

The Knowledge and Skills Statement for social workers in adult services (March 2015)

Introduction

The [Knowledge and Skills Statement](#) relates to all social workers working with adults “who contribute to delivering statutory health and well-being outcomes for people and their carers, regardless of the sector in which they are employed and provides a national benchmark for social workers, employers and the public “

This guidance will assist employers of social workers to evaluate the roles undertaken by NQSWs in their organisations, so that they can take a view as to whether or not the roles provide a sufficient level of professional activity to meet the requirements of the Assessed and Supported Year in Employment.

What is meant by “ Statutory Health and Well- Being Outcomes”?

1. **Under the Care Act 2014** ‘Wellbeing’ is a broad concept applying to several areas of life.

[SCIE](#) describes well-being as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over their day-to-day life (including over care and support provided and the way they are provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal domains
- suitability of the individual’s living accommodation
- the individual’s contribution to society.

The Care Act 2014 creates a legal obligation on all providers of Care to ensure individual well-being – physical, mental and emotional- is at the centre of service provision.

Furthermore it places a universal obligation on local authorities and their partners to provide for the well-being needs of all local people, not just those in receipt of state funded care and support.

This means that, for the first time, all services that help prevent, delay and reduce the need for care and support are covered by the definition of statutory well-being outcomes.

2. **The Mental Capacity Act (MCA) 2005** is designed to protect and restore power to those vulnerable people who lack capacity. In this context an individual’s “ Well-being” can be preserved if all those involved in the care, treatment and support of that person act in accordance with the five statutory principles which underpin the Act:

- A presumption of capacity
- Individuals being supported to make their own decisions
- The right to make decisions that others might regard as unwise or eccentric.
- Anything done for or on behalf of a person who lacks mental capacity must be done in their best interests.
- Least restrictive option

3. **Mental Health Legislation and Codes of Practice** support “Well-being outcomes” for individuals with serious mental disorders by reinforcing dignity in care, and setting out the legal processes and safeguards that must be adhered to in order to ensure that patients are not inappropriately detained or treated.
4. A wide variety of **other legislation and statutory frameworks** also support “Well-being outcomes” for vulnerable individuals in specific circumstances. These may include:
- Older people
 - Rough sleepers
 - Ex-offenders
 - Victims of abuse or neglect
 - Young people leaving care
 - People with drug or alcohol problems
 - Refugees and asylum seekers
 - People with learning difficulties
 - People at the end of life
 - Vulnerable prisoners

What is meant by “Contribute to...” “?”

Social Work is an [international profession](#) that is practiced in many different settings and specialisms.

As such, a key consideration in defining what is meant by “...Contribute to..” is the extent to which the NQSW is undertaking professional activity as defined by the [Professional Capabilities Framework ASYE level descriptor](#) and the [Knowledge and Skills Statement](#).

Assuming that they are participating in such activity and are operating within the legislative context outlined above, NQSWs employed in local authority, NHS, private and voluntary sector social care settings, can all be considered as contributing to statutory health and well-being outcomes.