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

Second periodic reports submitted by States parties to the Covenant, in accordance with Council resolution 1988 (LX), concerning rights covered by articles 10 to 12

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND */

[30 December 1987]

*/ The initial report concerning rights covered by articles 10 to 12 of the Covenant submitted by the Government of the United Kingdom of Great Britain and Northern Ireland (E/1980/6/Add.16 and Corr.1, Add.25 and Corr.1 and Add.26) was considered by the Sessional Working Group on the Implementation of the International Covenant on Economic, Social and Cultural Rights at its 1981 session (see E/1981/WG.1/SR.16-SR.17).

GE.88-15248/2305G

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

A. PROTECTION OF THE FAMILY

1. PRINCIPAL LEGISLATION

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 section 21 which is concerned with the care of children under 5 years)
The Marriage Act 1949
The Nurseries and Childminders Regulation Act 1948
The Health Services and Public Health Act 1968
The Health and Personal Social Service (NI) Order 1972
The Children and Young Persons Act 1979
The Children Act 1975
The Divorce (Scotland) Act 1976
The Social Security (Maternity Grant) Regulations 1979
The Child Care Act 1980 (in particular section 1 concerned with diminishing the need to receive children into care)
The Social Work (Scotland) Act 1968
The Children and Young Persons Act (Northern Ireland) 1968
The Matrimonial Homes (Family Protection) (Scotland) Act 1981
The Law Reform (Husband and Wife) (Scotland) Act 1984
The Family Law (Scotland) Act 1985

2. GUARANTEES OF THE RIGHT OF MEN AND WOMEN TO ENTER INTO MARRIAGE WITH THEIR FULL AND FREE CONSENT AND TO ESTABLISH A FAMILY; MEASURES TAKEN TO ABOLISH SUCH CUSTOMS, ANCIENT LAWS AND PRACTICES AS MAY AFFECT THE FREEDOM OF CHOICE OF A SPOUSE

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. MEASURES TO FACILITATE THE ESTABLISHMENT OF A FAMILY OR AIMED AT ESTABLISHING, MAINTAINING, STRENGTHENING AND PROTECTING THE FAMILY

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. 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.

Cash benefits are also provided to help handicapped children and their families. This includes 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.

The Matrimonial Homes (Family Protection) (Scotland) Act 1981 provides certain occupancy rights for the spouses of a marriage. In the event of the breakdown of that marriage a spouse will be able to seek the approval of the court to occupy the matrimonial home. It also deals with the problem of domestic violence by giving certain extra protection that has not been available until now for those who have experienced violence, or fear of violence from a spouse. Section 4 in particular provides the court with an entirely new power to enforce the occupancy right. It can make an exclusion order to suspend the occupancy rights of either spouse where this is thought necessary for the protection of the other spouse or any children from possible injury to their physical or mental health. Provision is made for certain interdicts to be attached to the exclusion order. For example, the court is required, if so requested to attach an interdict prohibiting the offending spouse from entering the matrimonial home. It may also grant other

interdicts requested by the applicant spouse, including one prohibiting the other spouse from entering or remaining in a specific area in the vicinity of the matrimonial home.

The Law Reform (Husband and Wife) (Scotland) Act 1984 abolishes what were a number of obsolete and discriminatory legal actions and rules in Scots law. One of the measures taken in the Act was to abolish actions for breach of promise of marriage.

The Family Law (Scotland) Act 1985, enacted on 16 July 1985, makes fresh provision in the law of Scotland regarding aliment. Under section 1(1)(d) of the Act, an obligation of aliment shall be owed by and only by:

(a) a husband to his wife;

(b) a wife to her husband;

(c) a father or mother to his or her child;

(d) a person to a child (other than a child who has been boarded out with him by a local or other public authority or a voluntary organization) who has been accepted by him as a child of his family.

The thinking behind section 1(1)(d) is that it seems appropriate, where a person has voluntarily assumed responsibility for children and they have become dependent on him, that the person should not be able to change his mind and leave them without support. The fact that a person may owe an obligation of aliment to a child in terms of section 1(1)(d) of the Act, does not necessarily mean that he will be found liable to pay aliment to a child. Section 4(2) provides that where two or more parties own an obligation of aliment the court, in deciding how much, if any, aliment to award against any party shall have regard, among the other circumstances of the case, to the obligation of aliment owed by any other party.

Mobility allowance may also be payable to severely disabled people (including children from age 5) who are unable or nearly unable to walk. Handicapped children, on reaching 16, may qualify for severe disablement allowance if they are incapable of work. (This benefit replaced non-contributory invalidity pension in November 1984 but the qualifying criteria for young people who claim before age 20, in effect, remain the same.)

Supplementary benefit

In addition to child benefit and other social security cash benefit 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). 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 as amended by the Social Security Act 1980 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 Child Care Act 1980 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 aid schemes, whereby aids 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, through their Social Services departments, may provide day care facilities, including childminders, day nurseries and playgroups, as part of the arrangements they may make under section 21 of the National Health Service Act 1977 for the care of children "who have not attained the age of 5 years and are not attending primary schools maintained by a local education authority". Under the same section local authorities are also responsible for determining the charges they make for the use of day care facilities they provide having regard to the means of the persons concerned. Local authority day care services are provided mainly for children whose families have particular social or health problems, which impair their capacity for caring properly for a child during the day.

As stated above, under section 1 of the Child Care Act 1980 it is the duty of every local authority to make available "such advice, guidance and assistance as may promote the welfare of children by diminishing the need to receive children into or keep them in care ...; and any provisions made by a local authority under this sub-section may, if the local authority think fit, include provision for giving assistance in kind or, in exceptional circumstances, in cash". Local authorities sometimes make use of these powers to help parents meet day care charges and also to help with the cost of fares incurred in taking a child to a day nursery or playgroup etc. if such attendance is considered necessary.

The Nurseries and Childminders Regulation Act 1948, as amended by section 60 of the Health Services and Public Health Act 1968, lays a duty on local authorities to regulate day care facilities provided by private individuals and voluntary bodies. Under the Act all private facilities, including day nurseries, childminders and playgroups, have to be registered with the local authority social services department who may make certain

requirements as a condition of registration to ensure the welfare and health of the children to be looked after, and who have powers of supervision and inspection.

Under section 65 of the Health Services and Public Health Act 1968 local authorities may assist voluntary organizations providing a relevant service - such as, e.g. a playgroup - in a variety of ways including e.g. the making of a grant, and making available premises, furniture, vehicles or equipment.

The Department of Health and Social Security provides policy guidance to local authorities on provision for under-fives, in conjunction with the Department of Education and Science, and keeps under review the legislative framework in which these services are provided. The Department of Health and Social Security encourages voluntary sector provision of facilities for under-fives, annually providing grant-aid under section 64 of the Health Services and Public Health Act 1968 at a level currently approaching £6 million for national voluntary organizations working specifically in the under-fives field. The Department has also aimed to stimulate voluntary sector provision for pre-school children and their families through the Under-Fives Initiative. This is a centrally financed initiative through which some £6.5 million is being made available to voluntary organizations to fund a programme of some 114 projects between 1983-84 and 1986-87. The programme encompasses the whole range of under-fives provision. The Department of Health and Social Security is also promoting the expansion of self-help family centres - on which playgroups could be based and which could be a source of childminders - as a small part of the "Helping the Community to Care" initiative for which some £10 million in total is being made available between 1985-86 and 1988-89.

The following table shows the day care facilities for children under five - provided in England and Wales as at 31 March 1980 and 31 March 1985:

	1980	1985	Percentage change
1. Places in day nurseries provided by local authorities	28,500	29,100	+2.0
2. Children placed and paid for by local authorities in non-local authority day nurseries	1,900	1,600	-13.3
3. Places in registered day nurseries (excluding those exempt from registration)	22,800	25,400	+11.3
4. Places available with childminders (i.e. local authority provided plus other registered)	*(1)	131,100	*(1)
5. Places in local authority run playgroups and registered playgroups (excluding those exempt from registration)	385,900	421,100	+9.1

Notes: 1. Data available but not reliable.
2. Numbers have been rounded to the nearest hundred.

B. MATERNITY PROTECTION

1. PRINCIPAL LEGISLATION

Statutory maternity rights were first introduced in the United Kingdom under the provisions of the Employment Protection Act 1975, now incorporated in sections 31A, 33-48 and 60-61 of the Employment Protection (Consolidation) Act 1978 as amended by the Employment Acts 1980 and 1982. 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 with a few exceptions to employees irrespective of the type of job they do, the industry in which they work, or the size of the 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 four 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;

(d) time off for antenatal care.

The Social Security (Maternity Benefit) Regulations 1975, amended by the Social Security (Maternity Grant) Regulations 1981, provide for a lump sum maternity grant of £25.00 to be paid on a non-contributory basis on the satisfaction of a simple "presence in Great Britain" test by the mother. 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 AND POST-NATAL PROTECTION AND ASSISTANCE, INCLUDING APPROPRIATE MEDICAL AND HEALTH CARE AND MATERNITY AND OTHER BENEFITS, IRRESPECTIVE OF MARITAL STATUS

Pre-natal care and care in labour

Safeguarding the health of a future generation is a major concern. There has been a striking reduction in perinatal mortality over the last few years: for example, it has dropped in England from 15.4 deaths per 1,000 births in 1978 to 10.0 in 1984 (more detailed statistics are contained in Table 12). This reflects a variety of factors, including improved standards of care, made possible partly by a greater awareness of the factors likely to contribute to a safe pregnancy and the good health of new-born babies, and also by improved staffing and facilities.

Health authorities have been urged to provide a high standard of care throughout the maternity services. In improving services, health authorities have had the benefit of the three reports of the Maternity Services Advisory Committee. This Committee was set up by the Government in 1981 to advise on matters relating to the maternity and neo-natal services and has issued reports on antenatal care, on care during childbirth and on post-natal care of

the mother and care of the newborn baby, including the care of small and seriously ill babies. As well as giving advice on good practice the Committee recommended in its first report the setting up in each District of a Maternity Services Liaison Committee, including hospital and community based professional and lay members, to keep under review the whole spectrum of new local maternity services. The Government attaches much importance to these Committees and especially to the presence of a consumer voice.

All women are encouraged to accept early and regular antenatal care. The Maternity Services Advisory Committee advises health authorities on ways of improving accessibility to and acceptance of the services by women from various cultural and social backgrounds to ensure an early uptake of services, including parentcraft advice.

The Maternity Services Advisory Committee offers sound suggestions for "humanizing" maternity care and professional staff are increasingly aware of the importance of good communication and the development of trust between them and mothers. Employees are entitled to reasonable paid time off to attend appointments.

While a mother is not "ill" during normal pregnancy and childbirth, complications may occur at any stage of pregnancy that can present a risk to the mother and child. The maternity care now available means that many mothers who in earlier eras would have become gravely ill or might have died during pregnancy or as a result of childbirth may safely have children. In the interest of continuing safety mothers are encouraged to have their babies in a hospital which offers the full range of obstetric, paediatric and support services necessary to cope with any emergency that may arise. Wherever possible general practitioner (GP) units should be integrated in district general hospitals thereby enabling the closure, where geographical considerations permit, of small, under-used and isolated maternity units. Over approximately the last 40 years maternity care has developed from a largely domiciliary, GP-based system to one where approximately 99 per cent of births take place in hospital. While it is the Department's policy to encourage women to have their babies in hospital, it is also our policy that if a woman chooses to be delibered at home health authorities should ensure that the necessary services are provided to make home confinements as safe as circumstances permit. The second report of the Maternity Service Advisory Committee provides sould guidance on the arrangement of services to meet the needs of planned home confinements. In 1984 there were 603,998 births in England. Of these 590,000 (97.8 per cent) took place in National Health Service hospitals and a further 7,607 (1.3 per cent) in private hospitals or nursing homes.

Post-natal care

About 10 days after the birth of a baby responsibility for his care and the care of his mother and family transfers from the midwife to 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 practical advice and support. The health visitor also observes the child's development and will refer a child for further assessment if considered necessary.

The health visiting service and child health clinics do not provide actual treatment for either mothers or children who are ill. Parents are themselves responsible for arranging for their children to be registered with a family practitioner and it is from the GP that advice should be sought if a child falls ill, or if, following confinement, the mother herself is unwell. The Maternity Services Advisory Committee, in its third report, offers advice on good pratice in providing post-natal care whether the mother has had her baby in hospital or at home.

The Committee also offers advice on the care of small and ill babies and how services may best be organized. Developments in neo-natal intensive care have clearly been one factor which has helped to improve the survival prospects of all babies born alive and to reduce the neonatal mortality rate. It is now possible in many cases to keep alive babies born from 26-28 weeks gestation and over. Survival from as early as 24 weeks gestation has been achieved in a few cases. However, comparatively few babies are born at such early ages. Long-term intensive care facilities, required when the baby is likely to be in hospital for several weeks, have up to now tended to be concentrated in selected Regional centres. The Maternity Services Advisory Committee stresses the importance of each maternity unit being able to meet the immediate needs of all babies delivered in it and the need to keep mother and baby together unless separation is absolutely necessary for the care of either. The Committee further stresses the need for District units to develop in parallel with Regional Peri-natal Centres of excellence and requires each Regional Health Authority to produce a strategy for the provision of neonatal intensive care which includes a programme and timetable outlining the steps to be taken in making good any shortfall. The Department will be reviewing how health authorities develop such strategies.

National insurance maternity benefit

As stated above, a lump sum maternity grant of £25 is payable on a non-contributory basis on the satisfaction of a simple "presence in Great Britain" test by the mother. A weekly maternity allowance is also payable for 18 weeks, starting 11 weeks before the expected week of confinement. It is 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.

3. SPECIAL PROTECTION AND ASSISTANCE ACCORDED TO WORKING MOTHERS INCLUDING PAID LEAVE OR LEAVE WITH SOCIAL SECURITY BENEFITS AND GUARANTEES AGAINST DISMISSAL DURING A REASONABLE PERIOD BEFORE AND AFTER CHILDBIRTH

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 has been increased from 26 weeks to two years, the same as under the general law governing unfair dismissal.

Employees with a minimum of two years' service with their employer are entitled to leave work for up to 11 weeks before the birth and to return to the same job with their employer up to 29 weeks after the birth (very small employers have limitations on their obligations to reinstate). 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 90 per cent of 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.

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 arrangements 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. SPECIFIC MEASURES, IF ANY, IN FAVOUR OF WORKING MOTHERS WHO ARE SELF-EMPLOYED OR PARTICIPATING IN A FAMILY ENTERPRISE ESPECIALLY IN AGRICULTURE OR IN SMALL CRAFTS AND TRADES, INCLUDING ADEQUATE GUARANTEES AGAINST LOSS OF INCOME

There are no specific statutory measures covering self-employed working mothers but in case of difficulty the normal social security benefits apply.

5. SPECIFIC MEASURES DESIGNED TO ASSIST MOTHERS TO MAINTAIN THEIR CHILDREN IN THE CASE OF THEIR HUSBANDS' DEATH OR ABSENCE

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. The withdrawal of the child's special allowance is being considered because help is available in other forms i.e. one parent benefit, income support and tax relief. 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. PRINCIPAL LEGISLATION

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

The Children and Young Persons Act 1969
The Children Act 1972
The Children Act 1975
The National Health Service Act, 1977 (especially section 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 Children and Young Persons Act (Northern Ireland) 1965
The Child Care Act 1980
The Health and Social Services and Social Security Adjudication Act 1983
The Social Work (Scotland) Act 1968
The Adoption Act 1958
The Adoption (Scotland) Act 1978
The Adoption Agencies Regulations 1983
The Adoption Agencies (Scotland) Regulations 1984
The Adoption Rules 1984
The Foster Children Act 1980
The Foster Children (Scotland) Act 1984
The Adoption Act (Northern Ireland) 1967
The Family Law (Scotland) Act 1985
The Adoption (Northern Ireland) Order in Council 1986

2. SPECIAL MEASURES FOR THE CARE AND EDUCATION OF CHILDREN, SEPARATED FROM THEIR MOTHERS OR DEPRIVED OF A FAMILY: PHYSICALLY, MENTALLY OR SOCIALLY HANDICAPPED CHILDREN; AND DELINQUENT MINORS

Children deprived of a family

Provision is made in the Child Care Act 1980 for the care and welfare of children who have been deprived of a normal home life because they have no parents, or they 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 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 seem 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.

Children in local authority care

The Social Services Select Committee on "Children in Care" reported in March 1984 and made 108 recommendations concerning children in the care of local authorities which were well received by those working in child care. The Government published its response in July 1984 which accepted many of the Select Committee's recommendations.

Following the publication of these reports an Inter-Departmental Working Party on Child Care Law made recommendations for codification and clarification of child care law in a report published as a consultation document in October 1985. A large majority of this report's recommendations were widely supported. The Government is now drawing up proposals for child care law in England and Wales and intends to publish these in the autumn of 1986 as the basis for legislating as soon as parliamentary time can be found. A number of other reviews of child care policy have been put in hand by the Department of Health and Social Security.

Privately fostered children

Under the Foster Children Act 1980 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 privately fostered children. 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 under the Children Act 1975. The Act also provides for the prohibition of advertising in the private fostering field. However, these provisions have not been brought into effect 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 insubordinate legislation made under those Acts. The guiding principle of adoption law is the 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 approved adoption societies or local authorities acting as adoption agencies) whose activities and functions are governed by the Adoption Agencies Regulation 1983. These regulations prescribe the arrangements which must be made for the adoption of a child. Following the implementation of section 28 of the Children Act 1975 the only lawful arrangements for a child's adoption are those made by an adoption agency or in pursuance of a high court order, unless the prospective adopter is a relative of the child.

Adopters must be over 21 and domiciled in this the United Kingdom; 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.

Where one of the applicants is not a parent, step-parent or relative, or the child was placed by an adoptive agency or in pursuance of a high court order, the child must have lived with the applicants for 12 months.

The child must have had his home with the applicants during the preceding 13 weeks before an adoption order can be 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 enable parents to give early final agreement to adoption by consenting to an adoption agency's applications for a court order freeing the child for adoption.

Adoption orders are made by courts, in accordance with legal rules of procedure (the Adoption Rules 1984). All adoption proceedings are held in private. A guardian ad litem for the child is appointed on every application contested by the parents 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 connection 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 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 number of babies available for adoption has 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. The only provision of the Children Act 1975 not yet in force 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.

In Northern Ireland, the present law on adoption is contained principally in the Adoption Act (Northern Ireland) 1967 and in subordinate legislation made under the Act. In 1982, the Children and Young Persons Review Group published a report on Adoption of Children in Northern Ireland, which made certain recommendations for changing the present legislation to bring it more into line with developments in the rest of the United Kingdom. These recommendations have been accepted and will be incorporated in a new Adoption (Northern Ireland) Order in Council which is expected to be made in 1987.

Custodianship

The Children Act 1975 contains provisions designed to discourage the adoption of children by one parent alone, step-parents, relatives and foster-parents. Legal custody is generally more suitable than adoption in such circumstances, and the Act has introduced a new "custodianship order" to enable people other than a child's parents to obtain legal custody. It is proposed that similar provisions should be contained in the Draft Family Law Reform (Northern Ireland) Order which is due to be published in 1988.

Definition of custodianship

The custodianship provisions enable courts to grant legal custody of a child under 18 to someone who has been looking after him, in much the same way as custody is awarded to parents, and occasionally to third parties, in family proceedings. Legal custody is defined as "so much of the parental rights and duties as relate to the person of the child (including the place and manner in which his time is spent)". "Parental rights" means "all the rights and duties which by law the mother and father have in relation to a legitimate child and his property". Thus a custodian has a duty to care for a child and the right to make decisions about his care and upbringing, as a parent would. A custodian can consent to medical treatment, for example, as a parent would, and to the marriage of a minor. A custodian cannot arrange for a child's emigration from the United Kingdom. He has no rights in connection with the property of a child (although the court is required to take into account the child's means in determining any award of maintenance). Custodianship differs from adoption in that there is no final legal severance of the child's legal relationships with his natural family. He does not become legally a member of the custodian's family. The courts have powers to make orders for access by parents and grandparents and for contributions by parents to the child's maintenance. Local authorities have powers to contribute to a child's maintenance except where the custodian is married to the child's mother or father. A custodianship order may be revoked by court on the application of the custodian or the mother, father or guardian of the child, or a local authoritity.

Applicants for custodianship orders may be:

relatives who are looking after a child on a long-term basis;

step-parents who as custodians will share the parental rights and duties with a child's parent;

foster-parents whether appointed by a local authority or voluntary body or private foster-parents.

A custodianship order can bring security and stability to children and to those who care for them as parents. Once a custodianship order is made, it cannot be revoked without further proceedings in court, in which the child's welfare will be the first and paramount consideration. A custodianship order has the effect of suspending a local authority's rights and duties in respect of a child in care.

Separate representation of the child in civil proceedings

Section 103 of the Children Act 1975 gives the Secretary of State power to make regulations for the administration by local authorities of panels of persons from whom courts can appoint guardians ad litem and reporting officers. The Guardians Ad Litem and Reporting Officers (Panels) Regulations 1983 were drawn up after a period of wide consultation and came into operation on 27 May 1984 to coincide with the introduction of the legal provisions requiring courts to appoint guardians ad litem and reporting officers. The Department has issued guidance to local authorities and courts which stresses that members of panels should be suitably qualified in social work and have a broad experience of work with families and children. Members may be recruited from social services departments, the voluntary adoption and child-care organizations and the probation service; social workers or probation officers who are retired or who are not currently in service are also eligible. Serving probation officers may be appointed in adoption proceedings only and the guidance suggests that they constitute no more than one third of a panel. The guidance also deals with the need for liaison and co-operation between local authorities and court officials to ensure the smooth running of the new arrangements. A series of seminars in different parts of the country in 1984 gave local authorities an opportunity to exchange views on the arrangements needed locally. Many authorities have exercised the powers they have under the Local Government Act 1972 to make joint arrangements and a number of joint panels are now in operation. The statutory function of the guardian ad litem is to safeguard the interests of the child in proceedings. The duties of reporting officers and guardians ad litem in adoption proceedings are set out in the Adoption Rules 1984 and, in care, parental rights resolution and access proceedings, in the Magistrates' Courts (Children and Young Persons) (Amendment) Rules 1984. In care and related proceedings the guardian ad litem will usually instruct a solicitor on behalf of the child and work closely with the solicitor. The guardian ad litem must himself investigate all the circumstances relating to the case so that he can form a view on what would be in the child's best interests, having regard to the child's own wishes and feelings, and advise the court accordingly, in his written report and in his oral evidence and representations to the court. For the guardian ad litem to be effective in performing his duty impartially, it is essential that he acts, and is seen to act, independently of the local authority in the case and of the authority which administers the panel from which he is appointed and of any agency which has been concerned with plans for the child. For this reason, court rules prohibit the appointment of certain persons as guardian ad litem.

Contact between children in care and their families

The importance of a positive approach to maintaining contact between children in care and their families has been increasingly recognized in recent years. Groups representing the families of children in care objected to local authorities having the power, as part of their responsibility for the welfare of children in care, to restrict or terminate access. They urged legislation to give families the right to seek access orders in the courts. At the same time, a research study has suggested that contact between children in care and their families frequently withers away even where local authorities place no restrictions on access: two fifths of the children in the study who remained in care for three years or more had lost contact with their parents after two years.

New provisions on access (part IA of the Child Care Act 1980) as inserted by Schedule 1 to the Health and Social Services and Social Security Adjudications Act 1983), covering most children in care, came into force in January 1984. These require local authorities to issue a notice to parents before terminating or refusing all further access to a child in care; and give parents a right to apply to a juvenile court for an access order. The court may attach conditions to the order. Local authority or parents can apply for variation or discharge of an access order and there is a right of appeal to the high court. These new rights are important for parents because a decision to terminate access can lead to the permanent separation of the child from his own family. Where termination of access is followed by an application to the courts to adopt a child, the new legislation gives parents an opportunity to challenge the access decision at an early stage, before their relationship with the child is weakened and their position in adoption proceedings possibly undermined.

The legislation also provides for the Secretary of State to issue a Code of Practice on Access to children in care. This was laid out before Parliament in December 1983. The purpose of the Code is to set out the basic principles on which local authorities and other child-care agencies should operate in promoting and sustaining links between children in care and their families; and in handling decisions to restrict or terminate parental access where it is necessary to do so in the child's interests. The Code stresses the importance of good social work practice, parental involvement in planning for the child and effective communication between local authority, parents and all others concerned with the child's care and welfare. Local authorities are asked to ensure that they have clear procedures for parents and other relatives to pursue complaints about access where, for example, it is restricted or made conditional.

Deliquent 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 satisifed:

(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 satisified 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. In certain cases the court itself may direct a child to participate in a programme of intermediate treatment, to remain in certain places at night (e.g. at home), or to refrain from participating in particular activities (e.g. attending football matches).

(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. In cases when an offender is already subject to a care order for a previous offence the court may make conditions as to who may have charge and control of him.

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 satisifed 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. If the offender is aged 16 the court may make a community service order. Where none of the foregoing is appropriate the court may send boys aged 14 or over to a detention centre for between 21 days and 4 months or sentence children of either sex aged 15 or over to youth custody for up to 12 months.

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 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 estabishments 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 have 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 a person below compulsory school leaving age or, if on a supervision requirement by a children's hearing, up to age 18.

In Northern Ireland provision for delinquent minors and children in need of care and protection is effectively that outlined in the 1980 Report for England and Wales. The equivalent legislation, the Children and Young Persons (Northern Ireland) Act 1968, makes provision similar to what is contained in the Children and Young Persons Act 1969, namely:

(a) the power to instigate care proceedings and impose a range of court orders where children are in need of protection and/or care and control;

(b) a common age of criminal responsibility, 10 years;

(c) specially constituted juvenile courts for care cases and for those aged 10-16 years who have committed criminal offences; and

(d) a range of non-custodial disposals for juvenile offenders, with custody as the last resort.

The juvenile justice system in Northern Ireland is also backed up by a non-statutory scheme of police cautioning. Since 1980, this scheme has been applied uniformly and with considerable success throughout the province with the aim of diverting as many juveniles as possible from the juvenile justice system.

The system differs from that reported for England and Wales in 1980 only as regards the residential arrangements for the most difficult care cases and those sentenced to custody for criminal offences. In both cases, the Juvenile Court can impose a Training School Order which is semi-determinate and lasts from one year to three years.

The province's three Training Schools provide a régime which is intended to be constructive. The emphasis is on moral and social training and education and every effort is made by the teaching and social work staff on these institutions to identify and alleviate individual problems with the aim of successfully reintegrating the juvenile into society. Borstal training has not been available in Northern Ireland since 1980.

The existing child care system was examined by a Review Group in the late 1970s. A number of the Review Group's recommendations, e.g. the need for separate courts for care and offence proceedings, separate residential provision for care and offence cases, determinate sentencing and an increased range of non-custodial disposals for offenders, are now being examined by relevant NI Departments with a view to preparation of new legislation in the near future.

3. MEASURES TO PROTECT CHILDREN AND YOUNG PERSONS AGAINST ECONOMIC, SOCIAL AND ALL OTHER FORMS OF EXPLOITATION, NEGLECT OR CRUELTY AND FROM BEING THE SUBJECT OF TRAFFIC

Child abuse

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 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; provide a central record against which the support for children and families from all agencies can be monitored; and act 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 perspectives of those attending, and to agree to a plan for co-ordinated work.

Although responsibility for child care and protection rests with local authorities, in co-operation with other agencies such as health authorities and voluntary bodies active in the field of dealing with child abuse (for example the National Society for the Prevention of Cruelty to Children), the Department of Health and Social Security has issued guidance on the handling of cases of child abuse to agencies involved with children and their families. This guidance has been thoroughly revised and in May 1986 the Department of Health and Social Security issued, as a consultative paper, a draft guide and circular: "Child Abuse-Working Together".

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

In Northern Ireland, legislation governing the protection of children from abuse is contained in Part II of the Children and Young Persons Act (NI) 1968.

4. PROVISIONS GOVERNING WORK BY CHILDREN AND YOUNG PERSONS, INCLUDING MINIMUM AGE FOR PAID OR UNPAID EMPLOYMENT, REGULATION OF HOURS OF WORK AND REST, PROHIBITION OR RESTRICTION OF NIGHT WORK AND PENALTIES IMPOSED FOR VIOLATIONS OF SUCH PROVISIONS

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. The main legislation covering their employment in

non-industrial occupations is set out in the Children and Young Persons Act, 1933 which places restrictions on hours and conditions of work and permits local authorities to make bye-laws further regulating their employment 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) by their parents or guardians in light agricultural or horticulture work, if the local bye-laws permit. 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 bye-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 to be observed in relation to their employment. Bye-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 bye-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 bye-laws on the employment of children by national regulations which will introduce standard conditions of employment throughout the country, but because of the resource implications implementation of the Act has been postponed. However, the majority of local authorities have now revised their bye-laws on the lines of the proposed regulations. So a considerable measure of standardization has already been achieved. Any person convicted of an offence relating to the employment of schoolchildren is liable to a fine.

In Northern Ireland, legislation governing the employment of children is contained in Part III of the Children and Young Persons Act (NI) 1968.

Provisions governing work for young persons

For the purpose of both Acts mentioned below, "young persons" 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 £50 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 or five and a half hours on days when a person is not employed after 1.30 p.m. 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. The maximum fine for contravention of these provisions is £50.

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 a Sunday must be granted a day's holiday and may not be employed on more than two other Sundays in the same month. If he is employed for less than four hours on a Sunday he must be granted a half day holiday. The maximum fine for contravention of this section is £100.

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 £50 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.).

5. MEASURES TAKEN TO PREVENT EMPLOYMENT OF CHILDREN AND YOUNG PERSONS IN ANY WORK WHICH WOULD BE DANGEROUS TO LIFE, HARMFUL TO THEIR MORALS OR HEALTH OR LIKELY TO HAMPER THEIR NORMAL PHYSICAL AND PSYCHOSOCIAL DEVELOPMENT, AND PENALTIES IMPOSED FOR VIOLATIONS OF SUCH MEASURES

The Health and Safety at Work etc. Act, 1974 (see the previous United Kingdom report on article 7 (E/1978/8/Add.9, paras. 23-38)) protects equally all persons at work from risks to their health, safety and welfare. It also protects persons who are not employees but 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 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 Employment of Women, Children and Young Persons Act 1920, 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, but information about people aged 16 and over is available from the EC Labour Force Survey for 1984. This is a sample survey of some 57,000 private households in Great Britain, carried out in the spring of 1984. Results from the 1984 survey indicate that there were 7.4 million people aged 16-29 in employment (1.8 million aged 16-19, 2.9 million aged 20-24 and 2.6 million aged 25-29), of whom 2.8 million were in the service industries, 1.8 million were in manufacturing, 1.7 million in distribution, and the remaining 1 million in construction, agriculture etc. 52.1 per cent of those aged 16-19 are male, 55.4 per cent of those aged 20-24 are male and 61.5 per cent of those aged 25-29 were male.

II. ARTICLE 11. RIGHT TO ADEQUATE FOOD, CLOTHING AND HOUSING

A. GENERAL MEASURES

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

B. RIGHT TO ADEQUATE FOOD

1. Principal Legislation

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 other ways: 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 for a guaranteed minimum wage in many trades and occupations and for various forms of social security for the unemployed, the sick, the aged and so on.

2. Agrarian systems

The aims of the United Kingdom's agricultural policy are: to foster an efficient and competitive agricultural industry; to encourage improvements in the Common Agricultural Policy (CAP), particularly greater economic rationality; to safeguard essential food supplies in times of emergency and to ensure high food standards; to encourage good farming practice in areas of animal welfare, conservation and environmental protection providing where appropriate, legislative controls; and to assist the agriculture industry to meet the demands of consumers in the United Kingdom and contribute to wider economic and social objectives including the welfare of the rural economy.

Long experience in agrarian development and reform has shown that a sound farm structure 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 and keeping the loss of agricultural land to the minimum;

(b) advice on conservation and environmental matters including environmental issues arising from farming practices;

(c) Agricultural Holdings Acts which aim to strike a fair balance between the interests of the landlord and the tenant, providing security of tenure and landlord and tenant rights etc.;

(d) inheritance laws that do not encourage fragmentation of farms;

(e) training and educational facilities;

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

(g) 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 for Scotland (DAFS) or the colleges;

(h) financial assistance:

(i) to farmers for capital investment in the improvement of land, the provision of buildings and other services;

(ii) to encourage co-operation between farmers for production and marketing;

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

(iv) to encourage forestry, tourism, craft and rural industries;

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

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

3. Methods to improve methods of production

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 purpose.

4. Food conservation and prevention of depredation of resources

The United Kingdom Government ensures that advice on all matters related to the control of pests and diseases in crops in the field and after harvest as well as the adequate on-farm storage of food crops, is available to all farmers and growers. At present charges are made for certain specified services but it is intended that charges will also be made for advice in the near future. Advice is given in 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 and, 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 essential factor in maximizing the efficiency and management flexibility of impermeable fine-textured soils which account for over 60 per cent of the agricultural land in England and Wales. It is estimated that out of a total area of 11 million ha, 23 per cent still require subsoil pipe drainage systems with a further 26 per cent depending on the maintenance of existing systems. The installation of new systems peaked at over 100,000 ha per annum between 1972 and 1980 but has declined in recent

years to an annual rate of about 75,000. This annual rate of drain installation is barely keeping up with existing systems that are falling into disrepair.

Development work at the MAFF Field Drainage Experimental Unit, Cambridge, is aimed at improving the standards for the design of field drainage works. The results of this work and the interaction with soil, cultivation and conservation practices is rapidly passed onto the farming industry by the Advisers of the ADAS Land and Water Service. At present advice is free but it is intended that in the near future, when a chargeable Field Drainage Design Service is introduced only advice of a general nature will be free. As well as new work, the after care of existing systems - maintenance and repeat secondary soil improvement techniques - is also of great importance.

In Scotland advice comes from either DAFS or the Colleges. Field Drainage Works attract Central Government grants, although these have recently been reduced.

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 depend mainly on ground-water sources.

Irrigation is predominantly by spray and is concentrated on important, but comparatively small, areas mainly in the eastern and south-eastern parts of England. About half the water for irrigation is taken from water courses, a quarter from ground-water sources and the remainder from various sources including approximately 4 per cent from the public mains. The total area irrigated is some 150,000 hectares, although the potential is there, in terms of equipment, to irrigate rather more than this in a dry year. Technical advice is given by ADAS and the Scottish Colleges of Agriculture, while 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 licences.

River basin management

The various water authorities cover the whole land area and their work 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 includes work for the prevention of flooding and regulation of water levels to allow effective agricultural land drainage, together with urban flood prevention and sea defence. Capital schemes for channel improvements to meet these objectives may attract central government grants.

5. Food distribution

The United Kingdom produces about three quarters of its own food supplies and imports just over a quarter of its requirements of temperate foodstuffs. The mechanisms of the Common Agricultural Policy of the European Community apply to most of the United Kingdom's agricultural production and also to about half of the imports of temperate foodstuffs which come from other Member States of the community. The annual review of farm prices sets support levels for producers.

Within the United Kingdom there is a well developed communications network which enables agricultural products to be transported without difficulty from the farm or part 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. Food consumption levels

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 Great Britain 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 Great Britain. 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, for example 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 it sees its role primarily as an educational one.

7. Food adulteration

In England and Wales (similar but separate provisions exist in Scotland and Northern Ireland) the Food Act 1984, which consolidates previous legislation, 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 Advisory Committee (FAC). 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 reasons, can be regarded as injurious to health.

The Act also enables 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.

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 which apply under the Food Act control most major 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. FAC advises ministers on all matters relating to the use of additives in food. In addition, United Kingdom regulations implement European Community Directives on certain additive classes.

The only regulations made since 1976, which could be said to fall within the category of "principal" legislation, are the Materials and Articles Contact with Food Regulations 1978 (as amended). However, the following subsidiary legislation has also been introduced:

Soft Drinks (Amendment) Regulations 1976
Specified Sugar Products Regulations 1976 and amendment
Cocoa and Chocolate Products Regulations 1976 and amendment
Honey Regulations 1976
Erucic Acid in Food Regulations 1977 and amendments
Condensed Milk and Dried Milk Regulations 1977 and amendment
Fruit Juices and Fruit Nectars Regulations 1977 and amendment
Skimmed Milk with Non-Milk Fat (Amendment) Regulations 1977
Coffee and Coffee Products Regulations 1978 and amendment
Jam and Similar Products Regulations 1981
Bread and Flour Regulations 1984
Food Labelling Regulations 1984
Cheese (Amendment) Regulations 1984
Meat Products and Spreadable Fish Products Regulations 1984
Food (Revision of Penalties) Regulations 1985
Milk and Dairies (Milk Bottle Caps) (Colour) Regulations 1976
Drinking Milk Regulations 1976
Milk (Special Designation) Regulations 1977 and amendments
Milk and Dairies (Heat Treatment of Cream) Regulations 1983
Milk Based Drinks (Hygiene and Heat Treatment) Regulations 1983
Milk and Dairies (Revision of Penalties) Regulations 1985
Antioxidants in Food Regulations 1978 and amendment
Lead in Food Regulations 1979 and amendment
Preservatives in Food Regulations 1979 and amendments
Chloroform in Food Regulations 1980
Emulsifiers and Stabilizers in Food Regulations 1980 and amendments
Miscellaneous Additives in Food Regulations 1980 and amendment
Sweeteners in Food Regulations 1983

8. Measures taken for dissemination of knowledge of the principles of nutrition

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 (HEC).

The role of Government is directed primarily towards assessing, assembling and the dissemination of information on the scientific 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 (COMA). Over the years there have been a number of government publicatons, based on the advice of this Committee, dealing with the nutritional aspects of health. In 1984 COMA produced a report on Diet and Cardiovascular Disease.

A booklet entitled "Eating for a Healthy Heart" translating the evidence in the report into practical advice and information on diet and preventing cardiovascular disease prepared by the HEC and British National Formulary's (BNF) Joint Advisory Committee on Nutritional Education was published in 1985. In addition discussions and arrangements are being made to provide nutrition advice based on the COMA report to schools, colleges of further education and vocational training bodies in the catering field so as

to influence courses and examination syllabuses. COMA also has an important role in maintaining nutritional surveillance of the population. Most recently a dietary survey of primary and secondary schoolchildren was carried out in 1983/84. A further survey in the series of quinquennial surveys of infant feeding practice was carried out in late 1985. A report entitled "The Heights and Weights of Adults in Great Britain" was published in 1984 and currently the feasibility of an Adult Dietary Survey is being tested in collaboration with the Ministry of Agriculture, Fisheries and Food.

The HEC has a major role in nutrition education. The 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 effectivneess of the results of its campaigns. The HEC's "Look After Yourself" campaign, which was launched in 1978, is being extended with a five year programme on coronary heart disease.

The Ministry of Agriculture, Fisheries and Food 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 foods which is peridocially used to revise or supplement the publication The Composition of Foods, which is essentially the national food tables for the United Kingdom.

9. Information on participation in international efforts on freedom from hunger

The United Kingdom continues to contribute substantially to the encouragement of agricultural production in developing countries, both through the bilateral aid programme and through participation in the work of the international financial institutions and United Nations specialized agencies. The United Kingdom also takes an active part in international discussions on food supplies and food security.

The United Kingdom provides cereals food aid in accordance with its obligations under the Food Aid Convention 1980 and contributes to the food aid programme of the European Community. Increasing emphasis has been placed within the British food aid programme on the provision of food aid for immediate famine relief, particularly in sub-Saharan Africa.

10. Statistical and other available data on the realization of the right ot adequate food

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 9,040 kg (2,163 Kcal) per head per day, which is the weighted average energy intake recommended for the United Kingdom population.

C. THE RIGHT TO ADEQUATE CLOTHING

1. Principal legislation

There are no specific laws designed to promote the right to adequate clothing, but where necessary, when supplementary benefit is calculated provision is made for the supply of adequate clothing.

2. Improvement of methods of production

The Industrial Development Act 1982 and the Co-operative Development Agency and Industrial Development Act 1984 provide for financial assistance to industry. There is no current scheme directed specifically at the clothing industry. The main forms of assistance are as follows:

(a) Regional: Regional Policy measures are intended to reduce regional disparities in employment opportunities on the stable, long-term basis. Under new arrangements announced in 1984 grants are available to manufacturing and service industries within designated Assisted Areas, which cover approximately 35 per cent of the working population of the country. There are two forms of grant:

- Regional Development Grants (RDGs). RDGs are available toward approved projects of investment in the productive capacity or the productive processes of an undertaking in the Development Areas. To be eligible for approval a project must create new or expand existing productive capacity or effect a change in the product or service in question, or in the process of producing it. It must also relate wholly or mainly to qualifying activities. These are principally manufacturing but include certain service activities; chiefly business services.

  Grant towards approved projects is calculated as the higher of 15 per cent of eligible capital expenditure or £3,000 for each net new job created in the activities to which the project relates. For projects of undertakings employing 200 or more people, grant calculated on the capital expenditure is limited to £10,000 for each net new job created. Grant calculated on the basis of jobs created is limited to 40 per cent of initial investment.

- Selective Financial Assistance. The Department of Trade and Industry offers support, normally in the form of a grant, on a selective basis to manufacturing and service projects which create or safeguard employment in the Development and Intermediate Areas.

  In November 1984, the Secretary of State for Trade and Industry revised the policy for regional assistance with the emphasis not only on assistance being provided to where it is necessary to enable a project to go ahead but also on efficiency including additional precautions to prevent the displacement of jobs should a project succeed.

(b) Assistance is also available throughout the United Kingdom for capital investment projects providing significant national benefits which will not otherwise succeed. Such projects are likely to involve improved methods of production. Assistance may also be available for the introduction of particularly novel flexible manufacturing processes.

3. Scientific and technical methods

The support for Innovation Scheme: selective financial support is available for research and development projects leading to new products and processes, selective support is also available for longer term applied research projects. For projects involving products or processes undertaken by a single firm, the maximum rate of support is 25 per cent. For collaborative research projects involving more than two partners and whose results will be made more freely available the maximum rate of support is normally 50 per cent.

The Textiles and Other Manufacturers Requirements Board (TOMRB) advises the government on support for innovation applications in a range of industrial sectors including clothing, footwear, leather and textiles industries. TOMRB seeks to encourage the development and use of processes, techniques and equipment likely to contribute substantial short- to medium-term benefits to the industries for which it is responsible. The Government is supporting both collaborative and single company projects in the clothing, footwear, leather and textile industries on the advice of TOMRB. Generally a substantial degree of industrial participation is involved in this work.

4. Participation in international co-operation

The United Kingdom, and indeed the European Community, clothing industry 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 a large proportion of the United Kingdom's low cost clothing imports. The current protocol is effective until 31 July 1991. In addition, other bilateral agreements have been concluded with most State trading countries. Informal restraint arrangements exist for certain of the Mediterranean countries. There are no quantitative restrictions on imports from developed countries.

Notwithstanding these measures, imports of clothing have continued to increase. The domestic industry has also taken advantage of the protection afforded by the various restraint arrangements, combined with the assistance measures described above, to modernize, improve efficiency and to restructure its production.

D. RIGHT TO HOUSING

1. Principal legislation

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. Having to meet needs of all categories

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 there being more dwellings than households. In 1981 (the latest year for which firm figures are available) there were in England and Wales 19.1 million dwellings and 18.3 million households. In 1951 there were nearly 10 million households living in physically unsatisfactory accommodation or sharing accommodation: in 1981 the figure was under 2 1/2. 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 requirements of the increasing number of households, estimated at about 160,000 a year between 1981 and 1991 a substantial number of new houses will be needed each year. A much increased proportion of both public and private investment in housing is however now being devoted to renovating and modernizing the existing housing stock.

Housing tenure

Home-ownership is now the commonest form of tenure in England and Wales. Some 63 per cent of dwellings are owner-occupied, compared with 26 per cent rented from local housing authorities and new town corporations (the public sector) and 8 per cent rented from private landlords. In addition, nearly 3 per cent are rented from non-profit-making housing associations.

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 80 per cent) of house purchase finance but banks, local authorities and insurance companies 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.

In addition to tax relief, 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 will usually 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 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 amounted to £400 million in 1984/85.

Share 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.

But what has influenced the spread of home-ownership most significantly are the powers that local authorities and New Town Development Corporations (NTDCs) enjoy to sell their dwellings at a discount. Prior to October 1980 these public sector landlords could only sell voluntarily under the terms of the Ministerial General Consents but the passing of the Housing Act 1980, which introduced a statutory purchase scheme, gave most secure tenants of local authorities, NTDCs and housing associations the right to buy their homes at discounts of up to 50 per cent, depending on the length of their tenancies. This discount ceiling was raised to 60 per cent under the provisions of the Housing and Building Control Act 1984 which also introduced a right to shared ownership for secure tenants who could not afford to buy their homes outright. These measures, coupled with the continuation of discretionary voluntary sales have enabled vast numbers of tenants to purchase their homes thereby making a significant contribution to the increases in owner occupation.

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 people in priority need (Housing (Homeless Persons) Act 1977) 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 mortgagees, 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 £185.50. 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 of central government of public sector housing subsidies, was £509 million in England in 1987-88 (see Cm 56 II, Table 3.9.20).

Housing Associations

Registered housing associations now provide some 2.3 per cent of all housing in England and Wales and account for some 7 per cent of all new completions. Although technically part of the private sector, they are financed largely through the Housing Corporation, which is a government agency, but also through local authorities. (Housing Corporation gross expenditure on association schemes was £755 million in 1982/83; £734 million in 1983/84; and £697 million in 1984/85; £711 million in 1985/86; and £715 million in 1986/87 (throughout England). Over the same period, local authorities' gross lending for housing associations schemes averaged £138 million per annum). 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 grant. In general, rents for housing association property are similar to those for other public sector housing. Tenants in this, as in the private sector, can claim rent allownaces 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. Housing Association Grant (introduced in the Housing Act 1974) is paid by the Department of the Environment, when projects are completed, to cover the proportion (usually about 85 per cent) of the cost of the development which cannot be met from rental income or receipts from low cost home-ownership purchasers (e.g. the rental portion of a "shared ownership" property). 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 home purchase for those on low incomes. Associations have pioneered equity sharing arrangements, and many operate shared onwership 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. Scientific and technical knowledge

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 Fire Precautions Act 1971 and the Building Act 1984 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 materials are produced in accordance with British Standards or British Board of Agreement certificate they may be used in building if they also justify the requirements of the regulations. Where appropriate the regulations give guidelines on the use of materials. 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 Organization, 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 house building, 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 standards set by the Council and purchasers receive a warranty against major structural defects for 10 years.

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. Grants are available from local authorities under the Home Improvement Grant System to help owners and tenants deal with problems of substandard older housing.

5. Protection of tenants

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 Housing Act 1980 made some slight amendments to this existing legislation but did not alter the basic framework consolidated in the Rent Act 1977. The law concerning landlord and tenant is very complex because the sector covers a wide variety of accommodation and terms of occupancy which attracts 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 increases. Indeed, the general effect of rent control has, for some years, been to keep rent below the 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. The Housing Act 1980 brought the small number of "controlled" tenants whose rents had been fixed in 1957 into the "regulated" sector. 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. One of the cases for repossession introduced by the Housing Act 1980 is "shorthold" which provides full security of tenure for the fixed term of the shorthold lease.

(b) Tenants of resident landlords who normally have more restricted protection. But they can apply to rent tribunals 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.

Tenants renting from private landlords can claim a rent allownace towards the cost of meeting their housing expenses if their financial circumstances quality (for details of average registered rents and allowances claimed by tenants, see Housing and Construction Statistics 1973-1983, tables 11.2 and 11.5).

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. The measures introduced in the Housing Act 1980 were designed with this aim in mind and it has announced the intention of introducing further measures to encourage landlords to let in the next Parliament.

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 has taken a range of measures to encourage private house building. These include simplifying planning controls and building control regulations, prompting the release of publicly-owned land for development and ensuring that the planning system permits sufficient housebuilding to meet market demand.

TABLE 2. PROGRESS IN MEETING HOUSING NEEDS (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%)	450 (2.6%)	540 (3.1%)
Households unsatisfactorily housed			
Multi-person households sharing	365	265 a/	190
One-person households sharing	430	365 a/	330
Concealed households	390	330 a/	245
Crowded households	200	125 a/	75
Households in unfit dwellings	980	640	570 b/
Households in dwellings that are fit but lack basic amenities	1 670	880	700 b/
TOTAL (free of duplication)	3 800	2 500	2 000

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

a/ Estimates calculated from 1971 data. National Dwelling and Housing Survey (NDHS) results show these were slight overestimates. 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, 1981)

(Percentages in brackets)

	Owner-occupied	Rented from local authority	Other tenures a/	Vacant b/	All tenures
Unfit dwellings and lacking one or more basic amenities	206 (2)	42 (1)	220 (10)	107 (17)	575 (3)
No fixed bath in bathroom	183 (2)	35 (1)	197 (9)	102 (16)	517 (3)
No inside WC	227 (2)	76 (1)	216 (10)	90 (14)	609 (3)
Lacking one or more basic amenities	389 (4)	153 (3)	307 (14)	145 (23)	994 (5)
All dwellings	10 886 (100)	5 363 (100)	2 218 (100)	626 (100)	19 093 (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 inoludes 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").

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
1981	174	39	200	107	520
Change (1976 to 1981)	-89	-7	-134	-44	-274
Fit but laoking one or more basio amenities:					
1971	619	445	601	83	1 748
1976	278	255	353	45	921
1981	149	119	99	23	390
Change (1976 to 1981)	-129	-136	-257	-22	-531
No fixed bath in bathroom: a/					
1971	430	104	805	145	1 484
1976	247	45	382	126	800
1981	158	34	179	102	473
Change (1976 to 1981)	-89	-11	-203	-24	-327
No inside WC: a/					
1971	612	262	839	138	1 851
1976	360	157	437	129	1 083
1981	193	74	196	90	553
Change (1976 to 1981)	-167	-83	-241	-39	-530

Sources: Department of the Environment.

Housing Policy: Technical Volume, part 1, Cmnd 6851 (HM Stationery Office, July 1977) pp. 56-57. English House Condition Survey 1981 HMSO.

a/ Including both fit and unfit dwellings.

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. LOCAL AUTHORITY RENTS (AND HOUSING COSTS) RELATIVE TO AVERAGE EARNINGS; GREAT BRITAIN

(Pounds at outturn prices)

	Gross (Unrebated) rents per dwelling		Average weekly earnings a/	
	£pa	Index	£	Index
1978	298	100	80.7	100
1979	329	110	93.0	115
1980	413	139	111.7	138
1981	571	192	121.9	151
1982	672	226	133.8	166
1983	705	237	143.6	178
1984	740	248	152.7	189
1985	786	264	163.6	203
1986	835	280	174.4	216

a/ Manual males aged over 21 (since 1984 "males on adult rates") in full time employment in Great Britain in April of each year excluding those whose pay was affected by absence. New earnings Survey (Department of Employment Gazette, (Table 5.6)).

SIGNIFICANT DIFFERENCE IN HOUSING CONDITIONS IN SCOTLAND

The tenure balance differs from other countries of the United Kingdom. Some 51 per cent of houses in Scotland are in the public rented sector. Around 40 per cent of houses are owner occupied, 6 per cent are rented from private landlords and 2 per cent are owned by housing associations. There has been a significant shift of public sector housing into owner occupation following the introduction of the Tenants' Rights Etc. (Scotland) Act 1980 which allows for the sale of public sector property to sitting tenants, often at a discount.

Nine per cent of public sector housing in Scotland is owned and managed by a Government agency, the Scottish Special Housing Association (SSHA). The SSHA was established to supplement the activities of the local housing authorities by building houses in areas where economic expansion or redevelopment would otherwise impose an undue burden on the rate (local tax) payments.

The distribution of building types is also different. In Scotland nearly half of the dwellings are flats compared with around one fifth of the stock in England and Wales.

Average rents are lower than in England and Wales. This is partly because until fairly recently average earnings in Scotland were lower than in England and Wales, but it also reflects differences between the housing stocks in size and type of dwelling.

SIGNIFICANT DIFFERENCES IN HOUSING CONDITIONS IN NORTHERN IRELAND PUBLIC SECTOR HOUSING

In the rest of the United Kingdom the local authorities provide, allocate and keep in repair the public housing stock whereas the Northern Ireland Housing Executive is the sole public housing authority in Northern Ireland.

Public housing finance in Northern Ireland therefore, reflects this fundamental difference in housing administration; for example, there is no Statutory Housing Revenue Account for the Housing Executive nor has the Executive a role in support lending for housing associations.

Average rent levels in Northern Ireland are marginally higher than those which obtain in Scotland, but 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 Revenue expenditure and income from rents is met by way of Government grant. The Executive's Capital programmes are financed through loans from the Consolidated Fund and the loan charges incurred form a major item in the Executive's Revenue Account.

Private Rented Sector

For historical reasons and given the specific nature of the private rented housing stock the legislative provision in Northern Ireland (The Rent Order 1978) differs in important areas from Great Britain.

In Northern Ireland there is a relatively large uncontrolled sector, a restricted sector where rents are frozen at 1956 levels and a regulated sector where rents are linked to Housing Executive levels and enforcement provision exists in relation to dwelling repair.

General

The tenure balance is different. At 31 December 1984 some 35 per cent of houses were in the public rented sector, with 57 per cent in owner occupation. The private rented sector represents some 8 per cent of the total housing stock in Northern Ireland.

The condition of the existing housing stock is poorer than in England and Wales. A House Condition Survey carried out in 1984 revealed that 27 per cent of the stock required some form of remedial action, whether by replacement, repair of improvement; 10.4 per cent of the stock was unfit and over 9.0 per cent lacked at least one basic amenity.

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, part of the 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. CHILD HEALTH AND DEVELOPMENT

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:

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 1,000 live births recommeded by the Expert Group.

In the 1970s a great deal of attention was 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. For more recent developments on ante- and post-natal care please see the commentary on Article 10.

2. MEASURES TAKEN FOR THE HEALTH DEVELOPMENT OF CHILDREN

The British Government/DHSS made available to health authorities in 1980 a paper - "Prevention in the Child Health Services" - outlining the main objectives and content of the preventive child health services. The paper described the service as aiming to:

(i) help parents keep their children physically, mentally and emotionally fit;

(ii) detect potentially handicapped defects as early as possible;

(iii) lay the foundations for a healthy adult life, by developing sensible attitudes to health and to the use of health services.

In line with previous recommendations reported by a major Committee on Child Health Services (Court Report - 1976), the paper defined health surveillance activities in the preventive child health service as:

(i) oversight of physical, social and emotional health and development of all children;

(ii) monitoring the developmental progress of all children;

(iii) providing advice and support to parents;

(iv) arranging referral and treatment of the child;

(v) providing a programme of effective infectious disease prophylaxis;

(vi) participation in health education and preparation for parenthood;

(viii) providing a programme of regular school dental inspections and arranging referral for treatment.

Additionally, the paper suggested a schedule for a programme of health surveillance contacts to enable specific tests and examinations to be carried out - at key ages (at birth, at 6-10 days, 6 weeks, 7-8 months, 18 months, about 3 years and at school entry). These policies were confirmed in the Governments priorities document for the health services - "Care in Action" (1980) which emphasized the crucial need to improve take-up of child health services by parents since it is often those who need these services most who use them least.

Surveillance Programme: At Birth

The doctor or midwife attending the birth should examine the child to exclude obvious disorders of growth and development. Results of this and any later examinations at about 6-10 days should be recorded and made available to those who will be concerned with subsequent health surveillance of the child. A standard record form for this purpose has been designed. During the first two weeks of life, routine screening tests for congenital dislocation of the hip, phenylketonuria and congenital hypothyroidism should be carried out on all children.

Pre-School Development

Each health authority is responsible for monitoring the health and development of children living in its area and giving parental support. Surveillance of pre-school age children (those under 5 years) may take place in the home by health visitors and through a network of child health clinics provided by health authorities. In addition a number of family doctors (general practitioners - GP's) are providing some preventive services for their own child patients, ususally with the assistance of a health visitor attached to the practice. Child health clinics hold regular sessions staffed by clinical medical officers (including some GPs employed on a sessional basis), and by health visitors. By regular examination and screening for developmental progress and to detect, for example, disorders of hearing, vision, speech and language, this community child health service aims 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. A minority of children will require referral to comprehensive assessment services provided by District Handicap Teams.

The Department's policy for child health services has developed from the recommendations of the Court Report. The central recommendation was that the various health services for children should be welded together into an integrated child health service. This concept of integration was also reflected in the paper "Prevention in the Child Health Services". Currently services are provided mainly by professional staff directly employed by Health Authorities. But Government policy has looked to increasing involvement by general medical practitioners in these preventive services - in the interests

of developing integrated family services. However, there are still questions needing to be resolved (e.g. accountability, training, coverage of child population), before this can be progressed further. The Government lookes to the different medical and nursing interests to reach agreement on the details of any new system, and the Department is presently consulting widely on recent professional initiatives.

Health Services for Schoolchildren

The School Health Service for pupils in maintained schools, is the statutory responsibility of individual health authorities, and caters for health needs of school-age children. The essential objective is to promote health and provide support that will enable children to benefit to the maximum extent from education through advice to the local education authority, the school, the parents and the pupil of any health factors which may require special consideration during the pupil's school life. Particular attention is paid to the needs of children with disability.

This service builds on the foundation of health surveillance activity during the pre-school period. With improvements in surveillance at that time, fewer children should reach school with undetected handicapping conditions and routine medical examination of all children should not be necessary after the school entry medical examination. Health surveillance during the school period (usually undertaken by the school nurse) should be based on serial screening of vision, hearing and growth, monitoring health and hygiene, and with health care interviews especially for children over the age of 11 years. Selective medical examination is recommended for children brought to the attention of the school doctor by parents, teachers, and the school nurse.

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 inspects children at regular intervals and can provide any treatment required. However a majority of children obtain dental care through the general dental service (the family dentists).

In the early 1970s concern about the nature of provision made for the education of handicapped children led to the establishment of the Warnock Enquiry into the Education of Handicapped Children and Young People. Most of the proposals of the subsequent Warnock Report (1978) were enshrined in the Education Act 1981, which became fully operative on 1 April 1983. Its main principles are:

- the abolition of categorization of children by type of handicap and replacement by an emphasis on need, rather than on disabilities;

- the encouragement of integration of children with special educational needs into ordinary schools whenever possible; and

- the introduction of new rights for parents by involving them in the assessment of their child and by giving them access to professionals' advice;

The Act introduced new procedures for assessment of children with special education needs. There are two types of assessment:

- Informal. It is estimated that about one in five children (20 per cent) will have a special educational need at some time. The assessment of any child's need is a continuous problem which is primarily the responsibility of the school, under the guidance of the Local Education Authority (LEA). Procedures for informal assessment are being established locally.

- Statutory. It is estimated that about 2 per cent of schoolchildren will have sufficiently severe learning difficulties to require the local authority to determine the additional provision necessary to meet those needs. These cases will require a statutory assessment, possibly leading to the preparation of a formal statement of special educational needs.

The intention of a statutory assessment is to give a complete picture of all factors which affect a child's educational progress. It is the duty of the LEA to initiate an assessment and obtain educational, medical and psychological advice about the child. In addition nursing and social work professionals must be notified and given the opportunity to offer advice. Advice from other professionals (for example speech therapists and physiotherapists) should be sought where necessary. As a result of an assessment, the LEA may decide to make a statement on the child's special educational needs. This formal statement must include details of any non-educational facilities which the LEA is satisfied will be provided by the health authority or other agency in addition to the child's special educational provision. Such facilities might include the provision of nursing and therapy services or aids.

Hospital Services for Children

It is long established policy that sick children have their own special needs and that if at all possible they should be treated in their own homes by the family doctor or as out-patients or day treatment cases at hospital. There has been a steady decline in the number of paediatric (i.e. children under the care of consultant paediatricians) in-patient admissions whereas the number of paediatric day cases has increased.

Children are emotionally vulnerable and early experiences may affect their later development. Therefore, where it is necessary to admit a child 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, for example:

- children can be nursed by those who have the requisite skill and expertise required in the care of the sick child;

- 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; although some of the children will remain the clinical responsibility of other specialists;

- it facilitates unrestricted visiting, encourages sibling visiting, and makes it easier to provide overnight accommodation for parents so that they can stay in hospital with their young children;

- it makes it easier to arrange for the provision of play and for a child's continuing education;

- the children's department has access to the wide range of diagnostic and treatment facilities provided by the district general hospital.

There should be good communication between hospital and community services to ensure that a child's return home is not delayed for failing to arrange early enough continuing care in the community.

Guidance on the care of children in hospital was issued to health authorities in 1971 and has subsequently been reaffirmed by other circulars and planning guidance documents issued by the Department.

ENVIRONMENTAL AND INDUSTRIAL HYGIENE

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 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.

Since then, nearly all the outstanding sections of the Control of Pollution Act 1974, have been implemented. The Food and Environment Protection Act 1985, passed last year (1985) provides new powers to protect the public from food contaminated by an escape of harmful substances, replaces and improves the Dumping at Sea Act 1974 and introduces statutory controls on pesticides (previously controlled under the non-statutory Pesticides Safety Precautions Scheme). United Kingdom environmental policies and practices have been significantly strengthened in recent years by the measures adopted together with our partners in the European Community. In addition, the United Kingdom is deeply committed to a number of international environmental programmes, including UNEP's Global Monitoring System. The United Kingdom is also a signatory of a number of valuable international conventions including the Vienna Convention for the Protection of the Ozone Layer which was signed in May 1985 and was the first global example of the principle of "prevention not cure".

A fuller description of current environmental trends and policies in the United Kingdom can be found in the national review prepared for the fourteenth session of UN/ECE Senior Advisers on Environmental Problems.

The Government continues to be advised by the independent standing Royal Commission on Environmental Pollution, who have now published a total of 10 reports. A copy of their tenth Report, "Tackling Pollution - Experience and Prospects", is attached.

Air Pollution Control

The administration of general air pollution control falls to central Government, local government and the Industrial Air Pollution 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), the Economic Commission for Europe (ECE), and OECD.

Specific central Government roles are:

(a) Monitoring: The biggest monitoring programme co-ordinated by central Government is the United Kingdom Smoke and Sulphur Dioxide Monitoring Network which comprises some 600 sites mostly operated by local authorities. The programme is designed to check the United Kingdom's compliance with the EC Directive 80/779/EEC which sets health protection standards for levels of smoke and sulphur dioxide in the atmosphere. The programme also provides information about general levels of pollution in urban areas and their trends supplied previously by the former National Survey of Smoke and Sulphur Dioxide.

Smaller networks have been set up, or are planned to monitor heavy metals, acid deposition, ozone, NO_x, nitrogen dioxide and lead. The latter two are to comply with EC directives, the first four are related to research needs.

(b) Research: Sponsorship of a wide and varied research programme which is reviewed every year: current priorities include research into the following:

Pollutant emissions: estimating emission factors and inventories, research and development of new technologies;

Pollutant transport, transformation and deposition including work on kinetics, field measurements and atmosphere modelling of acid deposition and photo-oxidants;

Effects of pollution including work on aquatic systems, terrestrial systems (trees, crops, etc.) and materials (historic and economic);

Atmosphere ozone including laboratory studies of kinetics and modelling of the effects of CFCs and other gases on stratospheric ozone.

Avoidable smoke from motor vehicles has been forbidden for many years (about 80 prosecutions a year). Heavy goods vehicles and large passenger vehicles are tested annually for emissions of smoke, and the Department of Transport carries out more than 90,000 spot checks per year at the roadside and on operator's premises. They are authorized to ban the further use of a vehicle smoking excessively until it is repaired.

The Motor Vehicles (Construction and Use) Regulations and later the Motor Vehicles (Type Approval) Regulations have exercised control over the emissions of carbon monoxide and unburnt hydrocarbons from petrol engines since 1973, in accordance with ECE Regulation 15 and the corresponding EC Directive 70/220/EEC. From 1977 amendments to these regulations have included control of nitrogen oxides. The current limits are those of ECE Regulation 15:03 corresponding to EC Directive 78/665/EEC which were introduced in the United Kingdom in 1982.

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. Regulations made under the Control of Pollution Act 1974 set a maximum content of 0.15 grams/litre in Decembr 1985. Regulations made in 1985 will allow the sale of unleaded petrol in accordance with EC Directive 85/210/EEC. This Directive requires member States of the Community to ensure the availability and balanced distribution of unleaded petrol from October 1989.

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 have Environmental Health Officers (EHOs) to carry out most of this work.

Industrial Air Pollution Inspectorate

The task of the Industrial Air Pollution Inspectorate is to protect the public from the effects of noxious or offensive substances.

Over 21,000 industrial works using scheduled processes giving rise to partly noxious or offensive emissions or which are technically difficult to control have been registered and thus brought under the control of the Industrial Air Pollution 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 Control of Pollution Act 1974 which replaced the Noise Abatement Act 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 classes of vehicles with four or more wheels. Reduced limits and revisions to the test procedure have been agreed since 1970 in Directives 77/212, 81/334, 84/372 and 84/424. The limits agreed in Directive 84/424 will begin to take effect in 1988.

Noise limits for motorcycles are set by Directive 78/1015/EEC, and a revision of these limits is now being considered by the European Community.

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 road. 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

In 1984 the United Kingdom introduced in its noise regulations the latest noise certification standards promulgated by the International Civil Aviation Organization (ICAO) for supersonic transports, subsonic jets, heavy propeller driven aeroplanes and light propeller driven aeroplanes, i.e. those weighing less than 5,700 kg. it also introduced a noise certification scheme for microlight aeroplanes.

Also, in recognition that much of the present aircraft noise problem stems from older jets which pre-dated noise certification, United Kingdom operators have not been permitted to operate non noise-certificated subsonic jets acquired since 30 September 1978 and all such aeroplanes on the British register have been banned since 1 January 1986. In addition, in compliance with an ICAO Recommendation and EC Directives, 80/51/EEC and 83/206/EEC the United Kingdom announced, in March 1984 that non noise-certificated jets on foreign registers would be banned from operating to United Kingdom airports from 1 January 1988.

These steps, together with the introduction of the latest more stringent ICAO noise standards for new designs of aeroplanes, should ensure that there is a continued improvement in the noise climate around major airports in the next few years.

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 three 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 to the insulation of homes within the 55 NNI (Noise and Number Index) contour around Heathrow and Gatwick airports. The schemes have ended, and the Government is currently reviewing them to see how successful they have been. 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 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 75dB(A) Leg (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 1974 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.

Advisory codes of practice to assist local authorities and magistrates in the course of their duties have been issued covering audible intruder alarms; ice-cream van chimes; and model aircraft. Others are in preparation.

Construction sites

Noise from construction sites is harder to control, particularly because of their temporary nature. The Control of Pollution Act 1974 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.

BS 5228: 1984, Parts 1 and 3 which has been approved by the Secretary of State for the Environment in place of the earlier version.

Directives on permissible sound levels from various types of construction plant and equipment have been adopted by the European Community, and will be incorporated in national legislation.

The relevant Directives are:

84/532/EEC ("framework" Directive);
84/533/EEC (compressors);
84/534/EEC (power cranes);
84/535/EEC (welding generators);
84/536/EEC (power generators);
84/537/EEC (powered hand-held concrete breakers and picks).

Noise abatement zones

The Control of Pollution Act 1974 confers on local authorities power to establish "noise abatement zones" for reducing or preventing noise problems arising from fixed sources. They must specify the classes or 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.

Air and noise pollution in Northern Ireland

Parallel statutes governing Northern Ireland mirror this regulatory picture. For example, the Control of Pollution Act 1974 is matched by the Pollution Control and Local Government (NI) Order 1978, by which construction site noise, neighbourhood noise and waste management practices are similarly controlled.

In the case of motor vehicles, the Road Traffic (NI) Order 1981 followed some nine years after its Great Britain equivalent, the Road Traffic Act 1972. Thus the full extent of "construction and use" regulations has not been reached in the Province, although, the Department of Environment are currently exercising their powers to make such regulations under Article 28(1) d, e, of the order. It is likely that full emission standards will be required as a matter of course when timetabling permits.

In Great Britain the Public Health Act 1936 was supplemented by the 1961 Act and also strengthened by other amendments. In Northern Ireland, the principal statute in this sector, the Public Health Ireland Act 1878 has stood for over 100 years. Presently under review, this Act nevertheless has equal control of "accumulations and deposits" to that encompassed by section 92 of the Great Britain Act to which the 1980 Report refers. Regulations applicable to aircraft are United Kingdom based.

There is no substantial disparity between Northern Ireland and Great Britain in legislative controls governing environmental quality. Such differences as exist, generally do so as a result of practical delay in adoption rather than altered perception or policy.

Waste Management

The United Kingdom has legislated for the prevention of pollution on land by wastes. Part I of the Control of Pollution Act 1974 (which replaces the Deposit of Poisonous Waste Act 1972) provides the statutory framework for a systematic and co-ordinated approach to waste collection and disposal by local authorities.

The Act has instituted a licensing system for waste disposal sites 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 local 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 water, 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. Special arrangements apply to wastes which through their toxicity or flammability present a danger to human life or health.

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.

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. The 1974 Act (all the main provisions of which are now in force) ensures broadly that all discharges of effluent into inland waters, coastal waters and most 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 minimize their polluting effects. In addition there are wide powers to deal with casual, accidental and diffuse pollution. The Act also provides for public involvement in the consideration of applications for consent to discharge. Registers containing details about water quality and discharges of effluent were opened to the public in July 1985.

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, has taken 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.

Radioactive Waste

The United Kingdom regulates the disposal of radioactive waste under the terms of the Radioactive Substances Act 1960. This Act prohibits the accumulation or disposal of radioactive 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 radioactive 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.

Liquid radioactive 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.

In recent years the radioactive discharges from the British Nuclear Fuels plc, re-processing plant at Sellafield, in Cumbria, to the Irish Sea (the calculated dose to critical groups from which was considered to be too close to ICRP's limit) have been substantially reduced by improved operating practices and by the commissioning of new plant. The construction of further major new plant has now been agreed which should be in operation by 1991 and which will make a further substantial reduction in discharges.

Some gaseous radioactive 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.

Most very low level solid radioactive waste is disposed of via the ordinary refuse collection service and is not subject to detailed control. The small amount of radioactivity 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.

The Nuclear Industry Radioactive Waste Executive (NIREX), which was set up in 1982 by the nuclear industry and the electricity generating boards, with governmental agreement, has the responsibility for providing disposal facilities for low and intermediate-level wastes in accordance with principles laid down. Low-level waste which is not suitable for local disposal is sent for shallow-land burial to the disposal site at Drigg in Cumbria. A supplementary disposal facility is desirable.

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 radio-nuclides and will therefore decay to harmless levels of activity in a period of decades. Solid intermediate level wastes significantly contaminated with the longer-lived actinides are stored a Sellafield.

NIREX have already identified one possible less-deep site for the disposal of low level, and some shorter lived intermediate level, wastes and will be announcing at least two other sites to consider alongside it. When geological investigations of the site have been carried out, a public inquiry will be held with the aim of identifying one site for development.

NIREX will also be seeking at least three potential deep sites on land for geological investigation. When investigations have been carried out, there will be a public inquiry to identify one site to be developed as a disposal facility for longer-lived intermediate-level wastes. NIREX are also considering other generic options for the disposal of these wastes.

Some low and intermediate-level wastes were formerly disposed of in the Atlantic Ocean in accordance with international agreements. The United Kingdom's use of this disposal route was suspended in 1983 and an assessment is currently being made to identify the Best Practical Environmental Option for the disposal of these wastes and other low and intermediate-level wastes.

Heat-generating (or High-Level) waste, being the active liquid residues arising from the first stage of reprocessing spent nuclear fuel, are currently safely stored in liquid form at Sellafield in Cumbria. Smaller amounts are stored at Dounreay in Scotland. A plant, under construction at Sellafield, will be used to vitrify the wastes and they will be stored for at least 50 years, to allow for heat loss and radioactive decay, before eventual disposal. The options for disposal of these wastes are already clear in outline. These are: burial deep underground, or emplacement on or under the deep-ocean bed. Research continues into all three options, 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 1979 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 gives effect in the United Kingdom to the 1979 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 IMCO 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.

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 by putting them in touch, at their request, 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 on a planning application is made in the light of the provisions of the development plan for the area and all other material planning considerations.

Regulations have been made under the Acts. 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 governments 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 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.

(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.

The Local Government Act 1985 provides, as from 1 April 1986, for one tier of local authorities in Greater London and the metropolitan areas. A new type of development plan, the unitary development plan, will gradually be introduced in those areas to reflect the new structure. The unitary development plan will consist of two parts combining the features of both a structure and local plan and will be subject to the same procedures of public participation and inquiry.

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 provided 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 a planning application unless permitted by the General Development Order. 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 if he chooses. A local planning authority also has the power to revoke or modify planning permission. In addition it may make an order requiring that any use of land be 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 any 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.

In the case of proposals for major developments, proposals in environmentally sensitive areas and other proposals in which there is likely to be a great deal of public interest, the developed 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.

(i) Environmental Assessment

One of the main considerations that will influence the decision on whether or not planning permission should be granted is the effect of the proposed development on the environment. In all but very minor cases, the planning authority will ask the applicant about the likely environmental effects of the proposal, and about the measures that will be taken to mitigate adverse effects. Where necessary, the planning authority will also seek advice from the relevant regulatory agencies and in major cases advice may also be sought from independent consultants. Over the last few years, the practice has developed of incorporating all this information into a formal environmental assessment. Proposals are now being developed for the implementation of a European Communities Directive which will require the carrying out of a formal assessment before certain types of development are authorized.

(ii) Hazardous Development

There has been a growing concern about controls over installations which store or handle hazardous or potentially hazardous substances. Regulations have been made which require all such installations to be notified to the Health and Safety Executive, a central regulatory agency which has the responsibility of ensuring that such installations are operated in a manner which is safe. Planning authorities seek to achieve a reasonable degree of physical separation between such installations and other types of development. When they are considering an application for planning permission for the construction or extension of an installation of this nature, they are advised to seek advice from the Health and Safety Executive about the degree of risk involved in the proposed location. HSE also advise planning authorities on applications relating to development within the vicinity of an existing hazardous installation, particularly developments which bring together a large number of people (e.g. housing estates, shops, offices and schools). It is proposed to strengthen these controls further by requiring all installations using or storing hazardous substances to be licensed by planning authorities and the necessary legislation is likely to be introduced shortly. Additional regulations have also been made to implement the requirements of the European Communities Directive on the control of major accident hazards.

(iii) Inquiries

Before the Secretary of State for the Environment takes a decision on a major development proposal, it is usual for a local inquiry to be held by an Inspector appointed by the Secretary of State. The inquiry is open to the public, and in addition to the applicant and the planning authority, it is the normal practice to allow anyone who wishes to do so to put forward arguments for or against the proposal and to question the arguments put forward by other parties. This procedure also provides an opportunity for anyone who wishes to do so to ask for conditions to be imposed to safeguard the environment if the development is allowed to proceed.

In the previous report, it was noted that, in the case of major developments, there was a tendency for arguments relating to the need for development to be raised at public inquiries. This trend has increased over the last five years, particularly in relation to major developments in the

public sector such as proposals for new motorways. A major recent case related to a proposal to develop a third airport for London, when it was argued at the inquiry that it would be more effective and less environmentally damaging to concentrate on the development of existing airports, including airports outside the London area. In this case, the independent Inspector recommended that the proposed development of the third London airport should be allowed to proceed, and the Government accepted the Inspector's recommendation after the debate in Parliament.

Another major case related to the development of a new coalfield which was eventually allowed to proceed in a greatly modified form. There is however increasing concern about the cost and length of major public inquiries of this kind. The longest such inquiry related to a proposal to construct a nuclear power station, where the issues that were considered included the alternatives to nuclear energy, the safety of reactors of a particular type, and the problems of the disposal of radioactive waste. The decision permitting the construction of the power station, which followed the recommendation made by the independent inspector who conducted the inquiry was issued in March 1987.

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.

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

In England, central government grants administered by the Department of the Environment, are available under the Derelict Land Act 1982 both to local authorities and to the non-local authority sector (including private companies and nationalized industries) for the reclamation of derelict land for the purpose of bringing it into use or improving its appearance. (In Scotland and Wales reclamation is the responsibility of the respective Development Agencies and the total cost is borne by the Exchequer).

In the assisted areas and derelict land clearance areas grants are at the rate of 100 per cent for local authorities and 80 per cent for the non-local authority sector. Outside these areas the rate is 50 per cent for both sectors, except that in the National Parks and areas of outstanding natural beauty local authorities can receive 75 per cent grants.

For grant purposes derelict land is defined as "land so damaged by industrial or other development that it is incapable of beneficial use without treatment". This may include former steel and iron works and other industrial plants and buildings, spoil and waste tips, disused mineral workings, former railway land and contaminated sites.

The Department of the Environment's 1982 derelict land survey recorded 45,700 hectares of derelict land in England of which 34,300 hectares were considered to justify reclamation. It also shows that between 1 April 1974 and 31 March 1982 some 17,000 hectares of derelict land were restored to beneficial use, about 60 per cent of it with the aid of grant.

The Government has increased the expenditure provision for reclamation in England from £23.5m in 1979/80 to £76.4m in 1985/86, an increase of over 200 per cent. Since 1982/83 priority for funds has been given to reclaiming derelict sites in inner city and urban areas that will lead to industrial, residential or commercial development. At the same time schemes for environmental purposes providing public open space, recreational and amenity areas continue to be supported, as are those for agricultural and forestry use.

Resources have been provided, in response to the report of the Committee on Energy and the Environment, for the reclamation of land affected by coal mining. Support has also been given to the regeneration of decayed urban fringes under the Operation Groundwork initiatives.

The Government remains committed to the reclamation programme recognizing the benefits to the environment, the lives and job prospects of those affected by the dereliction of past industrial activities.

D. COMPREHENSIVE SCHEMES AND SPECIFIC MEASURES, INCLUDING VACCINATION PROGRAMMES TO PREVENT, TREAT AND CONTROL EPIDEMIC, ENDEMIC, OCCUPATIONAL AND OTHER DISEASES AND ACCIDENT IN URBAN AND RURAL AREAS

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.

Protect your health abroad

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 traveller 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.

Road Accidents

Road accidents are the largest single cause of accidental death in this country and, in 1984, 5,599 people were killed and 318,715 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 21 million motor vehicles on the road and the total number of casualties in 1984 was 19 per cent below the peak year of 1965 since when motor vehicle traffic has increased by nearly 69 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.

Drinking and driving continues to be one of the most serious road safety problems in this country. It is an offence to drive or be in charge of a vehicle with more than 35 microgrammes of alcohol per 100 millilitres of breath (or 80 milligrams of alcohol per 100 millilitres of blood, or 107 milligrams of alcohol per 100 millilitres of urine). The legal limit was first introduced in the Road Safety Act 1967 and was at first extremely successful in reducing the incidence of drinking and driving. However, because of increasing concern that the effectiveness of the Act had declined, thorough examination of drinking and driving was carried out. As a result new drinking and driving legislation contained in the Transport Act 1981 came into force on 6 May 1983. The aim is to increase the law's effectiveness by making it easier for police to process cases by the introduction of evidential breath testing machines, and by closing loopholes in the law which had previously enabled suspects to escape conviction on legal technicalities.

Although legislation can play a part in deterring people from drinking and driving, so too can education and publicity. That is why the Government has run regular publicity campaigns on this subject in an attempt to educate people about the considerable risks they face in driving after drinking.

The introduction of compulsory seat belt wearing on 31 January 1983 has had a significant effect in reducing casualties among front seat occupants of cars and light vans. In the first 23 months of the legislation there were 690 (17 per cent) fewer deaths and 12,153 (22 per cent) fewer injuries compared with the corresponding period before compulsion. The regulations are due for review before the end of January 1986 when both Houses of Parliament will have a chance to decide whether compulsory wearing should continue beyond that date.

In July 1985 the Department of Transport issued draft regulations to require the mandatory fitting of rear seat belts and/or child restraints to all new cars manufactured from October 1986 and first registered from April 1987.

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 motorcycle casualty rate remains one of our most serious road safety problems. That is why over the years a number of measures have been taken by the Government, the most recent being the three major measures introduced in the Transport Act 1981, designed to ensure that learners think very seriously about training at the outset of their riding careers, when they are most vulnerable. These measures were a reduction in the maximum size of motorcycle which learner riders are permitted to ride; a new two part test for learner motorcyclists; and a limit on the duration on the motorcycle provisional licence.

A review of these safety measures is to be conducted later this year. If, in the light of the evidence available at that time, the situation seems less satisfactory than it should be, then we will certainly be looking once again at other options. In Northern Ireland, road accidents are still the major cause of accidental death in Northern Ireland. In 1984, 189 people were killed and 8,561 people injured as a result of road accidents. The cost to the community is estimated at some £60m a year.

While these figures are still too high they do however show a considerable reduction since the worst year in Northern Ireland's history - 1972 when 372 people were killed. This impressive reduction is in spite of an increase in vehicles using Northern Ireland roads from 380,000 in 1972 to 506,000 in 1984.

Perhaps the single most significant impact on road accidents has been the introduction of compulsory seat belt wearing on 31 January 1983. In 1982 216 people were killed and 7,923 injured; in 1983 after the introduction of the seat belt legislation 173 people were killed and 7,540 injured. Regular surveys indicate a seat belt wearing rate of over 90 per cent - compared to 25 per cent before compulsory wearing. The Government now proposes that new cars manufactured after 1 October 1986 must be fitted with rear seat belts.

Drinking and driving remains a problem and it is an offence to drive or be in charge of a vehicle in Northern Ireland 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). Police Accident Prevention Units are equipped with alcolmeter instruments which give accurate readings of the amount of alcohol in the breath. In 1984 2,953 motorists were required to take breath tests; 1,117 were found to be positive. Despite intensive police enforcement and Departmental publicity campaigns (now twice yearly) the level of fatal accidents involving drinking drivers or pedestrians remains high. In 1984 there were 33 such accidents resulting in 37 deaths.

Under the Road Traffic (Northern Ireland) Order 1981 the Department of the Environment (NI) is charged with responsibility for road safety education and training. The Department's Road Safety Officer Service organizes Traffic Education Courses for teachers, student teachers, police and youth leaders and provides free of charge teaching materials to all types of schools and colleges throughout the province. The RSO Service also organizes comprehensive schemes for Tufty teaching for 3-7 year old children, cycle training for 9-12 year old children, Traffic Education Courses and CSE examinations for post-primary pupils, motorcycle and moped training for over 16 year old riders and river training courses for over 17 year old drivers.

Deaths by number, rate per population, rate per vehicle population and per vehicle traffic
Death rate among car users: by population
Motor vehicle rate: by population
) By selected countries

	Number of road deaths	Motor vehicles per 100,000 population	Road deaths per 100,000 population	Road deaths per 100,000 motor vehicles	Car user deaths per 100 million car kilometres	Pedestrian deaths per 100,000 population
England	4 576	177.37	9.8	2.6	---	3.4
Wales	244	9.82	8.7	2.5	---	3.0
Scotland	625	14.48	12.1	4.3	---	4.9
Great Britain	5 445	201.70	9.9	2.7	1.0	3.5
Northern Ireland	173	4.82	11.0	3.6	---	4.6
United Kingdom	5 618	206.52	10.0	2.7	---	3.5
Belgium	2 090	40.211 8/	21.2	5.2 8/	2.9 2/	3.8
Denmark	669	18.387	13.1	3.6	1.3 2/	3.0
Federal Republic of Germany	11 732	288.878	19.0	4.1	2.0	4.0
France	12 728	256.942 3/	23.4	5.3 3/	3.0	3.8
Greece	1 776	18.058	18.1	9.8	2.9 2/	5.0
Irish Republic	535	8.220	15.9	6.5	1.7 4/	5.2
Italy	8 245 2/	256.665 2/	14.4	3.2 2/	1.7 2/	2.9 2/
Luxembourg	85	1.530 2/	23.3	4.9 2/	---	3.0
Netherlands	1 710 2/	58.396 8/	12.0	3.0 2/8/	1.3 2/	1.8 2/
Portugal	3 021	15.575 4/7/	30.7	20.2 4/7/	---	---
Spain	6 066	115.970	16.0	5.2	5.9	3.7
Austria	1 967	32.592	26.0	6.0	3.9	5.5
Czechoslovakia	1 605	31.799 7/9/	10.4	5.0 7/9/	---	4.2
Finland	604	17.984 8/	12.5	3.4 8/	1.1	3.1
German Democratic Republic	1 821	46.055 7/	10.9	4.0 7/	---	3.3
Hungary	1 591	18.357 7/	14.9	8.7 7/	1.5 4/	5.9
Norway	409	17.428	9.9	2.3	1.3	2.5
Poland	5 561	55.351 7/	15.3	10.0 7/	8.0	6.5
Sweden	779	33.843 7/	9.4	2.3 7/	1.0	1.9
Switzerland	1 565	35.848	24.4	4.4	2.0	5.1
Yugoslavia	4 891 2/	31.743	21.8	15.7 2/	1.1 5/	7.4 2/
Australia	3 251 2/	84.643 2/7/	19.7	3.8 2/7/	---	4.9 6/
Canada	5 547 5/	142.969 8/	23.2	3.9 8/	2.1 6/	3.6 6/
Japan	12 376	591.521	10.3	2.1	---	2.5 5/
New Zealand	644	18.185	18.8	3.5	---	4.1 5/
United States of America	42 584	1 643.188 2/	18.2	2.7 2/	1.2	3.0

Principal sources: For countries other than Great Britain: Statistics of Road Traffic Accidents in Europe (United Nations Economic Commission for Europe), 1980; World Road Statistics (International Road Federation), 1981; Road Traffic Accident Report, 1980 (Royal Ulster Constabulary).

1/ 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 those defined as such by the countries concerned, the death rates have been adjusted to represent standardized 30-day death rates, according to the following conventions: France (6 days) + 9 per cent: Italy (7 days) + 7 per cent; Greece, Austria (3 days) + 12 per cent; Spain, Japan (24 hours) + 30 per cent; Canada (12 months) - 5; Portugal (at the scene) + 35 per cent; Switzerland + 35 per cent.

2/ 1982.

3/ 1981.

4/ 1980.

5/ 1979.

6/ 1978.

7/ Vehicle figures exclude mopeds.

8/ Vehicle figures exclude tramcars.

9/ Vehicle figures exclude lorries.

E. CONSUMER SAFETY

The Department of Trade and Industry's Consumer Safety Unit is responsible for the safety of all consumer products used in and around the home which are not specifically the concern of other Government Departments (for example Department of Health and Social Security deal with medicines and drugs, Ministry of Agriculture deal with food etc.).

The Unit'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 and accident prevention.

Investigation of complaints

Complaints about products which are alleged to be unsafe are brought to our attention via local authorities, consumer and safety organizations, and also come to us direct from members of the public. Expert advice is obtained from the Unit's technical advisers, and from outside bodies where appropriate, and whenever necessary the complaints are taken up with the manufacturer concerned. This action is taken in order to secure appropriate modifications and improvements and to have unsatisfactory products withdrawn from sale if the degree of hazard warrants this.

Legislation

As and when necessary, regulations imposing requirements (e.g. relating to such matters as composition, design, packing and labelling) for consumer products have been made under the Consumer Protection Act 1961 (as amended by the Consumer Protection Act 1971). Under this Act it is an offence to sell or hold for sale a product which does not comply wit. any regulations in force. The powers in the Consumer Protection Acts were refashioned and extended by the Consumer Safety Act 1978. The 1978 Act widened the range of requirements which could be laid down in safety regulations, gave new powers to the Secretary of State to prohibit the supply of goods and to require suppliers to issue warnings, and made changes to the powers of enforcement authorities. A list of existing regulations is attached.

Existing enforcement powers are to be strengthened further, with particular regard to identifying and halting the supply of unsafe goods before they reach the shops. It is also proposed to introduce a general duty on all suppliers to ensure that their goods are safe in accordance with sound modern standards of safety.

Research

The Unit's Home Accident Surveillance System has been in operation since October 1976 and now has over 600,000 cases in its data bank. Data on

accidents in and around the home are collected from a rotating 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, the Consumer Association and the Royal Society for the Prevention of Accidents.

Detailed studies of particular hazards presented by products are undertaken from time to time.

Publicity

The promotion of home safety publicity is undertaken by both central and local government 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. A number 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 from time to time. The Royal Society for the Prevent of Accidents produces a wide variety of posters and leaflets on the subject of home safety.

REGULATIONS MADE UNDER THE CONSUMER PROTECTION ACT 1961

Subject	Statutory Instrument No.
The Stands for Carry Cots (Safety) Regulations 1966	SI 1610
The Nightdresses (Safety) Regulations 1967	SI 839
The Toys (Safety) Regulations 1967, 1974	SI 1157 and 1367
The Electrical Appliances (Colour Code) Regulations 1969, 1970 and 1977	SI 310, 811 and 931
The Electric Blankets (Safety) Regulations 1971	SI 1961
The Cooking Utensils (Safety) Regulations 1972	SI 1957
The Heating Appliances (Fireguards) Regulations 1973	SI 2106
The Pencils and Graphic Instruments (Safety) Regulations 1974	SI 226
The Glazed Ceramic Ware (Safety) Regulations 1975 and 1976	SI 1366 and 1208
The Vitreous Enamelware (Safety) Regulations 1976	SI 454
The Children's Clothing (Hood Cords) Regulations 1976	SI 2
The Oil Heaters (Safety) Regulations 1977	SI 167
The Babies' Dummies (Safety) Regulations 1978	SI 836
The Cosmetic Products Regulations 1978	SI 1354
The Perambulators and Pushchairs (Safety) Regulations 1978	SI 1372
The Oil Lamps (Safety) Regulations 1979	SI 1125
The Cosmetic Products (Amendment) Regulations 1983	SI 1477

REGULATIONS MADE UNDER THE CONSUMER SAFETY ACT 1978

Subject	Statutory Instrument No.
The Dangerous Substances and Preparations (Safety) Regulations 1980	SI 136
The Upholstered Furniture (Safety) Regulations 1980	SI 725
The Novelties (Safety) Regulations 1980	SI 958
The Filament Lamps for Vehicles (Safety) Regulations 1982*/	SI 444
The Upholstered Furniture (Safety) (Amendment) Regulations 1983	SI 519
The Pedal Bicycles (Safety) Regulations 1984*/	SI 145
The Cosmetic Products (Safety) Regulations 1984**/	SI 1260
The Food Imitations (Safety) Regulations 1985	SI 99
The Dangerous Substances and Preparations (Safety) (Amendment) Regulations 1985	SI 127
The Novelties (Safety) (Amendment) Regulations 1985	SI 128
The Gas Catalytic Heaters (Safety) Regulations 1984	SI 1802

PROHIBITION ORDERS MADE UNDER THE CONSUMER SAFETY ACT 1978

The Nightwear (Safety) Order 1978	SI 1728
The Balloon-Making Compounds (Safety) Order 1979	SI 44
The Tear Gas Capsules (Safety) Order 1979	SI 887
The Children's Furniture (Safety) Order 1982	SI 523
The Toy Water Snakes (Safety) Order 1983	SI 1366
The Gas Catalytic Heaters (Safety) Order 1983	SI 1696
The Expanding Novelties (Safety) Order 1983	SI 1791
The Scented Erasers (Safety) Order 1984	SI 83

OTHER REGULATIONS

The Packaging and Labelling of Dangerous Substances Regulations 1978***/	SI 209
The Packaging and Labelling of Dangerous Substances (Amendment) Regulations 1981	SI 792
The Packaging and Labelling of Dangerous Substances (Amendment) Regulations 1983	SI 17
The Aerosol Dispensers (EEC Requirements) Regulations 1977 (made under the European Communities Act 1972)	SI 1140
The Aerosol Dispensers (EEC Requirements) (Amendment) Regulations 1981	SI 1549
The Fabrics (Misdescription) Regulations 1959****/	SI 616
The Fabrics (Misdescription) Regulations 1980****/	SI 726
The Classification Packaging and Labelling of Dangerous Substances Regulations 1984***/	SI 1244

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*/ Regulations made by the Department of Transport.

**/ Also uses powers under European Communities Act 1972 and Consumer Protection Act 1961.

***/ Made jointly by this Department and the Department of Employment under the Health and Safety at Work etc. Act 1974, and the European Communities Act 1972.

****/ Made under the Fabrics Misdescription Act 1913.

OCCUPATIONAL AND INDUSTRIAL DISEASES AND ACCIDENTS

The protection and improvement of industrial hygiene and the prevention of occupational diseases are the responsibilities in Great Britain 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 a 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)I. 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. The Notification of Accidents and Dangerous Occurrences Regulations 1980, which came into effect on 1 January 1981, were designed to provide this information. Unfortunately, certain changes to legislation and procedures for which the Department of Health and Social Security has responsibility have resulted in a shortfall in the information reaching the Health and Safety Executive. The Health and Safety Commission has published its proposals to overcome this shortcoming in the form of draft Regulations known as the Reporting of Injuries and Dangerous Occurrences Regulations. It is not possible to state when these proposals will become law.

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 provision 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, HM Industrial Air Pollution Inspectorate (IAPI), formerly HM 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, HM 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 Section I.C, para. 5 above).

In Northern Ireland the protection and improvement of industrial hygiene and the prevention of occupational diseases are the responsibilities of the Health and Safety Inspectorate of the Department of Economic Development under the Health and Safety at Work (Northern Ireland) Order 1978 which is very similar, and indeed modelled on, the Health and Safety at Work Act 1974 in Great Britain. The 1978 Order requires employers etc. to ensure the welfare as well as the health and safety at work of all employees. A small specialist section within the Health and Safety Inspectorate investigates and advises on all aspects of occupational hygiene. As in Great Britain advice on occupational health matters is provided by an Employment Medical Advisory Service (EMAS) which was established under Part III of the Order. Article 5 of the Order requires employers etc. to ensure that persons not in their employment, e.g. the general public, are not exposed to risks to their health and safety. Relevant legislative measures adopted since the last Report include:

NOTIFICATION OF INSTALLATIONS HANDLING HAZARDOUS SUBSTANCES REGULATIONS (NORTHERN IRELAND) 1984 NO.177

These Regulations prohibit any person from undertaking any activity which entails there being a notifiable quantity of a hazardous substance on any site unless that person has notified the Department of Economic Development of the particulars specified in Part I of Schedule 2 to the Regulations at least three months before commencing that activity. These Regulations follow similar Regulations in Great Britain and are enforced by the Health and Safety Inspectorate of the Department of Economic Development.

ASBESTOS (LICENSING) REGULATIONS (NORTHERN IRELAND) 1984 NO.205

These regulations provide that an employer or self-employed person who undertakes work with asbestos insulation or asbestos coating (as defined in Regulation 2) may only do so in accordance with a Licence issued to him by the Department of Economic Development. The Department may refuse to issue a Licence and may impose conditions in any Licence it issues. The Regulations also require an employer to ensure that each of his employees is medically examined before he first works with asbestos insulation or asbestos coating and again every two years so long as he continues with such work. The Health and Safety Inspectorate of the Department of Economic Development stringently enforces these Regulations which follow similar Great Britain Regulations.

NOTIFICATION OF NEW SUBSTANCES REGULATIONS (NORTHERN IRELAND) 1985 NO.63

These Regulations implement as respects Northern Ireland the provisions, relating to the notification of substances, of a Council Directive on the classification, packaging and labelling of dangerous substances and follow similar Regulations in Great Britain.

The Regulations impose a duty on any manufacturer or importer of a new substance to notify to the Department of Economic Development particulars about the substance, including particulars specified in Schedule 1, before he supplies that substance in a quantity of one tonne or more in any period of 12 months. The Regulations, which also provide for more limited notification

requirements where certain new substances are supplied in quantities of less than one tonne or for experimental purposes, are enforced by the Health and Safety Inspectorate of the Department of Economic Development.

CLASSIFICATION, PACKAGING AND LABELLING OF DANGEROUS SUBSTANCES REGULATIONS (NORTHERN IRELAND) 1985 NO.81

These Regulations implement as respects Northern Ireland the provisions of various Council Directives and are similar to Regulations made in Great Britain. They revoke and re-enact with minor modifications the Packaging and Labelling of Dangerous Substances Regulations (Northern Ireland) 1981 No.283, as amended by the Packaging and Labelling of Dangerous Substances (Amendment) Regulations (Northern Ireland) 1983 No.286, and extend their provisions to the supply of all dangerous substances, including preparations. The Regulations also provide for the classification, packaging and labelling of dangerous substances which are conveyed by road in packages.

CONTROL OF INDUSTRIAL MAJOR-ACCIDENT HAZARDS REGULATIONS (NORTHERN IRELAND) 1985 NO.175

These Regulations implement as respects Northern Ireland a Council Directive "on the major-accident hazards of certain industrial activities" and thus introduce new requirements with a view to preventing and limiting the effects of accidents arising from industrial activities involving dangerous substances. They follow similar Regulations in Great Britain.

Manufacturers who have control of relevant industrial activities are required by Regulation 4 to be able to demonstrate that they have identified major accident hazards, have taken adequate steps to prevent or limit the consequences of any major accident and have provided suitable information, training and equipment for persons working on site. By Regulation 5 such manufacturers are required to report any major-accidents to the Department of Economic Development which is required to send information about the accident to the Health and Safety Executive in Great Britain for onward transmission to the Commission of the European Communities.

By Regulation 10, the manufacturer is required to prepare and keep up-to-date an on-site emergency plan detailing how major accidents will be dealt with on the site where the industrial activity is carried on and by Regulation 11 the Department of Economic Development is required to arrange the preparation and maintenance of an off-site emergency plan on the basis of information to be supplied to it by the manufacturer after consulting him and any other appropriate person.

Regulation 12 requires the manufacturer to arrange that persons outside the site who may be affected by a major accident are informed of the nature of the hazard and of the safety measures and the correct behaviour that should be adopted if such an accident occurs.

HEALTH AND SAFETY (DANGEROUS PATHOGENS) REGULATIONS (NORTHERN IRELAND) 1982 NO.273

These Regulations relate to certain dangerous pathogens and prohibit their keeping, handling and transportation unless notice is given to the

Department of Economic Development at least 30 days in advance. The carrying on of a diagnostic service likely to involve a listed pathogen is also prohibited unless similar notice is given. The particulars to be included in a notice are set out in the Schedules to the Regulations which also require the Department of Economic Development to pass the information it receives to the Department of Health and Social Services.

HEALTH AND SAFETY (FIRST AID) REGULATIONS (NORTHERN IRELAND) 1982 NO.429

These Regulations provide that an employer shall make first-aid arrangements for his employees or shall ensure that these are made and that he shall inform his employees of such arrangements.

The Regulations further provide that a self-employed person shall provide first-aid equipment for himself or shall ensure that it is provided.

The Regulations apply, subject to the exceptions set out in Regulation 7, to all employment in Northern Ireland.

G. COMPREHENSIVE PLANS AND SPECIFIC MEASURES TO ASSURE TO ALL AGE GROUPS AND ALL OTHER CATEGORIES OF THE POPULATION, INCLUDING IN PARTICULAR IN RURAL AREAS, ADEQUATE HEALTH SERVICES INCLUDING ADEQUATE MEDICAL ATTENTION IN THE EVENT OF SICKNESS OR ACCIDENT

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 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 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 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 with 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 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 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 policy is for accident and emergency services to be concentrated where they are part of the full facilities of a District General Hospital and available 24 hours a day. In an emergency, a patient presenting himself at a hospital with no accident and emergency department would normally receive essential first aid 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 particular 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".

In addition to provision made through NHS, about 5 per cent of the total volume of health care is provided privately for those who wish to pay for it. NHS consultants may treat private patients in NHS hospitals and in private hospitals, though those with a whole-time contract may do so only to the extent that their income from private practice does not exceed 10 per cent of salary. There are more than 3,000 beds authorized for private practice in the NHS, but this represents less than 10 per cent of total NHS provision. Patients who opt to be treated privately in the NHS pay a daily charge to the NHS for accommodation and services, representing the full cost of the facilities they use. They also pay a separate fee to the consultants, except those who have not arranged to be treated by a particular consultant who pay a higher, inclusive charge.

There are also about 10,000 beds in (acute) private hospitals, mainly dealing with elective surgery, and about 40,000 beds in nursing homes providing long-term care for the elderly and others. The Government welcomes the contribution independent medicine makes to the health care of the nation, and encourages greater co-operation between the NHS and private sector.

6. ARRANGEMENTS FOR THE PROVISION OF MEDICAL CARE AND METHODS OF FINANCING THEM

Since 1 April 1982 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 191 district 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 National Health Service Act 1977 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 District Health Authorities (DHAs) and has one or more University Medical Schools within its boundaries. Regional and District Chairmen are appointed by the Secretary of State as are the members of Regional Health Authorities (16-19) after consultations with interested organizations, including County, and London Borough Councils, the health professions, federations of workers organizations and any other organizations as he sees fit. District Health Authority members (18-23) are appointed partly by the Regional Health Authority after consultation similar to that for RHA members and by the local authorities. Members of Regional and District Health Authorities are not paid but they are entitled to travelling and subsistence allowances. The Chairmen, in addition to these allowances may either claim an honorarium which is subject to basic rate tax or Financial Loss Allowance.

Under the 1977 Act each RHA is responsible, within national guidelines, for the policies and strategic plans for health services in its region. The RHA allocates resources to and monitors the performance of its DHAs on achieving agreed objectives. It is responsible for major capital developments and also provides certain services such as blood transfusion. DHAs are responsible for the planning, development and day-to-day management of health services in their districts. The DHA is a coporate body, accountable by statute to the RHA for the performance of its responsibilities within national and regional policies and guidelines but with a considerable degree of management autonomy. Most of the 1 million NHS employees are employed by DHAs to provide hospital and community health services.

In general DHA boundaries match those of local government authorities, who provide public sector housing and the personal social services which are the services for the welfare of children, the physically and mentally handicapped, the mentally ill and the elderly. Other services include the provision of residential homes and day care centre, field social work support and domiciliary services such as home helps and meals-on-wheels. These are intended to complement health service provision, and DHA and local government activities are co-ordinated by joint consultative committees, with joint care planning teams concerned with services for individual client groups. Voluntary organizations also play a large role, and these (as well as housing and education authorities) are now represented by the joint planning machinery.

Within each District the chief executive to the Authority is the District General Manager. He has overall responsibility for service provision within the District including planning, implementation of policy and service delivery. All staff irrespective of discipline, are managerially accountable to him. He in turn is directly and personally accountable to the authority.

Normally the District General Manager is advised and assisted by a Management Board. The composition of this Board varies from District to District according to local circumstances - but usually includes the chief medical and nursing advisers, heads of functional management divisions, e.g. planning, finance and personnel, and also the unit general managers.

Districts are normally divided into units of management. Their number, size and function vary from District to District in accordance with local circumstances. In general there are three types: units covering health services within a geographical area of the District; units responsible for service provision by a particular hospital or group of hospitals; and units responsible for a particular service across the whole of the District, e.g. mental health, community care. Each unit is headed by the Unit General Manager who is directly accountable to the District General Manager.

The lines of managerial accountability are complemented by lines of professional accountability. Each District has a chief medical and chief nursing adviser who are the heads of profession in the District. Their duties include providing professional support to their staff and monitoring standards of professional care. They are also responsible for the provision of professional advice to the Authority and its managers. On professional matters, staff are accountable to their Authority through their head of profession rather than their General Manager.

Each District has a corresponding Community Health Council. CHCs are not a part of the management structure of the NHS. They are "watchdog" bodies set up to represent consumer interests and to examine health care planning and provision in their District. Members are appointed partly by local government authorities and local interest groups and partly by the corresponding Regional Health Authority.

On 1 April 1985 Family Practitioner Committees (FPCs) in England were established as separate authorities within the NHS responsible for arrangements concerning family practitioner services and accountable directly to the Secretary of State for those responsibilities. FPCs continue the traditional task of administering the contracts of the independent contractors i.e. the general medical and dental practitioners, ophthalmic medical practitioners, opticians and pharmacists, but additionally they were given

responsibility for planning family practitioner services and are required to collaborate with health authorities to achieve improved services.

FPCs have 30 members and a chairman. All are appointed by the Secretary of State, 15, 4, 4 and 7 members from among nominations received from the professions, DHAs, LAs and other bodies or individuals respectively.

In Northern Ireland, since 1973 health services and personal social services have been integrated. Under the Health and Personal Social Services (Northern Ireland) Order 1972, responsibility for ensuring the provision and development of integrated and comprehensive health and personal social services is vested in four Health and Social Services Boards which act as agents of the Department of Health and Social Services (Northern Ireland). The Department is responsible for resource allocation, policy formulation, regional strategic planning and monitoring. The Boards administer also the family practitioner services (general medical, general dental, ophthalmic and pharmaceutical). Each Board is served by a team of professional officers, the Area Executive Team (AET) led by a General Manager. Each Board consists of a number of Units of Management ranging from 3 in the smallest Board, to 14 in the largest Board, the Eastern, which caters for almost half the population and also provides a range of regional medical services.

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 11 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 2.8 per cent of the cost of NHS. In hospital, some accommodation (amenity beds) may be available at a level of comfort above the normal, hospital standard and special charges are made for this. In family practitioner services, charges were first introduced in 1951. The levels of charges are normally reviewed annually. From 1 April 1985 the charge for each prescription item is £2.20, and for dental treatment the charge varies from the actual cost up to £17, and thereafter £17 plus a 40 per cent contribution towards any costs in excess of £17 subject to an overall maximum charge of £115. There are also charges for some appliances. Exemptions are made for children, pregnant women and nursing mothers, for those on low incomes and, for prescription charges, for old people and those suffering from certain chronic illnesses.

Central Government plans the total national level of public expenditure desired and the way the amount determined 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 annual Public Expenditure Survey (PES). Each year in the Public Expenditure Survey the Government decides upon overall planning totals for the next three financial years. These totals are formulated in cash terms and represent the Government's judgement of the resources available for public expenditure, taking into account its medium-term Financial Strategy of bringing down inflation, providing a firm basis for sustained economic growth, reducing public borrowing as a proportion of GDP and lightening the burden of direct taxation. At the same time the Government determines how the total sum available should be apportioned between spending programmes. This apportionment takes into account priorities and pressures for spending, but also the ability of programmes to generate additional resources through greater efficiency.

The spending plans thus arrived at are published in the Public Expenditure White Paper published early each year. Between 1978/79 and 1984/85 spending on the health service rose by over 20 per cent in real terms (i.e. cash deflated by the gross domestic product deflator) while public spending as a whole increased by 10 per cent in real terms. Over the financial years to 1987/88 the planning total is set to remain broadly stable in real terms, while NHS spending will continue to rise.

Once the Government has decided upon the overall cash allocation for the Health Service, the Department of Health and Social Security has to distribute this allocation amongst its three programmes, the Hospital and Community Health Services (HCHS), the Family Practitioner Services (FPS) and the Centrally Financed Health Services (CFS).

Thus for the health authorities the Government decides before the beginning of each financial year what their total revenue and capital allocations 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 are assessed each year using regional populations weighted by mortality as a surrogate for morbidity. This enables an estimate to be made as to which regions are relatively over- and which under-provided. The central government department then determines allocations each year so as to bring regions gradually closer to their fair share of the available resources. Considerable progress has been made: in 1977/78, individual regions ranged from 15 per cent above to 11 per cent below their "target" share of resources. By 1985/86, the gap had been narrowed so that the best-off region was 10 per cent above and the least well-provided region 5 per cent below their targets.

Provision within regions is also uneven and the regions are undertaking similar action between their districts. 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 laboratory services and services for the disabled such as cars, wheel-chairs and artificial limbs.

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 control over expenditure in that the net income payable on average to each practitioner is normally reviewed annually.

Tables 7 to 10 below show how NHS has been financed since the mid-1970s, 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 1975/76, 1977/78, 1980/81 AND 1983/84

United Kingdom	Millions of pounds			
	1975/76	1977/78	1980/81	1983/84
Consolidated Fund	4 834	6 043	10 654	13 325
NHS (Insurance) contributions	461	660	989	1 708
Charges to patients	110	147	282	437
Miscellaneous	15	18	33	60
TOTAL	5 420	6 868	11 958	15 530

Source: Health Department's Statistics.

TABLE 8. SOURCES OF FINANCE FOR TOTAL NATIONAL HEALTH SERVICE EXPENDITURE AS PERCENTAGE OF TOTAL EXPENDITURE 1975/76, 1977/78, 1980/81 AND 1983/84

United Kingdom	1975/76	1977/78	1980/81	1983/84
Consolidated Fund	89.2	88.0	89.1	85.8
NHS (Insurance) contributions	8.5	9.6	8.2	11.0
Charges to patients	2.0	2.1	2.4	2.8
Miscellaneous	0.3	0.3	0.3	0.4
TOTAL	100.0	100.0	100.0	100.0

Source: Health Department's Statistics.

TABLE 9. PRIVATE EXPENDITURE ON HEALTH CARE AT CURRENT PRICES 1975, 1980 AND 1985

(Millions of pounds)

United Kingdom	1975	1980	1985
Private expenditure on health care:			
Medicines (excluding NHS medicines) 1/	200	412	708
NHS charges to patients 2/	113	296	452 3/
Private insurance schemes: 4/			
Subscriptions paid	54.9	154.3	413.4 */
Benefits paid	45.6	127.6	341.0 */

*/ 1984 figures.

1/ Source: CSO National Accounts - OTC Medication.

2/ Source: Annual Abstract of Statistics and NHS Summarized Accounts.

3/ Estimate.

4/ Source: LAING W. (1985) Private Health Care 1985, Office of Health Economics.

TABLE 10. ESTIMATED AND PLANNED NET EXPENDITURE ON THE NATIONAL HEALTH SERVICE 1984/85 TO 1987/88 (UNITED KINGDOM)

	£m cash			
	1984/85 a/	1985/86 b/	1986/87 b/	1987/88 b/
Hospital and community health service:				
Current expenditure	11 352	12 026	12 636	13 151
Capital expenditure	893	933	955	989
Family practitioner services	3 698	3 794	4 086	4 320
Central and miscellaneous health services	769	775	800	828
TOTAL NHS expenditure	16 712	17 528	18 479	19 288

Source: The Government's Expenditure Plans 1985/86 to 1987/88 (Cmnd 9428 HMSO 1985) and Department's Statistics.

a/ Estimated expenditure.

b/ Planned expenditure.

Notes

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

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

Annex

LIST OF REFERENCE MATERIAL a/

Article 10

The Employment of Women, Young Persons and Children Act, 1920
The Children and Young Persons Act 1933
The Young Persons (Employment) Acts 1938 and 1964
The Nurseries and Childminders Regulations Act, 1948
The Marriage Act, 1949
The Shops Act, 1950
Adoption Act, 1958
The Children and Young Persons Act, 1963
The Children and Young Persons (Northern Ireland) Act, 1968
The Adoption (Northern Ireland) Act, 1967
Children and Young Persons Act, 1969
The Children and Young Persons (Northern Ireland) Act 1968
The Health Services and Public Health Act, 1968
The Social Work (Scotland) Act 1968
The Children Act, 1972
The Health and Personal Social Service (Northern Ireland) Order 1972
The Health and Safety at Work Act
The Children Act, 1975
The Child Benefit Act, 1975
The Employment of Children Act, 1973
Social Security Act, 1975
Supplementary Benefit Act, 1976
The Divorce (Scotland) Act, 1976
The National Health Service Act, 1977
The Adoption (Scotland) Act, 1978
Employment Protection Consolidation Act, 1978
The Protection of Children Act, 1978
The Social Security (Claims and Payments) Regulations, 1979
The Child Care Act, 1980
The Health and Social Services and Social Security Adjudication Act, 1983
The Foster Children Act, 1980
The Matrimonial Homes (Family Protection) (Scotland) Act, 1981
The Employment Act, 1980
The Social Security (Maternity Grant) Regulations, 1981
The Employment Act, 1982
The Adoption Agencies Regulations, 1983
The Adoption Agencies (Scotland) Regulations, 1984
The Adoption Rules, 1984
The Foster Children (Scotland) Act 1984
The Magistrates' Courts (Children and Young Persons) (Amendment) Rules, 1984
The Law Reform (Husband and Wife) (Scotland) Act, 1984
Leaflet entitlement "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

The Child Benefit (Up-Rating) Regulations 1980 */
The Social Security (Attendance Allowance) Amendment Regulations 1980 */
The Social Security (Invalid Care Allowance) Amendment Regulations 1981 */
The Child Benefit (General) Amendment Regulations 1980 */
The Child Benefit (Determination of Claims and Questions) Amendment (No. 2) Regulations, 1980 */
The Family Law (Scotland) Act, 1985
The Adoption (Northern Ireland) Order in Council, 1986
The Child Benefit (Claims and Payments) Amendment Regulations, 1981 */
The Child Benefit (Determination of Claims and Questions) Amendment Regulations, 1982 */
The Social Security (Invalid Care Allowance) Amendment Regulations, 1982
The Social Security (Attendance Allowance) Amendment Regulations, 1983 */
The Education (Special Educational Needs) Regulations, 1983 */
The Social Security (Attendance Allowance) Amendment (No. 2) and No.(3) Regulations, 1983 */
The Child Benefit (Interim Payments) Regulations, 1983 */
The Child Benefit (General) Amendment Regulations, 1984 */
The Child Benefit (Claims and Payments) Regulations, 1984 */
The Child Benefit (Residence and Persons Abroad) Amendment Regulations 1984 */
Extracts from Criminal Justice Act, 1982 */
The Guardians Ad Litem and Reporting Officers (Panels) Regulations, 1983

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

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

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*/ These enclosures for the secretariat added at 1986 updating.

Reports of the Maternity Services Advisory Committee
Part I Antenatal Care */
Part II Care During Childbirth */
Part III Care of the Mother and Baby */

Memoranda on infectious diseases: memorandum on the control of outbreak 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 infectious diseases.

Better service for the mentally handicapped

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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.