

Bradshaw and bradshaw assignment



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Health and Social care In Brutal during the medieval periods was only available through local parish churches, where it was believed to be a Christian duty to undertake the Seven Corporal Works of Mercy Ones 2006). The provision and entitlement of care varied between the many different areas causing many of the poor to migrate to the more generous areas (ibid).

This increased the levels of begging and crime creating concerns about social disorder after the reformation of the Church of England when the population's values began to change towards the poor (Slack 1990). This resulted In the government Introducing a series of Acts resulting in the 1601 Poor Law Act, the first appearance of society providing for the poor (ibid). Business owners and the middle and upper classes were required to pay a levy tax, to fund the cost of services for the poor, who was deemed into deserving and undeserving poor (Slack 1990).

The deserving poor was those classed as those unfit to work due to age, disability or circumstance and received a minimal amount of money and food to just survive, while the undeserving poor were those who were fit to work but refused and was to be publicly punished under the new law Cones 006 However, The enforcement of this new law varied between towns and migrants continued to move to the areas where the law was less enforced (ibid).

The increasing migrants raised the taxes that covered the cost of looking after the poor and the tax payers became Increasingly angry, who claimed they was paying for the idle to be lazy and demanded change (ibid).

Government once again became concerned about social disruption and aimed to reduce the costs to tax payers in the Poor Law Amendment Act 1834 (ibid). The Poor Law Amendment Act (1834) introduced new rules that meant everybody would be treated the same and only the serving poor would be given help while the undeserving would only receive help from bleak and punitive workhouses (Englander 1998).

It was During the Boar war the Liberal government began to move away from the ‘ Laissez- Faller’ view currently held, after concerns was raised about the physical condition of the population, believed to be caused by malnutrition and poor living conditions, resulting in new Acts to encourage a productive future workforce (ibid). The new Acts Included the The Education (Provision of meals) Act that was Introduced In 1906 to ensure poor children received better nutrition, on the hope It ill decrease disease and illness (Brigandage 2002).

National Insurance was first introduced during 1911, to provide workers with financial insurance against times of hardship and ill health (ibid). Workers were required to pay a small amount of their income into a government scheme, which was to be paid back to them in times of unemployment and covered costs of any medical treatment required (Englander 1998). After the second world war the Labor government begun to Services report being published by William Bridge (Bradshaw and Bradshaw 2004).

The report recommended the government discover ways of fighting the five Giant Evils’ of society, want, squalor, disease, ignorance and idleness by providing adequate income, healthcare, education, housing and employment

(Bradshaw and Bradshaw 2004). The National Health Service (NHS) was developed as a result of Beveridge's recommendation for a welfare state, under the principle that all citizens receive a comprehensive service for all health and social care needs when needed, that is free to the public at point of use (Cones and Lowe 2002).

However, the prediction that demand would decrease as disease was cured soon proved false as the ageing population, expensive new medical technology and the creation of new drugs created new financial pressures (ibid). Despite these issues the structure of the welfare state established in 1948 remained largely unaltered until the late 1970s. Margaret Thatcher of the late Conservative government introduced a 'Modern Management' system outlined in the 1983 Griffith report (Bradshaw and Bradshaw 2004).

This system began the appointment of general managers in the NHS and that clinicians was meant to become better involved in the management of services (ibid). But, financial pressure continued to place the NHS under strain resulting in the NHS still requiring help from government funds (Raritan 2003). In 1989 the white paper 'Working for Patients and Caring for People' was published outlining the changes to the shape and structure of the health service known as the 'internal market' (ibid).

Under the internal market Health Authorities ceased to run hospitals but 'purchased' care from their own or other authorities hospitals. (ibid) General Practitioners became fund holders and purchased care for their patients and the providers became NHS trusts (ibid) this encouraged competition and increased differences between areas but raised further issues for preceding

governments (Bradshaw and Bradshaw 2004). The Labor government of the sass have tried to reduce costs through reforms in the service by the introduction of the Private Finance incentive (2012).

This has seen the privatisation of services including residential care for adults with learning disabilities, however, due to government funding cuts and the policies introduced to improve the lives of service users issues arise for both provision having an effect on the service user. Word count: (839)

PATCH 2 The area in which I am currently working in is a private registered social care setting that provides twenty four hour personal and social care for adults with a range of learning disabilities that include Downs syndrome, high level autism.

The organization has a staff structure of care managers, team leaders and support workers with all service users funded for under the National Health Service continuing health care package (NHS choices 2013 online). The general running of it is a private business with the aim to make a profit.

However, similarities are found between both provisions that include annual inspections from the Care Quality Commission and the requirement to follow the same Government standards and regulations. These include the National Service framework for mental health working in collaboration with multi agencies (Weinstein et al 2003).

Collaboration between different professional groups, agencies service users and carers is an essential element in the provision of high quality care for people with complex health and social care needs as stated in the NSF (Ibid). However, this legislative framework appears to be unmet by the differing

professional knowledge and the lack of collaboration between health care professionals and social care professionals, resulting in negative impact on the service users health (ibid). People with learning disabilities are known to have more health issues than the rest of the population (INS Choices 2013 online).

Under The Disability Discrimination Act 1995 adults with learning difficulties have the same rights to use health services as the rest of the population (Department of Health 2013 online). However, for this group problems often arise when health services are required. Some conditions of the services users have, cause them to lack the mental capacity to understand or recognize signs of ill health, while some may have difficulties with communication exulting in them being able to say what is wrong, often resulting in a increase in challenging behavior (Emerson and Banks 2010).

This leaves it the responsibility of those involved in the service users care to identify the signs of ill health and to seek the appropriate health service. But the behavioral changes are often ignored or blamed on the service users condition by untrained support workers, service managers, specialized professionals and clinicians and the lack of collaboration between multi-team agencies (ibid). This prevents service users receiving the right deiced treatment and diagnosis of the early onset of mental health conditions and serious diseases (ibid).

However, the development of private sector provisions has improved the living conditions for this service user group even though the care is funded from the same source. With the provision being a private business the

owners want to fill the rooms to increase the company income the setting is made to look more appealing. The home has been converted from a barn, surrounded by fields and wildlife. Each service user has their own room with en suite bathrooms, removing the feel of institutional wards of a hospital setting.

But the costs of the everyday running, wages and professional specialist services for this group can be expensive to the organization and the chief executive may not provide the service if it is not seen as a risk to life or essential to that particular service user. Staff wages are low which results in a high staff turn around, low staff moral and staff shortages which effects the quality of care provided. This issue has been raised with the senior management and concluded with the refusal to employ more staff based the belief they have sufficient staff and re providing the required amount of care, according to policies and regulations.

However, it could be argued that it is because it will increase the wage bill causing a stated in the government white paper ' Valuing People' which has emphasized the importance of the removal institutional living by placing emphasis on the importance of providing the service user with choice (DOD 2001 online). Issues in following this framework often occur in both private and local authority provisions. The service users at the organization are given choices in their life while in the provisions care but only to a limit.

Before moving to the setting each service user chooses how they would like their room decorated, each service user chooses the clothes they wear each day with minimum influence from staff and the choice to refuse any activities

that are part of their daily activity routine. This is the only choice it seems the service users have in their everyday life. However, some of the limited choices are for the service users own protection and safety, while others are caused by funding issues.

Many of the service users at the organization have been assessed to require two members of staff trained in behavior management when leaving the repertory because of the problems they suffer with anxiety caused by triggers in the outside environment. To which they are only funded for by the local authority this results in difficulty for the setting carrying out the right to choice as it is not always possible to carry out activities when the shift is understaffed, or the service user has used their weekly funded allowance of personal support on supervision in personal care and outside activities, such as walks and appointments.

The house has a daily meal plan based on a four week menu which offers each service user with two efferent choices for each meal, which will not be altered unless n for health reasons. This is because many professional hold the belief that any changes in routine will cause anxiety to service users (Banks 2010). This is also a result of lack of collaboration between service users, support workers and health professionals when developing individual care plans. Word count (963) PATCH 3. He Introduction of the government white paper ‘ valuing people’ has been the main framework for care service provisions since 2001 (Department of health 2001 online). The paper states that adults with learning disabilities should be seen and treated as people and members of society and it is the role of public services to help them live a full and equal life within their community (ibid). This is to be carried out by <https://assignbuster.com/bradshaw-and-bradshaw-assignment/>

following the underlying principles of rights, independence, choice and social inclusion as stated in the Human Rights Act for Adults with Learning Disabilities 1998 (Ministry of Justice 2013 online).

However, the government has failed to secure the implementation of the Valuing people' paper across social care services which has had a negative impact on those with complex needs, resulting in them missing out on progress and opportunities (Laying and Poisson 2011 online). In the United Kingdom sixty three percent of the adult learning disability population are reliant on their local authority to pay for care in a residential setting (Learning Disability Coalition 2011 online).

During the financial years of 2010- 2011 Essex County council care trust spend IEE million pounds on provision for adults with ageing population, advancing medical technology resulting in increasing numbers of the population having some form of learning disability (Emerson and Whatnot 2008 online). This has raised concerns about the cost of future provision for this societal group with the government constantly cutting social care funding.

So more authorities are turning to placing this societal group into supported living instead of residential homes (Haverford- Latched 2011). Supported living is type of residential care that helps vulnerable adults to live independently in the community, providing them with individuality choice and control over the way they live their life. However it could be argued While decreasing the cost of care to local authorities, because the housing costs are covered by housing benefits and living expenses paid by the service user from their benefits Find me good care 2013 online).

However, it could be argued that even if placing this service user group into supported Living provisions does provide them with greater independence and choices on how they spend their day. It is also placing those with more complex needs at a greater risk of crime and abuse and also limits their Human Rights (Samuel 2013 online). Service users are still being told where they are to live and are often placed away from family and friends.

This is because of the differing costs and availability of services in different the different local trust areas (Laying and Poisson 2011 online). When the service users wish to argue this factor or make a complaint, which they have a right to under the Human Rights act 1986 (ref). It has been noticed that most service users are unsure on how this process works or they fear that they will be ignored based on past experiences with talking to professional who hold the belief they know what is best for the service user (Laying and Poisson 2011).

A study carried out by The Equality and Human Rights commission Project Board shows that those who suffer with any form of learning disability suffer higher levels of visitation or targeted violence (Sin et al 2009). It is understood that this group are targeted because of societies perceptions of disabled people being a ‘ lesser’ person and that they can get away with their actions (ibid). Many of these crimes are left unreported by the service user, due to fears they will not be taken seriously (ibid).

However, those that do report the crime often report it to a third party such as a social care professional rather than to the police directly (Emerson et al 2011). Problems arise for the service user in these matters when multi-

agency teams are to working in collaboration due to work loads or communication issues. This results in the incidents being ignored and the problem continues or worsens, breaching the individuals Human right of Protection and the professional it is reported to is not seen as negligent because there is no safeguarding policy for this service group (Emerson and Whatnot 2008).

This has an adverse physical, emotional effect on the service user, which can result in them developing the coping mechanism of acceptance or avoidance resulting in social exclusion contradicting the white paper valuing people' which emphasizes the importance of providing service users with the count (693) Patch While carrying out research for this assignment I have learned how provision has changed over time for those suffering with learning disabilities. During medieval times residential care was provided in bleak workhouses and care institutions, run by church organizations or voluntary associations Cones 2006).

Service costs where paid for by charities or those that could afford it was charged (ibid). As the years progressed government began to show concern about the health of the population ND became concerned about future employees. This lead to government introducing new polices to ensure better living conditions, nutrition, and insurance for workers against times of hardship to encourage those fit for work in to work Cones 2006). It was the second world that brought about the main changes in the welfare state when William Bridge wrote a report with recommendations on how to improve society, leading to the start of the welfare state.

As the population increased so did the cost of providing health and social care services. This resulted in governments introducing new policies and Acts resulting in changes to how social care is provided with the use of private organizations and basic standards that provisions have to meet. One of the main developments has been the governments white Paper 'Valuing People'. Emphasizing the importance for social work provisions to allow service users in their care to have choice about matters that affect their life.

It has been noticed during placement that service users are receiving limited choice because of Private organizations hold the main aim of making a profit. This has resulted in a low staff because the staff are paid low wages, work long hours and a lack of training that results in service users health needs not be completely met. A contradiction in the 'valuing People' principle of all adults with learning disabilities having the same rights as the rest of the population under the Human Rights Act 1986 (Department of Health 2011 online).

The recent development of supported living meets many of the principles in 'valuing people' white paper including Human Rights but there are still limitations Many local authorities are placing adults with learning disabilities in provision that provide supportive living. This provides service users with the opportunity to live their life to their full potential as stated in 'valuing people' by allowing them to make more choices while reducing the cost to the local health care trust.

However, It could be argued that this development to save on expense is placing this service user group at risk with a lack of legislation on

safeguarding for this service user group (Learning disability coalition 2011 online). Many members of society still hold negative perceptions of this societal group which has a affect on the service user's ability to live to their full potential a contradiction in the main principle in the valuing people' white paper (Department of Health 2011 online). Need' rather than a ' want' and government to reduce budget cuts and develop further legislations on safeguarding and to ensure that all government policies and standards are being followed. This is because numbers of this societal group are increasing, leading to increase in demand for services. In the current economic climate it is understood that cuts need to be made so supportive living is a good development, but more needs to be done to protect this service user group from visitation and discrimination within society.