

Newly Qualified Social Worker: Legislation and policy



Contents

This document contains a list of the current legislation and policy you might find useful as a newly qualified social worker in adult services. We include a short synopsis of each document and how it might apply to the outcome statements. [The legislation and statutory guidance in the Skills for Care framework carries a full list.](#)

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22. Improving the life chances of disabled people (2005)
23. Information sharing and mental health: guidance (2009)
24. Information-sharing: practitioners' guide (2006)
25. Joint Strategic Needs Assessment (JSNA) (2008)
26. Living well with dementia: a national dementia strategy (2009)
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27. Mental health and social exclusion (2004)
28. National Service Framework for mental health: modern standards and service models for mental health (1999)
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32. No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000)
33. Personalisation through person-centred planning (2010)
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35. Prioritising need in the context of Putting people first A whole system approach to eligibility for social care: guidance on eligibility criteria for adult social care (2010)
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37. Reaching out: an action plan on social exclusion (2006)
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38. Recording with care: inspection of case recording in social services departments (1999)
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48. The community care assessment directions (2004)
49. The Local Authority Social Services and National Health Service complaints (England) regulations 2009
 - 49.1 Listening, responding, improving: a guide to better customer care (2009)
50. The Neighbourhood Renewal Unit and Background to Neighbourhood Statistics (2007)
51. The NHS continuing healthcare (responsibilities) directions (2009)
52. The GSCC Social Care Register post-registration learning and training, conduct procedures
53. Transforming adult social care (2009)
54. Transition: moving on well A good practice guide for health professionals and their partners on transition planning for young people with complex health needs or a disability (2008)
55. Valuing employment now: real jobs for people with learning disabilities (2009)
56. Valuing people now: a new three-year strategy for people with learning disabilities (2009)
 - 56.1 Valuing people now delivery plan 2010–11
 - 56.2 Valuing people now and PSA 16 housing delivery plan 2010–11
57. Volunteering: involving people and communities in delivering and developing health and social care services (2010)
58. Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (2010)
59. Working to put people first: the strategy for the adult social care workforce in England (2009)

Legislation

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| Title | <i>Building the national care service – White Paper (2010) Shaping the future of care together – Green Paper (2009)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_114923.pdf http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_102338 |
| Synopsis | <p>The Green Paper consulted on how personalised social care and support could be delivered. The proposals aimed to build a fairer system based on six elements:</p> <ul style="list-style-type: none"> • prevention services • national assessment • joined-up services • information and advice • personalised care and support • fair funding. <p>The White Paper reinforced the transformation agenda and the need for prevention and early intervention. It committed the previous government to a National Care Service in which people would be protected against the costs of care. The present government has indicated it will publish a new White Paper in summer 2011.</p> |
| How this resource applies to outcomes | As a social worker you will be aware of the role of legislation and policy in determining the provision of services. You will need to be open to changes by familiarising yourself with documents as they become available. |
| Title | <i>Carers and Disabled Children Act 2000 and Carers (Equal Opportunities) Act 2004 combined policy guidance (2005)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4117866.pdf |
| Synopsis | <p>The 2004 Act develops previous legislation by requiring local authorities to inform carers that they may be entitled to an assessment of their needs. Local authorities may need to develop an information strategy to ensure that carers are being told of their rights and that the large numbers of 'hidden' carers are being reached.</p> <p>As a result of amendments made by the 2004 Act, carers' assessments must now include a consideration of whether the carer works or wishes to work, and whether they participate or wish to participate in any education, training or leisure activity. This recognises that carers should be able to take up opportunities that those without caring responsibilities take for granted.</p> |
| How this resource applies to outcomes | As a NQSW you work and liaise with carers constantly. This Act recognises their needs as individuals and the importance of responding to those needs. You need to provide evidence of how you have facilitated carers' assessments. |

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| Title | <i>Data Protection Act 1998: protection and use of patient information (2000)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4007993 |
| Synopsis | Part 1 of the document begins by discussing the Act's background and major provisions. It goes on to set out the eight principles for data protection articulated by the Act, and the conditions it lays down on fair and lawful processing of personal data. Parts 2 and 3 set out transitional provisions on manual and automated records, and access rights to personal data. Part 4 sets out the Act's provisions on notification of processing, particularly in relation to the principle of security. Part 5 lists information resources to assist implementation being provided by the NHS Information Authority. |
| How this resource applies to outcomes | As a NQSW you will be collecting and dealing with complex and sensitive information. Although sharing information is vital for early intervention and prevention, you should always record and report your decisions, providing evidence to substantiate why you have shared or not shared information, and how you have shared it securely. |
| Title | <i>Equality Act 2010, Parts 2, 3 and 11</i> |
| URL | http://www.legislation.gov.uk/ukpga/2010/15/contents |
| Synopsis | This Act consolidates existing legislation banning discrimination on grounds of gender, race and disability; and extends similar protection to other characteristics: age, religion/belief and sexual orientation. It makes it illegal to discriminate against people on grounds of age, as well as other characteristics, in the provision of goods and services, including health and social care services. It rules out both direct and indirect discrimination, and also makes illegal both harassment and victimisation on the prescribed grounds. It imposes a duty on public bodies to promote equality by seeking to eliminate discrimination, advance equality of opportunity, and foster good relations between those with and without protected characteristics. It provides scope for proportionate positive action to alleviate disadvantage among protected groups, reduce their under-representation, and meet their particular needs. |
| How this resource applies to outcomes | From October 2010, there is a duty on public bodies to promote equality, and from April 2012 it will be illegal to discriminate against any member of the designated groups in providing health and social care services. The biggest impact is likely to be in your work with older people, and other groups, where age discrimination is a feature of current practice, decision-making and service provision. You should be aware of national and local guidance on how to work in ways which promote age equality, and know how to respond to situations where discrimination takes place. |
| Title | <i>Health Act 2009 Chapter 3 Direct Payments</i> |
| URL | http://www.opsi.gov.uk/acts/acts2009/ukpga_20090021_en_2#pt1-ch3 |
| Synopsis | Personal health budgets are intended to help create a more personalised NHS, by giving people more control over their care. Primary Care Trusts (PCTs) can already offer personal budgets that do not involve giving money directly to individuals. The Health Act 2009 extends these options by providing power to allow direct payments, where the individual is given the money to buy their own health care as agreed in a care plan. |

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| How this resource applies to outcomes | <p>For many of the more complex cases, physical health issues need to be considered as part of an overall care package. Having the option to work more closely with health colleagues, perhaps as part of a ‘team around the patient’, will enable users of services to have far more choice and voice over their lives and the care and support they receive. Working more closely with health colleagues will require:</p> <ul style="list-style-type: none"> • clear understanding of roles and responsibilities • regular review to ensure provision still meets the needs of the service user • clear lines of communication and identified processes for resolving conflict or differences of opinion. |
| Title | <i>Health and Social Care Bill 2011</i> |
| URL | http://services.parliament.uk/bills/2010-11/healthandsocialcare.html |
| Synopsis | <p>This Bill, if passed by Parliament, will have a major impact on health and social care in England as it proposes to:</p> <ul style="list-style-type: none"> • transfer responsibility for public health to local authorities • establish Health and Wellbeing Boards • introduce GP-led commissioning • reform health and social care arm’s length bodies. <p>The Bill’s progress can be tracked on the parliamentary website.</p> |
| Title | <i>Human Rights Act 1998</i> |
| URL | http://www.opsi.gov.uk/acts/acts1998/ukpga_19980042_en_1 |
| Synopsis | <p>The Human Rights Act 1998 came into force in full on 2 October 2000, and makes the main Articles from the European Convention on Human Rights enforceable under national law in the UK. This means that, although individuals have always had the rights set out in the convention, you may now rely on them directly in UK courts.</p> <p>The UK has been committed to the European Convention of Human Rights since 1951 and therefore Convention principles have already been reflected in legislation and government policies and have been informing best practice in health and social care.</p> |
| How this resource applies to outcomes | <p>As a NQSW you will contribute to the formal review of plans in accordance with statutory requirements and timetables. You will need to demonstrate how you have ensured maximum levels of participation of individuals throughout the process, such as through accessible information and independent advocacy. The Human Rights Act 1998 places a duty on public agencies to intervene proportionately to protect the rights of children and adults and enable them to live lives free from violence and abuse.</p> |
| Title | <i>Independence, well-being and choice: our vision for the future of social care for adults in England – Green Paper (2005)</i> <i>Our health, our care, our say: a new direction for community services – White Paper (2006)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4106477 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453 |
| Synopsis | <p>The Green Paper set out a vision for adult social care. It was the basis for extending people’s choice and control.</p> |

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| | The White Paper that followed reinforced the vision and direction for the whole health and social care system. It sought to give people a stronger voice. |
| How this resource applies to outcomes | The Green Paper and White Paper were key documents of the previous government in setting the scene for the transformation of adult social care. |
| Title | <i>Mental Capacity Act (2005)</i> <i>Mental Capacity Act Code of practice (2007)</i> |

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| URL | http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/MentalCapacity/MentalCapacityAct2005/index.htm |
| Synopsis | <p>The Mental Capacity Act 2005 covers England and Wales and provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they may lack capacity. It sets out who can take decisions, in which situations, and how they should go about this. It describes their responsibilities when acting or making decisions on behalf of individuals who lack the capacity to act. In particular, the Code of practice focuses on those who have a duty of care to someone who lacks the capacity to agree to the care that is being provided.</p> <p>The Mental Capacity Act Code of practice provides guidance and information on how the Act will work on a day-to-day basis for anyone who works with or cares for people who lack capacity, including family, friends and unpaid carers. It encapsulates the need to respect diversity, minimise harm and use the least restrictive options.</p> |
| How this resource applies to outcomes | <p>Listening to people's needs and facilitating their participation in their person-centred care is one of the core principles of adult social care. Equally, you have a role in protecting individuals from abuse and neglect. People who are deemed to lack capacity are subject to additional protection from best-interests assessments and deprivation of liberty safeguards. You will need to demonstrate how you have critically analysed the information you have and communicated with families and carers to ensure the wishes of the individual are followed as much as is practicable.</p> |
| Title | <i>Strong and prosperous communities – the Local Government White Paper (2006)</i> |
| URL | http://www.communities.gov.uk/publications/localgovernment/strongprosperous |
| Synopsis | <p>The aim of this White Paper was to give local people and local communities more influence and power to improve their lives. It is about creating strong, prosperous communities and delivering better public services through a rebalancing of the relationship between central government, local government and local people.</p> |
| How this resource applies to outcomes | <p>Ensuring that people are actively involved in identifying the outcomes they want to achieve is critical. You can support this process by ensuring that the needs and voices of community groups and individuals are heard in a range of forums including those where services are commissioned.</p> |
| Title | <i>Welfare Reform Act 2009 – Part 2</i> |
| URL | http://www.legislation.gov.uk/ukpga/2009/24/contents |
| Synopsis | <p>Part 2 of the Welfare Reform Act 2009 legislates to increase disabled people's right to control provision of services, as envisaged in the Independent Living Strategy (Department for Work and Pensions (DWP), 2008). Under its enabling powers, the Secretary of State can make regulations conferring new rights for disabled people to have greater choice and control over the way services are provided.</p> |

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| How this resource applies to outcomes | This part of the Act is a step towards disabled people gaining the right to control the provision of support services. It gives ministers powers to extend choice and control in further stages until the right to control is established. In your work with disabled people, you should be aware of progress towards the right to control. |
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| Title | <i>Access to health records (2010)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113206.pdf |
| Synopsis | <p>This guidance aims to guide NHS organisations in England through the process of dealing with an access request in accordance with the relevant legislation and any subsequent considerations. The guidance covers legislation pertinent to accessing health records, such as:</p> <ul style="list-style-type: none"> • Data Protection Act 1998 • Access to Health Records Act 1990 • Freedom of Information Act 2000 • Access to Medical Reports Act 1988. <p>Individuals have a right to apply for access to health information held about them and, in some cases, information held about other people. NHS organisations should ensure they have adequate procedures in place to enable patients to exercise this right.</p> |
| How this resource applies to outcomes | Individuals have the right to see their records. Your records need to be accurate and should clearly identify any sources of information, including third parties, whether it is fact or opinion, and how you have critically analysed the information to support your decisions. This should include conflicts and dilemmas and how they will be managed and reviewed. You should ensure that entries do not compromise any information that may be used in legal proceedings. |

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| Title | <i>A National Framework for NHS continuing healthcare and NHS-funded nursing care (2010)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114796 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078894 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_078903 |
| Synopsis | This guidance is intended to support practitioners with responsibility for NHS continuing healthcare in the implementation of the revised National Framework (July 2009) and the use of associated tools. |
| How this resource applies to outcomes | As a NQSW you will need to demonstrate how you have worked and collaborated with other professionals, including the private and voluntary sectors, in meeting the needs of individuals with differing levels of complexity. You will need to demonstrate how you have agreed revisions to care plans in order to meet changing needs and risks. |

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| Title | <i>A new ambition for old age: next steps in implementing the National Service Framework for older people A resource document (2006)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4133991.pdf |
| Synopsis | The National Service Framework for older people was published in March 2001. It set national standards for the health and social care of older people in England and guidance on medicines management. This document outlines how ten programmes under three themes – dignity in care, joined-up care, and healthy ageing – will be implemented. |
| How this resource applies to outcomes | Treating people with dignity is a fundamental principle of social work. As a NQSW you have to demonstrate how you have achieved that throughout the care pathway to ensure individuals can maximise their participation and control over the care and support they receive. Successful collaboration with other disciplines is a part of any assessment and intervention. You are expected to contribute to a ‘team’ around an individual to deliver a care plan that requires input from different organisations. |

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| Title | <i>Best practice in managing risk: principles and guidance for best practice in the assessment and management of risk to self and others in mental health services (2007)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_076511 |
| Synopsis | This framework document is intended to guide mental health practitioners who work with service users to manage the risk of harm. It sets out a framework of principles that should underpin best practice across all mental health settings, and provides a list of tools that can be used to structure the often complex risk management process. The philosophy underpinning this framework is one that balances care needs against risk needs, and that emphasises: <ul style="list-style-type: none"> • positive risk management • collaboration with the service user and others involved in care • the importance of recognising and building on the service user’s strengths • the organisation’s role in risk management alongside that of the individual practitioner. |
| How this resource applies to outcomes | As a NQSW you may be involved in complex cases where mental health is a feature. This may be the primary concern or part of a more complex situation. The evidence you provide for meeting these outcome statements should demonstrate how you have used your organisational policies, involved individuals and their families and carers, and sought appropriate representation for them. Although being risk-averse has been a feature of social work, current policy encourages positive and appropriate risk-taking that builds on strengths and resilience. This has to be balanced with your duty to safeguard vulnerable individuals. |

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| Title | <i>Building a safe and confident future Implementing the recommendations of the Social Work Task Force (2010)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114251.pdf |
| Synopsis | The Social Work Task Force was established to look at the purpose and |

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| | <p>role of social work against a background of public concern about the standards of the profession. It was set up in 2008 and produced a final report containing several critical recommendations. This includes the need for a reviewed initial training curriculum framework and an assessed first year in employment for new social workers (NQSW Framework). There is also a focus on recruiting the most suitable potential entrants to the profession and a commitment to their development.</p> <p>This report explains how the government is working with employers, social work educators, the social work profession, and with people who use social work services, to develop and implement the Social Work Task Force programme. It provides a route map for improvement – setting clear milestones for those who must work together to develop and deliver reforms.</p> |
| How this resource applies to outcomes | <p>Maintaining standards and representing the profession of social work is multi-faceted. As a NQSW there will be many checks and balances in place to review your performance. Some of these will be formal, such as line management and supervision, but others less so, such as your interaction with staff from other agencies and those who are receiving services. The GSCC Code of practice for social care workers states what is expected of you.</p> |

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| Title | <i>Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own (2008)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085338.pdf |
| Synopsis | <p>This strategy document outlines how the needs of carers must, over the next 10 years, be elevated to the centre of family policy and receive the recognition and status they deserve. The previous government vision was that by 2018, carers would be universally recognised and valued as being fundamental to strong families and stable communities.</p> |
| How this resource applies to outcomes | <p>As a NQSW you need to provide evidence of how you have facilitated the ongoing involvement of carers and what you have done both to recognise their needs and to provide them with the support they need.</p> |

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| Title | <i>Code of practice for social care workers and Code of practice for employers of social care workers (2004)</i> |
| URL | http://www.gsc.org.uk/codes/Get+copies+of+our+codes/ |
| Synopsis | <p>The Codes of practice for social care workers and employers of social care workers describe the standards of conduct and practice within which they should work.</p> |
| How this resource applies to outcomes | <p>These are the Codes by which all your practice is measured. They encapsulate the professionalism expected from regulators, employers and those who use services. Any concerns should be raised with supervisors and addressed immediately.</p> |

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| Title | <i>Code of practice Mental Health Act 1983 (revised 2008)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_087073.pdf |
| Synopsis | The Code provides guidance to registered medical practitioners, approved clinicians, managers and staff of hospitals, and approved mental health professionals on how they should proceed when undertaking duties under the Mental Health Act. The Code should also be beneficial to the police and ambulance services and others in health and social services (including the independent and voluntary sectors) involved in providing services to people who are, or may become, subject to compulsory measures under the Act. |
| How this resource applies to outcomes | Although as a NQSW you will not be making assessments under Mental Health Act legislation, you may be involved in other ways, perhaps as part of a multi-agency team, through review of a personal budget or providing other services. You may also have a role in referrals and assessments and in identifying risk, safeguarding, planning and review of interventions, and working collaboratively with others to ensure complex needs are met. |

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| Title | <i>Common Assessment Framework for adults (2010)</i> |
| URL | http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/CommonAssessmentFrameworkforAdults/index.htm |
| Synopsis | Following a public consultation on improving the quality and efficiency of care and support through improvements in the sharing and use of information, a Common Assessment Framework (CAF) demonstrator site programme became the first phase in development and testing across health, social care and wider community support services. Sites were chosen to lead the way in creating a more efficient and transparent system of information-sharing, to avoid duplication in assessments and ensure that people receive the best quality care and support. The sites are led by the local adult social services and involve a range of community and acute health services, mental health trusts, housing support services and IT suppliers as well as wider partners in the voluntary and private sector. Several new sites have now been identified. Projects will run to March 2012 and will be the subject of a national evaluation. Emerging learning from the work of both the phase 1 and phase 2 demonstrator sites is published on the CAF learning network. |
| How this resource applies to outcomes | Sharing of information and confidentiality have been constant issues in social work and social care. Improved systems and processes should make working across different sectors much easier. However, for NQSWs the idea is to seek and gain consent from people to share their information with others, regardless of the outcome of these pilots. This is considered to be good practice and fits in with the principles of self-directed support, self-assessment, and working with a person to identify who else should be involved in delivering a complete package of care. |
| Title | <i>Common core principles to support self care: a guide to support implementation (2008)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084505 |
| Synopsis | Skills for Health and Skills for Care have worked with key stakeholders, including people who use services, and carers, to develop a set of Common core principles to support self care. The principles capture best |

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| | <p>practice in order to support service reform and promote choice, control, independence and participation of people who use services.</p> <p>Principle 1 Ensure individuals are able to make informed choices to manage their self care needs.</p> <p>Principle 2 Communicate effectively to enable individuals to assess their needs, and develop and gain confidence to self care.</p> <p>Principle 3 Support and enable individuals to access appropriate information to manage their self care needs.</p> <p>Principle 4 Support and enable individuals to develop skills in self care.</p> <p>Principle 5 Support and enable individuals to use technology to support self care.</p> <p>Principle 6 Advise individuals how to access support networks and participate in the planning, development and evaluation of services.</p> <p>Principle 7 Support and enable risk management and risk taking to maximise independence and choice.</p> |
| How this resource applies to outcomes | These principles are fundamental for a NQSW and are key to demonstrating that the outcome statements have been achieved. |

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| Title | <i>Cutting the cake fairly: CSCI review of eligibility criteria for social care (2008)</i> |
| URL | http://collections.europarchive.org/tna/20081105165041/http://www.csci.org.uk/pdf/FACS_2008_03.pdf |
| Synopsis | This report found that the current fair access to care services (FACS) system for assessing whether a person is eligible for publicly funded social care was flawed. Consequently, the Commission for Social Care Inspection (CSCI) recommended that everyone should have an assessment of their support needs. This should include information and advice to help them make the right choices. |
| How this resource applies to outcomes | Much attention has been given to the 'postcode lottery' over the years. This document acknowledges some of the difficulties and makes recommendations for overcoming them. |

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| Title | <i>Defining the Electronic Social Care Record (2003, modified 2007)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4068465.pdf |
| Synopsis | <p>The Electronic Social Care Record (ESCR) brings together all relevant information for social care users in one place. It holds three types of information:</p> <ul style="list-style-type: none"> • Structured information, which typically includes national forms, such as those used for recording children's information, local forms, and forms completed by people who use services, such as self-referral or financial assessment forms. • Unstructured information which covers all other recording including letters, emails, records of phone calls, meeting notes and video clips. • Coded data which are mainly for management and statistical reports. |
| How this resource applies to | Accurate recording is essential in enabling people who use services to get what they want and need to improve their quality of life. As a NQSW you will need to be clear about differentiating between fact and opinion and how |

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| outcomes | this information has led you towards a particular professional judgement. Information is likely to be sensitive and you will need to familiarise yourself with your organisational policies and procedures, information management systems, and how and when it is appropriate to share information with other professionals. |
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| Title | <i>Dignity in Care resources (2010)</i> |
| URL | http://www.dignityincare.org.uk/ |
| How this resource applies to outcomes | <p>Numerous resources are now available on this web site ranging from toolkits to a Good Practice Framework. Staff at all levels from frontline workers to commissioners and performance managers can play their part in helping to ensure dignity in care services. This contains ideas that improve dignity that other people have already implemented. The Good Practice Framework helps you to audit your own practice and to share your work through publication on the website.</p> <p>You may also want to sign up as a Dignity Champion. Dignity Champions are willing to:</p> <ul style="list-style-type: none"> • challenge disrespectful behaviour rather than just tolerate it • act as good role models by treating other people with respect, particularly those who are less able to stand up for themselves • speak up about dignity to improve the way that services are organised and delivered • influence and inform colleagues • listen to and understand the views and experiences of citizens. |
| How this resource applies to outcomes | Treating people with dignity is an inherent social work value, and is a fundamental part of developing and maintaining appropriate relationships within which positive outcomes and change can be achieved. It provides the basis for maximising the participation of people in decisions about their needs, and contributes to the identification of gaps in provision and subsequent options to fill them. |

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| Title | <i>Encouraging user involvement in commissioning: a resource for commissioners (1996)</i> |
| URL | Not available electronically |
| Synopsis | This book aims to give practical advice to those wishing to promote user involvement, helping to clarify the tasks which are part of any successful initiative concerning service users. Part 1 considers the foundations and infrastructure – information, communication, and decision-making. It discusses commissioners' anxieties about user involvement, the skills required, budget requirements, and aims and objectives. Part 2 covers various methods for involving users and identifies advantages and disadvantages of each method. |
| How this resource applies to outcomes | Developing and sustaining professional relationships is the basis for demonstrating effective work with individuals, families, carers, groups and communities. Understanding the needs of particular communities, with a view to identifying more appropriate services and plugging gaps in provision, can only be successful if people from those communities have fully participated in the whole process of development. |

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| Title | <i>Equality impact assessment (EqIA) (2008)</i> |
| URL | http://www.dh.gov.uk/en/Managingyourorganisation/Equalityandhumanrights/SingleEqualityScheme/EqualityImpactAssessment/index.htm |
| Synopsis | <p>Policy-makers must screen all new (and eventually, all existing) policies for their impact on people from different ethnic backgrounds, people with disabilities, men and women (including transgendered people), people with different sexual orientations, people in different age groups, people with different religions or beliefs, and people from differing social and economic groups. Equality impact assessments (EqIAs) are generally published alongside the main policy document against which the assessment was conducted.</p> <p>These are the principles on which the commitment to equality is based:</p> <ul style="list-style-type: none"> • getting rid of illegal or unreasonable discrimination and harassment • encouraging equality • helping different groups of people to get on well together to improve community relations • encouraging positive attitudes towards disabled people • taking account of a person's disabilities, even if this means treating them more favourably than other people • involving people in decisions about their health and social care and their access to services. |
| How this resource applies to outcomes | The application of these principles to everyday work is fundamental for a NQSW. They apply to all the outcome statements and emphasise the importance of tackling inequality and social exclusion, and of representing and advocating for groups and people from whom we seldom hear. |

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| Title | <i>Fairer contributions guidance: calculating an individual's contribution to their personal budget (2009)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_102471.pdf |
| Synopsis | This guidance supplements the current fairer charging guidance and provides councils with a model for calculating a person's contribution to their personal budget. If a financial assessment shows that the person has enough income or savings to contribute to their personal budget, the council will tell them what the actual contribution might be. A care or support plan will then be prepared, setting out how the person wants their needs to be met using their personal budget. |
| How this resource applies to outcomes | As a NQSW, you will need to discuss these issues with individuals, their families and carers. This is inevitably an area of concern for people and so you will need to be familiar with your organisational policy and demonstrate how you have applied it. |

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| Title | <i>Fulfilling and rewarding lives – national autism strategy (2010)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113405.pdf |
| Synopsis | This strategy aims to increase awareness across public services of the needs of people with autism, increase diagnostic capacity and ensure access to community care assessment. |
| How this | People with autism have often been overlooked, and their needs not |

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| resource applies to outcomes | assessed or catered for, because the condition may not be obvious and services lack awareness. You should be aware of the significance of a diagnosis of autism, and recognise people's entitlements under disability and community care legislation. |
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| Title | <i>Good practice in support planning and brokerage (2008)</i> |
| URL | http://www.dhcarenetworks.org.uk/library/Resources/Personalisation/Personalisation advice/Good Practice in Support Planning and Brokerage.pdf |
| Synopsis | This paper sets out a discussion of what support planning and brokerage is, how it can be provided and what emerging good practice there is after a few years of developing self-directed support in England. |
| How this resource applies to outcomes | You will need to demonstrate that you have supported the process of planning and explored a range of options through the use of support brokerage. |

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| Title | <i>Guidance on the Single Assessment Process (modified 2007) Single Assessment Process for older people Information sharing (2004)</i> |
| URL | http://www.dh.gov.uk/en/SocialCare/Chargingandassessment/SingleAssessmentProcess/DH_079509#_7 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4086364.pdf |
| Synopsis | The Single Assessment Process (SAP) should ensure that the scale and depth of assessment is kept in proportion to older people's needs, that agencies do not duplicate each other's assessments, and that professionals contribute to assessments in the most effective way. This guidance does not recommend the use of a single assessment tool. Rather it provides a rigorous framework that will lead to convergence of assessment methods and results over time irrespective of the tools chosen for local use. One of the supporting requirements for implementation is that assessment information on individual older people should be collected, stored and shared as effectively as possible and subject to consent, using the Single Assessment Summary or a local variant. |
| How this resource applies to outcomes | As a NQSW you need to identify your role and responsibilities within the SAP to avoid duplication and confusion and to ensure an accurate recording of person-centred and outcome-focused multidisciplinary needs. You need to provide evidence of how you have collaborated with others and understood their roles and how they can contribute to effective interventions. |

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| Title | <i>Healthcare for all: report of the independent inquiry into access to healthcare for people with learning disabilities (2008)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyAndGuidance/DH_099255 |
| Synopsis | An independent inquiry into access to healthcare for people with learning disabilities was established under Sir Jonathan Michael's leadership in May 2007, following the publication of the Mencap report <i>Death by indifference</i> , which described the experiences of six people who died while under the care of the NHS. The Disability Rights Commission |

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| | <p>Formal Investigation into equal treatment had also raised questions about the quality of healthcare for people with learning disabilities who were physically ill.</p> <p>The independent inquiry found convincing evidence that people with learning disabilities have higher levels of unmet need and receive less effective treatment, despite the fact that the Disability Discrimination and Mental Capacity Acts set out a clear legal framework for the delivery of equal treatment. The evidence suggests several reasons including difficulty accessing timely and appropriate care, carers being ignored by health staff and poor multi-agency partnership working and communication. The inquiry makes a series of recommendations for improving future provision.</p> |
| How this resource applies to outcomes | <p>As a NSQW, collaboration and timely intervention will be key in providing support to any individual, and the ability to work well in a multi-agency team is essential. It is important to be aware of the roles and responsibilities of other agencies to enable you to effectively manage and work across organisational boundaries. This includes the private and voluntary sectors, and will assist you in dealing with areas of conflict. Colleagues can be a valuable learning resource from which you can develop your own practice and expertise while ensuring all the needs of an individual are met.</p> |

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| Title | <i>High quality care for all: NHS next stage review (2008) Using the Commissioning for Quality and Innovation (CQUIN) payment framework (2008) (with addendum for 2010/11)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_085828.pdf http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationPolicyAndGuidance/DH_091443 |
| Synopsis | <p>One of the proposals in this document is to pilot personal health budgets, giving individuals and families greater control over their own care, with clear safeguards. The Next Stage Review also includes a commitment to make a proportion of providers' income conditional on quality and innovation, through the Commissioning for Quality and Innovation (CQUIN) payment framework. The framework sets out the timetable and scope, before explaining the content that local schemes should cover.</p> |
| How this resource applies to outcomes | <p>For many of the more complex cases, physical health issues will need to be considered as part of an overall care package. Having the option to work more closely with health colleagues, perhaps as part of a 'team around the patient' will allow people who use services to have far more choice about and voice in the care and support they receive.</p> <p>Working more closely with health colleagues will require:</p> <ul style="list-style-type: none"> • a clear understanding of roles and responsibilities • regular review to ensure provision still meets the needs of the person using services • clear lines of communication and identified processes for resolving conflict or differences of opinion. |

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| Title | <i>Improving the life chances of disabled people (2005)</i> |
| URL | http://www.cabinetoffice.gov.uk/media/cabinetoffice/strategy/assets/disability.pdf |
| Synopsis | The report proposes that the government should set an ambitious vision for improving the life chances of disabled people. Future strategy for disabled |

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| | <p>people should seek to realise this vision through practical measures in four key areas:</p> <ul style="list-style-type: none"> • by helping disabled people to achieve independent living • by improving support for families with young disabled children • by facilitating a smooth transition into adulthood • by improving support and incentives for getting and staying in employment. |
| How this resource applies to outcomes | <p>This strategy underlines the importance of understanding the experiences of disabled people and how they can determine and participate in identifying their support needs. It should be applied throughout the care pathway, reflecting changing needs and issues, when planning, delivering and commissioning person-centred interventions with different levels of complexity.</p> |

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| Title | <i>Information sharing and mental health: guidance (2009)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_104948.pdf |
| Synopsis | <p>This guidance sets out some of the opportunities and constraints involved in the exchange of information between health services and statutory and non-statutory organisations, as well as between health services and individuals. The public have a right to expect that information given in confidence is treated as such and that every NHS employee will play their part in fulfilling that responsibility. Information-sharing is a fundamental tool in the delivery of safe and effective services and is one for which senior managers need to take personal responsibility and ownership.</p> |
| How this resource applies to outcomes | <p>Although sharing information is vital for early intervention and prevention, you should always record and report your decisions, providing evidence to substantiate why you have shared (or not shared) information. When working with others, you will need to ensure that your entry complies with any agreements on recording made across multidisciplinary teams in which you are working. You should seek advice from your supervisor if you are in any doubt about sharing information, especially if this relates to a safeguarding issue.</p> |

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| Title | <i>Information sharing: practitioners' guide (2006)</i> |
| URL | http://www.iagworkforce.co.uk/files/IAGXXX0001/2NatRegGuidance/2c/ECM_practitioners%20guide_information_sharing.pdf |
| Synopsis | <p>The aim of this cross-national guidance is to improve practice by giving practitioners across children's services clearer guidance on when and how they can share information legally and professionally. The document:</p> <ul style="list-style-type: none"> • summarises six key points for practitioners to remember on information-sharing in respect of children and young people (Section 2) • sets out core guidance for practitioners on information-sharing (Section 3) • sets out further information to inform practitioners' decisions on information-sharing (Section 4). |
| How this resource applies to | <p>The nature of people's needs means that you will inevitably be required to work with others to ensure people receive the range of services and support they need. Sharing information can be sensitive, and good practice</p> |

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| outcomes | will be to seek consent as much as possible. However, there will be times when there is conflict, such as when you are dealing with risk and safeguarding. You will need to ensure that you record decisions accurately, and that these decisions have followed the policies and procedures of your organisation. |
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| Title | <i>Joint Strategic Needs Assessment (JSNA) (2008)</i> |
| URL | http://www.dh.gov.uk/en/Managingyourorganisation/JointStrategicNeedsAssessment/index.htm |
| Synopsis | Since 1 April 2008, local authorities and Primary Care Trusts (PCTs) have been under a statutory duty to produce a Joint Strategic Needs Assessment (JSNA). JSNAs inform Local Area Agreements and the Sustainable Communities Strategy. The Department of Health (DH) offers tools and guidance for undertaking a JSNA. |
| How this resource applies to outcomes | It is crucial to be aware of the diversity of culture and ethnicity, age and levels of disability in your area in order to allocate resources in the future. As a NQSW you are in an ideal situation to inform the JSNA about the needs and gaps in provision. This can be based on consultation with people in the community as well as the individuals, families and carers with whom you work directly. |

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| Title | <i>Living well with dementia: a national dementia strategy (2009)</i> <i>Living well with dementia: a national dementia strategy implementation plan (2009)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_094058 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103136.pdf |
| Synopsis | This strategy provides a strategic framework within which local services can: <ul style="list-style-type: none"> • deliver quality improvements to dementia services and address health inequalities relating to dementia • provide advice, guidance and support for health and social care commissioners in the planning, development and monitoring of services. • provide a guide to the content of high-quality services for dementia. |
| How this resource applies to outcomes | As a NQSW you need to demonstrate how you have worked effectively with private, voluntary sector, micro and direct employers to provide a package of support. You need to work with and understand the different structures and governance of these organisations and ensure your approach reflects these differences in working towards improving outcomes for individuals with dementia, their families and carers. |

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| Title | <i>Mental health and social exclusion (2004)</i> |
| URL | http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/publications_1997_to_2006/mh.pdf |
| Synopsis | This Social Exclusion Unit report sets out a 27-point action plan to bring together the work of government departments and other organisations in a concerted effort to challenge attitudes towards mental health. Action falls into six categories: |

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| | <ul style="list-style-type: none"> • stigma and discrimination • the role of health and social care in tackling social exclusion • employment • supporting families and community participation • getting the basics right • making it happen. |
| How this resource applies to outcomes | Tackling social exclusion and enabling participation is an essential part of social work. You will need to demonstrate an understanding of the environmental factors that promote or undermine the capacity and capabilities of communities. |

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| Title | <i>National Service Framework for mental health: modern standards and service models for mental health (1999)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009598 |
| Synopsis | The National Service Framework (NSF) for mental health addressed the mental health needs of working age adults up to 65. It set out national standards, national service models, local action and national underpinning programmes for implementation with performance indicators to support effective performance management. <i>See New horizons – a shared vision for mental health (2009).</i> |
| How this resource applies to outcomes | As a NQSW you need to demonstrate how you have enabled individuals to make informed choices to manage their social care needs. This should be informed by principles of dignity, choice and independence. |

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| Title | <i>National Service Framework for older people and system reform (2001)</i> |
| URL | http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/DH_4073597 |
| Synopsis | The National Service Framework (NSF) for older people was published in March 2001 as a ten-year programme. It sets new national standards and service models of care across health and social services for all older people. In order to deliver improved lives and greater value for money, work to redesign services and systems incorporates five key areas: <ul style="list-style-type: none"> • early intervention for old age conditions • streaming to specialist care in crisis situations • early transfer to the community for rehabilitation in intermediate care • multidisciplinary assessment prior to care home placement • partnership working across health and social care. |
| How this resource applies to outcomes | As a NQSW you need to demonstrate how you have worked effectively with private, voluntary sector, micro and direct employers to provide a package of support. You need to work with and understand the different structures and governance of these organisations and ensure your approach reflects these differences in working towards improving outcomes for individuals, their families and carers. Finding ways to fill gaps in a care package is a key part of your role. |

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| Title | <p><i>New horizons</i> <i>A shared vision for mental health (2009)</i> <i>Confident communities, brighter futures A framework for developing well-being (2010)</i></p> |
| | <p>http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_115936.pdf</p> |
| Synopsis | <p>New horizons is a cross-government programme of action put in place by the previous government. It has the twin aims of improving the mental health and well-being of the population, and improving the quality and accessibility of services for people with poor mental health.</p> <p>The programme provides a systematic approach to improving mental well-being with selected evidence-based approaches and interventions that have been shown to be effective across the life course, and across key public health domains. It includes chapters on risk and resilience, developing sustainable communities, participation and the role of different sectors in delivering well-being and mental health.</p> <p>The 2009 document gives insight into the thinking and the 2010 document provides a framework for action.</p> |
| How this resource applies to outcomes | <p>Although as a NQSW will not be making assessments under Mental Health Act 1983 legislation, you may be involved in other ways, perhaps as part of a multi-agency team or through review of a personal budget. Much of the emphasis of New horizons is on early intervention and prevention. You may therefore receive referrals, undertake a more general assessment, and have a role to play in identifying risk, safeguarding, planning and review of interventions, and working collaboratively with others to ensure complex needs are met. As a social worker you will be interested in both these documents in terms of assessment, planning, review, service development and community capacity building.</p> |

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| Title | <p><i>New post-qualifying framework (2005)</i></p> |
| URL | <p>http://www.gbcc.org.uk/Training+and+learning/Continuing+your+training/Post-qualifying+training/New+post-qualifying+framework/</p> |
| Synopsis | <p>In February 2005, the General Social Care Council (GSCC) launched the revised post-qualifying framework for social work education and training. The new framework allows social workers to continue their education and training in a flexible and modular way.</p> <p>There are three levels of awards in the new framework, each corresponding to a stage of professional and career development. The three awards are:</p> <ul style="list-style-type: none"> • the post-qualifying award in specialist social work • the post-qualifying award in higher specialist social work • the post-qualifying award in advanced social work. <p>There are five specialisms focusing on mental health, adult social care, practice education, leadership and management, and children and young people, their families and carers. There is guidance on the overall framework and the five specialist awards.</p> |
| How this resource applies to outcomes | <p>You should work with your supervisor to identify your strengths and weaknesses and how the latter may be addressed through training to ensure continued professional development and personal growth.</p> |

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| Title | <i>No secrets: guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486 |
| Synopsis | This document gives guidance to local agencies with a responsibility to investigate and take action when a vulnerable adult is believed to be suffering abuse. It offers a structure and content for the development of local inter-agency policies, procedures and joint protocols which will draw on good practice nationally and locally. |
| How this resource applies to outcomes | The changing face of adult social care is not without risk and it is everybody's business to do what they can to protect vulnerable people. As a NQSW you need to demonstrate your abilities to access timely information, provide early intervention, safeguard and manage risk effectively and communicate concerns with the different people and organisations with whom you work. This is essential throughout the care pathway in identifying safeguards against physical, sexual, financial abuse and neglect. |

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| Title | <i>Personalisation through person-centred planning (2010)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_115175 |
| Synopsis | This guidance includes a range of tools and good practice examples on person-centred planning and support to give people more choice and control over their lives. |
| How this resource applies to outcomes | This is a useful tool to help you think about planning, delivering and managing person-centred interventions, with varying levels of complexity. |

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| Title | <i>Prevention package for older people (2009)</i> |
| URL | http://www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Olderpeople/Preventionpackage/index.htm http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_103146 |
| Synopsis | This resource focuses on prevention as a means of ensuring good health, well-being and independence in later life, by promoting and encouraging uptake of comprehensive health and social care services for older people. |
| How this resource applies to outcomes | Although a person may not meet the thresholds of your service, as a NQSW it is valuable to be aware of other resources in your area to enable signposting to other sources of support. As people's needs change over time, review of care plans should reflect obstacles and blocks to address any newly identified risks. |

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| Title | <i>Prioritising need in the context of Putting people first A whole system approach to eligibility for social care: guidance on eligibility criteria for adult social care (2010)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113154 |

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| <p>Synopsis</p> | <p>Public funding for social care will always be limited in the face of demand and the resources that are available should therefore be allocated according to individual need in a way that is as fair and transparent as possible. This guidance states that councils should ensure that each decision about a person's eligibility for support is taken following an appropriate community care assessment involving both the person seeking support and the people around them assisting with their care and choices. This assessment should be based on the individual's needs, following which planning for support should be undertaken to identify what outcomes the individual would like to achieve and how they might use the resources available to them to do so.</p> <p>Eligibility criteria should be made readily available and accessible to service users, their carers, the public more generally, and other relevant local bodies. The eligibility framework is graded into four bands:</p> <ul style="list-style-type: none"> • critical • substantial • moderate • low. <p>If a council is offering personal budgets, it will be expected to implement Fairer contributions guidance: calculating an individual's contribution to their personal budget (2010).</p> |
| <p>How this resource applies to outcomes</p> | <p>Evidence suggests that the quality of response to a person's first contact with a council is crucial to the outcomes they later experience. As part of the self-directed support process, assessment should be carried out as a collaborative process, in a way that is both transparent and understandable for the person seeking support.</p> <p>An individual's need should take account of the support which carers, family members, friends and neighbours are willing and able to offer. Assumptions about amount of and standards of caring should not be made, and in some instances, carers are entitled to an assessment of their own needs to support them in their role.</p> <p>Some people will not be eligible for support because their needs do not meet the council's eligibility criteria. Councils should still be prepared to provide individuals with useful information and advice about other sources of support. This might include assistance for people to build their own support plans to help maintain their independence and well-being. The emphasis is on detailed, accurate, collaborative assessments, and NQSWs are expected to demonstrate their skills in engaging with people to ensure they have the right information with which to make an informed decision.</p> |

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| <p>Title</p> | <p><i>Putting people first (2007)</i></p> |
| <p>URL</p> | <p>http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081119.pdf</p> |
| <p>Synopsis</p> | <p>The shared ambition of this policy is to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity. It set out the shared aims and values which would guide the transformation of adult social care.</p> |

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| How this resource applies to outcomes | In terms of building community capacity, this concordat provided a vision for ensuring groups and communities were involved, heard and understood in the identification of gaps and development of services. |
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| Title | <i>Reaching out: an action plan on social exclusion (2006)</i> <i>Think Family: improving the life chances of families at risk (2008)</i> |
| URL | http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/reaching_out/chapter1.pdf http://www.cabinetoffice.gov.uk/media/cabinetoffice/social_exclusion_task_force/assets/think_families/think_family_life_chances_report.pdf |
| Synopsis | The action plan on social exclusion identified five key principles to inform the government's approach and actions: <ul style="list-style-type: none"> • better identification and earlier intervention • systematically identifying 'what works' • promoting multi-agency working • personalisation, rights and responsibilities • supporting achievement and managing underperformance. Additionally, the Families at risk review has heard a clear message: excellent children's services and excellent adults' services are not enough in isolation. To transform life chances and break the cycle of disadvantage, services must go further. They must Think Family. A system that Thinks Family has no 'wrong door': contact with any one service gives access to a wider system of support. |
| How this resource applies to outcomes | Current policy promotes early intervention and prevention as well as the involvement of families in developing packages of care. Think Family means going beyond the traditional and separate set up of children's and adults' services, using family strength and resilience to build capacity and improve outcomes. |

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| Title | <i>Recording with care: inspection of case recording in social services departments (1999)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4010129 |
| Synopsis | This inspection of case records in seven social services departments showed that generally case recording had been given insufficient management attention. However, where case recording policies and practice had been developed, and were backed by management action, there were significant benefits for the quality of work undertaken and relationships with service users. This report offers a benchmark for best practice and provides audit tools for managers and practitioners. |
| How this resource applies to outcomes | Your records should clearly identify the source of information, whether it is fact or opinion, and how you have critically analysed the information to support your decisions. This should include conflicts and dilemmas and how they will be managed and reviewed. You should ensure that entries do not compromise any information that may be used in legal proceedings. |

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| Title | <i>Refocusing the Care Programme Approach (2008)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083649.pdf |

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| Synopsis | This guidance updates policy and sets out positive practice guidance for trusts and commissioners to review local practice and refocus the Care Programme Approach (CPA) within mental health services. All individuals receiving treatment, care and support from secondary mental health services are entitled to receive high quality care based on an individual assessment of the range of their needs and choices. |
| How this resource applies to outcomes | You will need to demonstrate how you have worked with individuals, their families and carers to produce a balanced judgement about their needs. Equally, you will need to show how you have analysed information and managed the tension when your responsibility and duty of care to safeguard may be in conflict with the person's wishes. |

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| Title | <i>Reward and recognition: the principles and practice of service user payment and reimbursement in health and social care (2006)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138523 |
| Synopsis | This guide aims to support local health and social care organisations with the principles and practice of reimbursing and paying service users for their involvement. It sets out the principles of best practice for reimbursement and payment for involvement. |
| How this resource applies to outcomes | Paying people for their time and expertise is best practice but it can be undermined by conflicting advice and opinion. It is also clouded by the regulations surrounding benefit claims and the restrictions this places upon people's ability to accept income from employment. The basic principle is to discuss reimbursement with those involved and encourage them to seek advice wherever possible. |

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| Title | <i>Scoping review of the research and evidence base relating to advocacy services and older people's entry into care homes in England (2009)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_097305.pdf |
| Synopsis | The review sought to inform planned work on the development of independent advocacy services being considered as part of the Independent Living Review by the Office for Disability Issues. Platt (2006) identified four reasons why advice, advocacy and information are essential for older people, especially those considering care home entry: <ul style="list-style-type: none"> • they help people understand their options • they enable people to make their voices heard • they ensure that older people enjoy the same rights as everyone else • they lead to value for money – people's own money, as well as public money. |
| How this resource applies to outcomes | As a NQSW some of the people you work with may benefit from independent advocacy in ensuring their needs are represented and to enable them to participate fully. This may be due to conflict with you, or the need for specialist support with particular communication issues. You need to demonstrate how you have involved advocates in your decision-making process. |

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| Title | <i>Sharing the learning: user-led organisations action and learning sites 2008–2010</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114152.pdf |
| Synopsis | <i>Improving the life chances of disabled people</i> made the recommendation that ‘By 2010, each locality (defined as that area covered by a Council with social services responsibilities) should have a user-led organisation modelled on existing Centres for Independent Living’. There has been an initial wave of sites demonstrating the advantages of having such a local resource, and many user-led organisations (ULOs) deliver services such as information and advice, advocacy and support services for people receiving direct payments. The value of the local knowledge, direct experience and peer support that ULOs can provide is now widely accepted. A range of resources have been developed to form a toolkit. These resources are available from the National Centre for Independent Living (NCIL) website http://www.ncil.org.uk/contentid94.html and from the websites of individual Action Learning Sites. |
| How this resource applies to outcomes | Making good links with your local ULO is an essential part of being a NQSW. This should be part of your induction, but it is worth putting time and effort into developing these relationships, partly as a resource for you and those who receive services and partly as a way of building community capacity, identifying gaps in service provision and developing new services. It is also a way of demonstrating effective communication, collaboration and co-production. |

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| Title | <i>Single Assessment Process (modified 2007) Information sharing and local protocols (2004)</i> |
| URL | http://www.dh.gov.uk/en/SocialCare/Chargingandassessment/SingleAssessmentProcess/DH_079509#_7 http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4086364.pdf |
| Synopsis | This guidance does not recommend the use of a single assessment tool. Rather it provides a rigorous framework that will lead to convergence of assessment methods and results over time, irrespective of the tools chosen for local use. |
| How this resource applies to outcomes | As a NQSW you will need to identify your role and responsibilities within the Single Assessment Process (SAP) to avoid duplication and confusion, and to ensure accurate recording of person-centred and outcome-focused multidisciplinary needs. You will need to demonstrate how you have collaborated with others and understood their roles and how they can contribute to effective interventions. Developing these relationships should be underpinned by professionalism, mutual understanding and a common goal to improve outcomes. You should also be familiar with your organisational policies on information-sharing. |

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| Title | Skills for Care Workforce strategy National Occupational Standards (NOS) Qualifications and Credit Framework (QCF) |
| URL | http://www.skillsforcare.org.uk/workforce_strategy/workforce_strategy.aspx http://www.skillsforcare.org.uk/developing_skills/National_Occupational_Standards/NOS_introduction.aspx http://www.skillsforcare.org.uk/qualifications_and_training/qualificationsandcreditframeworkQCF/qualificationsandcreditframeworkQCF.aspx |
| Synopsis | <p>Skills for Care play a key role in developing adult social care workforce strategy for around 38,000 employers and 1.5 million workers. Sector Skills Agreements map out the skills employers need the workforce to have and how they will be developed. Employers can sign up to the five core principles of the agreement to help the sector speak with one voice on key issues.</p> <p>National Occupational Standards (NOS) describe best practice by bringing together skills, knowledge and values. They are valuable tools to be used as benchmarks for qualifications as well as for defining roles at work, staff recruitment, supervision and appraisal.</p> <p>The Health and Social Care National Occupational Standards (NOS) are jointly owned by all the alliance partners within Skills for Care and Development and Skills for Health. Any reviews of NOS are undertaken jointly by all UK alliance partners.</p> <p>The way that qualifications are organised and structured is changing. This includes all vocational qualifications in all sectors – not just social care. The current National Qualifications Framework (NQF) will be replaced by the Qualifications and Credit Framework (QCF). This is a government initiative across England, Wales and Northern Ireland.</p> <p>The QCF is a new flexible way of recognising and rewarding skills and qualifications. The QCF will present units and qualifications in a simpler way and it will lead to qualifications that are flexible and meet the skills and knowledge needs of the workforce. The QCF is designed to capture the flexibility to meet a wider variety of the workforce's needs.</p> |
| How this resource applies to outcomes | Continuing professional development (CPD) provides you with a sound framework to support your learning needs. It is a cyclical process that increases your knowledge, experience and understanding. As a NQSW you will experience a range of development activities, from shadowing or working with colleagues across other agencies, to formal training. You will be able to use these experiences to demonstrate how you have met the outcome statements. |

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| Title | Social care for deafblind children and adults (2009) |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_101113.pdf |
| Synopsis | This circular requires local authorities to identify deafblind people in their area, ensure assessments are undertaken by suitably trained people, ensure services provided to deafblind people are appropriate (recognising |

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| | that they may not necessarily be able to benefit from mainstream services), and provide information about services in formats and methods that are accessible. |
| How this resource applies to outcomes | This document incorporates tasks around service development and building community capacity, as well as having the skills and knowledge to ensure a comprehensive assessment is undertaken using all of technology available to ensure the views and opinions of deafblind people are heard. |

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| Title | <i>Social care information governance (2010)</i> |
| URL | http://www.dh.gov.uk/en/Managingyourorganisation/Informationpolicy/Informationforsocialcare/DH_4075306 |
| Synopsis | <p>Information governance currently covers the following:</p> <ul style="list-style-type: none"> • Data Protection Act 1998 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4010391 • Freedom of Information Act 2000 http://www.dh.gov.uk/en/FreedomOfInformation/DH_4102350 • the Confidentiality Code of Practice • information security management • records management • information quality assurance • information governance management • specific organisational views, e.g. councils with social services responsibilities (CSSRs). <p>Information governance has four fundamental aims:</p> <ul style="list-style-type: none"> • To support the provision of high quality care by promoting the effective and appropriate use of information. • To encourage responsible staff to work closely together, preventing duplication of effort and enabling more efficient use of resources. • To develop support arrangements and provide staff with appropriate tools and support to enable them to discharge their responsibilities to consistently high standards. • To enable organisations to understand their own performance and manage improvement in a systematic and effective way. |
| How this resource applies to outcomes | Holding information about people comes with responsibility and accountability for how the information is stored and used. People who use services have a right to access this information. |

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| Title | <i>The community care assessment directions (2004)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4088476 |
| Synopsis | Full involvement of individuals and their carers in both assessment and care planning has long been recognised as good practice. The community care assessment directions place existing good practice and guidance on conducting care assessments and care planning into a legal framework. |
| How this resource | As a NQSW you must be able to demonstrate how you have consulted with the person and their carers, the steps you have taken to reach an |

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| applies to outcomes | agreement with the person about their needs, and how you have provided information, including financial details, about their entitlements based on your assessment. |
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| Title | <i>The Local Authority Social Services and National Health Service complaints (England) regulations (2009)</i> <i>Listening, responding, improving: a guide to better customer care (2009)</i> |
| URL | http://www.opsi.gov.uk/si/si2009/uksi_20090309_en_1 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_095408 |
| Synopsis | <p>From 1 April 2009, there has been a single approach to dealing with complaints. This gives organisations the flexibility they need to deal with complaints effectively. It also encourages a culture that seeks and then uses people's experiences to make services more effective, personal and safe.</p> <p>Each responsible body must make arrangements for dealing with complaints, and these arrangements must ensure that:</p> <ul style="list-style-type: none"> • complaints are dealt with efficiently • complaints are properly investigated • complainants are treated with respect and courtesy • complainants receive, so far as is reasonably practical, assistance to enable them to understand the procedure in relation to complaints; or advice on where they may obtain such assistance • complainants receive a timely and appropriate response • complainants are told the outcome of the investigation of their complaint • action is taken if necessary in the light of the outcome of a complaint. |
| How this resource applies to outcomes | Throughout your work you will need to show that what you have done is consistent with confidentiality and data protection requirements, as well as the policies and procedures of your organisation. In the eventuality of any complaints, you should be familiar with your organisational procedure and consult with your supervisor. |

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| Title | <i>The Neighbourhood Renewal Unit and Background to Neighbourhood Statistics (2007)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalworkareaneighbourhood/DH_4116495 |
| Synopsis | <p>The Neighbourhood Renewal Unit (within the Office for the Deputy Prime Minister) is managing the National Strategy on Neighbourhood Renewal, developing policies to narrow the gap between the most deprived neighbourhoods and the rest of the country in the next 10 to 20 years. As part of the strategy, a report of the Policy Action Team (PAT) 18 on Better information concluded 'The absence of information about neighbourhoods has produced a series of failings at national, local and community level'. The Neighbourhood Statistics website is a useful 'vehicle' for getting small area information out to the NHS and other local players. It can benefit departmental work not only on neighbourhood renewal and social exclusion but also:</p> <ul style="list-style-type: none"> • health inequalities |

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| | <ul style="list-style-type: none"> • access to services • resource allocation • targeting specific policy areas within public health. |
| How this resource applies to outcomes | To demonstrate your ability to build community capacity you will need to understand the specific needs and barriers that may prevent people from achieving positive outcomes. You can then consider how to ensure disadvantaged and marginalised groups and communities have access to learning and skills development opportunities and improved health and well-being. |

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| Title | <i>The NHS continuing healthcare (responsibilities) directions (2009)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_106175.pdf |
| Synopsis | <p>These directions state that a Primary Care Trust (PCT) shall, so far as is reasonably practicable, consult with the relevant social services authority before making a decision about a person's eligibility for NHS continuing healthcare. In response, the relevant social services authority shall, so far as is reasonably practicable, provide advice and assistance to the PCT.</p> <p>Nothing in these directions affects a social services authority's duty to carry out an assessment of a person's needs for community care services pursuant to Section 47 of the National Health Service and Community Care Act 1990(a), and if it has carried out such an assessment it shall, so far as reasonably practicable, use the information obtained as a result of that assessment to comply with its duty.</p> |
| How this resource applies to outcomes | As a NQSW, you will be dealing with complex and sensitive information from other sources. You will need to identify the source and evidence to support entries into records, and the resultant actions and interventions. You will need to be clear about your role as a social worker and the contribution you can make as part of a team. |

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| Title | <i>The Social Care Register, post-registration learning and training, conduct procedures (GSCC)</i> |
| URL | http://www.gsc.org.uk/ |
| Synopsis | <p>The Social Care Register is a register of people who work in social care, and have been assessed as trained and fit to be in the workforce. The title 'social worker' has been protected by law in England since 1 April 2005. This law came from the Care Standards Act 2000 to ensure that only those who are properly qualified, registered and accountable for their work may describe themselves as social workers. Qualified social workers are required to:</p> <ul style="list-style-type: none"> • renew their registration every three years • complete post-registration training and learning (PRTL) • promptly advise the General Social Care Council (GSCC) of any change of circumstance • pay their annual registration fee. <p>Post registration rules specify the post-registration training and learning requirements that all registered social workers must meet. The rules state that:</p> <ul style="list-style-type: none"> • every social worker registered with the GSCC shall, within the period of registration, complete either 90 hours or 15 days of study, training, |

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| | <p>courses, seminars, reading, teaching or other activities which could reasonably be expected to advance the social worker's professional development, or contribute to the development of the profession as a whole</p> <ul style="list-style-type: none"> • every social worker registered with the GSCC shall keep a record of post-registration training and learning undertaken • failure to meet these conditions may be considered misconduct. |
| How this resource applies to outcomes | As a NQSW you have a responsibility to ensure your own professional development and registration with the GSCC. Although the government has signalled that GSCC functions are to be passed to the Health Care Council in 2012, you will still need to register and keep a note of your post registration training. You will need to work with your supervisor and colleagues to explore dilemmas and conflict to ensure high standards in your interventions and decision-making processes. |

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| Title | <i>Transforming adult social care (2009)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_095813.pdf |
| Synopsis | This local authority circular sets out information to support councils and their partners through the ongoing change in adult social care. |
| How this resource applies to outcomes | The aim of this circular is for all councils to develop a framework for proportionate contact and social care needs assessments in order to deliver more effective, joined-up processes. There will be greater emphasis on (assisted) self-assessment, enabling social workers to undertake more appropriate assessments and spend more time on support, brokerage and advocacy. |

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| Title | <i>Transition: moving on well A good practice guide for health professionals and their partners on transition planning for young people with complex health needs or a disability (2008)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_083593.pdf |
| Synopsis | For all young people, the transition from childhood to adulthood involves consolidating identity, achieving independence, establishing adult relationships and finding meaningful occupation. For young people who are sick or disabled, this transition is made more difficult by concerns about how and where their health and social care needs will be met. |
| How this resource applies to outcomes | Transition from children's to adults' services can be a difficult time, fraught with tension about a range of issues, including who will pay for continuing care and whether or not the young person meets the threshold for adult care. It can be extremely stressful for both the young person and the family. As a NQSW you need to show that you have an understanding of these issues and that you are able to work collaboratively with other services. Essential to this process is working with the individual, their family and carers as well as the wider community to build capacity and enable the young person to have as much control as possible over their lives. |

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| Title | <i>Valuing employment now: real jobs for people with learning disabilities (2009)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_101401 |
| Synopsis | The Social Exclusion Task Force, in partnership with the Department of Health (DH) and the Department for Work and Pensions (DWP), led the publication of this cross-government learning disability employment strategy. The strategy sets out a vision to increase the number of real jobs for people with learning disabilities. |
| How this resource applies to outcomes | As a NQSW you need to demonstrate an understanding of the barriers people face in achieving positive outcomes, particularly when experiencing discrimination, and show how you have assisted people to exercise their rights and aspirations to gain employment. This may include providing information and support to access both universal and specialist services. |

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| Title | <i>Valuing people now: a new three-year strategy for people with learning disabilities (2009)</i> <i>Valuing people now delivery plan (2010–11)</i> <i>Valuing people now and PSA 16 housing delivery plan (2010–11)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_115173 http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_115235 |
| Synopsis | <i>Valuing people now</i> set out a government strategy for people with learning disabilities for 2009–12. It also responded to the main recommendations in <i>Healthcare for all</i> , the independent inquiry into access to healthcare for people with learning disabilities. |
| How this resource applies to outcomes | A key element of delivery will be the development of capacity and capability at local levels to design and commission the support services that people need to enable them to live independently and close to their families and friends. Local partnership with people with learning disabilities and their families will be crucial to this, and Learning Disability partnership boards have a vital role to play. The move away from traditional provision such as day centres, to supporting people to live as they want in the community, requires culture, systems, and structures to change. Building community capacity is essential through programmes such as Shared Lives. NQSWs are in a position to advocate such changes and demonstrate the positive impact that can be achieved. |

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| Title | <i>Volunteering: involving people and communities in delivering and developing health and social care services (2010)</i> |
| URL | http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113969 |
| Synopsis | This document puts forward a strong case for leaders, partners and commissioners across the health and social care system to consider when and how volunteering might support the achievement of local priorities for |

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| | individuals and communities, and where strategic investment might be justified to support this. |
| How this resource applies to outcomes | As a NQSW, it is worth considering the impact volunteering can have locally, particularly in engaging with those communities who are seldom heard, building capacity, identifying gaps in local provision and developing new services accordingly. |

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| Title | <i>Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (2010)</i> |
| URL | http://publications.dcsf.gov.uk/eOrderingDownload/00305-2010DOM-EN.pdf |
| Synopsis | This guide sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004. It is important that all practitioners working to safeguard children and young people understand their responsibilities and duties as set out in primary legislation and associated regulations and guidance. The guide is addressed to practitioners and frontline managers who have particular responsibilities for safeguarding and promoting the welfare of children, and to senior and operational managers. |
| How this resource applies to outcomes | As a NQSW you will be working with individuals and families who are facing different levels of risk of abuse or neglect. You may be working as part of a multi-agency team in this process and you will need to show you understand your responsibilities. |

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| Title | <i>Working to put people first: the strategy for the adult social care workforce in England (2009)</i> |
| URL | http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_098494.pdf |
| Synopsis | This document outlined the workforce implications of <i>Putting people first</i> and provided a high-level framework to support changes in the adult social care workforce. |
| How this resource applies to outcomes | As a NQSW you will need to demonstrate how you practise effectively across professional boundaries, understand different structures, roles and responsibilities and how this impacts on your approach to ensure the best outcomes for individuals. |