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IMPLEMENTATION OF THE INTERNATIONAL COVENANT ON ECONOMIC,  
SOCIAL AND CULTURAL RIGHTS

Reports submitted in accordance with Council resolution  
1988 (LX) by States Parties to the Covenant concerning  
rights covered by articles 10 to 12

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND

/15 April 1980/

I. ARTICLE 10. PROTECTION OF THE FAMILY, MOTHERS AND CHILDREN

A. Protection of the family

- (1) The following legislation is designed to promote protection of the family:

The Child Benefit Act 1975

The Social Security Act 1975

The Social Security (Claims and Payments) Regulations 1979

The Supplementary Benefits Act 1976

The National Health Service Act 1977 (in particular sect. 21 which is  
concerned with the care of children under 5 years)

The Marriage Act 1949

The Nurseries and Childminders Regulation Act 1948

The Children and Young Persons Act 1963 (in particular sect. 1, concerned  
with diminishing the need to receive children into care)

The Children and Young Persons Act (Northern Ireland) 1968.

(2) The position in England, Wales and Northern Ireland on marriage was outlined in the United Kingdom report on article 23 of the International Covenant on Civil and Political Rights (CCPR/C/1/Add.17). The position in Scotland is outlined below.

The Marriage (Scotland) Act 1977 came into effect on 1 January 1978. Two of its provisions were designed to promote protection of the family by tightening the law governing the exchange of consent by parties to a marriage.

The first of these enactments, at section 13 (1) (b) of the Act, provides that unless both parties to a religious marriage are present at the ceremony, the marriage is void. Proxy marriages, and marriages at which only one party - usually the man - is present and expresses consent in the presence of others, are thus ruled out.

The second provision, section 14 (b), ensures that celebrants of all the many small religious bodies in Scotland will use a form of marriage ceremony which includes, and is in no way inconsistent with, a declaration by both parties, in each other's presence and in the presence of the celebrant and at least two witnesses, that they accept each other as husband and wife.

Civil marriages by a registrar are not covered by the foregoing, but the statutory duties of registrars are subject to instructions issued by the Registrar-General, and the instructions relating to civil marriage contain similar provisions.

The Divorce (Scotland) Act 1976, which came into effect as from 1 January 1977, revises and updates the former Scottish law of divorce - and brings it into line generally with that already in force in England and Wales - by making irretrievable breakdown of marriage the sole ground for divorce. The passage of the Act is probably outside the reporting guidelines so far as protection of the family is concerned; but under guideline C "Protection of children and young persons" it may be noted that section 5 of the Act enables financial provision for children to be made on divorce, and that section 5 (6) (b) lays a duty on the pursuer in a divorce action to inform the defender of his or her right to apply for an order providing for the custody, maintenance and education of any child of the marriage.

(3)-(4) Child benefit and other benefits in cash and kind in aid of the family. Tax-free Child Benefit is a cash allowance payable, subject to residence qualifications, for all children up to age 16, or 19 if they are still receiving full-time education. An additional sum can be paid to certain one-parent families for the first or only child. The Child Benefit was introduced on 4 April 1977 and has replaced the previous system of family support which consisted of family allowances and child tax allowances. Child benefit is worth more to low-income families who would get little or no benefit from child tax allowances. Other provisions from which low-income families may specially benefit include family income supplement, housing benefits and free school meals. A special benefit may be payable to a person who takes an orphan child into the family. Other family benefits, with increases for children, are payable where the head of the family is unemployed, sick, disabled or retired, or dies.

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Cash benefits are also provided to help handicapped children and their families. These include attendance allowance for severely disabled people (including children over age 2) who need considerable care for at least six months, and invalid care allowance for certain people who look after them. Mobility allowance may also be payable, subject to certain conditions, to people between the age of 5 and retirement age who are unable or nearly unable to walk. Handicapped children who reach working age but who are incapable of work may receive non-contributory invalidity pension.

Supplementary benefit. In addition to child benefit and other social security cash benefits for the family there is the supplementary benefits scheme. This is a social assistance scheme administered by the Department of Health and Social Security (DHSS) through the Supplementary Benefits Commission. The supplementary benefits scheme was set up originally in 1948 to ensure that those people who are unable to support themselves and whose income from all sources (including other benefits and pensions) does not meet their needs have, as a right, sufficient resources for an adequate standard of living.

The Supplementary Benefit Act 1976 provides that every person in Great Britain over the age of 16 who is not in full-time work and whose resources are insufficient to meet his requirements is entitled to Supplementary Benefit subject to the conditions of the Act. Benefit is paid without discrimination as to race, colour, language, religion, political or other opinions, national or social origin, birth or other status. The rates of benefit are normally increased at least once a year and over the years they have not only kept up with inflation but have, from time to time, been improved in terms of real purchasing power, so that their real value is now about twice what it was in 1948.

Preventing family breakdown. An important part of the work of the social services departments of local authorities is directed towards preventing the breakdown of families and the consequent need for children to be received into care. Under section 1 of the Children and Young Persons Act 1963, local authorities have a duty to make available advice, guidance and assistance to promote the welfare of children by diminishing the need to receive them into care. This can include assistance in kind or in exceptional circumstances in cash. In practice, however, local authorities use a variety of strategies to prevent family breakdown including, in addition to social work support, day care (described in more detail below) and an increasing number of family aide schemes, whereby aides either move in to live with a family and care for the children when the mother is absent or, if they are non-resident, visit the family regularly and frequently.

Day care. Local authorities are responsible for the provision of day care facilities for pre-school children as part of the arrangements they make for the care of children under the age of 5 under section 21 of the National Health Service Act 1977. Under the Nurseries and Child-minders Regulation Act 1948, as amended, they are required to keep registers of day care facilities provided by private individuals, voluntary bodies employers etc., over which they have powers of supervision. DHSS exercises some control over capital expenditure and has some influence over policy through the Social Work Service, written guidance and

so on. Local authority day care facilities, mainly in the form of day nurseries, are directed in the first place towards children who have some special social or health need for day care - including children from one parent families, children whose mothers are unable to undertake their full care because of illness and incapacity, children whose home conditions are unsatisfactory, and children with a physical or mental handicap. Demand from this quarter alone considerably exceeds the supply but priority will continue to be given to meeting their needs in any expansion of public sector provision. Local authorities may sponsor the placement of children with child-minders or in private nurseries, and a few authorities have also set up day fostering schemes under which "priority" children are placed with specially recruited and trained "day carers" who are paid by the authority. It is hoped that this type of community-based day care will be developed by authorities as it provides a more informal flexible form of care.

Child-minders are required to be registered with the local authority under the 1948 Act. Besides providing more homelike, informal care than is available in a day nursery, child-minding can offer greater flexibility in arrangements to suit hours of work, and is often better suited to the needs of very young children. There is a need to increase the supply of registered child-minders and to encourage the acceptance of good minding as a recognized and valued part of the day care spectrum. Local authorities are encouraged to provide, wherever possible, support and advice services to minders and there has been considerable growth in the number of schemes in operation.

While not offering full day care, playgroups are one of the main types of day care provision and play an important part in the lives of young children and their families. They are provided in the main by voluntary bodies and groups of mothers, and the Government strongly supports their further development.

Other forms of day care provision which have developed in recent years include combined nursery centres which aim to provide more integrated provision of day care and nursery education; and family day centres which aim to offer a range of support services to parents and others caring for young children within the community. Day nurseries are increasingly being used to provide support in this way.

The following table shows the day care facilities provided in England and Wales:

Number of children	1976	1978	Percentage change
In local authority day nurseries	27,000	27,900	+ 3
In full day care sponsored by local authority	2,500	3,200	+ 28
In private day nurseries	24,500	22,700	- 7
In employer provided day nurseries	2,500	2,400	- .04
With child-minders	64,300	90,500	+ 41
In playgroups	370,000	408,700	+ 10

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#### B. Maternity protection

(1) Statutory maternity rights were first introduced in the United Kingdom under the provisions of the Employment Protection Act 1975, now incorporated in sections 33-48 and 60-61 in the Employment Protection (Consolidation) Act 1978. The law provides all employees who fulfil the statutory qualifying conditions with an irreducible minimum of rights in respect of pregnancy and confinement.

The statutory provisions are intended to reflect the type of provision made available under voluntary agreements, but they apply uniformly to employees irrespective of the type of job they do, the industry in which they work, or the size of firm or establishment in which they are employed.

Depending on the length of their service with their employer, employees are entitled under the legislation to three main rights:

- (a) To protection from dismissal because of pregnancy;
- (b) To return to work with their employer after a period of absence on account of pregnancy or confinement;
- (c) To receive maternity pay from their employer.

The Social Security (Maternity Benefit) Regulations 1975, provide for a lump sum maternity grant of £25 on the social security record of the mother or her husband. A weekly maternity allowance is also payable on the mother's social security record for 18 weeks starting 11 weeks before the expected week of confinement.

(2) Pre-natal care and care in labour. Health authorities have been urged to provide a high standard of care throughout the maternity services. For the hospital services this might be achieved by concentrating births in the larger, fully-equipped and properly staffed consultant units of district general hospitals, and by the closure where geographical considerations permit, of small, under-used and isolated maternity units. Wherever possible general practitioner (GP) units should be integrated in district general hospitals. This policy of rationalization was set out in the document entitled "Priorities for health and personal social services in England" and reinforced in "The way forward". In 1974, within the total of 21,650 maternity beds available, 4,450 were in general practitioner maternity units, of which there were 308. By 1977, the number of GP unit beds had been reduced to 3,650 and 36 GP units had been closed or directed to other purposes. Thus the proportion of total maternity beds in GP units dropped from 20 per cent in 1974 to 18.5 per cent in 1977.

While it is the Department's policy to encourage women, in the interests of safety, to have their babies in hospital, it is also policy that if a woman chooses to be delivered at home, despite the arguments against it, health authorities should ensure that the necessary services are provided to make home confinements safe. In 1977, there were 542,000 births in England. Of these 524,000 (97 per cent) took place in National Health Service hospitals and a further thousand in other hospitals.

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As regards antenatal care, health authorities are encouraged to place emphasis on measures to improve the standards and the take-up of all the services provided for this purpose, including parentcraft classes. These measures include initiatives to encourage the early attendance of women in the antenatal period and regular attendance at clinic, with the follow-up of infrequent or non-attenders by doctors and midwives within the primary health care team.

Post-natal care. About 10 days after the birth of a baby, when the midwife's responsibility ends, the health care of the new-born baby, his mother and family become the responsibility of the health visiting service. This service, which is unsolicited and offered to all mothers, fathers and children in their own homes, is concerned with the promotion of health and the prevention of ill-health through giving education, advice and support. The health visitor also observes the development of the child and any deviation from the normal and refers the child for further assessment if necessary. The health visiting service and child health clinics are not intended to provide treatment for babies, mothers and children who are ill. Parents themselves are responsible for arranging for their new-born children to be registered with a family practitioner and it is from the GP that advice should be sought if the child falls ill or if, following confinement, the mother herself is unwell.

National insurance maternity benefit. A lump sum maternity grant of £25 is payable on the contribution record of the mother or her husband. A weekly maternity allowance is also payable for 18 weeks, starting 11 weeks before the expected week of confinement, payable on the contribution record of the mother herself as an employed or self-employed person. If the confinement is late payment continues until the end of the sixth week following the confinement. Earnings-related supplement may be paid, normally from the thirteenth day after the start of the basic maternity allowance.

(3) With regard to protection from dismissal, there is not an absolute prohibition against the dismissal of a pregnant employee. Dismissal on grounds of pregnancy is in general held to be unfair, unless the employee's condition makes it impossible for her to do her job adequately or it would be against the law for her to work while pregnant. Before the employee can be dismissed on these grounds, the employer must offer her any suitable alternative job that may be available. The qualifying period of service for this protection is 26 weeks, the same as under the general law governing unfair dismissal.

Employees with a minimum of two years' service with their employer are entitled to absent themselves from work for up to approximately nine months on account of childbirth and to return to the same job with their employer. For the first six weeks of this period, the employee is also entitled to receive maternity pay from her employer. These payments are additional to the maternity benefits which pregnant women may receive under the social security system, which include maternity allowances payable for up to 18 weeks from the beginning of the maternity absence. In effect, the payments due for each of the six weeks under the employment protection legislation make up the difference between the social security allowances and the amount of the employee's normal weekly pay. The employee is entitled to statutory maternity pay whether or not she intends to return to work after her confinement.

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A feature of the legislation is that employers who make maternity payments in accordance with the statutory requirements are entitled to claim reimbursement of the full amount from a central fund (the Maternity Pay Fund) managed by the Department of Employment. This Fund is built up from contributions made by all employers and constitutes a form of pooling arrangement designed to help individual employers, particularly small firms and those with a high proportion of women in the workforce, to meet their obligations under the Act and spread the financial burden as evenly as possible across industry as a whole.

(4) There are no specific statutory measures covering self-employed working mothers or those working for their husbands but in case of difficulty the normal social security benefits apply.

(5) The widow of a man insured under the social security scheme is entitled to widowed mothers' allowance for herself and her children until the latter reach the age of 19 years or leave school. Child's special allowance is available for a woman whose marriage has been dissolved or annulled, if on the death of her former husband she has a child towards whose support he was contributing. An increase of child benefit is payable to a single parent who has the care of children. A widow's pension is available for women, aged 40 or over, when their widowed mother's allowance ends. The pension, which is taxable, is payable until the woman reaches retirement age, at which point it is replaced by retirement pension.

#### C. Protection of children and young persons

(1) The following legislation is designed to assist and protect all young persons:

The Children and Young Persons Act, 1969

The Children Act, 1948

The Children Act, 1972

The Children Act, 1975

The National Health Service Act, 1977 (especially sect. 84)

The Employment of Women, Young Persons and Children Act, 1920

The Children and Young Persons Act, 1933

The Children and Young Persons Act, 1963

The Employment of Children Act, 1973

The Adoption Act, 1958

The Adoption Agencies Regulations, 1976

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The Adoption (County Court) Rules, 1976

The Children Act, 1958

The Adoption Act (Northern Ireland), 1967.

(2) Children deprived of a family. Provision is made in the Children Act 1948 for the care and welfare of children who have been deprived of a normal home life because they have no parents, have been lost or abandoned or their parents are unfit or unable to care for them. Such children may be received into the care of local authorities who then become wholly responsible for their upbringing and welfare.

In determining where such children shall live, a local authority may consider placing the children in foster homes, maintaining them in children's homes or may make such other arrangements as seems appropriate, including in the case of older children, allowing them to live in hostels or lodgings.

Local authorities also have power under the National Health Service Act 1977 to provide residential accommodation for handicapped children.

Privately fostered children. Under the Children Act 1958, local authorities have a duty to satisfy themselves about the welfare of privately fostered children in their area and may prohibit or impose duties upon the keeping of private foster children. Under the Children Act 1975 the Secretary of State has power to make regulations imposing more specific duties on local authorities and requiring both the parents and the foster parents to notify the authorities about all privately fostered children. This Act also provides for the prohibition of advertising in the private fostering field. However, these provisions have not been implemented since the resources required to implement them are not available.

Adoption. Adoption is one of a range of provisions available for the care of children whose own parents are unable or unwilling to look after them. It is a legal process, and the current law on adoption in the United Kingdom is contained principally in the Adoption Act 1958 and the Children Act 1975, and in subordinate legislation made under those acts. The guiding principle of adoption law is the new welfare provision contained in section 3 of the Children Act 1975: in reaching any decision about a child's adoption, a court or adoption agency must have regard to all the circumstances, first consideration being given to the need to safeguard and promote the child's welfare throughout his childhood and must as far as practicable ascertain the child's wishes and feelings about the decision and give due consideration to them, having regard to his age and understanding.

Adoptions are normally arranged by adoption agencies (either registered voluntary adoption societies or local authorities acting as adoption agencies) whose activities and functions are governed by the Adoption Agencies Regulations 1976. These regulations prescribe the arrangements which must be made for the adoption of a child. It is at present lawful for individuals to arrange adoptions (provided no payment is made), but bodies other than adoption agencies may not do so. The Children Act 1975 will make adoption arrangements by individuals unlawful, unless the placement is with a relative of the child.

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Adopters must be over 21 and domiciled in this country; they may be married or single. Children to be adopted must be under 18 and unmarried, but there are no conditions about their nationality, domicile, sex, legitimacy or religion, although, when placing a child for adoption, the adoption agency must have regard to any wishes of the parents about the child's religious upbringing.

The child must live with the adopters for at least three months before the adoption order is made, and the adopters must notify their local authority of their intention to adopt. The local authority must then supervise the placement and secure the child's well-being until the adoption order is made, and they have power to prohibit the placement or ask a court to order the child's removal, if the placement seems detrimental to the child.

Each of the child's parents or guardians must agree to his adoption, unless the court dispenses with the agreement on one of the statutory grounds. There are restrictions on the removal of a child pending adoption by a parent who has agreed to his adoption, or where the child has lived with the adopters for five years. Provisions in the Children Act 1975 will enable parents to give early final agreement to adoption by consenting to an adoption agency's application for a court order freeing the child for adoption.

Adoption orders are made by courts, in accordance with legal rules of procedure (the Adoption (County Court) Rules 1976). All adoption proceedings are held in private. A guardian ad litem for the child is appointed on every application to protect the interests of the child before the court; and the child's wishes and feelings regarding the decision must be given due consideration, having regard to his age and understanding. The court must be satisfied that the general prohibition on payments in connexion with adoption has not been contravened.

An adoption order is irrevocable, and has the effect of making the child the legitimate child of the adopters. But an adult adopted person now has the right to information about his original birth record.

The Children Act 1975 contains provisions designed to discourage the adoption of children by parents, step-parents, relatives and foster-parents. Legal custody is generally more suitable than adoption in such circumstances, and the Act will introduce a new "custodianship order" to enable people other than a child's parents to obtain legal custody.

The main purpose of the Children Act 1975 is to facilitate more effective planning for the future of children who need long-term substitute care. It reflects recent changes in public and professional attitudes, and a greater knowledge of children's needs. The numbers of babies available for adoption have declined in recent years, and adoption agencies are increasingly concentrating on the special needs of children for whom a permanent family placement was traditionally considered difficult, because of their physical or mental handicap, emotional or behavioural problems, age or ethnic origin. The Act reflects the needs of such children by providing for the approval of schemes for adoption agencies to pay allowances to adopters.

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Many of the provisions of the Children Act 1975 are not yet in force, and chief among these is the requirement for every local authority to provide an adoption service, in conjunction with voluntary adoption agencies, as part of their social services provision for children and families. The introduction of this service will require careful planning and adequate resources.

Delinquent minors. The Children and Young Persons Act 1969 provides a power for the police, a local authority or a representative of the National Society for the Prevention of Cruelty to Children who reasonably believes that any one of a number of specified conditions is satisfied and that compulsory measures are necessary for the protection of the child to bring the child before a juvenile court as being in need of care and control. The specified conditions are:

- (a) That the child's proper development is being avoidably prevented or neglected or his health is being avoidably impaired or neglected or he is being ill-treated;
- (b) It is probable that condition (a) is satisfied:
  - (i) In relation to another child in the same household;
  - (ii) In relation to another child in another household;
- (c) The child is exposed to moral danger;
- (d) The child is beyond the control of his parents;
- (e) The child is of compulsory school age and is not receiving an education suitable to his age, ability or aptitude;
- (f) The child is guilty of an offence other than homicide.

If the court finds any one of the specified conditions satisfied and decides that the child is in need of care or control, it may make any one of the following orders:

- (a) An order binding over the parents to take proper care of the child and exercise proper control over him;
- (b) An order placing the child under the supervision of a local authority or, in the case of older children, a probation officer. In such a case the child remains at home with his parents and the supervisor visits and befriends the child taking such steps as are appropriate to ensure that the conditions which led to the child appearing before the court, do not recur. An intermediate treatment requirement may be attached to a supervision order. Intermediate treatment consists of participation, on the direction of a supervisor, in a variety of constructive and remedial activities either through a short residential course or through attendance at a day or evening centre. The object is to bring the child into contact with a new environment giving him an opportunity to develop new interests;

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(c) A care order which places the child wholly in the care of a local authority and confers on that authority all the rights and powers in relation to the child that the parents would have had but for the order.

The age of criminal responsibility in England and Wales is 10 years and no child under that age can be found guilty of any offence. In addition, it is presumed that a child under 14 has not reached the age of discretion and the court is therefore required, before dealing with him, to be satisfied that he knew that he was doing wrong. The Children and Young Persons Act 1969, which is the principal statute in England and Wales concerned with young persons under 17 who are in trouble, has as its aims the avoidance of stigma and the promotion of the child's welfare by dealing with him as far as possible outside the criminal justice system and, if it is necessary, to bring him before the court, ensuring flexibility of treatment both residential and non-residential which can be varied according to his individual and developing needs. The majority of offenders under 14 receive an official caution from the police as an alternative to prosecution.

Offenders between the ages of 10 and 16 are brought before specially constituted juvenile courts, but all courts before which the juvenile may appear are required by law to have regard to his welfare. Juvenile court proceedings are physically separated from those of the adult court; the public are not admitted to sittings; only limited publicity is allowed and the juvenile may not be identified; and the parent or guardian may be required to attend the proceedings at all stages. Legal aid is available in both criminal and care proceedings and the court is required to consider social enquiry reports on the child's whole circumstances before deciding how best to deal with him.

The orders available to the court in its criminal jurisdiction include a conditional or absolute discharge, a fine, compensation for the victim, a supervision order, or a care order. The court may also make an attendance centre order whereby the offender attends a centre for up to two hours on a Saturday or, if the offender is a boy aged 14 or over, may send him for short term training in a detention centre. The régime is intended to be constructive with a strong emphasis on moral and social training and education. If none of these orders is appropriate and the offender is aged 15 or over, the court may commit him to the Crown Court with a view to a period of training in a borstal institution. The aim of borstal training is to develop the character and capabilities of the trainee and to fit him to become a responsible member of the community by providing scope for personal decision, responsibility and self-control and by helping to make constructive use of leisure.

In Scotland, provision for children who are in need of care and protection or who offend is made through a system of children's hearings which came into operation in April 1971 in terms of part III of the Social Work (Scotland) Act 1968. Children may be referred by anyone or any agency to an official known as the reporter to the children's panel. Hearings are composed of three members drawn from the children's panel which is appointed by the Secretary of State on the advice of regional Children's Panel Advisory Committees. The reporter must decide whether in his view the child may be in need of compulsory measures of care, in

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which case he refers the child to a children's hearing. On the other hand, he may consider that voluntary measures of care would be adequate and he may make arrangements with the social work department of the local authority to provide voluntary supervision. Grounds for referral to a children's hearing are similar to the conditions specified in the Children and Young Persons Act 1969. The children's hearing is empowered to proceed to consider a case only if the grounds for referral of the child are understood by the child or accepted in whole or part by him and his parents. If this is not the case and the hearing decide not to discharge the case, the child's case is considered by the sheriff in chambers; and if the grounds are considered by him to be established the children's hearing may then proceed. The hearing must decide on the course of action which is in the best interests of the child and has a range of disposals open to it. These may include supervision at home in accordance with such conditions as the hearing may impose or a requirement to reside in residential establishments also subject to such conditions as they may impose. Each case must be reviewed within 12 months or the supervision requirement will lapse. Power to call for a review of the decision is open to the social work department at any time, and to the parent after three months has elapsed, and again after three months if the supervision requirement was varied, or six months if the supervision requirement was not varied on review. A children's hearing has no power to impose fines on children or to make any requirements on the parents. Appeals against the decision of a children's hearing may be made to the sheriff.

Children who commit very serious offences such as murder or assault to the endangerment of life, or certain practical offences such as contravention of the Road Traffic Acts are not dealt with by the children's hearing but are dealt with in the sheriff courts. The sheriff has powers to order fines, put on probation, detain in a residential establishment, or remit to a children's hearing for advice and/or disposal.

In Scotland a child for purposes of a children's hearing is defined as being below compulsory school leaving age or if on a supervision requirement to a children's hearing up to age 18.

(3) Awareness among professional workers in the field of child abuse of the scale and complexity of the problems of cruelty and neglect towards children has increased steadily since the 1960s. A Select Committee of the House of Commons examined the subject in the 1975/76 and 1976/77 sessions, and published a report in June 1977. The government response, the White Paper on Violence to Children, was presented to Parliament in March 1978.

There are no official statistics on child abuse. The best available estimate, derived from the experience of the National Society for the Prevention of Cruelty to Children, suggests that, in 1975, in England and Wales, some 7,500 children were suspected to have suffered abuse, including:

110 fatalities

1,560 seriously injured

5,570 moderately injured

260 cases of failure to thrive.

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Statutory responsibility for the protection of children and young persons is vested in the local authorities, who, in the exercise of their social service functions are required to act under the general guidance of the Secretary of State for Social Services. The most important legislative provisions for the protection of children from abuse are sections 1 and 2 of the Children and Young Persons Act 1969 (as amended by the Children's Act 1975), which provide that a local authority, police officer or other authorized person may seek from the courts an order either placing a child in the local authority's care, or making the authority responsible for the supervision of his welfare, where it is considered that his proper development is being prevented or neglected, his health is being impaired or neglected or he is being ill-treated; and section 28 of that Act, which provides for the making of an order for the removal of a child to a place of safety.

In all areas of the country, area review committees have been set up to provide a forum for consultation at management level between representatives of all the agencies, authorities and professions involved in the treatment and management of cases of child abuse. Each area has a register of children known or suspected to have been abused, or thought to be at risk of abuse, and of their families. These register systems enable information about a child and its family to be brought together from, or to be available to, any agency or professional dealing with them; provides a central record against which the support for children and families from all agencies can be monitored; and acts as a record from which an assessment of the incidence and causes of abuse in that area may eventually be obtained. Case conferences are normally convened for individual cases of actual or possible abuse. They enable the field workers dealing directly with the family of a child thought to be at risk to exchange information, to consider the needs of the family as a whole from the various professional perspectives of those attending, and to agree to a plan for co-ordinated work.

Several voluntary bodies are active in the field of dealing with child abuse. Foremost among them is the National Society for the Prevention of Cruelty to Children, who operates extensive field services, and seven special units, in which parents and children receive skilled treatment, and there is an opportunity to study the similarities and differences between patterns of family violence and to arrange appropriate care.

In February 1976, a Select Committee of the House of Commons, which had previously considered the problems of violence in marriage, was reappointed, with slightly different terms of reference, to consider the question of non-accidental injury to children. The Committee took evidence from a wide range of organizations, agencies and professions concerned with the problems of child abuse. Among these were three government departments (the Home Office, the Scottish Office and the Department of Health and Social Security) and, in December 1976, a team from the Department of Health and Social Security, led by the Minister of State, Mr. Roland Moyle, M.P., gave evidence to a public session of the Committee.

The report of the Select Committee, entitled Violence to Children, and published in June 1977, presented a comprehensive review of the problems of child abuse, and of the action being taken to cope with them. It included 58

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recommendations for consideration by the Government and by the authorities, agencies and professions concerned. After consultation with local and health authorities and with professional and representative bodies, the Government's response was published as a White Paper, Violence to Children, in March 1978, which was debated by the House of Commons in June 1978. In the White Paper, the Government accepted 33 of the Select Committee's recommendations in full, four more with qualification, and only found it necessary to reject eight. The remaining eight recommendations, relating to register systems, were accepted in principle, subject to further consultation and government consideration. Under section 98 of the Children's Act 1975, the Secretary of State for Social Services has power to cause an inquiry to be made into the functions of a local authority social services committee in relation to children. Section 84 of the National Health Service Act 1977 confers similar power in respect of health authorities. One statutory inquiry under these powers has been appointed, at the request of Liverpool City Council, to consider the case of Darryn Clarke, who died in January 1978 from injuries and ill-treatment inflicted by the man with whom his mother was living.

The Protection of Children Act 1978 supplements the provisions of the existing law which protect children from exploitation in the making of pornographic material, by creating new offences of taking indecent photographs or films of persons under the age of 16, permitting them to be taken, and distributing, showing or advertising such photographs and films.

(4) Provisions governing work for schoolchildren. Schoolchildren are prohibited from undertaking employment in industrial occupations by the provisions of the Employment of Women, Young Persons and Children Act 1920. Their employment in non-industrial occupations is subject to the restrictions on hours and conditions of work laid down in children's legislation and in local authority by-laws designed to safeguard the children's health, education and general welfare.

The minimum age for the employment of children is 13, as laid down in the Children Act 1972, although children under that age may be employed (a) in artistic performances, subject to many restrictions and (b) in the company of their parents in light agricultural or horticulture work, if the local by-laws permit. The other restrictions governing children's employment are contained in section 18 of the Children and Young Persons Act 1933 and local authority by-laws made under that Act, and section 34 of the Children and Young Persons Act 1963.

The main legislation prohibits the employment of children before the close of school hours or for more than two hours on any day on which he is required to attend school; before 7 a.m. or after 7 p.m. on any day; for more than two hours on any Sunday; or to lift, carry or move anything so heavy as to be likely to cause injury to him.

Local authority by-laws may prohibit the employment of children in any specified occupation and may prescribe, subject to the restrictions imposed by the main legislation, the number of hours in each day or in each week for which, and the times of day at which, they may be employed; the intervals for meals and rest; the holidays or half-holidays to be allowed to them and any other conditions

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to be observed in relation to their employment. By-laws differ from authority to authority but many of them permit children under 15 to work a maximum of five hours a day on Saturdays and school holidays, subject to a maximum of 25 hours a week, and children of 15 and over a maximum of eight hours a day, subject to a maximum of 35 hours a week. Many by-laws require employers to notify the local authority of the hours and conditions of a child's employment, and the production of a medical certificate that the employment will not be prejudicial to the health or physical development of the child, and will not render him unfit to obtain proper benefit from his education.

Under the Employment of Children Act 1973 the Secretary of State is empowered to replace existing local by-laws on the employment of children by national regulations which will introduce standard conditions of employment throughout the country, but because of the lack of resources available to local authorities to implement regulations during the present period of financial restraint, the regulations have been conferred for the time being. Any person convicted of an offence under the provision of the 1933 Act relating to the employment of schoolchildren is liable to a fine.

Provisions governing work for young persons. For the purposes of both acts mentioned below, "young person" means a person who has not attained the age of 18 but does not include a child whose employment is regulated by section 18 of the Children and Young Persons Act 1933 (or, in the case of the Shops Act 1950, section 28 of the Children and Young Persons (Scotland) Act 1937).

Shops Act 1950. Young persons employed as shop assistants are subject to a maximum working week of 48 hours. Overtime is limited to 50 hours a year and must not extend over more than six weeks (whether consecutive or not). No more than 12 hours overtime may be worked in any one week. An occupier of a shop who contravenes this provision is liable to a fine not exceeding £10 for every person in respect of whom the contravention occurs.

The maximum period for which young persons may be employed without a break of at least 20 minutes is five hours. As in the case of all other shop assistants employed under this Act, young persons must be allowed an interval of at least three quarters of an hour for a meal (at least one hour if the meal is not taken in the shop), where the hours of employment include the hours from 11.30 a.m. to 2.30 p.m. If they include the hours 4 p.m. to 7 p.m. an interval of not less than half an hour for a meal must be allowed. Fines for contravention of these provisions are £25 in the case of a first offence and £25 in the case of a second or subsequent offence.

The same level of fines is applicable to an occupier of a shop who does not grant his shop assistants, whether young persons or not, a weekly half day's holiday beginning at 1.30 p.m. Any shop assistant who is employed for more than four hours on not more than three Sundays a month must be granted a day's holiday; a half day holiday if employed for less than four hours. The fines for contravention of this section are £25 in the case of a first offence and £50 in the case of a second or subsequent offence.

Young persons employed under the Act must be allowed an interval of at least 11 consecutive hours free of work which must include the period 10 p.m. to 6 a.m. Any occupier of a shop who contravenes this provision is liable to a fine not exceeding £25 for every person in respect of whom the contravention occurs.

There are minor variations of all these conditions to meet the special requirements of certain trades, principally the catering trade, the supply of aircraft and motor vehicle accessories and early morning deliveries of milk, bread or newspapers.

Young Persons (Employment) Acts 1938 and 1964. These Acts cover the employments specified in section 7 of the Young Persons (Employment) Act 1938 as amended by section 1 of the 1964 Act. The employments relate mainly to the delivery of goods, the carrying of messages or running of errands at residential hotels, clubs, places of public entertainment or premises where newspapers are published. It also covers young persons operating lifts and cinematograph apparatus.

Young persons to whom these acts apply are subject to a maximum working week of 48 hours. Overtime is limited to 50 hours a year, and must not extend over more than 12 weeks (whether consecutive or not). No more than six hours overtime may be worked in any one week.

Young persons may not be employed for more than five hours without an interval of at least half an hour for a meal or rest. Where the hours of employment include the hours 11.30 a.m. to 2.30 p.m., an interval of not less than three quarters of an hour must be allowed between those times for a meal.

On at least one day each week young persons must be allowed a weekly half-holiday beginning at 1 p.m. Sunday employment is allowed only if the young person receives a whole day's holiday on a weekday other than that appointed for his weekly half-holiday, in either the week preceding or the week following the Sunday concerned.

The same period of non-employment at night is required as in the Shops Act 1950 (that is a break of 11 consecutive hours which must include the period 10 p.m. to 6 a.m.).

If an employer contravenes any of these provisions he shall be liable, in the case of a first offence, to a fine not exceeding £20, and in the case of a subsequent conviction, £50.

(5) The Health and Safety at Work etc. Act 1974 (see the previous United Kingdom report on art. 7 (E/1978/8/Add.9, paras. 23-38)) protects equally all persons at work from risks to their health, safety and welfare. It protects also persons who are not employees who may be affected by working activities such as schoolchildren.

A number of "relevant statutory provisions" of the 1974 Act contain specific provisions concerning the employment of children and young persons in industrial undertakings (including mines and quarries) and in agriculture. The Employment of

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Women, Young Persons and Children Act 1920 prohibits the employment of children (that is persons below the age at which compulsory school attendance ceases, which is about 16) in any industrial undertaking. The Agriculture (Avoidance of Accidents to Children) Regulations 1958 prohibit children under 13 from driving or riding on tractors or other agricultural machinery during or proceeding from or to work.

Provisions relating to young persons are included in the 1920 Employment of Women, Children and Young Persons Act, the Mines and Quarries Act 1954, the Agriculture (Safety, Health and Welfare Provisions) Act 1956, the Factories Act 1961 and subsidiary special regulations. These provisions prohibit night-work (with some exceptions), regulate hours of work, prevent employment in certain hazardous occupations and processes and require periodic medical examinations (of all workers) in certain other hazardous processes and industries. The 1961 Act contains further restrictions on the employment of 15 year olds.

Additional measures are taken to protect the health of young persons starting work. The School Health Service screens and identifies children with health problems and, if a problem is found which makes it unwise for a school leaver to enter certain types of employment, both the school leaver's general practitioner and the Health and Safety Executive's (HSE) local Employment Medical Adviser (EMA) are informed. EMA can then advise the school leaver in consultation with the other authorities. When a young person enters factory employment, the factory occupier is required to notify the Careers Service, which informs EMA in turn.

Contravention of the provisions of any relevant statutory provision of the Health and Safety at Work etc. Act 1974 can lead to enforcement action as provided for by that Act. HSE inspectors are empowered to serve notices requiring improvement to or prohibiting a work activity or to instigate prosecutions (in Scotland, prosecutions are undertaken by the Procurators Fiscal on behalf of HSE). As amended by the Criminal Law Act 1977, the maximum fine for an offence on summary conviction is £1,000; certain cases may be taken on indictment, for which there is provision for unlimited fines and the possibility of imprisonment for a maximum of two years.

(6) Statistical and other available data showing the number of children and young persons in the various age groups who are in fact working, and the sectors or type of work in which they are employed.

There is no statistical information on the number of children (under 16) who work, and no fully satisfactory information on the number of young people (16 and over) in employment, but the following material on the latter category may be of interest. There are two possible sources:

(a) EEC Labour Force Survey 1977. This showed 7.4 million people aged 16 to 29 in employment, of whom 2.3 million were in manufacturing, 1 million in distribution, 3.1 million in other service industries and the remaining 1 million in construction, agriculture etc. It should be noted that the age analyses are thought to be somewhat unreliable so these figures should be treated only as broad orders of size.

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E/1980/6/Add.16

English

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(b) New Earnings Survey 1978. This uses a random sample of all employees covered by PAYE schemes and table 1 below shows the numbers in the sample. It can be seen that 5.2 per cent of all employees were youths and boys under 21 while 1.4 per cent were girls under 19. Applying these proportions to the total number of employees in the United Kingdom (22.9 million) gives estimates of 1.2 million youth/boys and 0.3 million girls. These estimates can be broken down by industry, occupation etc., by multiplying the sample numbers in the table by a grossing factor of 132.4, that is the number of non-manual youths/boys =  $(2192 + 93) \times 132.4 = 300,000$  but the sample is small, the response rate may vary between industries etc., so the numbers should be heavily rounded and then treated only as orders of magnitude.

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Table 1. New earnings survey 1978. Number of employees  
in the sample in various categories  
(All employees including those who received no pay for the survey pay-period)

APRIL 1978

	Men 21 and over		Women 18 and over		Youths and boys under 21		Girls under 18		Totals		Totals		Total	
	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time
Great Britain	94 043	3 402	41 149	22 871	8 844	174	2 256	101	102 887	3 576	43 425	23 072	146 312	26 648
Non-manual	36 775	1 660	28 606	10 645	2 192	93	1 407	144	38 967	1 753	30 013	10 799	68 980	12 542
Manual	57 268	1 742	12 543	12 226	6 652	81	849	57	63 920	1 823	13 412	12 283	77 332	14 106
Region														
South East	29 729	1 284	13 725	7 454	2 517	79	611	69	32 246	1 363	14 136	7 523	46 582	8 886
Greater London	14 957	623	7 305	3 178	1 094	31	254	26	16 051	644	7 559	3 204	23 610	3 858
Remainder of														
South-East	14 772	661	6 420	4 276	1 423	48	357	43	16 195	709	6 777	4 319	22 972	5 028
East-England	2 936	138	1 110	726	294	5	57	9	3 220	143	1 167	735	4 387	878
South-West	6 568	281	2 617	1 671	596	10	148	13	7 164	291	2 765	1 684	9 929	1 975
West Midlands	9 527	345	3 945	2 432	861	14	205	16	10 388	399	4 150	2 448	14 538	2 807
East Midlands	6 578	250	2 741	1 563	610	13	172	15	7 180	263	2 913	1 578	10 101	1 841
Yorkshire and Humberside	8 981	320	3 490	2 274	887	13	248	14	9 868	333	3 738	2 288	13 606	2 621
North-West	10 955	360	5 086	2 657	1 081	23	291	31	12 036	373	5 377	2 688	17 413	3 061
North	5 422	141	2 216	1 162	578	9	130	13	6 000	150	2 346	1 175	8 346	1 325
Wales	4 320	125	1 664	813	396	8	81	10	4 716	133	1 745	823	6 461	956
Scotland	9 027	158	4 575	2 119	1 034	10	313	11	10 061	168	4 888	2 130	14 949	2 298
Occupational group														
Managerial (general management) I	1 676	193	97	76	3				1 679	193	97	76	1 776	269
Professional and related supporting management and administration II	5 933	109	806	88	85	3	2		6 018	112	808	88	6 826	200
Professional and related in education, welfare and health III	4 622	669	7 169	2 945	52	5	54	4	4 674	674	7 223	2 949	11 897	3 623
Literary, artistic and sports IV	693	65	192	46	14	4	6	1	737	69	198	47	935	116
Professional and related in science, engineering technology and similar fields V	6 720	36	453	78	416	3	6	1	7 136	39	459	79	7 595	118
Managerial (excluding general management) VI	5 789	65	797	54	140	1	4	1	5 929	66	801	55	6 730	121
Clerical and related VII	8 106	335	16 742	4 922	1 001	7	1 005	37	9 109	342	17 747	4 959	26 856	5 301
Selling VIII	3 431	253	2 389	2 546	458	71	344	102	3 889	224	2 733	2 648	6 622	2 872
Security and protective service IX	2 185	212	149	79	108	4	1	1	2 293	216	150	80	2 443	296
Catering, cleaning, hairdressing and other personal service X	3 474	671	4 289	9 130	293	43	186	36	3 767	714	4 475	9 166	8 242	9 880
Farming, fishing and related XI	1 833	132	105	120	132	4	9	2	2 165	136	114	122	2 279	258
Materials processing (excluding metals) XII	3 523	58	386	392	418	6	58	1	3 941	64	944	393	4 885	457
Making and repairing (excluding metal and electrical) XIII	4 686	105	2 279	692	809	1	269	6	5 495	106	2 548	698	8 043	804
Processing, making, repairing and related (metal and electrical) XIV	18 792	119	903	256	2 819	3	39	1	21 611	122	942	257	22 553	379
Painting, repetitive assembling, product inspecting, packaging and related XV	4 680	92	3 369	1 243	450	2	241	8	5 130	94	3 612	1 251	8 742	1 345
Construction, mining and related not identified elsewhere XVI	4 883	34	6	3	506	3	1		5 389	37	7	3	5 396	40
Transport operating, materials moving and storing and related XVII	11 276	251	454	169	685	13	21		11 961	264	475	169	12 436	433
Miscellaneous XVIII	1 741	103	84	32	223	1	8		1 964	104	92	32	2 056	136
Industry group (SIC Order)														
All index of production industries	51 457	776	12 956	4 247	4 999	13	866	20	56 456	789	13 822	4 267	70 278	5 056
All manufacturing industries	38 399	654	11 914	3 855	3 612	8	813	19	42 011	642	12 729	3 874	54 740	4 536
All non-manufacturing industries	55 644	2 748	29 253	19 016	5 332	166	1 443	182	60 876	2 914	30 694	19 198	91 572	22 112
Agriculture, forestry, fishing I	1 466	88	145	195	241	3	12	4	1 707	81	137	199	1 864	290
Mining and quarrying II	2 589	15	122	41	249		6		2 834	15	108	41	2 942	56

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Table 1 (continued)

APRIL 1978

	Men 21 and over		Women 18 and over		Youths and boys under 21		Girls under 18		Total		Total		Total	
	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time	Full- time	Part- time
Food, drink and tobacco III	3 063	71	1 396	803	270	2	88	5	3 333	73	1 484	808	4 817	883
Coal and petroleum products IV	368	3	33	12	17		2		365	3	37	12	422	15
Chemicals and allied industries V	2 917	27	157	207	121		49		2 638	27	196	207	3 436	234
Metal manufacturing VI	3 982	30	350	103	282		23	1	3 664	30	373	104	4 037	134
Mechanical engineering VII	5 784	78	918	229	609	1	46	1	6 393	79	964	230	7 357	309
Instrument engineering VIII	789	22	323	80	88		20		873	22	343	80	1 216	102
Electrical engineering IX	5 493	37	1 638	422	294		82	2	3 789	37	1 720	424	5 509	461
Shipbuilding and marine engineering X	1 269	8	83	31	185	1	3		1 454	9	86	31	1 540	40
Vehicles XI	5 672	14	645	102	392		21	1	5 864	14	686	103	6 550	117
Metal goods not elsewhere specified XII	2 609	33	797	290	321		31		2 930	33	828	290	3 758	345
Textiles XIII	1 061	37	1 197	365	189	1	91	2	2 150	38	1 778	367	3 928	425
Leather, leather goods and fur XIV	136	4	81	21	22		14		158	4	95	21	253	25
Clothing and footwear XV	466	25	1 434	424	91		193	3	657	25	1 627	429	2 284	454
Bricks, pottery, glass, cement, etc. XVI	1 453	17	407	104	157		33	1	1 610	17	440	105	2 050	122
Timber, furniture, etc. XVII	1 788	36	241	126	224	1	11	1	1 513	37	252	127	1 765	164
Paper, printing and publishing XVIII	2 791	146	995	316	232	1	67		3 025	147	1 062	316	4 087	463
Other manufacturing industries XIX	1 479	24	489	220	114	1	39		1 995	25	624	220	2 619	245
Construction XX	8 260	102	447	232	1 005	3	25	1	9 265	107	472	233	9 737	340
Gas, electricity and water XXI	2 213	5	441	119	133		22		2 346	5	513	119	2 859	124
Transport and communication XXII	10 116	146	1 760	472	569	2	67		10 685	148	1 827	472	12 512	620
Distributive trades XXIII	7 120	451	5 067	1 876	1 119	84	399	129	8 235	535	5 626	1 005	13 861	4 540
Insurance, banking, finance and business services XXIV	3 860	106	3 126	888	336	1	245	2	4 196	107	3 351	890	7 547	1 077
Professional and scientific services XXV	7 441	909	10 580	8 515	261	16	182	8	8 272	925	10 761	8 523	19 033	9 448
Miscellaneous services XXVI	5 304	613	3 565	3 738	804	34	217	32	5 809	662	3 782	3 770	9 591	4 432
Public administration XXVII	7 028	233	3 990	940	499	6	109	6	7 527	239	4 099	946	11 626	1 185
Type of agreement														
National and supplementary company etc. agreement	21 248	424	6 417	3 669	1 976	29	309	23	23 024	453	4 726	1 692	29 750	4 145
National agreement only	34 082	1 029	17 983	9 850	3 216	59	737	76	38 198	1 080	18 717	9 934	56 915	11 022
Company, district or local agreement only	11 681	182	3 580	1 392	785	12	235	7	11 466	194	3 815	1 399	15 281	1 593
No collective agreement	27 331	1 767	13 192	7 958	2 867	74	775	45	30 199	1 841	14 167	8 047	44 366	9 888

## II. ARTICLE 11. RIGHT TO AN ADEQUATE STANDARD OF LIVING

### A. General and specific measures

It is a major aim of the Government to improve the living conditions of all people in the United Kingdom; details of relevant policies are contained in the following paragraphs.

### B. Right to adequate food

(1) There are no laws, regulations or agreements, nor court decisions bearing on the right of everyone to adequate food in the United Kingdom of Great Britain and Northern Ireland.

The result has been produced in this country in other ways, namely by various food subsidies, either by virtue of European Economic Community (EEC) laws or by virtue of permitted State aids and by social legislation providing in many trades and occupations for a guaranteed minimum wage and for various forms of social security for the unemployed, the sick, the aged and so on.

(2) Agrarian systems. The United Kingdom is dependent on imports for a large proportion of its food so that our agricultural policy since 1947 (which is also in line with EEC policy) has been (a) to provide a stable and efficient agricultural industry capable of producing such part of the nation's food as it is desirable to produce; and (b) of producing it at minimum prices consistent with proper remuneration and living conditions for farmers and workers.

Long experience in agrarian development and reform has shown that a sound farm structure (that is the size and capacity of the farm) is fundamental to efficient development and utilization of the land. This has been achieved and supported by good tenure laws, provision of training and educational facilities, technical, advisory and research services and financial assistance. The measures adopted for these include the following:

(a) Planning regulations controlling use of land for development, the protection of agricultural land, conservation and environmental interests;

(b) Agricultural Holdings Acts with provisions for security of tenure of farms and landlord and tenant rights etc.;

(c) Inheritance laws that do not encourage fragmentation of farms;

(d) Training and educational facilities;

(e) Technological development in mechanization, equipment, stock-breeding, animal health, plant health, crop husbandry, land improvement (including drainage and irrigation);

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(f) The State-financed Agricultural Development and Advisory Service and Veterinary Service and research and development organizations; in Scotland the advice comes either from the Department of Agriculture for Scotland (DAFS) or the colleges;

(g) Financial assistance:

(i) To farmers for capital investment in land, buildings, services, machinery, equipment, management;

(ii) To encourage co-operation between farmers for production, marketing and processing;

(iii) To research and development organizations and marketing bodies;

(iv) To encourage forestry, tourism, cottage and rural industries;

(h) Safety and hygiene regulations for those engaged in agriculture and in respect of animals, crops, buildings, machinery, processing etc.;

(i) Provision of adequate marketing facilities and infrastructures (including access roads, electricity, mains water supply, sewage disposal, public transport, communications, social, health and welfare amenities, housing etc.

(j) Control is exercised over notifiable and other diseases that affect animals including those diseases communicable to man.

This is done by import and export regulations, by action to stamp out certain exotic diseases whenever they occur, by eradication measures for diseases endemic to the country (brucellosis and tuberculosis) and by advice and assistance. International disease surveillance is an important feature of this work.

A licensing function is exercised in respect of medicinal and medicated feeding stuffs for animals. Responsibility is also exercised for legislation governing meat hygiene, including the approval of establishments used for meat and meat product exports and the public health certification of such exports.

The administration of legislation governing animal welfare is another major responsibility; this covers the welfare of livestock on farms and at slaughterhouses and the protection of animals undergoing transport.

There are also measures taken to improve the quality of livestock; these include the licensing of cattle and pig artificial insemination (AI) centres and the approval of bulls used for AI purposes.

(k) The United Kingdom Government ensures that advice on all matters related to the control of pests and diseases in crops in the fields and after harvest as well as the adequate on-farm storage of food crops, is available to all farmers and growers. Except for certain specified services the advice is free of charge. It is given in

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England and Wales through the Agricultural Development and Advisory Service (ADAS) of the Ministry of Agriculture, Fisheries and Food, based on national specialist laboratories and on regional laboratories and subcentres spread throughout the country; in Scotland advice is via the colleges of agriculture and in Northern Ireland is given by a Department of Agriculture Service.

Advice is given on identification of pests, diseases and weeds and appropriate methods of control, including the use of pesticides as well as where appropriate integrated control and biological control.

Advice on the construction of farm buildings is given through the above services by professional surveyors and architects (in approved cases grant aid is also provided).

Advice on soil conservation given by the above organizations (which advise on all matters related to efficient agricultural production) deals, for example, with the avoidance of soil erosion or methods of avoiding or dealing with problems of soil pollution.

Field drainage. Field drainage is an important element in the preservation and improvement of fertility of clay and silt rich soils which form a high proportion of agricultural land in the United Kingdom. It is estimated that out of a total area of 11 million hectares (ha) in agricultural use some 2.6 million ha still require subsoil pipe drainage systems, while a further 3.4 million ha depend upon the maintenance of existing systems. The installation of new systems is proceeding mainly with benefit of ADAS advice and Research and Development at a rate of about 100,000 ha per annum. In Scotland, advice comes either from DAFs or the colleges in the case of drainage. This work attracts central government capital grant.

Water for agriculture. A piped water supply of high quality from the public mains is available to about 80 per cent of agricultural holdings. The rest depends mainly on ground-water sources. Irrigation is by spray and is concentrated on important but comparatively small areas mainly in the eastern and south-eastern parts of England; about two thirds of the water for irrigation is taken from watercourses, most of the remainder from ground-water sources, a little from the public mains. The total area irrigated is some 130,000 ha. Technical advice from ADAS, the Scottish Colleges of Agriculture and central government capital grants are available to farmers for the installation of drinking water and irrigation facilities.

Abstraction of water for spray irrigation is strictly controlled by licence. River basin management by the various water authorities covers the whole land area and includes, inter alia, the administration of laws to protect both surface flows and ground water from pollution, and responsibility for arterial channel management. The latter involves work for the prevention of flooding and regulation of water levels to allow effective agricultural land drainage. Capital schemes for channel improvements to meet these objectives attracts central government grants.

(5) The United Kingdom produces just over half of its own food supplies and imports the remainder of its requirements of temperate food-stuffs. The common agricultural policy of the European Community applies to the majority of its agricultural production and also to the half of its imports of temperate food-stuffs which come from other member States of the Community. The annual establishment of common price levels provides farmers with guaranteed prices and ensures security of supply for these products.

Within the United Kingdom there is a well developed communications network which enables agricultural products to be transported without difficulty from the farm or port to markets and food processors and thence to the ultimate consumer. There are no specific measures to ensure supplies of food to needy groups whose needs are catered for by more general welfare measures.

(6) There is a continuous monitoring of food consumption levels in the United Kingdom. The National Food Survey (NFS), which started in 1940, records the amounts of foods bought by housewives in representative households throughout the United Kingdom and calculates the nutrient content of this food. When meals eaten outside the home are taken into account, the nutrient content of the diet can then be compared to the recommended intakes of nutrients for the United Kingdom. In this way, it is possible to identify, from year to year, any groups in the population who appear to be at risk of a deficient intake of any nutrient and/or energy. With the exception of energy the recommended intakes incorporate a fairly wide margin of safety and theoretically cover the needs of 97.5 per cent of the population. An intake for any particular group which falls below the recommendation can therefore only be taken as an indication of possible risk rather than as a definite identification of a vulnerable group. Nevertheless the NFS data consistently provide indications which are confirmed in practice, that is that intakes of vitamin C are lowest among old age pensioners, the only group in which scurvy is still occasionally seen in this country.

It has been the policy of the British Government, since the cessation of rationing, to seek to modify diet only where there are clear and specific health risks. Measures taken in this respect have been largely confined to ensuring that all food conforms to established standards of safety with regard to additives, contaminants and packaging and handling procedures. The Government believes that it is otherwise not its function to impose changes of diet. 1/ Instead they see their role as an educational one.

(7) In England and Wales (similar but separate provisions exist in Scotland and Northern Ireland) the Food and Drugs Act 1955 controls the quality and composition of food and prohibits the sale of any food which is injurious to health or is otherwise unfit for human consumption or which is not of the nature, substance or quality demanded by the purchaser. Specific regulations made under the Act dealing with composition of food supplement these general provisions, and in addition to specific regulations, guidance on levels of certain contaminants of food is given based on the advice of the independent, expert Food Additives and Contaminants

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1/ Farming and the Nation, Cmd.7458 (London, HM Stationery Office, 1979).



Committee (FACC). This guidance is designed to be used by enforcement authorities in enforcing the general provisions of the Act.

The Act also provides for the seizure by officers of enforcement authorities of food which is unfit for human consumption. Such food may be brought before a magistrate who, if he is satisfied that it is unfit for human consumption, shall condemn it and order it to be destroyed or to be so disposed of as to prevent its being used for human consumption. "Unfit food" is not defined in the legislation but in practice it includes not only rotten and putrefying food but also food which, for some other reason, can be regarded as injurious to health.

The legislation also provides for regulations to be made governing the hygienic handling and preparation of food and the importation of food into the United Kingdom. Under this provision, several sets of regulations have been made on food hygiene which, in addition to imposing specific detailed requirements in various food handling situations, have created the very general offence of carrying on a food business at any premises or place, the condition, situation or construction of which is such that food is exposed to risk of contamination. They also provide that any person involved in the handling of food shall take all such steps as may be reasonably necessary to protect the food from risk of contamination. Regulations controlling the importation of food have created the general offence of importing into the country any food which is unfit for human consumption or is unsound or unwholesome. These regulations are enforced by port health authorities or inland local authorities depending on where customs examination of the food is carried out. The food hygiene regulations are enforced by local authorities (district councils and London boroughs).

Other regulations, which implement EEC obligations, are concerned to ensure that materials or articles in their finished state, which are or are intended to come into contact with food, do not transfer their constituents to food in quantities which could endanger human health or bring about an unacceptable change in the nature, substance or quality of the food.

Regulations have also been made under the Food and Drugs Act to control the use of certain classes of food additives; where a class is controlled in this way, only those substances specifically permitted by the appropriate regulation may be used in food for human consumption. It is intended that, in due course, all food additives should be controlled in this way. FACC advises ministers on all matters relating to the use of additives in food.

The only regulations made since 1976, which could be said to fall within the category of "principle" legislation, are the Materials and Articles in Food Regulations 1978. However, the following subsidiary legislation has also been introduced:

Cocoa and Chocolate Products Regulations 1976

Coffee and Coffee Products Regulations 1978

Fruit Juices and Fruit Nectars Regulations 1977

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Honey Regulations 1976

Specified Sugar Products Regulations 1976

Erucic Acid in Food Regulations 1977

Condensed Milk and Dried Milk Regulations 1977

Skimmed Milk with Non-milk Fat (Amendment) Regulations 1977

Food Hygiene (Markets, Stalls and Delivery Vehicles) Regulations 1978

Food and Drugs (Control of Food Premises) Act 1976

The Food and Drugs (Control of Food Premises) Act and the Food and Drugs (Control of Food Premises) Act (Scotland), enable an enforcing authority to apply to a Court for an order to close an insanitary food business which has been the subject of an offence under food hygiene regulations, if its continued operation would constitute a danger to public health. A closure order made by a Court would be lifted when the authority was satisfied that the faults to which the order related had been remedied.

There is no means by which the effectiveness of the power to close food premises could be measured. All that can be said is that the power is used by enforcing authorities and appears to be regarded by them as a useful additional weapon with which to protect public health.

(8) In the United Kingdom, governmental responsibility for the dissemination of knowledge of the principles of nutrition is shared between government departments and the Health Education Council.

The role of Government is directed primarily towards assessing, assembling and the dissemination of information on the health aspects of nutrition based on scientific evidence. This information is made available to the health professions and the public so that sensible dietary choices can be made. The Department of Health and Social Security is advised on matters of nutrition by an expert committee, The Committee on Medical Aspects of Food Policy. Over the years there have been a number of government publications, based on the advice of this Committee, dealing with the nutritional aspects of health. Among current issues being considered by the Committee are the nutritional aspects of bread, flour and cereals and the composition of foods for infants. In the autumn of 1978, the Department of Health and Social Security published a booklet entitled Eating for Health which set out the present state of knowledge about diet and explained the ways in which diet can assist in promoting health and in avoiding disease. In addition to general dietary principles, the booklet considered the specific needs of special groups such as children, expectant mothers and the elderly. The booklet was directed both at those working in health, social and educational services including health education officers and the general public. Another government publication The Manual of Nutrition compiled by the Ministry of Agriculture, Fisheries and Food (MAFF) is intended to provide a basic understanding of the science of nutrition and is widely used by school teachers, children and the general public.

MAFF also commissions analyses of foods and scans all relevant literature in order to maintain an up-to-date bank of information on the nutrient composition of

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foods which is periodically used to revise the publication McParlane and Wilson's The Composition of Foods, which is essentially the national food tables for the United Kingdom.

The Health Education Council (HEC) has a major role in nutrition education. HEC was set up in 1968 and its members are appointed by central government. It is financed from government funds but enjoys a large measure of independence in its activities. The Health Education Council's broad functions are to provide health education facilities and information at a national level in England, Wales and Northern Ireland. Its activities include the production of information and publicity material in support of national and local campaigns and the measurement of the effectiveness of the results of its campaigns.

In January 1978, HEC launched a national health education campaign entitled "Look After Yourself", the first phase of a plan extending over several years which will concentrate on emphasizing the value of, among other things, a sensible diet. Publicity for the campaign was provided by television, radio and advertising in the national and local press. A free booklet entitled "Look After Yourself" was produced which included a simple guide to diet. This booklet and supporting items such as weight charts was widely distributed either direct to the public or through health authorities and local authorities.

As part of the Look After Yourself campaign, a television series commenced in January 1979, under the title of "Feeling Great". The series included advice on diet. The national campaign was aimed at the general public but HEC has provided nutrition education material for more narrowly defined groups such as immigrants who need special advice on diet and schoolchildren. HEC has collaborated with the Schools Council in producing material and projects for health education, including nutrition education in school.

(9) The United Kingdom participates actively in the international organs concerned with improvement of food supplies and the relief of hunger, and contributes substantially to the resources of the international finance institutions and United Nations specialized agencies concerned with the development of agriculture and food production and the provision of food aid. The United Kingdom's bilateral aid programme gives priority to development assistance for the poorest groups in the poorest countries; one of the primary objectives is to assist in providing these groups with the means to purchase or grow sufficient food.

Although a net food importing country, the United Kingdom provides significant quantities of food aid both bilaterally and through EEC and the World Food Programme.

(10) Estimates are prepared by the Ministry of Agriculture, Fisheries and Food of total supplies of food moving into consumption in the United Kingdom. These show, for all the main groups of foods, the quantities available per head of population, together with the equivalent energy value and nutrient content.

The levels achieved are, in all cases, well in excess of 9040 KJ (2163 Kcal) per head per day, which is the weighted average energy intake recommended for the United Kingdom population.

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C. The right to adequate clothing

(1) There are no specific laws designed to promote the right to adequate clothing but, where necessary, when supplementary benefit is calculated (see sect. I.A, paras. (3) and (4)) provision is made for the supply of adequate clothing.

(2) The Industry Acts of 1972 and 1975 provide for financial assistance to all manufacturing industry. Assistance is designed to stimulate investment in areas of high unemployment, both to create new jobs and to preserve existing jobs where they may be at risk:

(a) Regional development grants (RDG). RDGs are available to manufacturers towards the costs of building works and new plant and machinery.

(b) Selective financial assistance. This is provided to promote the modernization and efficiency to expand or sustain productive capacity, and to encourage reorganization and rationalization of a company or an industry. Finance can be made available to create or preserve employment, either in the form of an interest relief grant or a loan. In July 1979, the Secretary of State for Industry outlined his revised policy for regional assistance. He stated that it was the Government's intention to be more selective when assessing applications, providing assistance only where it was necessary to enable projects to go ahead. Particular attention would be paid to the provision of more productive and more secure jobs.

Finance made available to applicants under the Selective Investment Scheme is designed to assist projects likely to be beneficial to the industry or the economy, as a whole, rather than to a particular region. Criteria state that projects should lead to very substantial improvements in performance or to the introduction of new products. The level of assistance is designed to be the minimum to bring the project forward in either scale or time. It will normally be expected that the resulting productivity of assisted projects will be significantly better than the average for the industry. Assistance is also designed to continue to attract internationally mobile projects to the United Kingdom. In the clothing and knitting sector there have been six successful applicants and over a dozen further applications are currently being assessed. The Scheme closed to applications on 30 June 1979.

The Selective Investment Scheme also provides for schemes of assistance to selected industrial sectors. The Clothing Industry Scheme was introduced in the autumn of 1975 and closed to applications on 31 December 1977. Over 1,000 applications were received and to date offers have been made on 922 with project costs totalling over £93 million. £20 million has been allocated for the Scheme.

The Scheme's assistance falls into three categories:

(a) Towards the cost of consultancy to identify areas where improvements could be made;

(b) Towards the cost of new and modern plant and equipment;

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(c) Towards the cost of restructuring and rationalization, for example, the centralization of production into one unit from several.

The Scheme was designed to increase productivity and efficiency in the industry and to encourage restructuring and rationalization.

(3) (a) Product and Process Development Scheme: Financial assistance is available to assist firms in bearing the cost of product and/or process development from the design stage up to the point of commercial production, special attention being given to new products and processes. Although not widely used in the clothing and knitting industries owing to the relatively low technology the department is currently supporting two projects and considering two more.

The Garments and Allied Industries Requirements Board (GARIB) was set up in 1975 to help identify areas which will most benefit by government support for R and D. The Board comprises a membership designed to give a strong voice to industry. Its responsibilities cover support for the clothing, footwear, leather and textiles industries together with their associated machinery industries. GARIB seeks to encourage the development and use of equipment and processes and techniques likely to contribute substantial short to medium-term benefits to the industries for which it is responsible. In general a substantial degree of industrial participation is sought by GARIB for the projects it lets to contractors.

(b) The Clothing Industry Productivity Resources Agency (CIPRA) was established during 1978 with Government assistance to promote the widest possible use of all resources - financial, technical, and managerial - by the clothing industry and part of the knitwear industry, in order to increase productivity and maximize efficiency.

(4) The United Kingdom, and indeed the European Community, clothing industries has experienced severe competition from low cost countries over recent years. Bilateral restraint agreements have been negotiated with the majority of supplying countries to control the rate of growth of imports into the Community through a system of quotas. The Multi-Fibre arrangement (MFA) covers over 95 per cent of the United Nations low cost imports and runs between 1 January 1978 and 31 December 1981. In addition, other bilateral agreements have been concluded with most State trading countries. Informal tariff quotas exist for certain of the Mediterranean countries. There are no quantitative restrictions on imports from developed countries.

There has been no effective reduction in the quantity of clothing available to consumers as a result of these measures. The domestic industry has taken advantage of the protection afforded by the various restraint arrangements, combined with the assistance measures described above, to modernize and improve efficiency. The industry is also taking steps to restructure its production to avoid competing directly with low-cost supplies.

The Government has stated that it will ensure that some form of orderly marketing arrangement is introduced following the expiry of MFA to ensure that the move to greater liberalization does not cause excessive difficulties to the textile industries.

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D. Right to housing

(1) The following legislation is designed to help promote the right to housing: the Housing Act (1974), the Housing and Rent Subsidies Act (1975), the Rent Act (1977) and the Home Purchase Assistance Act (1978). Other relevant pieces of legislation are the Race Relations Act 1976 which makes it illegal to discriminate against any persons on the grounds of colour, race, nationality or ethnic or national origins for housing as for other purposes. Sections 21-24 provide more specifically for the sale or letting of premises. Everyone in the United Kingdom, irrespective of ethnic, racial or national background or origin is entitled by law to equality of treatment in housing. Similarly, the Sex Discrimination Act 1975 forbids discrimination on grounds of sex, other than for certain purposes - mainly of employment. Sections 30-32 and 46 all relate specifically to provision of housing or accommodation.

(2) Housing conditions in England and Wales. There has been a very marked improvement in housing conditions in England and Wales over the last three decades. The absolute shortage of dwellings after the 1939-1945 war has given way to an overall national surplus - there are now some 17.2 million dwellings and 16.8 million households in England (English House Condition Survey 1976). In 1951 there were nearly 10 million households living in physically unsatisfactory conditions or sharing accommodation. It is estimated that by 1976 this figure had dropped to 2.7 million, and the most recent survey of housing conditions in England in 1977 shows a further improvement. 2/ The findings are summarized in table 2.

National figures however conceal wide variations in the seriousness of local problems. Some areas, particularly the older urban and industrial areas, continue to have intense concentrations of poor housing. Some groups in society continue to find difficulty with housing, or to have special requirements which still need to be met - for instance the elderly and the disabled. And as the quantitative shortage of housing recedes overall, more emphasis is coming to be laid on the quality of housing available, producing a demand for higher standards in both new housing and the existing housing stock.

To meet both the backlog of inadequate housing conditions and the requirements of newly formed households (an additional 145,000 to 160,000 each year) a substantial new building and improvement programme will be needed for the foreseeable future. Housing and construction statistics indicate the current rate at which new building and improvement is taking place in the public and private sectors.

Housing tenure. Home ownership is now the commonest form of tenure in England and Wales. Some 56 per cent of dwellings are owner occupied, compared with 30 per cent rented from local housing authorities and new town corporations (the public sector) and 14 per cent rented from private landlords. In addition, over 1 per cent are rented from non-profit-making housing associations.

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2/ Report of the National Dwelling and Housing Survey (NDHS) 1977 HMSO.

Home Ownership. Owner occupation of private sector dwellings can be achieved through outright purchase or by means of a mortgage loan on the security of the property. Building societies, the rough equivalent of housing banks or mortgage institutions in other countries, provide the bulk (over 90 per cent) of house purchase finance but local authorities, insurance companies and banks also make loans.

The early year cost of a mortgage loan can be quite high, but financial assistance in the form of income tax relief on the interest element of repayment helps to keep down the costs. The option mortgage scheme, introduced in the Housing Subsidies Act 1967, provides people paying little or no tax with assistance broadly equivalent to that relief enjoyed by people who pay tax at the basic rate. In effect, the Government provides these purchasers with a subsidy in lieu of tax relief. Assistance under either scheme is limited to one house and a loan of £25,000. The amount of assistance received by individual households varies considerably with the size of the mortgage and the length of time for which it has been held. But table 4 B shows the average tax relief and option mortgage subsidy available in recent years; and the relationship of this aid to the housing costs and earnings of the average mortgagor.

In addition to tax relief and option mortgage subsidy, owner occupiers of limited means may qualify for assistance in meeting local taxes (or rates) which are based on property values. The cost of these rate rebates is borne almost entirely by central government. In cases of hardship owners may also receive help under social security arrangements with interest repayments on their loans.

Financial assistance to help first time purchasers overcome the high entry costs of home ownership will also be available from 1980 under the Home Purchase Assistance, etc. Act 1978. This enables Government, subject to certain conditions, to provide people who have been saving for two years for a deposit on a first house with a tax-free bonus (currently up to £110) on their savings and an addition to their mortgage loan of £600 interest-free for five years, subsequently repayable as part of their mortgage.

Local housing authorities also have available limited funds for lending to intending purchasers in housing need likely to find themselves at the end of the queue for normal building society mortgages, that is, those on low incomes, buying older, cheaper property. And since 1975, they have been able to nominate applicants for a special quota of loans available from the building societies. Quotas available under this arrangement rose to nearly £400 million in 1979/80.

Shared ownership (or equity sharing) at present applies mainly to purchase of public sector houses and provides a further method of bridging the gap between renting and home ownership for those unable to afford the full purchase price at the outset. Under a typical shared ownership scheme, the purchaser buys a lease on a house for half (or less) of its market value, and also pays rent equivalent to half (or more) of what he would pay were he renting normally. He then has the option of buying the remainder of the house at a later date.

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A stable and sufficient supply of mortgage funds is essential to the continued steady expansion of home ownership. Fluctuations in the cost and supply of loans are damaging both to potential purchasers and to the building industry. Hence, stabilization of mortgage funds has been an important objective of formal consultative arrangements which have existed between central government and the Building Societies Association since 1973.

The supply of private housing is also dependent upon the availability of land, and the ability of builders to produce new housing in response to demand. Government is looking urgently at a range of measures to encourage the release of more land for private building process. These include simplifying town planning controls and the building control regulations.

More important are the powers which local authorities and new town corporations have to sell at a discount dwellings which are currently part of the public rented stock. Sales over the past five years have been modest when compared with the total stock of some 5.5 million dwellings (see Housing and Construction Statistics No. 28, table 42), though the rate of selling has recently substantially increased. The present Government intends to give all local authority and new town tenants the statutory right to purchase their homes, and has already extended the discounts on the market value of the property available to tenants of long standing. These can now be as high as 50 per cent. Coupled with shared ownership arrangements for those who have difficulty raising finance, these measures should considerably increase the number of tenants buying their own homes, as well as further extending the possibility of home ownership for those on lower incomes.

The public sector: local authority and new town housing. Public sector authorities - mostly local authorities, but also new towns development corporations and, in Wales, the Development Board for Rural Wales - provide houses for roughly a third of all households in England and Wales. Their stock now totals some 5.3 million dwellings.

These authorities have a general duty to review housing conditions in their areas, to deal with unfit housing, and to provide such accommodation as seems necessary in the light of local circumstances. They have extensive powers to acquire, demolish, build and refurbish property under a series of statutes. In particular, they are expected to provide for those households who would not otherwise find a decent home within their means. They have been largely responsible for dealing with the most serious post-war housing problems, mainly through clearance and redevelopment of large areas of older cities.

Traditionally, public sector authorities have given priority to families with children in allocating their housing; but they also take a high proportion of households with limited incomes, with special housing requirements, or who face housing difficulties for other reasons. For instance up to a third of local authority accommodation is now built in small units specially designed for the elderly; authorities have a statutory duty to secure accommodation for homeless families in priority need (Housing (Homeless Persons) Act 1977) among others and most are placed in public sector housing; and they make an important contribution towards provision of housing suitable for occupation by the physically handicapped.



The precise criteria on which housing is allocated is a matter for individual authorities; they operate waiting lists for applicants, who are usually required to be either resident or working in their areas.

Public sector tenants, like mortgagors, benefit from financial assistance towards housing costs. Central government provides local housing authorities with subsidy to enable them to meet their housing costs and retain programmes of new capital investment without excessive rises in rent or rates. Broadly, rents are expected to rise in line with earnings, although local authorities are free to set their own rent levels. (For the average weekly rent paid for local authority dwellings after subsidy to the housing authority, see Housing and Construction Statistics No. 28, table XIX). The average weekly earning of males in manual employment (the commonest type of employment found among local authority tenants) was £83.50 (October 1978). Table 4 C below illustrates the comparative movement of housing costs and earnings in recent years. Tenants on low incomes may additionally be able to claim rent rebates (or supplementary benefit if they are unemployed) to help meet housing costs (see Housing and Construction Statistics No. 28, tables XIX and XX).

The cost to central government of public sector housing subsidies, including rent rebates, was £1302.5 million in 1978/79 (see Housing and Construction Statistics No. 29, table XXXVIII). The existing subsidy system under the Housing Rents and Subsidies Act 1975 is shortly to be replaced by a new system which is intended to concentrate assistance more effectively on areas where it is most needed.

Housing associations. Housing associations now provide some 1.3 per cent of all housing in England and Wales and account for some 30 per cent of all new completions. Although technically part of the public sector - they are financed largely through the Housing Corporation which is a government agency, and local authorities - they are managed independently, often by charitable organizations. Non-profit making, they operate under the "fair rent" régime which applies to much of the privately rented sector, the deficit between their rent revenue and costs being met by government subsidy. In general, rents for housing association property are higher than those for other public sector housing, but lower than the cost of home purchase. Tenants in this, as in the private sector, can claim rent allowances if their financial circumstances qualify.

Most associations house a significant proportion of tenants nominated by local housing authorities, including groups with special needs, such as the elderly; and for those who have traditionally been accorded low priority for public sector housing, such as single people or childless couples. Their activities have expanded considerably since 1974 when their powers were extended by the Housing Act of that year. These activities have also become increasingly concentrated on the areas of worst housing stress in the urban areas with a growing involvement in rehabilitation of older property alongside new building.

The housing association movement with its flexible management structure is well placed to take the lead in schemes which help to bridge the gap between renting and

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home purchase for those on low incomes. Associations are engaged in equity sharing arrangements, and have pioneered community leasehold and co-ownership schemes which combine some of the advantages of ownership and tenancy. It is the Government's intention that the diversity which the housing associations can provide in the housing market should be encouraged.

(3) Government has exercised direct control over technical standards for housing construction since the early housing legislation of the nineteenth century which was concerned principally with the structural stability, layout, sanitation and ventilation of dwellings. The Public Health Acts 1936 and 1961 supplemented by the Fire Precautions Act 1971 and the Health and Safety at Work Act 1974, now provide a comprehensive framework for the specification of requirements for construction for the purposes of health, safety and energy conservation. Under these acts, central government makes detailed building and fire regulations which are then administered by local authorities.

Where appropriate, the regulations specify materials or procedures normally certified by the British Standards Institution (BSI) or by the Government Agreement Board (established in 1976) for use for different purposes. Both the British Standards Institution and the Agreement Board regularly examine new materials for use in construction. The British Standards Institution, representing the views of Government and industry, maintains a wide range of nationally and internationally accepted specifications for materials and tests, and codes of practice for design calculations and constructional methods. Both Government and BSI work closely with international bodies concerned with standardization of building products and exchange of information on materials and building techniques, such as the International Standards Organisation, the Economic Commission for Europe (Housing, Building and Planning Committee) and the European Community.

Minimum standards for public sector housing (commonly known as the "Parker Morris" standards) relating to space, fitting, and heating were laid down in 1967.

In support of these activities, the Department of the Environment contains an important Building Research Establishment which has, for many years, been engaged on technical and scientific research into building methods and materials. Reports of its findings are published regularly and results incorporated in policy decisions and advice to local authorities. Recent work includes studies of energy conservation, home insulation, fire prevention, and the safety of different building materials, condensation and dampness problems in system built housing. The Department also houses a Housing Development Directorate staffed principally by professional and scientific officers, who advise on day-to-day matters affecting housing construction, maintenance and management. Design bulletins, development notes and occasional papers containing reports of their findings are published regularly.

For private sector housebuilding, the National House Building Council (NHBC) also lays down minimum standards (in addition to statutory requirements under the building regulations) as a basis for insurance agreements between builders and purchasers. Builders registered by NHBC work to the standard set by the Council and can offer purchasers a guarantee against major structural defects for 10 years.

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Their space and fittings standard differ in a number of ways from the Parker Morris standards set for public sector housing.

(4) Rural housing. Provision of housing is not, in general, a problem in the rural areas of England and Wales, although localized shortages occur, and the scattered nature of the small communities may sometimes make the provision of new housing and services relatively costly. Special financial assistance was available from an early date to meet additional costs of providing adequate water supplies and sewerage to isolated dwellings and small communities, with the result that the great majority of rural housing is equipped with adequate sanitation and water supply. Rural housing problems now stem largely from depopulation of the countryside, which leaves elderly communities with relatively low incomes who find difficulty in maintaining existing property. There is consequently a disproportionate quantity of vacant property and housing in need of substantial improvement and repair in rural areas. Measures now proposed by Government to encourage the take up of grants for improvement are relevant to this problem. These measures include the simplification of grants and the widening of financial aid, in both the private and public sectors.

(5) Privately rented accommodation. There has long been a statutory framework governing the relationship of landlord and tenant, most recently brought together in the Rent Act 1977. This governs both security of tenure and maximum rents - two aspects of protection for tenants which are closely linked. The law concerning landlord and tenant is very complex because the sector covers a wide variety of accommodation and terms of occupancy which attract different degrees of legal protection. With the exception of luxury accommodation and some kinds of "tied" accommodation however, most private tenants are afforded some protection against eviction and arbitrary rent rises. Indeed, the general effect of rent control has, for some years, been to keep rents below full market value.

Broadly, tenants fall into three categories from the point of view of legal protection:

(a) Tenants of non-resident landlords who enjoy full Rent Act protection. The majority are "regulated" tenants who are liable to pay "fair rents" fixed by rent officers (or on objection, by rent assessment committees) and registered. A minority are "controlled" tenants whose rents are fixed in relation to 1956 gross rateable values (property values assessed for local tax purposes), and a proportion of the costs of certain subsequent repairs and improvements. Provided they pay due rent, and subject to some closely defined cases where repossession may be granted by the courts, these tenants normally have full security of tenure.

(b) Tenants of resident landlords who normally have more restricted protection. But they can apply to rent tribunals to suspend notices to quit and to fix reasonable rents.

(c) Many people in accommodation tied to particular employment (such as armed services) are licensees paying only a nominal rent or no rent at all, and are not eligible for full security. But one such group, agricultural workers, received protection as a result of the Rent (Agriculture) Act 1976.

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Tenants renting from private landlords can claim a rent allowance towards the cost of meeting their housing expenses if their financial circumstances qualify (for details of average registered rents and allowances claimed by tenants, see Housing and Construction Statistics No. 28, tables 44 and XX).

Although private rented accommodation now accounts for only a small proportion of the dwelling stock, it still has an important function in certain - generally inner urban areas, and in housing certain groups who do not wish to buy their own home and have low priority for local authority housing, such as mobile workers, the single young. The Government is accordingly concerned to reverse the decline which has been characteristic of the private rented sector. They have announced the intention of introducing a new form of "shorthold" tenure which would allow landlords to let for short periods in the certainty of regaining possession of accommodation at the end of that time. Tenants will have full security of tenure during the short hold period.

Table 2. Progress in meeting housing need (England)

	1971	Green Paper (mid-1976)	National Dwelling and Housing Survey (End 1977)
			(Thousands)
Dwellings	16 065	17 060	17 360
Households	15 835	16 610	16 820
Crude surplus	230 (1.4 per cent)	450 (2.6 per cent)	540 (3.1 per cent)
Households unsatisfactorily housed:			
Multi-person households sharing	365	265 <u>a/</u>	190
One-person households sharing	430	355 <u>a/</u>	330
Concealed households	390	330 <u>a/</u>	245
Crowded households	200	125 <u>a/</u>	75
Households in unfit dwellings	930	540	570 <u>b/</u>
Households in dwellings that are fit but lack basic amenities	1 670	880	700 <u>b/</u>
Total (free of duplication)	3 800	2 500	2 000

Source: The Government's Expenditure Plans 1979-80 to 1982-83 (Cmd 7439, HM Stationery Office, 1979).

a/ Estimates calculated from 1971 data. National Dwelling and Housing Survey (NDHS) results show these were slight over-estimates. Table therefore slightly understates improvement between 1971 and mid-1976, and slightly exaggerates improvement between mid-1976 and end-1977.

b/ Estimates; these items cannot be directly deduced from NDHS.

Table 3. Improvement of substandard dwellings

A. Unfitness and lack of amenities  
(England and Wales, 1976)

(Percentages in brackets)

	Owner- occupied	Rented from local authority	Other tenures <u>a/</u>	Vacant <u>b/</u>	All tenures
Unfit dwellings	319 (3)	49 (1)	384 (16)	151 (30)	894 (5)
No fixed bath in bathroom	303 (3)	47 (1)	426 (17)	126 (25)	901 (5)
No inside WC	407 (4)	161 (3)	471 (19)	129 (26)	1 638 (9)
Lacking one or more basic amenities	547 (5)	280 (6)	610 (26)	166 (33)	1 633 (9)
All dwellings	10 125 (100)	5 067 (100)	2 444 (100)	497 (100)	18 133 (100)

Source: Department of the Environment, Welsh Office.Note: Numbers are shown to nearest thousand for arithmetical convenience, but are not as accurate as that due to sampling variation.a/ Mainly private rented, but includes accommodation rented with job or business, and miscellaneous tenures.b/ England only. Separate figures for vacant dwellings in Wales not yet available (included with "other tenures").

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Table 3 (continued)  
B. Changes in the number of dwellings unfit or lacking basic amenities (England)  
(Thousands)

	Owner-occupied	Rented from local authority	Other tenures	Vacant	Total
Unfit: lacking one or more basic amenities					
1971	318	58	606	165	1 147
1976	263	46	334	151	794
Change	- 55	- 12	- 272	- 14	- 353
Fit but lacking one or more basic amenities					
1971	619	445	601	83	1 748
1976	278	255	353	45	921
Change	- 341	- 190	- 258	- 38	- 827
No fixed bath in bathroom a/					
1971	430	104	805	145	1 484
1976	247	45	382	126	800
Change	- 183	- 59	- 423	- 19	- 684
No inside WC a/					
1971	612	262	839	138	1 851
1976	360	157	437	129	1 083
Change	- 252	- 105	- 402	- 9	- 768

Sources: Department of the Environment.

Housing Policy. Technical Volume, part I, Cmnd 6851 (HM Stationery Office, July 1977),

pp. 56-57.

a/ Including both fit and unfit dwellings.

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Table 4. Assistance to housing in the main sector and housing costs relative to earnings (United Kingdom)

A. Public sector subsidies: United Kingdom (including local authorities, new towns and the Scottish Special Housing Association)  
(At 1978 survey prices)

	Total Exchequer and rate fund subsidy (excluding rent rebates) (Millions of pounds)	Average subsidy per dwelling (Pounds)
1973/74	920	155
1974/75	1 380	230
1975/76	1 451	235
1976/77	1 481	234
1977/78	1 476	227

B. Tax relief and option mortgage subsidy to owner occupiers: United Kingdom  
(At 1978 survey prices)

	Total (Millions of pounds)	Average per owner- occupied dwelling (Pounds)	Average per mortgaged dwelling (Pounds)
1973/74	1 140	114	207
1974/75	1 310	127	236
1975/76	1 340	128	234
1976/77	1 430	122	241
1977/78	1 285	118	208

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Table 4 (continued)

C. Local authority rents (and housing costs) relative to average earnings:  
United Kingdom  
(Pounds at outturn prices)

	Gross (unrebated) rents per dwelling a/ Index (1973-74 = 100)		FPA outgoings per dwelling a/ Index (1973-74 = 100)		Average weekly earnings b/ Index (1973-74 = 100)	
1973-74	170	100	242	100	38.1	100
1974-75	184	108	319	132	43.6	114
1975-76	209	123	374	155	55.7	146
1976-77	246	145	445	184	65.1	171
1977-78	284	167	468	194	71.5	188
(provisional)						

a/ As defined for Technical Volume, Cmd 6851, part I, table IV.12.

b/ Manual males aged over 21 in full-time employment in the United Kingdom in April of each financial year excluding those whose pay was affected by absence. New Earnings Survey (Department of Employment Gazette, October 1978).

D. Owner-occupiers' mortgage outgoings relative to earnings  
(Pounds at outturn prices)

	Average mortgage outgoings per mortgaged dwelling a/ Gross Net b/ Net b/ Index (1973-74 = 100)			Average weekly earnings c/ Index (1973-74 = 100)	
1971/74	394	294	100	41.9	100
1974/75	470	335	114	47.7	114
1975/76	535	368	125	60.8	145
1976/77	607	404	137	71.8	171
1977/78	626	428	146	78.6	188

Source: The Government's Expenditure Plans 1979-80 to 1982-83, (Cmd 7439, HM Stationery Office, 1979).

a/ Department of Environment estimates.

b/ Net of tax relief and option mortgage subsidy.

c/ On the basis of annual figures. Average for manual and non-manual employees. (Many owner-occupiers are manual employees).

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F. Scotland: significant differences in housing conditions

The tenure balance is different. About 54 per cent of houses in Scotland are in the public rented sector compared with 46 per cent in the private sector. 35 per cent of the latter is owner-occupied and 11 per cent rented, the latter figure including houses owned by housing associations (for which separate figures are not available).

About one tenth of the public sector in Scotland is owned and managed by a government agency, the Scottish Special Housing Association (SSHA) referred to in table 4A. SSHA supplements the activities of the local authorities by building houses in areas where economic expansion or redevelopment would otherwise impose an undue burden on the rate (local tax) -payers.

The distribution of building types is also different. Scotland has a much higher proportion (46 per cent) of flats than England and Wales (19 per cent).

There is twice as much overcrowding in Scotland (9 per cent) than in England and Wales (4 per cent).

Average rent levels are lower than in England and Wales. This is partly because until recently average earnings in Scotland were lower than in England and Wales.

Changes to the subsidy system comparable with those now being contemplated in England and Wales were enacted for Scotland in 1978 (Housing (Financial Provisions) (Scotland) Act 1978).

F. Northern Ireland: significant differences in housing conditions

In Northern Ireland, public sector housing is the responsibility of a government agency known as the Northern Ireland Housing Executive.

Average rent levels in Northern Ireland are broadly the same as those which obtain in Scotland, that is they are lower than those in England and Wales.

There is no housing subsidy system in Northern Ireland as such. The difference between the Housing Executive's expenditure and income from rents is met by way of Government grant.

The tenure balance is different. Some 52 per cent of houses in Northern Ireland are in the public rented sector, with 38 per cent in owner occupation and 10 per cent in the private rented sector.

The condition of the existing housing stock is poorer than in England and Wales. A House Condition Survey carried out in 1974 revealed that 38 per cent of the stock required some form of remedial action, whether by replacement, repair or improvement: 20 per cent of the stock was unfit and over 25 per cent lacked at least one basic amenity.

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There is more overcrowding in Northern Ireland than in England and Wales. A survey in 1975 indicated that 17 per cent of the population lived in overcrowded conditions.

The civil disturbances of recent years have exacerbated housing problems. Dwellings have been damaged, evacuated and vandalized with a large number of people moving house.

### III. ARTICLE 12. RIGHT TO PHYSICAL AND MENTAL HEALTH

#### A. Principal laws

The main piece of legislation passed in the United Kingdom since 1976 affecting the right of everyone to physical and mental health care is the National Health Service Act 1977. The Act was a consolidating enactment bringing together the unrepealed parts of the National Health Service Act 1946, parts of Health Services and Public Health Act 1968 and the National Health Service Reorganisation Act 1973. Section 1.1 of the Act reaffirms the duty of the Secretary of State for Social Services to provide a comprehensive health service "to such an extent as he considers necessary to meet all reasonable requirements".

#### B. Diverse information

(1) Measures taken to reduce infant and perinatal mortality. It is the Department of Health and Social Security's (DHSS) policy to encourage health authorities in their efforts to continue to reduce perinatal and infant mortality rates. In a circular issued in 1976, health authorities were asked to review their facilities (including resuscitation) for the care of the newborn. The circular drew attention to the report of the Expert Group on Special Care for Babies which emphasized the important preventive function of special and intensive care for certain vulnerable babies, which not only saves lives but substantially reduces mental and physical handicap. The Expert Group recommended a two-tier system of provision:

- 1.1 Special care units associated with maternity and children's departments of district general hospitals;
- 1.2 Combined special care and intensive care units associated with certain maternity and children's departments of general hospitals that would have substantial resources in staff and equipment.

As well as providing special care, these units are intended to care for the small proportion of babies whose healthy survival depends on highly specialized techniques.

The DHSS policy follows these recommendations.

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DHSS, through the National Health Service (NHS) Planning System, follows up measures taken by health authorities to rationalize their services for the newborn, including the provision of six special care baby cots per 1000 live births recommended by the Expert Group.

In recent years a great deal of attention has been focused on the problems of perinatal and infant mortality, particularly on the importance of encouraging expectant mothers to make use of available services. In April 1978 a major conference entitled "Reaching the Consumer in the Antenatal and Child Health Services", organized jointly by the Department and the Child Poverty Action Group, brought together people from a wide variety of organizations and backgrounds with the aim of identifying some of the reasons why mothers, particularly those in the most vulnerable groups, such as unsupported mothers and those from the lowest socio-economic groups, often failed to attend antenatal and child health clinics, and discussing ways in which the problems might be overcome. A large number of useful ideas emerged and the report of the conference was widely circulated.

The "Priorities for Health and Personal Social Services in England" and "The Way Forward" stressed the importance of reducing infant and perinatal mortality and handicap. In addition, following the availability of perinatal and infant mortality rates for 1977, it was possible to compare regional and area Health authority figures for four years and the Department wrote to those authorities whose mortality rates seemed unlikely to fall to acceptable levels in the near future asking them what plans they were making to try to reduce their rates. These plans will be followed up through the NHS Planning System.

A Conference organized jointly by the Department and the Children's Committee is planned for December 1979, the aim of which is to help those with a direct concern in the problem to obtain a clearer view of relevant issues and to identify the measures most likely to be effective in ensuring a continuing reduction and where possible to encourage local action towards improving understanding of existing services, dissemination of health education and the mobilization of voluntary effort. The Conference will include representatives from health authorities, professional medical and nursing organizations, voluntary bodies and the Health Education Council.

(2) Healthy development of children. Particular importance is attached to prevention in the field of child health. At birth, all newborn babies should be examined and any obvious congenital abnormality noted as well as any factors associated with the birth which might lead to handicap, such as breech presentation, asphyxia or low birthweight. During the first two weeks of life, routine screening tests for congenital dislocation of the hip and phenylketonuria should be carried out on all children.

Surveillance of the health and development of pre-school age children (those under age 5) may take place in the home by health visitors and in child health clinics provided by area health authorities in specially designed child health centres, rented premises or mobile units in rural districts or other areas where access is difficult for mothers. Clinical medical officers and health visitors employed by the health authority carry out this health surveillance. To an

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increasing extent, family doctors are providing a similar service for their own child patients, usually with the assistance of a health visitor attached to the practice. By regular examination and screening for developmental progress and to detect, for example, disorders of hearing, vision, speech and language, the services aim to detect deviations from normal development as early as possible so that children with handicapping or potentially handicapping conditions can be referred for treatment and, if necessary, multidisciplinary assessment of their needs. The first dental inspection is undertaken by dental officers of area health authorities at 2 and a half or 3 years and any necessary treatment provided.

Health Visiting Service. A health visitor is alerted to visit each newborn child by the notification of birth form, which is completed by the doctor, midwife or person attending a birth and passed to the area medical officer of the health area in which the mother lives. The first visit is usually made between the tenth and fourteenth day after the birth of a child. The health visiting service is an unsolicited service offered to all families. Health visitors are involved in health screening and surveillance of children, detection of abnormalities, appropriate referrals to other services and mobilization of other services or resources a family may need.

The health visitor's initial visits and the relationship which she forms at this time with the mother and the family as a whole are crucial as she is the first member of the community child health services with whom the family have contact and the person who is likely to continue to have ready access to the home to observe the mother and child together in familiar surroundings during the child's infant years, to help and advise parents and inculcate health and child-rearing practices. After the first visit, the health visitor will call as frequently as she feels necessary, paying particular attention to visiting mothers who fail to attend child health clinics and in seeing children she feels to be particularly vulnerable.

In 1974, health authorities' attention was drawn to recommendations that there should be routine medical examinations and screening tests for pre-school age children, comprising physical examination, physical measurement, screening for developmental progress and certain formal disorders. Timing for the examination was recommended at approximately ages 6 weeks, 6, 9 and 15 months and 2-2 and a half, 3 and 4-4 and a half years with, specifically, screening for response to sound at various key ages between 7 and 30 months and screening for visual acuity at about 2, 3 and 4 years of age.

In October 1976 a major report on the Child Health Services was published by a committee set up in 1973 under the chairmanship of Professor S. D. M. Court. The Committee's report emphasized generally the need for a greater emphasis to be given to prevention in child health, and recommended that a basic programme of health surveillance, in which they included certain screening procedures, should be offered to all children during pre-school and school life. The Committee also recommended that further research be carried out into the long- and short-term efficacy of health surveillance programmes. In the light of this report, the Department is endeavouring to strengthen preventive health services for children, and health authorities have been asked to review the child health services which

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they provide and concentrate extra resources on localities such as inner cities where disadvantaged children are concentrated and where the social and environmental conditions place them at risk. Wide-ranging consultation has taken place on the preparation of a guidance document on health surveillance of children from birth through school life and it is hoped that this guidance will be available shortly. A group of experts has, at the request of the Department, looked at the need for research into the effectiveness of health surveillance programmes and has recently suggested a number of research studies relating to general surveillance and specific screening.

Efforts are also being made to improve take up of preventive child health services since it is recognized that those who need these services most use them least. In this connexion health visitors have a crucial role to play in that they visit children in their homes and "Priorities in Health and Personal Social Services in England" recognized this role and proposed the expansion of the health visiting service. This strategy was confirmed in 1977 in "The Way Forward" and further endorsed in the Department's planning guidelines for health authorities for 1978/79.

School Health Service. In relation to school health, health authorities are expected to provide health surveillance of all children in maintained schools to ensure that appropriate advice and treatment is available so that pupils can benefit fully from their education. The Specialist in Community Medicine (Child Health) also advises the local education authority, parents and the pupils of any health factors which may require consideration during the pupil's school life. Particular attention is paid to the needs of children with disability. Where treatment is found to be necessary it is usually arranged either through the family doctor or through specialist services of the National Health Service. The school health service is also responsible for the identification of pupils about to leave school who have some departure from normal health which might affect their choice of employment, and for referring such pupils to the Employment Medical Advisory Service. The school dental service is expected to inspect all children in maintained schools at regular intervals and to provide any treatment required, and which the child is willing to accept. In fact, a majority of children obtain regular dental care through the general dental service (the family dentist).

Since the transfer of the service to the National Health Service (NHS) in 1974 the emphasis has been on consolidation pending consideration, successively, of the Court Report on Child Health Services and the Warnock Report of Enquiry into the Education of Handicapped Children and Young People, published in May 1978. It is difficult at present to assess the extent to which current school health needs are being met; the future organization and staffing needs to be considered in relation to any extra demands which may be made if more handicapped children are to be educated in ordinary schools. There would, in that event, need to be an increase particularly of nursing staff and the Department is considering the introduction of a national training scheme for school nurses. The increase in nursing staff and development of the school nursing service is also needed because the nurses will be at field level, mainly responsible for the health surveillance of all children and identifying those needing extra support and referral to other professionals and services and for day-to-day consultation with teachers.

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Comprehensive assessment services. An important and developing function of the district general hospital is the provision of a service for the comprehensive assessment of handicapped children of all ages up to 16 years and with all types of handicapping conditions including mental handicap. Handicaps are frequently multiple and in consequence there have been difficulties in attempting a complete evaluation of a child's potentialities by any one person and a multidisciplinary approach to assessment has emerged. It has been recognized that the essential feature of the assessment service is a bringing together of all those concerned whether from hospital, local authority, general practice or voluntary agency. The object is to facilitate the multidisciplinary assessment of the handicapped child and to reassess him frequently in the light of his growth, development and the effect of treatment, training, education and environment, so that he can be properly managed and support given to his family.

Following the recommendations of the Court Report on Child Health Services the Government accepted in principle the setting up of district handicap teams. About 50 per cent of health districts have a comprehensive assessment/district handicap team, and at least 8 of the 14 regions in England provide a regional-based support service where, in addition to their district assessment functions, special expertise and facilities are available for comprehensive assessment of a minority of handicapped children with multiple, complex and unusual types of handicap. Regional strategic plans indicate that district handicap teams are likely to be established in most regions.

The sick child and hospital services for children. It is recognized that children are emotionally vulnerable and that early experiences may affect their later development. Therefore, in order to avoid separation from their family and normal environment, sick children should, if it is possible, be treated in their own homes by the family doctor, with help from the community nurse if appropriate. Where a child is admitted to hospital, the Department's advice is that he should be cared for in a children's department of a district general hospital. The advantages of this arrangement are the following:

- (a) It allows the children to be nursed by those who have the requisite experience and know the techniques required in the care of the sick child, which differ from those that apply to adult patients;
- (b) It enables a paediatrician to be concerned with the general management and oversight of the unit and the general needs of all the children there; some of the children will be the clinical responsibility of other specialists;
- (c) It facilitates unrestricted visiting;
- (d) It makes it easier to provide overnight accommodation for parents so that they can stay with their young children;
- (e) It makes it easier to arrange for education and play;
- (f) The children's department has access to the wide range of diagnostic and treatment facilities provided by the district general hospital.

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There should be good communication between the community and hospital elements of the health service. This enables steps to be taken to ensure that the child's return home is not delayed through failure to arrange early enough for his continuing care in the community. Guidance on these lines was issued to health authorities in 1971 and subsequently their attention has been drawn to it in successive planning guidance documents issued by the Department.

(3) The United Kingdom has continually developed the machinery of pollution control over many years in response both to new environmental hazards and to increased awareness of the potential effects of various pollutants on human health and welfare. The primary legislation for environmental protection is the Control of Pollution Act of 1974. This was designed to consolidate existing legislation and to strengthen and extend the powers of the relevant authorities to deal comprehensively with aspects of pollution control.

The Act has been partially implemented as follows: some sections of parts I (waste on land) and II (pollution of water); and the whole of parts III (noise), IV (pollution of the atmosphere), V (supplementary provisions) and VI (miscellaneous and general) came into force on 1 January 1976. The main provisions of part I which have come into force are sections 1, 12-14 and 20. Sections of part II, which have been implemented, are the provisions relating to deposits and vegetation in rivers; the investigation of water pollution problems arising from abandoned mines; and the control of trade effluent discharges to sewers.

More detailed reference to the Act will be made under the following sector by sector account of the measures taken in the United Kingdom to prevent air, noise, land and water pollution.

Provisions in force in Scotland include sections dealing with part I - site licensing and waste disposal plans; part III - noise nuisances and codes of practice for minimising noise; and part IV - cable burning and regulations about fuel. Consideration is being given to a programme for bringing the remaining sections of the Act into force.

As far as possible, control of pollution is delegated to appropriate regional and local bodies. Thus, the Regional Water Authorities are responsible for controlling water pollution; local authorities for controlling air pollution and the disposal of toxic wastes. In general the role of central government is only to provide a statutory framework for pollution control, but there are some specific executive roles. A comprehensive review of the pollution control system is found in the enclosed publications issued by the Department of the Environment. Pollution paper No. 9 reviews the legislative and administrative procedures and No. 11 describes the United Kingdom's philosophy and the principles behind the system.

The Government is advised by an independent standing Royal Commission on Environmental Pollution, appointed in 1970, to advise on matters, both national and international, concerning the pollution of the environment; on the adequacy of research in this field; and the future possibilities of danger to the environment. The Commission has published six reports, and the seventh - on agriculture and

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pollution - will be published this year. It also acts as a watch-dog on pollution and environmental protection.

Air pollution control. The administration of general air pollution control falls to central government, local government and the Alkali Inspectorate.

Central government co-ordinates local monitoring, data processing, research into concentrations and their effects; exercises a quasi-judicial function by confirming smoke control orders, conducting public hearings or inquiries, calling-in land use planning proposals and appeals; and participates in international activities on air pollution, such as in the European Economic Community (EEC) and the Economic Commission for Europe (ECE).

Specific central government roles are:

(a) The National Survey of Smoke and Sulphur Dioxide - the analysis of local authority surveys of smoke and sulphur dioxide at approximately 1,200 sites to provide contour maps of smoke and sulphur dioxide concentrations throughout the United Kingdom. The Survey is being reviewed as is the need for wider monitoring of other pollutants;

(b) Sponsorship of a wide and varied research programme which is reviewed every year;

(c) Co-ordination of action on pollution problems of national rather than merely local concern, as, for instance, that of pollution from motor vehicles.

Avoidable smoke from motor vehicles has been forbidden for many years (about 2,000 prosecutions a year). Heavy goods vehicles are tested annually for emissions of smoke, and the Department of Transport carry out more than 200,000 spot checks per year at the roadside and on operators' premises. They are authorized to ban the further use of a smoking vehicle until it is repaired.

The Motor Vehicles (Construction and Use) Regulations 1973 incorporate control over the emission of carbon monoxide and unburnt hydrocarbons from petrol engines in accordance with regulation 15 of ECE. The latter regulation has since been amended to tighten further the emission standards, and the new limits applied to vehicles used in the United Kingdom from 1 April 1977. Following recent EEC and ECE agreements from October 1977, new models tested in the United Kingdom have had to meet a standard for the emission of nitrogen oxides. Further regulations will probably be introduced in 1980/81 requiring all new vehicles to meet this standard.

Successive Governments have been concerned to restrict the emission of lead into the atmosphere by petrol-engined vehicles. In 1972, agreement was reached with the oil and motor industries to implement a phased programme of reductions in the permitted lead content of petrol and two reductions were voluntarily achieved. The present limit, which came into effect in January 1978, is 0.45 grams per litre of petrol (g/l). This maximum level is given statutory backing by regulations under section 75 of the Control of Pollution Act 1974. The United Kingdom will

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be moving to 0.40 g/l in 1980/81 in accordance with the EEC directive on lead in petrol.

The Motor Fuel (Sulphur Content of Gas Oil) Regulations 1976 restrict the sulphur content of diesel fuel to 0.5 per cent by weight until September 1980, and to 0.3 per cent by weight thereafter. A similar regulation, the Oil Fuel (Sulphur Content of Gas Oil) Regulations 1976, limits the sulphur content of gas oil burnt in furnaces to 0.8 per cent by weight until September 1980, and to 0.5 per cent thereafter.

Local government (mainly at district level) is responsible for ensuring control of emissions from non-registered industrial and from domestic sources. Places such as London, Sheffield and Salford have had smoke concentrations cut by as much as 90 per cent thanks to smoke control. Since 1961 the average annual smoke concentration in urban areas has declined by over two thirds. Some areas have virtually completed and others are continuing with their smoke control programmes. The Control of Pollution Act extended the investigatory power of local authorities by enabling them to obtain information about emissions. Local authorities are responsible for local monitoring; the National Survey of smoke and SO<sub>2</sub> is compiled largely from local authority data. Local authorities have Environmental Health Officers (EHOs) to carry out most of this work.

Alkali Inspectorate. The task of Alkali Inspectorate is to protect the public from the effects of noxious or offensive gases, smoke, grit and dust. Over 2,000 industrial works using scheduled processes giving rise to particularly noxious or offensive emissions or which are technically difficult to control have been registered and thus brought under the control of the Alkali Inspectorate. The Inspectorate require the best practicable means to be used to prevent or abate emissions. Close touch is kept with the local authorities and with members of the public who might be affected by industrial emissions to air.

Noise pollution controls. Control of noise pollution is now covered by the 1974 Control of Pollution Act which replaced the Noise Abatement Act of 1960.

In the United Kingdom, road traffic noise is generally regarded as the most widespread source of noise nuisance. Measures for dealing with traffic noise involve regulation of vehicle and road design, adequate urban planning, soundproofing of buildings, and traffic control.

Maximum limits for the emission of noise from road vehicles are contained in the Motor Vehicles (Construction and Use) Regulations 1978. Noise emission is assessed in terms of weighted sound pressure levels measured in a drive-by test. In addition, a compulsory national type approval scheme requires that a production vehicle of each new make should be tested in respect of several aspects of its environmental performance, including noise. The manufacturer is required to certify that every individual vehicle conforms to the approved type, and random checks are made.

Noise limits were set by EEC Directive 70/157 for all major classes of four-wheeled passenger and goods vehicles. Agreement on reduced limits - set out in

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EEC Directive 77/212 - was reached in March 1977. An EEC Council resolution of March 1977 proposes to reduce noise limits for all categories of vehicle to about 80 dB(A) by the mid-1980s.

Where traffic noise cannot be mitigated at source, its impact may be reduced. The Land Compensation Act 1973 provides for compensation to be paid for the depreciation in value of property arising from the noise of new roads. The Noise Insulations Regulations 1975 made under the Act, define the conditions under which occupiers are entitled to receive compensation for sound insulation of their homes. Payments made under these provisions have continued since 1976.

Heavy goods vehicles are among the noisiest of vehicles, and under the Heavy Commercial Vehicles (Controls and Regulations) Act 1973 local authorities have continued to use their powers to make traffic regulation orders prohibiting or restricting the use of certain routes and specifying others which such vehicles must follow, for environmental reasons.

Aircraft. The United Kingdom acceded to the original noise certification standards for new types of subsonic jet aircraft which were agreed by the International Civil Aviation Organisation (ICAO) and the subsequent amendment which required new models of the older types manufactured after 1 January 1976 to conform to those noise standards. More stringent standards for the noise certification of future types of subsonic jet aircraft have been adopted by ICAO and became applicable on 10 August 1978, and it is proposed to incorporate these, together with standards for propeller-driven aeroplanes, in the United Kingdom regulations.

Much of the present aircraft noise problem stems from the older jets whose entry into service pre-dated noise certification. It was decided to prohibit the use of non-noise-certificated subsonic jets acquired by United Kingdom operators after 30 September 1978; and subsequently, to prohibit the use of all such aircraft on the United Kingdom register from 1 January 1986. These new regulations, together with the latest more stringent ICAO noise standards for new designs of aircraft, should ensure a significant reduction in the level of aircraft noise in the vicinity of airfields during the next decade.

The noise impact of aircraft can be reduced by operational measures such as routing their departures from airports and keeping aircraft on approach as high as possible for as long as possible, so as to make the least noise impact on those living beneath. Such measures are promulgated by central government at four airports in the United Kingdom, and elsewhere it can take power to intervene if it feels that the airport management is failing to act responsibly.

The noise impact of aircraft was reduced further by a government scheme to grant aid the insulation of homes within the 55 NNI (Noise and Number Index) contour around Heathrow and Gatwick airports. The scheme has ended, and the Government is considering what measures should take its place. One scheme, to insulate one particularly seriously affected school near Heathrow, has already been set up. At certain other airports, including the British Airports Authority's

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Scottish airports and Manchester airport, the airport authorities have set up noise insulation grants schemes. The Ministry of Defence provides insulation for dwellings which are within the 75 dB(A) Leq (24 hours) contour around military airfields from which new flying takes place.

Neighbourhood noise. Local authorities are empowered to act against noise which, in their opinion, amounts to a "statutory nuisance" in the particular circumstances. Local authorities' powers were strengthened with the coming into force in England and Wales, on 1 January 1976, of part III of the Control of Pollution Act 1974. Where an authority is satisfied that noise amounting to a nuisance exists, or is likely to occur or recur, it may serve on the person responsible a notice requiring the abatement of the nuisance or prohibiting an occurrence or recurrence.

In addition to measures available to local authorities, an individual householder who is bothered by noise which he thinks amounts to a statutory nuisance, may apply direct to a magistrate's court. The court may make an order requiring the abatement or prevention of the nuisance, if they agree that one exists.

There is no general definition of what amount of noise constitutes a statutory nuisance. It is left to local authorities and, where relevant, to local magistrates, to arrive at a judgement on this in each particular case. However, the Control of Pollution Act provides for the approval of advisory codes of practice which could be taken into account in considering whether, in any particular case, noise from a source covered by a code amounted to a statutory nuisance.

The Control of Pollution Act forbids the operation of loud-speakers in streets at any time for the purposes of advertising any entertainment, trade or business - with the exception of loud-speakers mounted on motor vehicles used for selling ice cream or other food. Even in this case, use of the loud-speakers must be confined to musical chimes or other non-verbal means of communication; and they may be operated only between noon and 7 p.m.

Construction sites. Noise from construction sites is harder to control, particularly because of their temporary nature. The Control of Pollution Act gives local authorities discretionary powers to serve a notice on contractors or others responsible for construction works, imposing requirements in respect of plant or machinery which is or is not to be used on the site, hours of working, and maximum levels of noise which may be emitted from the site. Local authorities are required to have regard to the circumstances of the individual case and to the British Standards Institution's Code of Practice for Noise Control on Construction and Demolition Sites (BS 5228, 1975), which has been approved by the Secretary of State for the Environment.

Legislation on noise from new construction equipment may follow finalization of EEC Directives which would set permissible sound levels for various types of construction plant and equipment.

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Noise abatement zones. The Control of Pollution Act (COPA) confers on local authorities power to establish "noise abatement zones" for reducing or preventing noise problems arising from fixed sources. The orders designating a zone are confirmed by central government. They must specify the classes of premises to which the noise abatement zone controls shall apply, and further orders amending the extent of the controls may be made at any time. Any classes of premises, except, in practice, domestic premises, may be included within the scope of a noise abatement order. The local authority is also empowered to determine what noise levels shall be entered in the noise abatement zone register for new premises in classes specified in the noise abatement zone order, as they are built or adapted.

Waste management. The United Kingdom has legislated for the prevention of pollution on land by wastes. The Deposit of Poisonous Waste Act 1972 makes it an offence punishable by a fine and/or a term of imprisonment to deposit on land any poisonous, noxious or polluting waste which is liable to give rise to an environmental hazard (to persons or animals) without giving three clear working days' notice to the appropriate authorities.

Part I of the Control of Pollution Act deals with waste on land and provides the statutory framework for a systematic and co-ordinated approach to waste collection and disposal by local authorities.

The Control of Pollution Act 1974 has instituted a licensing system for every waste disposal site in the country and made it an offence to deposit any type of controlled waste elsewhere than on a licensed site; these provisions came into force in 1976. Licences are issued by the appropriate waste disposal authorities (which, in England, are the county councils and, in Wales and Scotland, the district councils) and conditions may be attached to them designed to protect public health and safety. Licences may be modified or revoked where the activities to which they relate subsequently constitute a danger to public health and safety in the opinion of the waste disposal authority.

Land pollution - Contaminated land. A contaminated land is a land which is polluted with sufficient quantity of toxic substances from human, industrial or natural causes to endanger human health, or to plant or animal life, or to threaten the integrity of buildings, or services to buildings. The general United Kingdom approach is to equip local authorities with legal and financial powers (many of them of long standing) to protect their environment.

Contamination. Contamination falls within the definition of "statutory nuisance" under section 92(i)(c) of the Public Health Act 1936: "any accumulation or deposit which is prejudicial to health or a nuisance".

Legislation and regulations. The Public Health Act 1936 empowers local authorities to determine that a statutory nuisance exists. They can then require the person causing the nuisance to execute such works and take such steps as may be necessary to abate the nuisance. If the person cannot be found the authority can carry out the work necessary to abate the nuisance and will bear the cost.

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Where contamination has been caused by an identifiable deposit of controlled waste, section 16 of the Control of Pollution Act 1974 allows a disposal or collection authority to serve a notice on the occupier requiring its removal.

Derelict Land Grant arrangements give authorities financial help towards the losses involved in reclaiming land "so damaged by industrial or other development as to be incapable of beneficial use without treatment", but it excludes naturally-contaminated land. The Department of the Environment administers the scheme and grants are discretionary.

Section 138 of the Local Government Act 1972 empowers authorities to incur expenditure to avert "an emergency or disaster involving destruction of or danger to life or property". An emergency or disaster need not necessarily be the result of a sudden occurrence.

The Health and Safety at Work Act 1974 gives the Health and Safety Executive and local authorities powers to regulate the development or use of contaminated sites to safeguard the health of workpeople.

Water. In the United Kingdom, water pollution control is the responsibility of the Regional Water Authorities in England, the Welsh Water Authority, and the Island Councils and River Purification Authorities in Scotland. Pollution is controlled by several acts of Parliament from the 1930s onwards, the latest and most comprehensive of which is the Control of Pollution Act 1974, which is currently in the process of being brought into effect.

The existing legislation ensures broadly that all discharges of effluent into rivers, streams, certain tidal waters and (in some circumstances) underground waters are subject to the consent of the relevant authority. The authorities may prohibit polluting discharges, or they may consent to them subject to conditions designed to minimise their polluting effects.

The United Kingdom policy on water pollution control is a flexible one based on environmental quality objectives. For each stretch of water a quality objective is set according to the condition of the water and the use which is to be made of it, and discharges are regulated to ensure that these objectives are met. This system, under which different standards may be set for different stretches of water, enables resources to be concentrated where the need is greatest, and at the same time ensures that a particular stretch of water meets quality standards which reflect the use made of it (for example as drinking water, or as a game fishery).

The United Kingdom plays a full part in the Environmental Action Programme of the European Community, and, in the field of water pollution, is taking steps to implement directives on the quality of bathing water, fresh-water fisheries, shellfish waters, water intended for abstraction for drinking, and the protection of groundwater against pollution, among others.

Radio-active waste. The United Kingdom regulates the disposal of radio-active waste under the terms of the Radioactive Substances Act 1960. This Act prohibits

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the accumulation or disposal of radio-active waste without the authorization of the appropriate Secretary of State or Department. (Crown establishments, UKAEA premises and licensed nuclear sites are exempt, but, by administrative arrangement, comply with the statutory provisions.)

The main legislation controlling the safety of nuclear installations is the Nuclear Installations Act 1965 which requires that the installation or operation of any process using atomic energy be licensed by the Health and Safety Executive. The Radiological Protection Act 1970 established the National Radiological Protection Board (NRPB), which is empowered to consider and advise on all problems relating to the protection of man and his environment against hazards from radio-active substances and ionizing radiations, to carry out and promote research and investigation into such problems, and to seek means of securing adequate protection against such hazards and mitigating any consequences of inadequate protection.

Most very low level radio-active waste is disposed of via the ordinary refuse collection service and is not subject to detailed control. The small amount of radio-activity in the waste becomes dispersed among the mass of ordinary refuse and no special measures are considered necessary. Slightly more active low level waste is authorized for disposal to authorized tips, where it is buried to a prescribed depth.

Low-level waste, which is not suitable for local disposal, is sent for shallow land burial to the disposal site, at Drigg in Cumbria. Low-level liquid radio-active waste may be discharged to the sea, rivers or sewers providing that prior authorization has been given and the amounts are within the strict limits set in accordance with the recommendations of the International Commission on Radiological Protection. Particular care is taken to safeguard drinking water and monitoring and checks are carried out. Some gaseous radio-active waste can be discharged into the atmosphere, subject to authorization requiring the use of the best practicable means to reduce the level of activity. Sampling of herbage and soil is carried out to ensure that discharges are within authorized limits and that no environmental damage is occurring.

Low-level (and some intermediate level) radio-active waste is disposed of by dumping into the Atlantic Ocean subject to international agreements and surveillance. The site used, some 500 miles south-west of Lands End, has been approved by the Nuclear Energy Authority (NEA) of OECD and the operation is accompanied by a representative of NEA and an Inspector from the Ministry of Agriculture, Fisheries and Food (MAFF), responsible for the radiological safety of the operation.

At present, intermediate level wastes, most of which result from the operation of nuclear power stations, are stored securely on-site at the various power stations. Most of it is not contaminated with long-lived radionuclides and will therefore decay to harmless levels of activity in a period of decades. Solid wastes significantly contaminated with the longer-lived actinides are stored at Windscale, as are high level wastes mostly consisting of fission products. Smaller

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amounts are stored at Dounreay. Storage is only considered suitable as a short-term option and research into disposal of high-level wastes is centred around its vitrification. A full scale plant to vitrify such wastes is planned to be in operation by the late 1980s. The resulting vitrified blocks will then be disposed of either:

- (a) On the bed of the deep ocean;
- (b) In stable geological formations on land;
- (c) Under the bed of the ocean.

Research into these three options is being carried out in conjunction with other members of the European community.

Pesticides. Control of pesticides is exercised principally through the Pesticides Safety Precautions Scheme which was set up in 1957. This is a non-statutory scheme, formally agreed between Government and industry. It is supervised by the Advisory Committee on Pesticides, an independent body appointed by the Secretary of State for Education and Science.

The scheme covers almost all uses of pesticides and means are being considered which will bring within the scheme the few remaining areas of use (minor industrial ones), not covered. It also determines which pesticides should be sold for particular uses and lays down conditions of use. The Government and its Advisory Committee also monitor adverse effects on man and the environment and measures the levels of residues in crops and food and in wildlife.

Agricultural workers are protected by the Health and Safety at Work Act 1974, and the Health and Safety Executive, through the Agricultural Inspectorate and the Employment Medical Advisory Service, are active in this field.

Oil pollution. Oil pollution of the sea is already covered by several international conventions. Amendments made in 1969 to the 1954 Convention for the Prevention of Pollution of the Sea by Oil should now lead to a further reduction in the amount of oil being deliberately put into the sea. Two further conventions also signed in 1969 are now in force, one making ship operators liable for oil pollution damage and requiring appropriate insurance (the Civil Liability Convention) and the other setting out the rights of Governments to intervene against ships threatening oil pollution of their coasts.

The prevention of Oil Pollution Act 1971 enacts the 1969 amendments to the 1954 Convention for the United Kingdom. It also improves the law in other respects, and increases the maximum summary penalty for illegal discharges of oil to £50,000. The Merchant Shipping (Oil Pollution) Act 1971 has enabled the United Kingdom to ratify the Civil Liability Convention. A further IMO Convention, concluded in 1973, extended the regulations in respect of oil pollution from ships and introduced regulations relating to discharges of other noxious substances. There are various technical difficulties which will need to be overcome before the annex regulating these discharges can be implemented.

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Local authorities are responsible for preparing contingency plans and earmarking equipment for clearing up oil pollution on beaches. The Department of Trade is responsible for dealing with oil pollution at sea. Under present arrangements, the Department of the Environment (DOE) (in England), the Scottish Development Department (SDD) and the Welsh Office (WO) are ready to help local authorities in the event of an unusually large pollution incident, at their request, by putting them in touch with sources of supply etc.

Measures taken to overcome the adverse effects of urban development and industrialization. Town and country planning is a function of local government but subject to central government supervision. In England and Wales the local planning authorities are the county councils, the district councils and the planning boards for the Peak district and lake district national parks. In Scotland they are the 9 regional councils, 53 district councils and the 3 islands councils of Orkney, Shetland and the Western Isles.

Planning law is identical in England and Wales; variations in Scotland result primarily from a different legal system.

The primary statute for England and Wales is the Town and Country Planning Act 1971 (as amended). Its equivalent in Scotland is the Town and Country Planning (Scotland) Act 1972. These acts, like their predecessors back to 1947, provide that development or the change of use of land or property requires permission from the local planning authority; Crown developments are, however, exempt from this. Authorities can grant permission subject to relevant conditions, or refuse permission. Applicants can appeal to the Secretary of State for the Environment against conditions or refusals. These powers enable authorities to control the pattern of development, in order, *inter alia*, to improve urban and rural environments. The Act also requires authorities to prepare development plans which formulate their policies and proposals for the development of their area. A decision of a planning permission is made in the light of the provisions of the development plan for the area.

Regulations have been made under the acts (see sect. II.E above). The principal instrument is the General Development Order which regulates the making and handling of applications for planning permission and grants automatic permission for minor developments. Both acts and regulations provide central government with default powers.

The Inner Urban Area Act 1978 provides financial and planning powers for local authorities with special problems of older urban development. The powers allow designated authorities to improve their environments, for example, by setting up industrial improvement areas. Such powers supplement action on improving housing and residential environments under the Housing Act 1974, in housing action areas and general improvement areas.

Plans prepared under the 1971 Act are wider in scope than those prepared under earlier legislation. 1971 Act plans do not merely indicate the way in which an area's development will be guided through development control; they also provide a

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wider framework for the co-ordination of investment, the management of traffic, and the improvement of the physical environment. They are prepared in consultation with the public and are open to objection by the public before they are adopted.

Subject to transitional arrangements in London and while plans adopted under previous acts give way to the 1971 Act, there are two parts to the development plan:

(a) Structure plans. These set out the main planning policies for the area and the important general proposals seeking to look forward as far as its subject matter permits. They indicate general locations in which development will take place or where certain policies will apply. There is a full integration of the land use and transport elements of planning in their preparation. Structure plans are prepared by the county planning authorities and are submitted to the Secretary of State for approval, with or without modifications.

(b) Local plans. These are mainly prepared by districts and are normally adopted by planning authorities. They set out specific sites in areas where development will take place or policies will apply. One purpose of a local plan is to translate the structure plan policies into appropriately detailed proposals. Where appropriate, it will make allocations of land. Local plans must conform generally to the approved structure plan. In practice they provide a detailed basis for the control of development which should create harmonious urban and industrial environments.

Public participation. In preparing structure and local plans and later when reviewing them, local planning authorities are obliged under the provisions for public participation to ensure that adequate publicity is given to relevant surveys and to the matters which they propose to include in the plans and that a proper opportunity to make representations is formally provided for all interested members of the public. Authorities must consider any representations made to them in the period allowed. Guidance on the handling of publicity requirements has been issued in relation to plan-making and also for development control purposes, that is for individual proposals. Planning authorities have been encouraged to provide publicity for applications wherever appropriate. Most authorities carry out public participation beyond their statutory requirements.

Development control. Development - the carrying out of building, engineering, mining or other operations, or the making of a material change in the use of buildings or land - requires planning permission. In deciding a planning application the planning authority must have regard to the development plan for the area and to any other material planning consideration. They are not precluded from granting permission for development which does not accord with the development plan, but where they think such development would be a substantial departure from the plan, they must give the public an opportunity to make representations and inform the Secretary of State for the Environment so that he has the opportunity to call in the application for his own decision if he chooses.

A local planning authority also has the power to revoke or modify a planning permission. In addition it may make an order requiring that any use of land be

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discontinued or continued subject to conditions, or that any buildings or works shall be altered or removed. But compensation is payable as the result of such an order taking effect.

**Publicity for planning applications.** An applicant for permission who is not the owner of the land concerned must certify, before his application can be considered, that he has notified the owner and agricultural tenants of the land, or that failing to identify those persons he has publicly advertised his application. The local planning authority must take into account any representations from these persons.

Applications for permission to carry out certain limited types of "bad neighbour" development, such as mineral workings, sewage disposal works, buildings more than 20 metres high, must be publicized by advertisement in the press and by the posting of a notice on the site before the planning authority considers the application; and the authority must take into account any resulting representations.

Similar publicity has to be given, and representations considered, in the case of applications for permission to carry out developments in areas of special architectural or historic interest where the development would affect the character or appearance of the area.

**Major developments.** In the case of major developments for which particular studies of the environmental and other implications of a proposal are being made, or where a proposal is of major significance or involves an environmentally sensitive area, the developer and the local planning authority are encouraged to consider informing all interested parties including the general public of the scope and nature of the work involved.

Major planning decisions are usually the subject of a local inquiry which is open to the public. Parties having an interest in the land and the local planning authority have a right to be heard, but anyone wishing to express a view, for example, on the possible pollution effects of a proposal, may give evidence at the discretion of the Inspector holding the inquiry. This discretion is freely exercised.

**Progress since 1976.** In recent times there has arisen a trend of public opinion which, in the case of proposed major developments of widespread interest, has begun to question whether the need for the development has properly been established. It has also been argued that there were implications and repercussions going far beyond the direct impact of the project itself, which called for a thorough reassessment of the balance between the national economic considerations and the effect upon the environment and quality of living. These trends have become most evident in proposals for new motorways and for nuclear energy production.

**Windscale inquiry.** The most notable occasion when these questions have been raised over nuclear energy production has been the inquiry into the planning application by British Nuclear Fuels Ltd. for the development of an oxide fuel reprocessing plant at their works at Windscale in north-west England. The

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Secretary of State called in the application for his own decision and ordered a public inquiry. The inquiry lasted 100 days. About 1,500 documents were put in by the promoters (BNFL), the local authorities, a number of environmental groups and individual members of the public, and many expert witnesses were called by the parties in presenting their case. The inquiry covered not only the usual local implications for the local economy, employment, transport, amenities etc., but significantly the implications of the proposed development for the safety of the public and for other aspects of the national interest. The inquiry was thus opened out to such issues as that of need, not only of the plant itself but of a nuclear fuel component in the country's energy supplies, and of the international implications of reprocessing. The fact that such issues were successfully compassed showed for the first time on this scale that the present planning inquiry system was capable of expansion to deal with matters which were not confined to merely local effects and which normally would not feature at an inquiry.

After the inquiry there was strong public pressure for the Inspector's report and recommendations to be published and debated in Parliament before the decision was taken. Special arrangements were worked out to enable this to be done. In his report the Inspector recommended that the development should be allowed to proceed subject to a number of conditions. Two debates were held in Parliament, in each case resulting in a clear majority decision in favour of the development, which was granted planning permission by means of the Town and Country Planning (Windscale and Calder Works) Special Development Order 1978. The order was made by the Secretary of State for the Environment on 3 April 1978, under sections 24 and 287 of the Town and Country Planning Act 1971.

Urban renewal and protection. Local authorities have extensive powers for improving the environment in large cities - for instance powers for clearing slum dwellings, reclaiming derelict land, improving individual houses and whole residential districts, securing clean air and managing traffic - supported, in many cases, by central government grants. An increasing emphasis is being placed on the need for gradual renewal of residential areas.

Local authorities are seeking to reduce congestion in town and city centres by discouraging the use of cars for journeys to work and by the provision of public transport. They have wide powers to control the movement of traffic within their areas on all roads other than those which are the responsibility of the Secretary of State for Transport. Devices such as the restriction of traffic in some streets to buses, taxis and delivery vehicles, one-way streets and clear-ways have been introduced in many areas to improve the flow of traffic. In most large cities some streets have been set out for pedestrians, with motor traffic severely restricted or totally limited.

In England the Secretary of State for Transport is responsible for trunk roads, the national system of routes for through traffic. There are about 10,000 km of other dual carriageway roads. The Secretaries of State for Scotland and Wales are responsible for trunk roads in those countries. Other roads, including urban motorways, are the responsibility of local authorities.

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Before building a new road the Secretary of State normally has to make the following statutory orders:

- (a) An order to fix the line of the road (line order);
- (b) An order to authorize alterations to existing roads which are affected by the new road (side roads order);
- (c) A compulsory purchase order (CPO) to acquire the land needed for the new road.

These orders may be made in succession to one another or concurrently. In each case there are statutory requirements to advertise the orders and to consider objections to them. In most cases a local public inquiry is held. In England, the Secretary of State for Transport and the Secretary of State for the Environment are jointly responsible for appointing inspectors to hold inquiries and for reaching decisions on trunk road orders. In Scotland and Wales, the appropriate Secretary of State combines both transport and environment functions.

Derelict land. Derelict land is basically defined as land unusable without treatment. Spoil tips of mineral waste and smaller dumps of chemical or other refuse, disused mineral workings, abandoned industrial plants and buildings, hollows and water-filled "flashes" caused by subsidence resulting from underground mining may be derelict land.

Land which is derelict can be improved in a number of ways. Large quantities of waste materials can be transported or spread by heavy machinery now in use, and, where movement is not practicable, progress in the techniques of vegetating has enabled grass and trees to be grown on many kinds of waste materials. Some land is used for agriculture or forestry, industrial sites, housing, schools, roads and the provision of public open spaces and recreational facilities.

In England the Department of the Environment provides advice to local authorities; in Wales and Scotland there are development agencies responsible for undertaking reclamation work. Central government advice is disseminated through the regional offices to local authorities who have powers to reclaim derelict land under the following piece of legislation: section 103(5) of the National Parks Act 1949, which gives local authorities power to reclaim derelict land by agreement; and section 89(5) of the same Act, which confers compulsory powers for the purpose of enabling derelict land to be brought into use.

Central government's main contribution to the work of derelict land reclamation is the payment of grants to local authorities as follows:

- (a) 100 per cent capital grants, payable under section 8 of the Local Employment Act 1972, in assisted areas and derelict land clearance areas;
- (b) 50 per cent grants, payable under section 9 of the Local Government Act 1966, towards annual loan charges of local authorities.

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Recent developments include the setting up of special derelict land reclamation teams of experts in the local authorities, to carry through schemes of derelict land reclamation.

(4) It has long been accepted that some common infectious diseases can largely be prevented by immunization. In the United Kingdom there is routine active immunization, on a voluntary basis, against diphtheria, whooping cough, tetanus, poliomyelitis, measles, rubella and tuberculosis. A blue booklet, "Immunization against infectious disease", was distributed to health authorities throughout the United Kingdom in 1972.

Immunization is also available, although not offered routinely, against anthrax, influenza, typhoid and paratyphoid fevers, smallpox, yellow fever, cholera and rabies. Details are also included in the blue booklet.

The leaflet "Notice to travellers" warns people going abroad that they may be exposed to infection not normally prevalent in the United Kingdom. The leaflet gives guidance about which vaccinations the travellers must have, which ones he would be wise to have, and what else the traveller can do to protect his health while abroad.

Memoranda, copies of which are appended, have been issued to the medical profession; they give detailed advice on BCG vaccination, smallpox, Lassa fever, leprosy and rabies.

A green booklet, entitled "Control of communicable disease in schools", was issued in 1977 to help medical advisers to local education authorities to provide general advice about the spread of disease in schools and about exclusion of pupils.

Policy in regard to vaccination and immunization in the United Kingdom is kept under continuous review by the Department of Health and Social Security. Ministers are advised by a committee of outside experts known as the Joint Committee on Vaccination and Immunization, which meets at least twice a year. Regular reports are made to the Central Health Services Council. There are also sub-committees which deal with vaccination against diseases such as rubella and polio as well as the complications of vaccination.

Treatment of all diseases in the United Kingdom is available, mainly free of charge, under the National Health Service.

Control of infectious disease is exercised by local authorities under comprehensive public health legislation. The proper officers designated to hold statutory powers are usually part-time members of area health authorities and are known as Medical Officers for Environmental Health.

Certain infectious diseases are required to be notified to the Communicable Disease Surveillance Centre which relays urgent messages and gives regular detailed reports to the Department of Health.

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In the field of preventive dentistry, successive British governments have encouraged the health authorities locally responsible for preventive health to seek the introduction in their areas of fluoridation of water supplies as a safe and effective measure for preventing dental decay in the community.

Road accidents. Road accidents are the largest single cause of accidental death in this country and, in 1977, 6,611 people were killed and 341,000 injured as a result of road accidents in the United Kingdom. More people under 35 die as a result of injuries received in road accidents than from any other cause. In terms of resources, road accidents cost the community over £1,000 million a year.

In spite of these seemingly depressing high figures, the United Kingdom's road safety record is good in comparison with other developed countries (see table 5). There are about 18 million motor vehicles on the road and the total number of casualties in 1977 was 13 per cent below the peak year of 1965 since when motor vehicle traffic has increased by nearly 60 per cent. Although this record may be good in relative terms the number of lives lost and injuries suffered in road accidents is not acceptable and past governments have a long record of introducing road safety measures in an effort to cut the high human and, today, economic costs that we have paid for the enormous increase in mobility provided by the motor-car.

The problems of drinking and driving are well known and it is an offence to drive or be in charge of a vehicle in this country with more than 80 mg of alcohol present in every 100 ml of blood (or 107 mg of alcohol in every 100 ml of urine). This limit was introduced by the Road Safety Act 1967 and was, at first, extremely successful in reducing the incidence of drinking and driving. Road casualties fell by 11 per cent in the following year and it has been estimated that the measures introduced by the 1967 Act saved 5,000 lives and 200,000 injuries over a period of seven years. The original success of the Act has since been declining - in 1968, 20 per cent of motor vehicle drivers killed in road accidents were over the legal limit of blood alcohol but this figure has risen steadily back to 33 per cent in 1977. New ways are, therefore, sought to discourage drivers from drinking and, at present, the Government is considering introducing devices which give accurate readings of the amount of alcohol in the breath replacing the need to give a blood or urine sample which requires laboratory analysis. If introduced it is hoped that such a move, saving time and costs, would enable a higher level of enforcement to be achieved.

Although legislation can try and control drinking and driving by deterrents it is also thought necessary to try and educate the public about the dangers of drinking and driving. Every year, a nationwide publicity campaign, costing some £1 million, is launched using television, the press, cinema and posters to put across the "Don't drink and drive" message.

Another area in which efforts have been concentrated to reduce casualties is by publicity campaigns to persuade people to wear their seat belts. It is estimated that wearing a seat belt reduces the risk of being killed or seriously injured in an accident by about one half and that some 10,000 lives and serious injuries could be saved annually if all seat belts were worn. National publicity

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campaigns on the "Clunk Click" theme have been produced annually since 1973 and have so far raised seat belt wearing rates to an average of 30 per cent. Efforts are currently being made to increase this level by voluntary means but a private member's bill to make the wearing of seat belts compulsory has recently been given a second reading although it is not possible at this stage to say what its chances of success are. There are strong feelings on the subject both for and against compulsion. Many people believe that it is an infringement of personal liberty and that such a law would be difficult to enforce, but others think the loss of life and cost to society is far too great to allow people to choose whether or not to wear a seat belt.

By 1982 it will be mandatory for all new vehicles to be fitted with seat belt anchorage points for all forward-facing seats. This move will facilitate the fitting of rear seat belts for those who wish to add to the safety devices already required to be fitted to their cars.

Pedestrians, especially children, are vulnerable on the roads and special campaigns are directed towards them. Children learn the "Green Cross" code on how to cross the road safely and the Highway Code, published with the authority of Parliament, gives advice on safety and the law to all road-users.

The remaining major area of concern has arisen from the increasing use of motor-cycles, which has led to significant increases in two-wheeler casualty figures. Attempts to reduce these are currently being made by increasing the number of riders who are formally trained.



Table 5. Road deaths and death rates <sup>a/</sup> in 1976

	Number of road deaths <sup>a/</sup> b/	Vehicles per 100 population <sup>b/</sup>	Road deaths per 100,000 population <sup>b/</sup>	Road deaths per 10,000 vehicles <sup>b/</sup>	Car user deaths per 100 million car kilometres <sup>b/</sup>	Pedestrian deaths per 100,000 population
Australia	3 583	49	26	4	...	4
Austria	1 903	34	28	8	5	7
Belgium	2 488	37	25	7	4	6
Canada	5 224	51	23	4	...	(6)
Czechoslovakia	2 017	19 <sup>c/</sup>	18	9 <sup>c/</sup>	...	6
Denmark	857	32 <sup>c/</sup>	17	5 <sup>c/</sup>	(1)	4
Finland	804	30	17	6	2	4
France	13 677	45	28	6	4	5
German Democratic Republic	2 324	35	16	4	...	4
Germany, Federal Republic of	14 870	36	24	7	3	6
Hungary	1 622	14	15	11	4	6
Ireland	625	21	17	8	2	3
Italy	8 927	39	17	4	(3)	4
Japan	9 734	35	11	3	(2)	(4)
Luxembourg	100	40	28	7	...	5
Netherlands	2 452	41	18	4	2	3
New Zealand	609	52	19	4	(2)	3
Norway	471	32	12	4	1	4
Poland	5 878	11 <sup>c/</sup>	17	18 <sup>c/</sup>	7	8
Portugal	2 594	14	35	25	...	(10)
Spain	4 759	21 <sup>c/</sup>	17	8 <sup>c/</sup>	7	6
Sweden	1 166	38 <sup>c/</sup>	14	4 <sup>c/</sup>	2	3
Switzerland	1 188	44	19	4	...	6
Yugoslavia	4 357	10	20	20	...	7
United Kingdom	6 570	32	12	4	1	4
United States of America	45 422	(65)	21	(3)	2	3

<sup>a/</sup> Most countries define a fatality as being due to a road accident if death occurs within 30 days of the accident. The official road accident statistics of some countries, however, limit the fatalities to those occurring within shorter periods after the accident. While the numbers of deaths in the above table are as published by the countries concerned, the death rates have been adjusted (according to the conventions described below) to represent standardized 30-day death rates.

<sup>b/</sup> Figures in brackets are for 1975.

<sup>c/</sup> Excluding mopeds.

Domestic safety. The Department of Trade is responsible for the safety of products used in and around the home which are not specifically the concern of other government departments (for example, the Department of Health and Social Security deals with medicines and drugs, the Ministry of Agriculture deals with food etc.).

The Department's home safety activities take various forms, including:

- (a) Investigating complaints;
- (b) Preparation of safety regulations (including involvement in EEC directives and participation in the preparation of voluntary safety standards on which regulations may subsequently be based);
- (c) Research, including collection of data on product-involved accidents;
- (d) Promotion of publicity on accident prevention.

Investigation of complaints. Complaints about products which are alleged to be unsafe are brought to our attention via local trading standards departments, consumer and safety organizations, and also come to us direct from members of the public. All of them are investigated and, whenever necessary, taken up with the manufacturer concerned. This action is taken in order to secure appropriate modifications and improvements and to get unsatisfactory products withdrawn from sale if the degree of hazard warrants this.

Regulations. As and when necessary, regulations imposing requirements (relating to such matters as composition, design, packaging and labelling) for consumer products have been made under the Consumer Protection Act 1961. Under this Act it is an offence to sell or hold for sale any product which does not comply with any regulations in force.

The recently enacted Consumer Safety Act 1978, when it is brought fully into force, will repeal and replace the 1961 Act. The new Act provides considerably greater and more flexible powers to make safety regulations than was possible under the 1961 Act. It also allows the Secretary of State, for the first time, to prohibit the supply of any dangerous goods which may suddenly appear on the market. Also included is the power to insist that when dangerous goods have already been supplied, the supplier, manufacturer or importer as appropriate must publish suitable warnings about the danger presented by the goods. A list of existing and proposed regulations is attached.

Research. The Department's Home Accident Surveillance System came into being in October 1976. Data on accidents in and around the home are collected from a totaling sample of 20 hospitals located throughout England and Wales and analysed centrally. The system's main purpose is to provide information on accidents involving consumer goods in order that the extent of the involvement of each type of product can be ascertained. This is helpful in identifying the need for improvements in safety standards and in deciding the content of future regulations. It is also of assistance in assessing the adequacy of safety instructions on products and in planning accident prevention publicity campaigns. The system regularly provides information to other government departments, as well as to manufacturers and organizations such as the British Standards Institution (BSI), the Consumers Association (CA) and the Royal Society for the Prevention of Accidents (ROSPA).

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In-depth research into particular hazards presented by products is undertaken from time to time.

Publicity. The promotion of home safety publicity is undertaken by both central and local governments and by voluntary organizations. The Department relies primarily on television "filler films" and radio tapes produced on our behalf by the Central Office of Information. Some 40 of these films are currently held by the British Broadcasting Corporation and the independent broadcasting companies and are shown from time to time during breaks between programmes. Additional films are produced each year.

However, publicity is sometimes promoted in other ways - for example, the Department recently issued a safety pack for schools - produced in association with BSI and CA.

The production of other home safety material such as posters and leaflets, is however left in the main to ROSPA, which receives a grant from the Department. District councils have power under the Home Safety Act 1961 to promote home safety in their area and many of them have local home safety committees.

Table 6. Existing and proposed regulations relating to the safety of consumer goods

Regulations in force	
Stands for carry-cots (Safety)	SI 1966 No. 1610
Nightdresses (Safety)	SI 1967 No. 839
Electrical appliances (Colour Code)	SI 1969 No. 310
Electrical appliances (Colour Code) (Amendment)	SI 1970 No. 811
Electric blankets (Safety)	SI 1971 No. 1961
Cooking utensils (Safety)	SI 1972 No. 1957
Heating appliances (Fireguards)	SI 1973 No. 2106
Pencils and graphic instruments (Safety)	SI 1974 No. 226
Toys (Safety)	SI 1974 No. 1367
Glazed ceramic ware (Safety)	SI 1975 No. 1241
Electrical equipment (Safety)	SI 1975 No. 1366
Children's clothing (Hood Cords)	SI 1976 No. 2
Vitreous enamel-ware (Safety)	SI 1976 No. 454
Electrical equipment (Safety) (Amendment)	SI 1976 No. 1208
Oil heaters (Safety)	SI 1977 No. 187
Aerosol dispensers (EEC requirements) <u>a/</u>	SI 1977 No. 1140
Babies dummies (Safety)	SI 1978 No. 836
Heating appliances (Fireguards) (Amendment)	Not yet published
Perambulators and pushchairs (Safety)	SI 1978 No. 1372
Packaging and labelling of dangerous substances <u>b/</u>	SI 1978 No. 209
Cosmetic products <u>c/</u>	SI 1978 No. 1354

Note. All the existing regulations made under the Consumer Protection Act 1961 are to be remade under the Consumer Safety Act.

a/ Made under section 2 of the European Communities Act 1972.

b/ Made under section 2 of the European Communities Act 1972 and under the Health and Safety at Work etc. Act 1974.

c/ Made under the powers conferred by section 2 of the European Communities Act 1972 as well as those available under the Consumer Protection Act 1961.

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Table 6 (continued)

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Regulations in force

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Prohibition orders in force

(Made under the Consumer Safety Act 1978)

The Nightwear (Safety) Order 1978

SI 1978 No. 1728

Prohibits the supply in the United Kingdom of children's nightwear which has been treated with Tris (2,3-dibromopropyl phosphate)

The Balloon-Making Compounds (Safety) Order 1979

SI 1979 No. 44

Prohibits the supply in the United Kingdom of balloon-making compounds containing benzene.

About to be made

The Novelties (Safety) Order 1979

Prohibits the supply of injurious tear-gas capsules, etc.

Regulations in course of preparation

Aerosol dispensers (Safety)

These will be made under the new Act and will deal with aerosols which do not bear the "3" symbol and are not, therefore, within the scope of the Aerosol Dispenser (EEC) Requirements Regulations (1977).

Cots

To be made under the 1978 Act

Electrical plugs, sockets and adaptors

To be made under the 1978 Act

Electrical Equipment (Safety) Regulations

To replace the 1975 and 1976 Regulations

Oil lamps

To be made shortly under the Consumer Protection Act

Paints, varnishes etc. (packaging and labelling)

To be made jointly by the Department of Employment and the Department of Trade under the Health and Safety at Work etc. Act and the Consumer Safety Act (1978)

Solvents (packaging and labelling)

Ditto

Radio-active products

These will be made under the 1978 Act and will require radio-active consumer goods to be approved by a specified body before they can be marketed

Upholstered furniture (ignitability)

To be made by the end of 1979

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Occupational and industrial diseases and accidents. The protection and improvement of industrial hygiene and the prevention of occupational diseases are the responsibilities in the United Kingdom of the Health and Safety Commission (HSC) and the Health and Safety Executive (HSE) under the Health and Safety at Work Etc. Act 1974. The statutory position is as described in the previous report of the United Kingdom on article 7 of the Covenant (E/1978/8/Add. 9, paras. 23-38). The general duties of the 1974 Act require employers etc., to ensure the welfare as well as the health and safety at work of all employees. A specialist section of HSE investigates and advises on all aspects of occupational hygiene while research in this area is conducted by the Research and Laboratory Services Division (RLSD) of HSE.

As explained in document E/1978/8/Add.9, advice on occupational health matters is provided by HSE Employment Medical Advisory Service (EMAS). In January 1979, a new branch was set up within EMAS to provide general information and data evaluation of hazards, medical appraisal, epidemiology, the notification of occupational disease and the operation of certain chemical safety schemes. Effective action to prevent occupational ill health requires detailed information on the incidence of disease. In July 1978, therefore, HSC published proposals for a comprehensive scheme for the notification of cases of occupational ill health.

Section 3 of the 1974 Act requires employers etc., to ensure that persons not in their employment are not exposed to risks to their health and safety. This can serve to protect, for example, the general public from the emission (or accidental release, as may follow a major explosion) of harmful substances from industrial installations. Both nuclear and non-nuclear installations, such as chemical manufacturing, are carefully inspected by HSE. No nuclear plant, for example, can operate except in accordance with the provisions of licences granted by HSE nuclear installations inspectorate under the Nuclear Installations Act 1965. These measures, although aimed at preserving human health and safety, also have a beneficial effect upon the general environment.

More specifically, however, HSE Alkali and Clean Air Inspectorate (ACAI) administers the control of emissions to the air of "noxious or offensive" gases from "registrable" processes in England and Wales under the Alkali Etc Works Regulation Act 1906. Registrable processes are chiefly the major polluting processes which require special technical expertise to control. In Scotland, H. M. Industrial Pollution Inspectorate for Scotland undertakes similar duties as an agent of HSC. The 1906 Act is a relevant statutory provision of the Health and Safety at Work etc. Act, the enforcement provisions of which can apply to any contravention (see sect. I.C, para. (5) above).

(5) The National Health Service aims to promote a comprehensive health service designed to improve physical and mental health and to prevent, diagnose and treat illnesses. A range of hospital and primary health care services are provided.

Primary health care. The term primary health care is used to mean the advice and care given to members of the public on health matters by multidisciplinary professional teams responsible for providing a service at the first point of contact continuing through the treatment, rehabilitation or terminal phases of illness when

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these take place in the community and referring patients to specialist services where necessary. It is a personal service to people in their own homes, at the doctor's surgery, in clinics, in health centres and in schools. Members of the various health care disciplines have their own specific skills to bring to the primary health services so that advice and care is available on all preventive and curative aspects of health. Primary health care is concerned with the health of the community at large and with that of individual families and people of all ages within the community. It is provided free of charge for the whole community apart from some contribution to the cost of drugs or appliances prescribed and these charges are waived in cases of need.

Primary health care teams. Emphasis is being given to the development of primary health care teams. The primary health care team consists of a general practitioner, a health visitor (who is an expert in child health care), a district nurse (who is able to give skilled nursing care to all people in the community and is particularly concerned with the care of the elderly), a midwife and sometimes a social worker. They are supported by secretarial and receptionist staff. By aiming for the development of a team approach, and by encouraging a close working relationship with the local authority social services it is hoped to achieve a more integrated health service and to ensure not only that community health care is available to all but that it reaches all those in need of it. This is particularly important in rural areas where the nearest hospital may be some distance away. Improvement is also being sought in the provision and delivery of health care in inner city areas and deprived areas where there are known to be health problems.

Family doctor services. The general practitioner is the doctor who provides personal, primary and continuing medical care to individuals and families. He may attend his patients in their homes, in his consulting room or sometimes in hospital. He has responsibility for making an initial decision on every problem his patient may present to him, consulting with specialists when he thinks it appropriate to do so. While the distribution of general medical services depends first on the preference of the individual doctors who are independent contractors, the Medical Practices Committee, a statutory body, operates to foster an even distribution of family doctors. There are financial incentives to encourage doctors to practise in areas where they are most needed.

Hospital services. Hospital services are provided for those patients who require more specialized treatment and diagnostic facilities. Generally, access to such care is by the reference of the family doctor. All services are provided free of charge. The hospital services draw patients from all sectors of the community, but the elderly in particular are important users of them.

Government strategy for hospital services is to provide a full range of specialized treatment, diagnostic and support facilities in district general hospitals. The increasing interdependence of the various branches of medicine points to the need to bring together a wide range of facilities for diagnosis and treatment in one place and this is being done through the establishment of district general hospitals to some defined catchment areas. These hospitals include maternity units, psychiatric units, geriatric units and children's departments as well as specialized surgical and medical facilities. Some of these have accident and

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emergency units, some in-patient units for ear, nose and throat and ophthalmology, and some also provide particularly highly specialized services for a larger (regional) catchment area such as neuro-surgery. Implementation of part of this strategy has meant that, in parallel with the opening of new facilities, some less suitable hospitals have closed.

Health authorities are expected to take full account of local needs when planning services and in particular to reduce as far as possible the difficulties of access which such closures can cause for people. Not all patients who need hospital treatment require the specialized facilities of a district general hospital and not all hospital facilities need be centralized there. The hospitals strategy therefore provides for the continuation or development of local or community hospitals providing a limited range of hospital services nearer patients' homes. Policy on the range of services in such hospitals is flexible, for example, a health authority may provide not only services for rehabilitation and for continuing care of elderly patients but also acute surgical, X-ray and other diagnostic services where this can be done usefully and economically.

Ambulance service. An ambulance service is operated under NHS by health authorities. Ambulance transport is provided free of charge, normally on the authorization of a doctor, for patients who are medically unfit to travel by other means. Any person may request an ambulance (usually by making a 999 call) for accidents anywhere or sudden illness in public places. An ambulance is despatched immediately in response to such a call. National standards of service have been laid down to ensure a suitably rapid response to all requests for ambulance transport, even in rural areas.

Accident and emergency services. In England there are some 250 major hospital departments dealing with the entire range of accident and emergency work and, in addition, some 300 smaller peripheral departments. The emergency ambulance service usually takes patients direct to main accident and emergency departments. Anyone with an injury, no matter how minor, may present themselves for treatment at an accident and emergency department. The current trend is for accident and emergency services to be concentrated on major hospitals where the full range of supporting services are available. This inevitably means in some instances, particularly in rural areas, longer journeys to hospital for treatment. Nevertheless, in an emergency, a patient presenting himself at a hospital with no accident and emergency department would normally receive essential first aid from the staff available and be directed to the nearest hospital with accident and emergency facilities. Patients with minor injuries are encouraged to seek treatment from their general practitioner.

Other transport for patients. The Transport Act 1978 relaxed restrictions on the establishment of community bus services and social car schemes which should benefit National Health Service patients, staff and hospital visitors particularly in rural areas.

Patients attending hospitals or clinics providing NHS hospital services can be helped with travelling expenses where payment of such expenses would cause "hardship".



Pharmaceutical services. Everyone using the family doctor part of the National Health Service is entitled to the supply of medicines and certain appliances prescribed by his doctor under NHS. People receiving dental treatment may also be prescribed certain medicines by the dentist. Almost all the chemists in England dispense medicines and appliances under the National Health Service and display notices to this effect in their windows. A patient who receives a prescription form from a doctor or dentist takes it to the chemist for dispensing. The patient pays a standard contribution to the cost of each item on the prescription. Exemptions to the charge are allowed to certain categories of people, for example, children under 16, expectant mothers, retirement pensioners.

Chemists (or pharmacies) are more thinly spread in rural areas than in urban areas since many communities are too small to support a chemist. In 1978, changes were made in the distribution of NHS remuneration to pharmacists, increasing the amounts paid to small pharmacists, so helping rural services. The Essential Small Pharmacies Scheme provides extra money for small pharmacies serving areas where no other pharmacy is within easy reach. There is provision for doctors to dispense medicines to patients where access to a pharmacy is difficult.

(6) Arrangements for the provision of medical care. Since 1 April 1974 the National Health Service in England has been organized under a single management. The main feature of the new organization is the unified control of the health services at three levels: a central department, 14 regional and 90 area health authorities. The Secretary of State for Social Services remains accountable to Parliament not only for the broad development of health services in England but also for their detailed functioning. Under the legislation, he has wide general powers to provide health services and specific duties to provide services, including hospital and other accommodation; medical, dental, nursing and ambulance services; facilities for the care of expectant and nursing mothers and young children; facilities for the prevention, diagnosis and treatment of illness and facilities for family planning. The Secretary of State has powers to direct health authorities on the functions which they exercise on his behalf and on the manner in which they carry out their functions. The Department of Health and Social Security, based in London, is responsible for allocating resources, for central strategic planning and for monitoring the working of the Health Service in England as a whole. It also has some wider public health functions.

There are 14 regional health authorities (RHAs) in England. Each covers a number of area health authorities (AHAs) and has one or more University Medical Schools within its boundaries. The Chairman and members of the RHA are appointed by the Secretary of State after consultations with interested organizations, including the universities, the main local authorities, the main health professions and workers' organizations. The Chairman of AHA is also appointed by the Secretary of State, after consulting the Chairman of RHA. A third of the members of each AHA are drawn from local government; the rest are appointed by RHA in consultation with the main health professions, workers and other organisations. Members of RHAs are unpaid (but entitled to travelling and other allowances) though the chairmen are paid part-time. The authorities are served by teams of paid officers. RHAs are responsible for strategic planning, allocating resources to area health authorities and monitoring their activities. The most important of the RHA executive functions

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is designing and constructing major new buildings and works, under the guidance and approval of the central government Department. The 90 AHAs are the operational NHS authorities. They are responsible for shorter-term planning and, in conjunction with regions, for strategic planning.

In general, their boundaries match those of local government authorities, who provide the personal social services. These are the services for the welfare of children, the physically and mentally handicapped, the mentally ill and the elderly. Services include the provision of residential homes and day care centres, field social work support and domiciliary services such as home helps and meals on wheels. These complement health service provision and AHA and local government activities are co-ordinated by joint consultative committees, with joint care planning teams concerned with services for individual client groups.

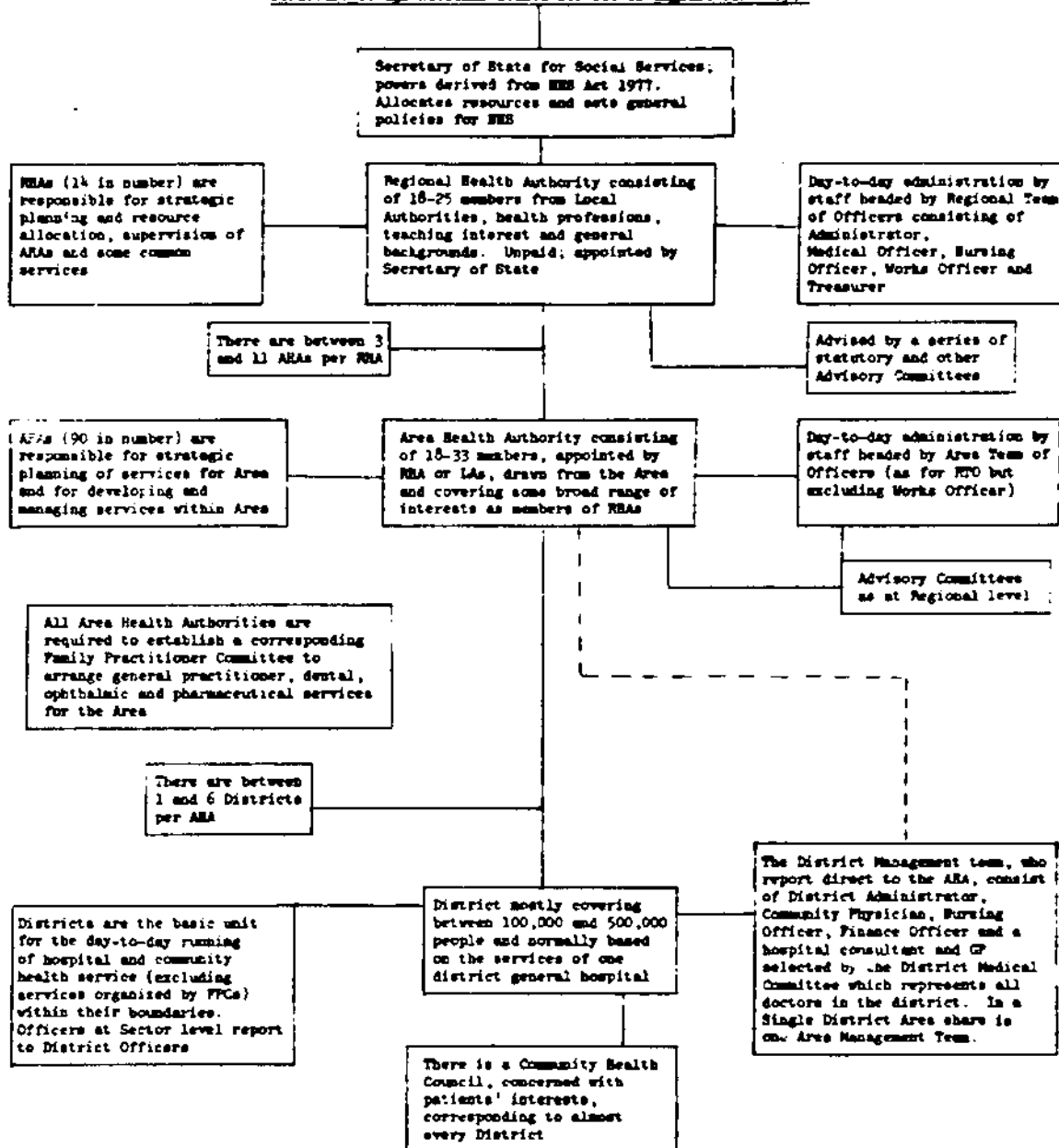
The smallest formal administrative units are the health districts serving on average a population of 250,000. These units are not statutory authorities but are responsible to the area health authority for delivering the full range of health services in the district and have a general hospital's specialist services. District boundaries are based on "natural" hospital catchment areas as far as possible and have four key organizations: the district management teams (DMTs), the district medical councils (DMCs), the health care planning teams (HCPTs) and the community health councils (CHCs). DMT manages and co-ordinates all local services and is responsible for formulating short-term plans. DMC is made up of hospital and non-hospital doctors and dentists who represent the medical and dental profession at the local level. HCPTs are responsible for developing plans for the integrated care of particular client groups such as the elderly. CHCs are not a part of the management structure of NHS, but consist generally of lay members nominated partly by local interest groups, partly by the local RHA, and partly by the local authority to represent consumer interests. These bodies have a "watchdog" role to examine health care provision and their levels of activity vary considerably from one locality to another.

General and dental practitioners, ophthalmic medical practitioners, opticians and pharmacists are independent contractors. To administer the contracts each AHA has set up a Family Practitioner Committee (FPC) which deals with the central department on contractual matters. It has 30 members: 15 appointed by the professions, 11 by AHA (at least 1 being an AHA member) and 4 by the local authority entitled to appoint members to AHA. The Chairman is appointed by the Committee from among its own members. The staff serving FPC are employed by AHA, but the Committee is always consulted before senior appointments are made.

The figure below shows the administrative structure of the reorganized NHS in England. A Royal Commission on the National Health Service was set up in 1975 and made its report to the recently-elected Conservative Government in July 1979. The Commission recommended that the administration of NHS should be simplified by eliminating, in most cases, one tier of management. The Government has said that it will put forward its own proposals on major issues of structure and management in the Autumn of 1979 and will invite comments on these proposals from the interests affected. The Government's stated view, subject to consultation, is that "early progress is essential to simplify the structure of the Health Service and to devolve management authority to the lowest effective level".

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Structure of the National Health Service in England since 1974



In addition to provision made through NHS, between 1 and 2 per cent of the total volume of health care is provided privately for those who wish to pay for it. NHS consultants who are not contracted to provide full-time service in public hospitals may take on private patients, and some private beds are available on NHS premises. Private patients pay a daily fee to the hospital for these facilities, representing the full cost of the services they use. They also pay a separate fee to the consultants. It is for the patient to decide whether he wishes to opt for private treatment and pay charges accordingly and provision for such patients currently forms a very small proportion of the NHS bed stock. There are also about 5,000 beds in private hospitals and nursing homes, mainly dealing with non-acute care, obstetrics and elective surgery. The Government has announced that it welcomes the contribution independent medicine can make to the health care of the nation.

Methods of financing medical care. The British National Health Service is financed mainly from general taxation and contributions paid have no bearing on entitlement to the services provided. Although charges are made for some services, from the outset there has been no charge for diagnosis. Funds for the Health Service are provided almost entirely by central government and no distinction by source of finance is made in the allocation of resources to different parts of the service.

The chief source of finance for NHS is general taxation voted by Parliament: the Consolidated Fund. The Health Service also receives an allocation from the income derived from national insurance (social security) contributions. From 1962/63 to 1974/75, the proportion of the cost of NHS in the United Kingdom met by these contributions fell from 17.2 to 5.7 per cent. However, earnings-related contributions were introduced in 1975 and have increased the proportion to its present level of around 10 per cent. As national insurance contributions have no bearing on entitlement to use the services, they are, in effect, a form of tax. Thus, as much as 97 per cent of the cost of NHS is met from taxation and the Government maintains firm control on the resources available for health care. Charges to patients cover about 1.5 per cent of the cost of NHS. In hospital, some accommodation may be available at a level of comfort above the normal hospital standard (amenity beds) and special charges are made for this. In family practitioner services, charges were first introduced in 1951. The levels of charges, particularly in the Pharmaceutical Service, have tended to remain fixed for long periods of time. There are now charges of 75p for each prescription item, up to £7 for courses of dental treatment and charges for various other items such as dentures, spectacles and some appliances. Some exemptions are made, however, for children, old people, the chronically ill, pregnant women, nursing mothers, and those on low incomes.

Central government plans the total national level of public expenditure desired and the way this amount is divided between the various spending programmes, such as education, housing, transport and health. The Government's overall plan for public expenditure is developed through the Public Expenditure Survey Committee (PESC) system. Expenditure figures and plans for future years are expressed at constant prices, which allows decisions to be made on the volume of resources available for spending programmes, independent of inflation. Individual spending departments then

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divide their allocations between the topics covered by their own programmes. Plans are made for a five-year period in the future, in order to allow sensible medium-term planning, and are rolled forward annually when new expenditure decisions are taken.

The Public Expenditure Survey process is primarily a means of planning public expenditure in the medium term. An associated control mechanism, the cash limits system, was introduced in 1976/77 to cope with problems of controlling actual expenditure year by year. Allocations for the forthcoming year are first made to provide the agreed volume of services at prices current at the beginning of the year. An estimate is made of inflation up to the end of the financial year and this is used to adjust the allocation so that health authorities should be able to purchase the agreed volume of services. When this is done, the limit of cash, which a health authority may spend, is fixed for that year. If, in the event, the estimate of inflation proves optimistic, then to live within the cash constraint those responsible are bound to make economies. This gives health authorities a powerful incentive to pursue prudent and efficient management. To date, health authorities have been within 0.5 per cent of their cash limit each year, and there are arrangements for limited carrying forward of under-spend in the next financial year.

Thus for the health authorities the Government decides before the beginning of each financial year what their total revenue and capital allocation are for that year, in terms of cash to be spent. Mainly as a result of historical factors the geographical pattern of provision of health care inherited by the National Health Service in 1948 was uneven. Some of these inequities in the provision of care in different parts of the country have continued to exist. The resource allocation process tended to perpetuate and reinforce the inequity by funding largely on the level of existing services. With the object of overcoming this weakness in the service, a Resource Allocation Working Party for England was set up in 1975. It subsequently recommended a new method of distributing resources to health authorities. The aim of the new method of distribution was to 'secure, through resource allocation, that there would eventually be equal opportunity of access to health care for people of equal risk'. It was introduced at about the same time as the planning system was being started. The comparative needs of each health region have been assessed using regional population weighted by mortality as a surrogate for morbidity. This enabled an estimate to be made as to which regions were over- and which under-provided. The central government department has now begun the slow process of levelling up the resources allocated to the latter. Provision within regions is also uneven and the regions are undertaking similar action between their areas. In the process, special provision is made for the extra costs of teaching hospitals. It must be emphasized that this method of allocation is based on the use of available resources to provide equally for comparative need and not absolute need, for which there is no measure. Similar efforts to achieve a fairer geographical distribution of resources are being made in Scotland and in Wales.

Some health services are provided centrally, by the government departments concerned, and expenditure on these is cash-limited in a similar way to the health authorities' allocations. These services include some training, research, public

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laboratory services and services for the disabled such as cars, wheel-chairs, artificial limbs and hearing aids.

Expenditure on the family practitioner services is not cash-limited like that of health authorities. Spending cannot be precisely determined in advance because it depends primarily on the decisions of patients about when to seek treatment and advice and the decisions of large numbers of independent practitioners about the treatment (including drugs) they should provide. In any individual year the level of expenditure has to be forecast, rather than determined, and the actual cost has to be met. There is some long-term control over expenditure because the individual fees paid to practitioners - for example the annual fee paid to a doctor for every person on his list and the fee paid to a dentist for each item of treatment - are reviewed from time to time.

Tables 7 to 11 below show how NHS has been financed since the mid-1960s, the pattern of expenditure on different parts of the service, a comparison of public and private expenditure on health and the published plans for future public spending on NHS. In addition, table 12 gives statistical data on the right to health.

Table 7. Sources of finance for total National Health Service expenditure at current prices 1965/66, 1970/71, 1975/76 and 1977/78

United Kingdom	<u>Millions of pounds</u>			
	<u>1965/66</u>	<u>1970/71</u>	<u>1975/76</u>	<u>1977/78</u>
Central government services:				
Consolidated Fund	1 007	1 680	4 834	6 043
NHS (Insurance) contributions	160	213	461	660
Charges to patients	31	62	110	147
Miscellaneous	3	5	15	18
Total central government services	1 201	1 968	5 420	6 868
Local health services: <u>a/</u>				
Local rates; grants from Consolidated Fund and charges to patients	125	125	-	-
Grand total	1 326	2 093	5 420	6 868

Source: Health Departments' Statistics.

a/ Before 1974 reorganization only.

Table 8. Sources of finance for total National Health Service expenditure as percentages of total expenditure 1965/66, 1970/71, 1975/76 and 1977/78

United Kingdom	<u>1965/66</u>	<u>1970/71</u>	<u>1975/76</u>	<u>1977/78</u>
Central government services:				
Consolidated Fund	76.0	80.6	89.2	88.0
NHS (Insurance) contributions	12.1	10.2	8.5	9.6
Charges to patients	2.3	3.0	2.0	2.1
Miscellaneous	0.2	0.2	0.3	0.3
Total central government services:	90.6	94.0	100.0	100.0
Local health services: a/				
Local rates; grants from Consolidated Fund and charges to patients	9.4	6.0	-	-
Grand total:	100.0	100.0	100.0	100.0

Source: Health Departments' Statistics.

a/ Before 1974 reorganization only.



Table 9. Total National Health Service expenditure at current prices by type of service 1965/66, 1970/71, 1975/76 and 1977/78  
(Millions of pounds)

United Kingdom	<u>1965/66</u>	<u>1970/71</u>	<u>1975/76</u>	<u>1977/78</u>
Health authorities' current expenditure: <u>a/</u> <u>b/</u>	713	1 210		
Local authority health service (current and capital expenditure)	125	125		
Health authorities' current expenditure: <u>a/</u>				
Community health services			310	397
Hospitals, administration and other services			3 372	4 339
Family practitioner services:				
General medical service	102	177	333	395
Pharmaceutical service	149	212	467	718
General dental service	68	107	231	265
General ophthalmic service	21	30	72	78
Central and miscellaneous services:	59	79	200	255
Central administration:	8	14	40	43
Hospital and community health capital expenditure: <u>c/</u>	81	139	395	378
Total NHS expenditure:	1 326	2 093	5 420	6 868

Sources: Health Departments' Statistics; Central Statistical Office.

a/ Differences in organization and services provided, over the years shown.

b/ Including administration of Executive Council services.

c/ Before 1974 reorganization, health authorities' capital only.

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Table 10. Estimated total expenditure on health care  
at current prices (public and private)  
1965, 1970, 1975 and 1977  
(Millions of pounds)

United Kingdom	<u>1965</u>	<u>1970</u>	<u>1975</u>	<u>1977</u>
Net expenditure on NHS:	1 275	2 024	5 299	6 897
Private expenditure on health care:				
Medicines (excluding NHS medicines)	n.a.	107	168	238
NHS charges to patients <u>a/</u>	37	61	108	143
Through private insurance schemes <u>b/</u>	9 <u>c/</u>	23 <u>d/ e/</u>	60 <u>d/</u>	97 <u>d/</u>
Total estimated expenditure on health care	1 321	2 215	5 635	7 375
Public expenditure as percentage of total	96.5	91.4	94.0	93.5

Sources: Central Statistical Office; Family Expenditure Survey; Appropriation accounts; "UK Private Medical Care", Provident Schemes' statistics 1978.

a/ Estimates. United Kingdom only.

b/ Figures for the three major schemes, which account for 98 per cent of all subscription income.

c/ Subscription income only.

d/ Subscription income plus difference between patients' payments and benefits paid out by insurers.

e/ 1971.

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Table 11. Estimated and planned net expenditure on the National Health Service 1978/79 to 1982/83. a/ November 1977 prices

(Millions of pounds)

	<u>1978/79</u> <u>b/</u>	<u>1979/80</u> <u>c/</u>	<u>1980/81</u> <u>c/</u>	<u>1981/82</u> <u>c/</u>	<u>1982/83</u> <u>c/</u>
Hospital and community health services:					
Current expenditure	4 808	4 912	4 939	5 022	5 108
Capital expenditure	438	421	426	427	433
Family practitioner	1 443	1 490	1 538	1 586	1 633
Central and other services	325	334	336	338	336
Total NHS expenditure	7 013	7 158	7 239	7 373	7 511

Source: The Government's Expenditure Plans 1979-80 to 1982-83 (Cmd 7439, HM Stationery Office, 1979).

a/ Excluding the cost of central administration.

b/ Estimated expenditure.

c/ Planned expenditure.

Table 12. Statistical data on the right to health

	<u>1975</u>	<u>1976</u>	<u>1977</u>
Stillbirths:			
Number (thousands)	7.44	6.62	6.27
Rate per 4,000 total births	10.5	9.7	9.4
Infant mortality:			
Number (thousands)	11.2	9.78	9.28
Rate per 1,000 live births	16.0	14.5	14.1
General medical practitioners:			
Number	25 210	25 393	25 661
per 1,000 population	0.45	0.45	0.46
General dental practitioners:			
Number	13 275	13 597	13 909
Persons per dentist	4 195	4 093	4 001
Staff of health authorities:			
Medical and dental (thousands)	40.4	41.7	42.7
Nursing and midwifery (thousands)	418.8	428.5	430.1
Primary care nursing staff:			
Midwives	3 797	3 442 <u>a/</u>	3 653 <u>a/</u>
Health visitors	8 753	9 262	9 865
Home nurses	14 586	15 513 <u>a/</u>	15 975 <u>a/</u>
Available beds (thousands)	490	484	n.a.
Occupied beds (thousands)	396	394	388 <u>b/</u>
Discharges and deaths (thousands)	6 214	6 525	6 622 <u>b/</u>
New out-patients (thousands):			
Accident and emergency	9 989	10 463	10 658 <u>b/</u>
Other out-patients	9 714	9 170	10 546 <u>b/</u>
UK population (thousands)	55 900.5	55 885.6	55 852.4

a/ For 1976 and 1977, figures for home nurses in Wales include some nurses performing midwifery duties who were classified as midwives in earlier years.

b/ Provisional.

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Annex

LIST OF REFERENCE MATERIAL a/

Article 10

Adoption Act 1958

Children and Young Persons Act 1969

Children Act 1975

Child Benefit Act 1975

Supplementary Benefit Act 1976

Employment Protection Consolidation Act 1978

Leaflet entitled "Employment rights for the expectant mother"

Convention on Jurisdiction, Applicable Law and Recognition of Decrees relating to Adoptions, entered into force on 23 October 1978

Article 11

Housing Act 1969

Industry Act 1972

Housing Act 1974

Industry Act 1975

Sex Discrimination Act 1975

Race Relations Act 1976

Rent Act 1977

Home Purchase Assistance Guarantee Act 1978

Housing and Construction Statistics 1978 and 1979

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a/ These documents are available for consultation in the files of the Secretariat in their original language as received from the Government of the United Kingdom of Great Britain and Northern Ireland.

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Article 12

Control of Pollution Act 1974

The National Health Service Regulations 1974

National Health Service Act 1977

Priorities for health and personal social services in England: a consultative document

Priorities in the health and social services: the way forward

Environmental Standards

Pollution control in Great Britain: how it works

Memoranda on infectious diseases: memorandum on the control of outbreaks of smallpox, memorandum on rabies, memorandum on lassa fever, memorandum on leprosy, BCG vaccination-medical memorandum, revised schedule on vaccination and immunization procedures, control of communicable disease in schools, health protection-notice to travellers, immunization against infection disease

Better service for the mentally handicapped.

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