

Analysis of the historical response social work essay



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Analysing the historical response to disability and/or aging in a local context

Disability in New Zealand context

This task is an analysis of the historical response to Disabled people within New Zealand. In 19th century, disabled people had negative stigma adhered to them due to the famous Eugenic movement that promoted to refine the genetic composition of the human population by boosting the reproduction of people with expedient traits and degrading the reproduction of people with inexpedient traits including health and mental illness. Therefore, New Zealand government repressed the population of disabled people by putting them in purpose-built institutions for orphans, unmarried mothers, and impoverished older people from 1860s. Then, men and women were sternly separated to keep them from having children. Furthermore, towards the end of 19th century, some disabled people particularly with Intellectual disabilities ended up in institutions which were previously booked for people with mental illnesses. Moreover, New Zealand government controlled the population of people living in New Zealand by passing policies which disheartened them from settling in New Zealand. First, the Imbecile Passengers' Act 1882 that charged a bond to the person accountable for a ship that unloaded passengers who were dumb, blind, deaf, lunatic, idiot, paralysed, epileptics, crippled and/or deformed who might become onuses on public or charitable institutions. Second, the Immigration Act 1899 that prohibited disabled immigrants including those living with contagious disease, as well as insane or idiot people. Then, dangerously insane people had safe custody and offences prevention because of the Lunatics Ordinance 1846. This ordinance also catered care and maintenance of people with

unsound mind. However, New Zealand government did not cater reasonable financial support for disabled people because it was maintaining financial aid to a minimum and support was anticipated to be met by their families, not the taxpayers. However, some organisations provide humble and transient financial support for disabled people and their families such as Association of the Friends of the Blind which was inaugurated in 1889. Then, New Zealand's first school for deaf children was established in 1880. However, Eugenic movement continued and swelled in New Zealand as 1900 embarked for New Zealand census labelled people who were dumb, lunatic, idiot, deaf, blind, crippled, paralysed and/or deformed in 1916. Moreover, mechanisms were established to recognise defective children. Then, institutional care was highlighted, particularly for mentally deficient people. Additionally, the Mental Defectives Act 1911 distinguished between unsound mind people, mentally infirm people, imbeciles, idiots, the feeble minded and epileptics. Furthermore, the Committee of Inquiry into Mental Defectives and Sexual Offenders of 1924-1925 disclosed its distress at feeble-minded children for its aim was to increase the expedient traits of New Zealand population and decrease the inexpedient ones. Therefore, these movements pushed the emphasis on distinguishing and examining children. Then, children with special needs were placed to institutions and services outside the health services and mainstream education.

Positive Disability Strategies and Policies

However, some positive actions happened in 1900s. For instance, Plunket organisation was formed in 1907, and catered care and support for the children's and mothers' health. Then, flourishing medical knowledge and

technical advances of the time boosted the highlight on medical treatment rather than social inclusion of disabled people. Furthermore, blind people were allowed for pension in 1924 due to legislation. Then, in 1929, under the mental health system administration, the Templeton Farm in Christchurch was inaugurated for low-grade feeble minded and high grade imbeciles without complications of psychosis. Moreover, generally, the New Zealand population became progressively receptive of physical impairments and mental illness as encountered by soldiers going back home after the World Wars so the rehabilitation of physically and mentally impaired into society was highlighted, including psychiatric treatment, plastic surgery and physiotherapy. Hence, from 1954, these services were accessible to civilians. Then, opportunities of sheltered employment for disabled people started with the Disabled Persons Employment Promotion Act 1960. This act liberated the operators of sheltered workshops from applying the same employment conditions required elsewhere so this brought into being a distinction between sheltered employment and employment on the open labour market. Then, during the 1950s and 1960s, the orientation towards large institutions for disabled people started to be stimulated as IHC established residential homes, day care centres and occupational groups, and advocated a more-rights based approach in seeking right educational facilities for children. Furthermore, from the 1970s, the approach of government to services for disabled people became more community and rights-based as following the 1972 Royal Commission into Psychopaedic Hospitals, the funds of the government were more channelled into establishing small residential facilities rather than large institutions. Then, Accident Compensation Act 1972 entitled individual assistance for those

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people whose impairment was brought about by injury through accident, while the Disabled Persons Community Welfare Act 1975 entitled disabled people, who were ACC claimants, access to services to aid them stay in the community. Furthermore, the Industrial Relations Act 1973 granted impaired people to work in the open labour market and to earn a wage that matched their productivity. Additionally, in 1981, activities advocating the International Year of the Disabled progressed awareness on disability issues which resulted to the inauguration of Pan-Disability Organisation, DPA, which was comprised of disabled people speaking and doing for themselves. Then, the move away from institutionalised accommodation for disabled people carried on during the 1980s, and at the same time, government support for community-based elevated for this was reinforced by an amendment to the Education Act allowing the mainstreaming of disabled children into a normal school environment. Moreover, the funding of the government for support services for disabled people shifted from the agency of welfare (Department of Social Welfare) to agencies of health (Regional Health Authorities). Then, the government formed the New Zealand Disability Strategy in 2000/2001 that intends to make a world of difference for disabled New Zealanders for many are incapable to achieve their potential or fully engagement in the community due to the barriers they deal with doing things that most New Zealanders undervalue. This strategy was based on the social model of disability that draws a line between impairments (which people have) and disabilities (which lies in their experience of barriers to participation in society). These barriers range from the purely physical, such as facilities access, to the attitudinal, due to poor awareness of disability issues.

Therefore, this strategy will make certain those government departments
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and other government agencies acknowledged disabled people before decision making so that the government actions foster a more inclusive and non-disabling society. Its objectives are grouped into five: 1. Upholding citizenship-Promote and educate for a non-disabling society.-Grant rights for disabled people.-Encourage leadership by disabled people. 2. Building government capacity- Promote an aware and responsive public service.- Collect and use relevant information about disabled people and disability issues. 3. Improving disability support services- Form long-term support systems centred on the individual4. Promoting participation by disabled people in all areas of life-Grant the best education for disabled people.-Grant opportunities in employment and economic development for disabled people.-Assist quality living in the community for disabled people-Assist lifestyle choices, recreation about disabled people and disability issues5. Addressing diversity of needs-Encourage participation of disabled Maori- Encourage participation of disabled Pacific people-Allow disabled children and youth to lead full and active lives-Encourage participation of disabled women in order to enhance their quality of life-Value families, whanau and people providing ongoing support-Progress for people with Intellectual disabilitiesMoreover, this strategy will sit alongside other programmes of the government such as the Positive Ageing Strategy, The New Zealand Health Strategy and the Re-evaluation of Human Rights Protections in New Zealand. Then, the Office for Disability Issues was established in 2002 that concentrates on disability across government and to convey the implementation and monitoring of the New Zealand Disability Strategy. The Pacific Health and Disability Action Plan (the Action Plan) was also established in 2002 that embarked the tactical direction and actions for <https://assignbuster.com/analysis-of-the-historical-response-social-work-essay/>

enhancing the health and wellbeing of Pacific peoples. It also endeavoured to curtail inequalities between non-Pacific and Pacific peoples. Therefore, its aims were to grant and encourage reasonable, valuable and receptive health and disability services for all New Zealanders. Then, in 2004, the New Zealand Sign Language Bill was made known into Parliament that suggested acknowledging New Zealand Sign Language as the third official language in New Zealand. Additionally, in 2004, a review of long-term disability support services was launched in 2004 and was led by the Office for Disability Issues that focuses to polish the breach and discrepancy of services as encountered by disabled people. Therefore, New Zealand is one the active participant in United Nation in establishing strategies that will assist in enhancing the status and financial aspect of disabled people.

Disability Funding

New Zealand disability system is primarily funded from general taxation. For the New Zealand Public Health and Disability Act 2000 institutes the structure underlying public sector funding and the organisation of health and disability services. It also institutes district health boards (DHBs), and lays out the duties and roles of key participants, including the Minister of Health, Ministerial committees, and health sector provider organisations. Then, the Ministry of Health distributes the public funds it administers through government health funding (Vote Health) to district health boards.

Afterwards, the District health boards utilize this funding to plan, buy and grant health services within their areas, including public hospitals and the majority of public health services. Furthermore, the Disability Support Services (DSS) is another one accountable for the planning and funding of

disability support services, and manages the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003 that grants services for people under compulsory care orders, and people with an intellectual disability who need intensive services. Then, many of the services DSS funds are accessed through Needs Assessment and Service Coordination (NASC) service. There are also other significant funding sources including other government agencies (most notably the Accident Compensation Corporation (ACC), local government and private medical cover. 2. 2

Disability Terminology

Due to the famous Eugenic movement in 19th century, disabled people had negative terminologies adhered to them. These terms may be regarded as negative and/or unacceptable by people with or without disabilities. "Disabled" itself is a term used by most people to suggest disabled people are "unable to work", meaning "totally" unable to work. Then, "Wheelchair-bound" is utilized to refer for someone who uses a wheelchair. This is offensive because of the word "bound" being used in it, which suggests strongly that the user is held back in their use of a wheelchair so they cannot participate in activities without their wheelchair, including driving and sleeping. "Wheelchair user" or "person who uses a wheelchair" is more acceptable, accrediting to the wheelchair as a tool rather than an entrapment. Furthermore, "crippled" is also utilized to denote "a person with physical or mobility impairment" and need to be fixed so it means that a person must be in the hospital. Then, its shortened form, "crip" is often used by some people with disabilities as a term of endearment as "Handicap", derives from the phrase "cap in hand" that implies a beggar so it is regarded

offensive by most people with disabilities. " Angel" is also a term of endearment and portrays disabled people as victims of circumstances. Therefore, it follows that they call for assistance in looking after themselves or supervising their own affairs, and they require charity in order to live. Then, " Victim of" also portrays disabled people as victims of a crime that is being committed upon them. Therefore, they " Suffers from" for they are in ongoing pain and torment, and " afflicted with" which indicates a disease. For people living with Intellectual disability, Idiot was the formal term to refer a person with an IQ of 0-25 but it is no longer used as Imbecile, a term to refer a person with an IQ of 25-50. Moron is also no longer applied in a medical context and has generally acquired negative implications. This term was used to refer a person with an IQ of 50-75. Then, " Downy" is used to refer someone with Down syndrome and often utilize to affront a non-affected person by entailing that the person has the disability. It is also " Downz" in internet parlance. " Mongol," " Mongoloid," " Mong," or " Mongolism" are also used to refer a person with Down syndrome for it derived from the perception that facial features of people with Down syndrome were similar to those Mongolian people. Therefore, these terms strongly suggest that disabled people are useless and not the same as non-disabled people so they need to be shut up in special institutions.

Attitudes to Disability issues

Due to the famous Eugenic movement in 19th century, disabled people had negative terminologies adhered to them which lead to negative attitude of non-disabled New Zealanders. They had a mental outlook that disabled people were useless and not the same us so they must be in special

institutions (institutionalisation) to be fixed (Medical Model of Disability), and to prevent them from having children, for Eugenic movement advocated to refine the genetic composition of the New Zealand human population by maximising the reproduction of people with expedient traits and minimising the reproduction of people with inexpedient traits including health and mental illness. Therefore, these movements pushed the emphasis on distinguishing and examining children. Then, children with special needs were placed to institutions and services outside the health services and mainstream education. They also viewed disabled people as victims of circumstances so it followed that they needed assistance in looking after themselves or supervising their own affairs, and they required charity in order to live. Therefore, the New Zealanders viewed Disability as deficit so they excluded the disabled people from the society to refine the New Zealand population. However, after the World Wars, the attitude of New Zealanders to disable people started to shift. They became progressively receptive of physical impairments and mental illness as encountered by soldiers going back home after the World Wars so the rehabilitation of physically and mentally impaired into society was highlighted, including psychiatric treatment, plastic surgery and physiotherapy. Hence, from 1954, these services were accessible to civilians. Then, opportunities of sheltered employment for disabled people started with the Disabled Persons Employment Promotion Act 1960. This act liberated the operators of sheltered workshops from applying the same employment conditions required elsewhere so this brought into being a distinction between sheltered employment and employment on the open labour market. Then, during the 1950s and 1960s, the orientation towards large institutions for

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disabled people started to be stimulated as IHC established residential homes, day care centres and occupational groups, and advocated a more-rights based approach in seeking right educational facilities for children. Furthermore, from the 1970s, the approach of government to services for disabled people became more community and rights-based as following the 1972 Royal Commission into Psychopaedic Hospitals, the funds of the government were more channelled into establishing small residential facilities rather than large institutions. Then, Accident Compensation Act 1972 entitled individual assistance for those people whose impairment was brought about by injury through accident, while the Disabled Persons Community Welfare Act 1975 entitled disabled people, who were ACC claimants, access to services to aid them stay in the community. Furthermore, the Industrial Relations Act 1973 granted impaired people to work in the open labour market and to earn a wage that matched their productivity. Additionally, in 1981, activities advocating the International Year of the Disabled progressed awareness on disability issues which resulted to the inauguration of Pan-Disability Organisation, DPA, which was comprised of disabled people speaking and doing for themselves. Then, Deinstitutionalisation, the move away from institutionalised accommodation for disabled people, carried on during the 1980s and at the same time, government support for community-based elevated for this was reinforced by an amendment to the Education Act allowing the mainstreaming of disabled children into a normal school environment. Moreover, the funding of the government for support services for disabled people shifted from the agency of welfare (Department of Social Welfare) to agencies of health (Regional Health Authorities). Then, the government formed the New

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Zealand Disability Strategy in 2000/2001 that intends to make a world of difference for disabled New Zealanders for many are incapable to achieve their potential or fully engagement in the community due to the barriers they deal with doing things that most New Zealanders undervalue. This strategy was based on the social model of disability that draws a line between impairments (which people have) and disabilities (which lies in their experience of barriers to participation in society). Therefore, this strategy will make certain those government departments and other government agencies acknowledged disabled people before decision making so that the government actions foster a more inclusive and non-disabling society

Disability stereotypes and barriers

Due to the famous Eugenic movement in 19th century, disabled people had negative terminologies adhered to them which lead to negative attitude, as well as negative stereotypes that created barriers that range from the purely physical, such as access to the facilities, to the attitudinal, due to poor awareness of disability issues. They were held to be visually disgusting; bitter, with chips on their shoulders; mentally retarded; evil (the 'coiled mind in a coiled body'); bestowed with supernatural powers; and so forth. Therefore, they must be excluded and shut up in special institutions (Institutionalisation) to be fixed (Medical model of Disability), and/or to prevent them from reproducing. They were also held to be victims of circumstances so it followed that they were helpless, dependent, and pathetic so they needed assistance in looking after themselves or supervising their own affairs as children, and they required charity in order to live. Therefore, these negative and patronising stereotypes inhibited

disabled people to achieve their potential or fully engagement in the community which made New Zealand exclusive and disabling society.

However, most people with disabilities love independence, autonomy, and participation in the community. Therefore, the establishment of New Zealand Disability Strategy in 2000/2001 is a great leap for them to maximise their quality of life and engagement in the community by its objectives: 1.

Upholding citizenship-Promote and educate for a non-disabling society.-Grant rights for disabled people.-Encourage leadership by disabled people. 2.

Building government capacity- Promote an aware and responsive public service.- Collect and use relevant information about disabled people and disability issues. 3. Improving disability support services- Form long-term

support systems centred on the individual4. Promoting participation by

disabled people in all areas of life-Grant the best education for disabled people.-Grant opportunities in employment and economic development for

disabled people.-Assist quality living in the community for disabled people-

Assist lifestyle choices, recreation about disabled people and disability

issues5. Addressing diversity of needs-Encourage participation of disabled

Maori-Encourage participation of disabled Pacific people-Allow disabled

children and youth to lead full and active lives-Encourage participation of

disabled women in order to enhance their quality of life-Value families,

whanau and people providing ongoing support-Progress for people with

Intellectual disabilitiesTherefore, nowadays, New Zealand Disability Strategy

2000/2001 fosters a more inclusive and non-disabling society for disabled

New Zealanders. Moreover, disabled people can access most Disability

support services through NASC services which are bonded to the Ministry of

Health to measure the needs of disabled people, and manage services as entailed.

2. 3.

Availability of Service Provision and Access frameworks

Service Provision is a term used to refer an extensive range of activities including the provision of rehabilitation devices, assistive devices, occupational therapy and health services. For instance, Equipment Modification Services is one of them that assist the disabled person and their family to live more safely and autonomously. Then, the ways to access this are the following: 1. You or a member of the family has disability. 2. Assessment arrangement with a specialized assessor. Then, the assessor will talk about potential modification to your home. 3. You and the assessor should concur on the appropriate options. 4. The assessor sends an application to either Enable New Zealand or Accessable if it is possible to get Ministry of Health support and equipment or modifications recommended. 5. Either Enable New Zealand or Accessable agrees on funding for cost effective solutions to meet your essential needs. New Zealand Relay Service is another service which allows the Deaf; Hearing Impaired and Speech Impaired communities of New Zealand to communicate by phone without needing the friends' or families' assistance. This service was commenced in 2004 when New Zealand government contracted Sprint/Nextel, which manages relay services in various states of the United States. It has two call centres which are the Video Relay Service Centre and the Traditional Relay Service Centre. These two centres are both located in Auckland with the TRS centre presently functioning 24 hours a day, 365 days a year. It has also

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approximately twenty five people as Video Interpreters and Relay Assistants, who work rostered shifts to guarantee that the service is functioning 24 hours a day, 365 days a year. Furthermore, it has four contractors who focus on giving Outreach services to the profoundly Deaf. It can also organize free TTY (Text Telephone) and Trial Video Relay Service for those profoundly Deaf who choose to converse using New Zealand Sign Language. For further information regarding the New Zealand Relay Service or would like to apply for a TTY or to utilize the Video Relay Service, its national free phones are 0800 4 713 713 (TTY) and 0800 4 715 715 (Voice), which are both available 24 hours a day, 365 days a year. It has also contact e-mail which is helpdesk@nzrelay.co.nz. Then, for Intellectual Disability Communities, IHC provides information, support to live fulfilling lives in the community and advocacy for the rights, inclusion and welfare. It has also services provided by its delivery arms called Timata Hou, IDEA Services Limited, and IDEA Services family/whanau services. Its services include home support, day services, accommodation services, and family services, supported living and supported employment. Its national free phone is 0800 442 442 which is available 24 hours a day, 365 days a year. It has also its national office in Wellington, as well as its regional offices throughout New Zealand. However, if there is any concern or complaint about the services it provides, Health and Disability Commission can help for it has independent advocates that provide free service for its key role is to make sure that the Code of Rights is observed effectively and efficiently. Its national free phone is 0800 11 22 33, and its e-mail is hdc@hdc.org.nz. Furthermore, it has available office in Auckland and Wellington. Ministry of Health also provides funded services for the carers of the disabled people called Respite and Carer support that <https://assignbuster.com/analysis-of-the-historical-response-social-work-essay/>

grants the carer a break and makes sure that the disabled people obtain the support and care they require in the meantime. Talking to the Needs Assessment Service Coordination Organization is the first step to access this for it will assess whether the disabled person is qualified for ministry funded disability support services. If qualified, they will work with you to recognize your needs and what services would be suitable. In conclusion, the disabled clients can avail the Access frameworks through Needs Assessment and Services Coordination (NASC) services for it is contracted to the Ministry of Health, which is one of the key access frameworks. The NASC services are responsible for assessing the disabled people if they are qualified for Ministry Funded Disability Support Services. Furthermore, disabled people can also avail Ministry of Social Development, which is another Access framework, through the Office for Disability Issues that guarantees the issues and interests of disabled people are considered during the Ministry's strategic policy development. Therefore, disabled people can access corporate support from the Ministry and have available programmes which are agreed directly by the Minister.