

# Hnc social policy assignment

Sociology



**ASSIGN  
BUSTER**

Ruth is currently in negotiations with her youngest child's father regarding parental contact. The legislation relevant to this scenario is the Regulation of Care (Scotland) Act 2001. The act has an influence on care delivery and quality of care delivered across the sectors. The two bodies set up under this act is the CSS (Scottish Social Services Council) and the Scottish Commission for the Regulation of Care. The Act gave the CSS the requirement to publish the National Care Standards which underpin all aspects of care. They are also responsible for steering all social care workers in Scotland and regulating their training.

The National Care Standards are written by Scottish ministry and are available via the Care Commission. The six standards are clear and succinct, underpinning all care services provided Dignity Privacy Choice Safety Realizing potential Equality and diversity (Bingham et al, 2009) A piece of legislation which is relevant to this scenario is the Children's (Scotland) Act 1995. As Ruth and her child's father are unmarried, the Act states that the mother has full parental responsibilities and rights and that unmarried fathers have no automatic legal rights.

This may help Ruth as Mr. O'Neil has been known to attempt to abduct their daughter. The Act's focus is to ensure that the welfare of the child is paramount and any intervention to protect the children must be more favorable than no intervention. (Bingham et al, 2009). Under section 4 of the Act a child's father and mother can agree in writing that he can have responsibilities and rights and register an agreement. This may help Ruth and Mr. O'Neil to form some rules with regards to Jan. Ruth has an inherited condition which gives her limited strength and small stature.

The Equalities Act 2010 brings together 116 separate pieces of legislation into one single Act. The Act simplifies, strengthens and harmonises the current legislation to provide Britain with a new discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society. (Equality and Human Rights Commission, 2015). This may help Ruth against discrimination of her condition if she wishes to gain employment. SCENARIO 2 Mr. O’Neil has suffered from a personality disorder and bi-polar disorder since his late adolescence.

Bipolar disorder, formerly known as manic depression, is a condition that affects your moods, which can swing from one extreme to another. If you have bipolar disorder, you will have periods or episodes of: depression ?? where you feel very low and lethargic mania – where you feel very high and overactive (less severe mania is known as hypotonic) Symptoms of bipolar disorder depend on which mood you are experiencing. Unlike simple mood swings, each extreme episode of bipolar disorder can last for several weeks (or even longer), and some people may not experience a “ normal” mood very often (NASH, 2014).

The most probable cause is the electrical and chemical elements in the brain to functioning properly and is usually found in people whose families have a history of mental illness. Mr. O’Neil also suffers from a personality disorder. If you have a personality disorder, you are likely to find positive situations more difficult. Your patterns of thinking, feeling and behaving are more difficult to change and you will have a more limited range of emotions, attitudes and behaviors with which to cope with everyday life. This can make things difficult for you or for other people. You have a personality disorder,  
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you may find that your beliefs and attitudes are different from most other people. They may find your behavior unusual or unexpected, and may find it difficult to spend time with you. This, of course, can make you feel very hurt and insecure; you may end up avoiding the company of others. (Mind, 2013). Legislation which may be relevant to this scenario is the Mental Health (Care and Treatment) (Scotland) Act 2003. This act is informed with principles including non-discrimination, equality, informal care and respect for careers.

The Act defines mental disorders as any illness, personality disorder or learning disability. The act helps achieve the objective of effective care and reattempt for the benefit of people with mental disorders. A person can also be detained in hospital and treated medically against their will under this Act if they have severe and enduring mental illness or are significant risk of harm to themselves or others. From the Act, a Mental Health Tribunal was formed. They could help Mr. O’Neil with some of the issues he may face and can offer him a named person to support, advocate and act in his best interests.

The “ See MS’ policy is also relevant to Mr. O’Neil. See Me’s vision is to end mental health stigma and discrimination, enabling people who experience mental health problems to live fulfilled lives. (commandments, 2014). See Me Scotland is funded by the Scottish Government and charity organizations (Comic Relief) and managed by the Mental Health Foundation. See me help to promote change to mental health stigma and aim to bring discrimination to an end. If Mr. O’Neil faces and challenges because of his mental illness, See Me can help advocate on his behalf to challenge any negative behavior.

SCENARIO 3 Peter and Jan are the children involved in the scenario. Peter is six and has hydrocephalus and cerebral palsy. He attends a day centre each day and spite on alternate weekends. Cerebral Palsy is a condition marked by impaired muscle coordination (spastic paralysis) and/or other disabilities, typically caused by damage to the brain before or at birth. Jan is only 10 months old, and her father has attempted to abduct her in the past. He mum is her main carer and has a physical ailment. Sans dad now wishes to start seeing her again.

The legislation relevant to both Peter and Jan is the Children and Young People (Scotland) Act 2014. This Act came into force in April 2015 and delivers a better package of legislative rights for children and young people. It applies to all children and young people in Scotland regardless of whether they are looked after children, care leavers or not. One of the key principles of this Act is the “ named person”. This idea has been formed after Scottish Ministers looking into the GIRLIE policy closer. (Getting It Right For Every Child).

Every child or young person in Scotland up to the age of 18 will have a named person. The role is designed to help with all kinds of problems but it's thought is to identify any problems at an early stage, rather than wait until a child or young person is at crisis point. A child or young person's Named Person will change as they get older. Up until a child is 10 days old, the Named Person will be the mother's midwife, then the child's Health Visitor will take over until the child starts school. At school, the Named Person will usually be the child or young person's Head teacher. Spicy, 2013). This should help give both Peter and Jan a voice or advocate on their behalf who

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will act in their best interests and be able to also support them and their family when needed. As Peter receives regular respite care, he could benefit from some input from an advocacy agency who could assist on his behalf.

Who Cares? Scotland is an individual advocacy service in Scotland who deal directly with children in care. This may give Peter a voice to express thoughts, feelings and opinions which may get over looked. SCENARIO 4 Mr..

Sebastian Smith has been discharged from hospital even though it's against his wishes and the wishes of his wife, who is his main carer. This led to Mrs.. Smith going to the Social Work Department in an agitated state. According to Mrs.. Smith, her husband's wishes were to stay in hospital and she agrees this would be for the best. The NASH and Community Care Act 1990 fits well into this scenario. Under the legislation, Mr.. Smith has the right to a needs led assessment. The act aims to provide holistic support to the individual in the community setting.

From this act came the mixed economy of care in a community setting which would include statutory, voluntary and private sectors. The aim was to reduce the number of people who were being looked after in hospital, to be supported back out in the community. Mr.. And Mrs.. Smith will both benefit under this legislation as the needs of both Mr.. Smith being looked after, and the needs of Mrs.. Smith being the unpaid carer are priority. The joint future agenda could also be applicable in this scenario.

It incorporates a single shared assessment, usually done by either a nurse or a social worker which can speed up community services. It also includes an equipment and adoption service which could help Mr. Smith to maintain

some independence with some tasks around the house. Joint Future Agenda also includes an intensive home support which means Mr. Smith shouldn't be discharged from hospital until some home care is in place to help assist him to regain some of the tasks he may have previously done and rehabilitate him. (Egg, wash, cook, clean, etc).