works through surveys and patients forums.

NHS Improvement plan 2004: Putting people at the heart of public services
This document sets out the priorities for the NHS between 2004 and 2008. It continues the themes of the 10-year process of reform first set out in The NHS Plan. It reinforces the founding principles of the NHS: the provision of quality care based on clinical need, irrespective of the patient’s ability to pay, meeting the needs of people from all walks of life.

There are three sections:
1. Laying the foundations
2. Offering a better service
3. Making it happen
It describes how the NHS will transform the patient’s experience of the health service over next four years. Providing a responsive and flexible personalised service which focuses on choice for patients. There will be a focus upon health prevention, faster treatment, improved long term care for patients and where appropriate better support in the community.

**National Service Frameworks (NSF)**

National Service frameworks (NSFs)
NSFs are long term strategies for improving specific areas of care. They set measurable goals within set time frames, NSFs:

- set national standards and identify key interventions for a defined service or care group
- put in place strategies to support implementation
- establish ways to ensure progress within an agreed time scale
- form one of a range of measures to raise quality and decrease variations in service, introduced in *The New NHS* and *A First Class Service*.

The NHS Plan re-emphasised the role of NSFs as the vehicle for delivering the Modernisation Agenda.

**Securing Our Future Health: Taking a Long-Term View - known as the Wanless Report (2002)**

This independent review, carried out by Derek Wanless to assess the long-term resource requirements for the NHS. The report concludes to be able to meet people’s expectations and deliver the high quality services over the next 20 years, the government will need to put in more resources and reform current systems, ensuring all agencies work in partnership to make sure the resources are used effectively.

In April 2003, government asked Derek Wanless to provide an update of the challenges in implementing the recommendations of Securing Our Future Health this resulted in *Securing good health for the whole population: Final report (2004)*. The second review focused particularly on prevention and the wider implications of health in England and on the cost-effectiveness of actions taken to improve the health of the whole population and to reduce health inequalities.

**The National Institute for Health and Clinical Excellence (NICE)** is the independent organisation for Wales and England responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE produce guidance in:

- Public health – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector.
- Health technologies – guidance on the use of new and existing medicines, treatments and procedures within the NHS.
- Clinical practice – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

For more information visit: www.nice.org.uk
The National Services Framework for Older People

The National Services Framework for Older People was published in March 2001. It set new standards and expectations for the care of older people. In essence everyone should be entitled to high quality care and treatment irrespective of age and recognised as individuals and treated with respect and dignity. It promoted investment in those medical conditions which may have been previously under funded because they tend to affect older people most and a need to ease the financial pressures of long term residential care.

For more information visit: www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/OlderPeoplesServices/fs/en


- more control, choice and high-quality support could be provided for those who use care services;
- the capacity of the whole community could be harnessed, so that everyone has access to the full range of services and an opportunity to play a full part in society; and
- the skills and status of the workforce to could be improved to deliver the vision.

Improving the Life Chances of Disabled People - this is a strategy for transforming the life chances of disabled people. The aim is that by 2025, disabled people should have full opportunities and choices to improve their quality of life and be respected and included as equal members of society.

There are recommendations in four important areas:

- Independent living - increasing disabled people’s ability to live independently at home, at work and in the community with support based on personal need, choice and empowerment through a major expansion of Direct Payments in the form of individual budgets
- Early years and family support - family-focused support, childcare and early education that enables families with young disabled children to achieve ‘ordinary lives’ and remain economically and socially included
- Transition to adulthood - planning focused on the individual needs of disabled young people, based on smooth provision of support and services during transition and leading to appropriate opportunities and choices in adulthood
- Employment - early intervention supporting disabled people to stay in touch with the labour market; improving the employment prospects of disabled people through ongoing personalised support, with employers supported in a key role, while providing security for those unable to work

A new Office for Disability Issues will be established with the responsibility for co-ordinating Government work on disability and ensuring it fits with the wider equalities agenda.
Data Protection Act 1984, 1998

This Act protects access to information and confidentiality of personal information. Service users are entitled to know whether any information about them is being held by a care organization. If it is, they have the right to apply to see and be given access to a copy of the information.

Detailed information can be found at the following websites:
www.hmso.gov.uk
www.school-resources.co.uk

The laws that promote equal rights and equality of opportunity principles and incorporated in a number of different types of document that can be found in care settings and which are widely used by care practitioners in their work. These include:

- Government charters that identify entitlement to services and define national standards of care that service users can expect to receive
- Codes of practice produced by bodies such as the Commission for Racial Equality
- Codes of conduct, produced by bodies such as the NMC, which regulate the work of registered professionals
- Organisational policies produced by individual care organisations and which apply to all of their employees.

The Freedom of Information Act 2000 / The Freedom of Information Act (Scotland) 2000 came into force on 1 January 2005. Anybody may request information from a public authority in England, Wales or Northern Ireland. The Act gives applicants the right to be told if the public authority holds information about them and if they do, the application should be given access to the information that is held

Freedom of Information Act 2000

For a short introduction to this Act visit
www.informationcommissioner.gov.uk/eventual.aspx?id=1041&expmovie=1

The Citizens Charter

The Citizens charter aims to improve standards of public service at all levels and to give the public more information about government departments and statutory organisations. Under the Citizens Charter we can expect public services to:

- Set out and publish minimum standards of service
- Be more open and provide more information
- Provide choice and consult service users where possible
- Provide polite and helpful service at all times
- Put things right when they go wrong
- Give value for money

More information can be found on:
www.news.bbc.co.uk
Patients Charter

The Patients Charter puts the Citizens charter into practice in the National Health Service and social services settings. It aims to help service providers to:

- Listen to, identify and respond to service users views and needs
- Set clear standards of service
- Provide services that meet those standards

Some examples of the Patients Charter can be found at the following websites:
www.royalmarsden.org
www.vinesurgery.co.uk

The Citizens and Patients Charters are based on equality of opportunity principles. They incorporate the principle of fair and equal treatment of all people regardless of race, gender, sexual orientation, ability or age.

Codes of Practice

In a care context, codes of practice are sets of rules or guidelines that aim to ensure that care staff implement specific policies, procedures and pieces of legislation. Codes of Practice are drawn up by individual care organisations and by bodies such as the Commission for Racial Equality and the Equal Opportunities Commission as part of their remit under law.

Codes of Conduct are guidelines for professional and ethical practice that are produced and issued by the regulatory bodies of the various care professions.

Four Care Councils established in the UK

The Councils were given the responsibility of developing a Social Care Register to begin the process of registering all social care workers. To be able to register, workers will have to hold an appropriate qualification, commit to uphold the Code of Practice for Social Care Workers and be physically fit to do their jobs. The Care Council in the Country in which you work is your regulatory body; this is the first step towards a genuine recognition of the importance of the social care workforce and you being valued as a professional worker.

The Care Councils for England, Scotland, Northern Ireland and Wales developed Codes of Practice, which describe standards of conduct and practice, you must agree to follow; they were developed to provide a common model of behaviour for everyone working in social care.

The criteria in the standards are there to guide your practice by defining the standards of conduct you are expected to meet. You are encouraged to use the codes to examine your own practice and the practice of the organisation, to look at areas in which you can improve. The codes will also help the individuals understand the ways in which their service should be delivered.

Code of Practice for Social Care Workers

Social care workers must:

1. Protect the rights and promote the interests of service users and carers
2. Strive to establish and maintain the trust and confidence of service users and carers
3. Promote the independence of service users whilst protecting them as far as possible from danger or harm

4. Respect the rights of service users whilst seeking to ensure that their behaviour does not harm themselves or other people

5. Uphold public trust and confidence in social care services; and

6. be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills

**Code of Practice for Employers of Social Care Workers**

**Employers of Social Care Workers must:**

1. Make sure people are suitable to enter the workforce and understand their roles and responsibilities

2. Have written policies and procedures in place to enable social care workers to meet the Care Council Code of Practice for Social Care Workers

3. Provide training and development opportunities to enable social care workers to strengthen and develop their skills and knowledge

4. Put in place and implement written policies and procedures to deal with dangerous, discriminatory or exploitative behaviour and practice.

5. Promote the Care Council Codes of Practice to social care workers, service users and carers and co-operate with the Care Council’s proceedings

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**General Social Care Council (England)**

Golding’s House 2 Hay’s Lane London SE1 2HB

Tel: 020 7397 5100

Tel: 020 7397 5800 (information line - open from 10am to 12pm and 2pm to 4pm Monday to Friday)

Fax: 020 7397 5101

Email: info@gscc.org.uk

[www.gscc.org.uk/Home/](http://www.gscc.org.uk/Home/)

**Sector Skills Councils in England**

The social care workforce strategy body, Topss England, became **Skills for Care** on April 1\textsuperscript{st} 2005. It is now concerned specifically with adult social care. Children’s services workforce strategy will be taken forward by the new **Children's Workforce Development Council**.

The two bodies work closely as part of 'Skills for Care and Development', the UK-wide sector skills council for social care, children and young people. They liaise with the Scottish Social Services Council, Care Council for Wales, and Northern Ireland Social Care Council.
Skills for Care will be developing a new workforce development strategy for adult social care, to fit in with the government’s development of adult care policy based on the Green Paper, Independence, Well-being and Choice, and the King’s Fund Wanless review.

Skills for Care, Albion Court, 5 Albion Place, Leeds, LS1 6JL

Telephone: 0113 241 1251 Email: sscadmin@topssengland.org.uk

Web site: www.topssengland.net/

Skills for Health was established in April 2002 with support from the four UK health departments, the independent and voluntary health sectors and staff organisations to become the sector skills council for health across the UK. Skills for Health has been confirmed as the Sector Skills Council for health and will work increasingly closely with other SSCs across the government’s Skills for Business network as well as a wide range of partner organisations within health.

Skills for Health, Goldsmiths House, Broad Plain, Bristol, BS2 0JP

Telephone: 0117 9221155 Email: office@skillsforhealth.org.uk

Web site: www.skillsforhealth.org.uk/

The Social Care Institute for Excellence (SCIE) was launched in October 2001 as part of the Government’s drive to improve social care, its role is to develop and promote knowledge about good practice in social care. SCIE’s work covers the breadth of social care, including services for adults, children and families; participation; human resource development; social work education; e-learning and the use of knowledge in social care. It has a useful website www.scie.org.uk/

Organisational Policies

A policy is a detailed statement of the approach that an organisation will adopt towards a particular issue. For example, an equal opportunities policy is a statement of belief and a plan of intended action on the broad issue of equality of opportunity within a particular organisation.

A procedure is a written instruction about what must happen in a certain situation. Care organisations write procedure manuals to give employees specific instruction on how to implement the organisation’s policies. Organisational policies and procedures are affected by legislation that details what is legally required in specific circumstances.

It is important you to investigate your own company’s policies and procedures and make sure you abide by those that apply to your work role and practice.
Health and Safety Legislation

The workplace setting you provide care in is generally covered by the Health and Safety at Work Act (HASAWA). The Act has been updated and supplemented by many sets of regulations and guidelines, which support or extend it.

Health and Safety at Work Act 1974

The Act is a piece of criminal law. People who fail to comply with the Act can be prosecuted and fined or jailed if found guilty.

Employer’s responsibilities:

- Those who employ more than five people must prepare, review and revise a written health and safety policy. This should acknowledge and comply with legislation. The policy must include: a statement of intention to provide a safe workplace, the name of the person responsible for implementing the policy, the names of any other individuals responsible for particular health and safety hazards, a list of identified health and safety hazards and the procedures to be followed in relation to them, procedures for reporting accidents at work, details for the evacuation of the premises.
- Employers must ensure the health and safety of employees at work and other people on the premises
- Employers must display a certificate of employers liability insurance
- Employers must display the poster ‘Health and Safety Law – what you should know’
- Employers must ensure that employees receive adequate and appropriate information, instruction and training to carry out their work safely
- Undertake risk assessments for all hazards

Employee responsibilities:

- Employees must comply with legislation and ensure that their actions do not adversely affect others
- Employees must take reasonable care for their own safety and that of others
- Co-operate with the employer in respect of health and safety matters
- Not intentionally damage any health and safety equipment or materials provided by the employer

Health and Safety (First Aid) Regulations 1981

These Regulations require employers to provide adequate equipment, facilitates and personnel to enable first aid to be given to employees if they become ill or are injured at work. The employer needs to carry out a risk assessment to decide how many first aiders are required on site at any one time. Staff who are named as first aiders for this purpose should hold a current First Aid Certificate (usually a four day course run by a training provider approved by the Health and Safety Executive).
Management of Health and Safety at Work Regulations 1999

These regulations state that employers have to assess any risks which are associated with the workplace and work activities. Having carried out a risk assessment, the employer must then apply risk control measures.

Detailed information on these regulations can be found on:
www.safetymatters.org
www.mike.everley.freeuk.com

Control of Substances Hazardous to Health Regulations 2002 (COSHH)

Every workplace must have a COSHH file. This file lists all the hazardous substances used in the workplace. It should detail:

- Where they are kept
- How they are labelled
- Their effects
- The maximum amount of time it is safe to be exposed to them
- How to deal with an emergency involving one of the,

Further details on COSHH can be found on:
www.hse.gov.uk

Lifting operations and lifting Equipment Regulation (1992) – LOLER

This regulation came into effect in December 1998. As it applies to all workplaces it is relevant to the use of lifting aids in the health and social care sector.

**Employers** must ensure that the use of any lifting equipment meets the requirements of LOLER

- Lifting aids must be sufficiently stable, strong and suitable for the proposed use
- Lifting equipment must be available to prevent risk of injury
- Lifting equipment must be visibly marked – giving information on the safe way to use it
- Any lifting operation must be planned, supervised and carried out by a competent person
- Any equipment used for lifting a person should be identified as such, and it must be ‘safe for purpose’
Before any lifting equipment is used for the first time, it should be examined; this should include any accessories that are used with it. The Regulations also state that each piece of equipment must be re-examined in specific periods of time. (eg Equipment and accessories used for moving individuals must be thoroughly checked, at a minimum of every six months. For other equipment it is usually annually)

All checks should be recorded and carried out by a competent person. In the case of hoists this would be normally carried out by the supplier. A report of this should be submitted to the employer and the item labelled with date it was carried out.

**Employees** do not have any duties under LOLER other than the general duty under the Management of Health and Safety at Work Regulations - ‘taking reasonable care of yourself and others who may be affected by your actions’

**The Workplace (Health, Safety and Welfare) Regulations 1992**

Whilst employers must provide suitable equipment, they must also consider environment in which staff work, taking into account issues such as sufficient space to manoeuvre (for instance, moving a hoist around easily), workstation arrangements, adequate ventilation and lighting and reasonable working temperatures.


The government recognised that too many working days were lost because of musculoskeletal injuries and, for people working in the health and social care sectors, the risks are very high, this led to the amended regulations. The regulations provide a systematic approach to manual handling. Manual handling should be avoided, so far as is reasonably practicable, by redesigning the task or by automating the process. Suitable and sufficient assessment of any task should be carried out; this will reduce the risk of injury from any task that cannot be avoided. The employer must provide equipment to avoid the hazardous manual handling of loads. The regulations apply wherever objects or people are moved by hand or bodily force.

**Employer’s duties are to:**

- **Avoid** - as far as is reasonably practicable, the need for hazardous manual handling
- **Assess** - the risk of injury from any hazardous manual handling that can not be avoided
- **Reduce** - as far as is reasonably practicable, the risk of injury from hazardous manual handling

**Employee’s duties are to:**

- **Follow** the systems of work that have been devised to protect their safety
- **Make** use of the equipment provided, properly, to minimise the risk of injury
- **To support** the employer to achieve their obligations by using the prompts listed in the employers duties when carrying out manual handling tasks. So wherever possible Avoid, Assess and Reduce the amount of manual handling necessary
- **Co-operate** with your employer on all health and safety matters
- **Ensure** that your activities do not put others at risk
The Provision and Use of Work Equipment Regulations (PUWER) 1998
Your employer must provide suitable equipment, ensure that it is in good working order and complies with European Standards. The employer must also provide adequate training, information and instruction for employees on the use of any equipment.

Reporting of Injuries, Disease and Dangerous Occurrences 1995 (RIDDOR)

Reporting accidents and ill health at work is a legal requirement. Your employer needs to report:

- Deaths
- Major injuries
- Accidents resulting in more than three days off work
- Diseases
- Dangerous occurrences

The following injuries need to be reported:

- Fracture other than to fingers, thumbs and toes
- Amputation
- Dislocation of the shoulder, hip, knee or spine
- Loss of sight (temporary or permanent)
- Chemical or hot metal burn to the eye or any penetrating injury to the eye
- Injury resulting from an electric shock or electrical burn leading to unconsciousness, requires resuscitation or admittance to hospital for more than 24 hours
- Unconsciousness caused by asphyxia (suffocation) or exposure to a harmful substance or biological agent
- Acute illness requiring medical treatment, or leading to loss of consciousness, arising from absorption of any substance by inhalation, ingestion or through the skin
- Acute illness requiring medical treatment where there is reason to believe that this has resulted from exposure to a biological agent or its toxins or infected materials.

Reportable illnesses include:

- Certain poisonings
- Some skin disease such as occupational dermatitis, skin cancer
- Lung diseases including occupational asthma
- Infections such as hepatitis, tuberculosis, anthrax, legionellosis and tetanus
- Other conditions such as occupational cancer, certain musculoskeletal disorders, hand-arm vibration syndrome.
If something happens which does not result in a reportable illness, but which clearly could have done, then it may be a dangerous occurrence which must be reported immediately.

If accidents or injuries occur at work then the details must be recorded. Your employer should have procedures in place for making a record of accidents. This is not only required by RIDDOR regulations, but also by the Care Standards Inspectorate in Wales.

Further information can be accessed on:
www.riddor.gov.uk
www.hse.gov.uk

This information was last updated on 22nd August 2005.