

Examples of social policy

[Society](#)



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Introduction

Social policy is any Government incentive that is particularly concerned with social services and the welfare state. Examples of such policies are described below, along with possible methods of influence on such policies.

Public Health Medicine Policy- All smokers should be asked to stop smoking before any elective surgery.

In 2011, a policy to ensure smokers stop smoking before all non-essential surgery was proposed by the British Medical Association (BMA) with the aim of benefitting public health medicine. Thinking behind the policy was that after surgery, smokers are at greater risk of chest infections and other complications, which can lead to increased in-patient stay and greater cost to the NHS (British Medical Association, 2011). Providing an important reason and opportunity for individuals to quit smoking, this policy may encourage permanent cessation with positive resulting long-term health implications. The BMA hold conferences where policies such as this can be discussed and proposed, and represents the collective voice of the medical profession. Their proposals will be considered highly by government bodies and are very influential on public health policy. An individual may influence this smoking policy by promoting awareness of the policy amongst friends, colleagues and family, explaining the risks of smoking, the reasoning behind the policy's proposal and support available for stopping smoking. By raising awareness, it will be possible for individuals to influence the reasoning of others, and increase adherence to the policy. They can also speak to their general practitioner and encourage them to use their professional role to further support the policy with their member groups such as the BMA and Royal

College of GPs. Additionally one could contact the local NHS trust and lobby for a rethink on the enforcement of the policy locally.

Public Healthcare Policy – ‘ Fair society, Healthy Lives’- Reduce health inequality in the UK.

The Marmot Review, conducted in 2008 by the Secretary of State for Health, was published in 2010 (UCL Institute of Health Equity, 2010), with the aim of reducing health inequalities by action from the National Health Service (NHS), central and local government, the private sector and community groups to increase fairness and social justice. The government proposed six policy objectives:

Give every child the best start in life

Enable all children, young people, and adults to maximise their capabilities and have control over their lives.

Create fair employment and good work for all

Ensure healthy standard of living for all

Create and develop healthy and sustainable places and communities

Strengthen the role and impact of ill health prevention

(Marmot, 2010)

This proposal received support from the BMA at a conference in 2010 where they called for the government to enact the policy recommendations, particularly to increase the expenditure allocated to child healthcare (British Medical Association). To influence this policy in general, one would need to identify the individuals with weight in the decision making process. The Secretary of State for healthcare is currently Andrew Lansley, and his

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decisions are made within The Department of Health, which is comprised of several boards. One could contact the higher-level decision makers on the Departmental board, or the Social Care and Public Health Transition Board, who ensure the implementation, monitoring and analysis of healthcare policies. They can be reached by contacting: Ministerial Correspondence and Public Enquiries Unit, Department of Health, 79 Whitehall, London, SW1A 2NS Phone: 020 7210 4850 Fax: 020 7210 5952. The Ministerial Correspondence Unit will then pass on any health and social care suggestions to the relevant policy teams. For any suggestions or queries about policy implementation locally, one should contact their local parliament representative or NHS Trust (Department of Health).

Public Healthcare Policy – ‘Alcohol Strategy’ – Reduce irresponsible drinking and improve alcohol related health.

The UK government’s ‘alcohol strategy’ of March 2012 is a social policy with the aim to crackdown on the binge-drinking culture, cut alcohol related violence, the number of 11-15 year olds drinking alcohol, and to reduce the number of people drinking to damaging levels (Home Office, 2012). To achieve its aim, the government first proposes to reduce the availability of cheap alcohol by increasing tax by volume, instilling a minimum unit price, and banning multi-buy promotions. Second, there will be greater regulation of alcohol advertising, making it appropriate for the age range and reducing the exposure of underage individuals, as well as improving avenues for complaint and reporting unsuitability. The government also aims to tackle emerging issues such as greater alcohol fraud and the increasing incidence of liver disease (Home Office, 2012).

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Whilst the Department of Health are responsible for the oversight of such policies, there will also need to be support from the alcohol and retail industries, local NHS trusts, councils and communities. To influence these government proposals and decisions, individuals could engage in lobbying, by canvassing opinions in the local community and forming a group of stakeholders (ie. people with a vested interest in the changing price of alcohol) or an organisation of people with the same opinion. They could then form a cohesive and specific argument that could be presented in reaction to the government's proposals. This could be done by telephone, letters, email, or by calling meetings with influential decision makers. One could join pre-existing lobby groups such as the British Beer and Pub Association () or the British Hospitality and Restaurant Association (Ufi Ibrahim, Chief Exec.), who represent the views of the industries, and have previously put pressure on the government to keep alcohol tax down (BBPA).

Welfare Policy – ‘The Work Programme’ – A programme to encourage and support the most vulnerable jobseekers and helping people ‘break the cycle of benefit dependency

In 2011, the government's Department for Work and Pensions (DWP) launched a nationwide programme to support benefits claimants undertake active and effective jobseeking with the aim of helping people find and stay in work (Department of Work and Pensions, 2011). The programme is delivered by contracted providers, such as Ingeus (a recruitment service), who have the flexibility to decide how best to support jobseekers, whilst also adhering to the policy requirements. Reforms of benefits and taxes are aimed at improving incentive to work for all and encouraging those claiming

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to prepare for and actively seek for work in order to receive benefit.

Providers of the worker support will be paid by results, encouraging them to really support workers and achieve sustained work placements (Department of Work and Pensions, 2011). To influence decision making and the implementation of 'The Work Programme' individuals could contact the relevant authorities at the DWP, for example JobCentre Plus (Jobsearch helpline 08456 060 234), or more influentially join a relevant public consultation. These consultations provide the DWP with feedback on proposals and initiatives, which consequentially can influence the further development of Government policies. Lists of consultations can be found on the DWP website (<http://www.dwp.gov.uk/consultations/2012/>), and they welcome views from all 'interested parties'. The most recent consultation in line with the work programme was aimed at seeing views on current benefit rules underpinning Disability Living Allowance, Carer's Allowance and Attendance Allowance in March 2012 (Department of Work and Pensions²). It is therefore likely that there will be a similar consultation regarding Job Seekers' Allowance in the near future.

Housing Policy – The 'Right to Acquire' – Increasing nationwide home ownership

The right to acquire policy is an update of the 'right to buy' housing policy, and was introduced as of the 1st April 2012. The scheme helps tenants in England to buy their housing association home by providing a discounted rate. This policy aims to enable those with lower incomes who have been public sector tenants for at least five years to become homeowners (Direct Gov). The policy was introduced by the UK government, however, funding <https://assignbuster.com/examples-of-social-policy/>

will be provided by the local authorities, and the selling of the individual housing would affect the landlords who are usually the local housing associations. Whilst the right to buy scheme has been well established since the 1980s, there are ways in which organisations and individuals can be present at crucial meetings, and be of influence to policy. The Chartered Institute of Housing (CIH), a charity that supports the housing sector, runs an annual conference and exhibition (12-14th June 2012, Manchester Central), which enables speakers from housing associations, local authorities, house builders, banks, and the government to come together and discuss current policy. Here, one can ask questions and discuss with influential authority in housing policy formation. To influence policy, one could attend this meeting as an individual, or join an organisation to exert even greater influence.

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