

Health and social care within the british welfare state



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The 1843 Poor Law was created because the middle and upper classes were coming to the conclusion that the local taxes they were paying were supporting the poor to be lazy and avoid work so many complained wanting a change to the current system. The new poor law sounded good as the poor and homeless would be sent to work houses being clothed and fed, even children would get some education there and they would have work for several hours a day.

The work houses were not as accommodating as that; the people were treated as slaves, as if they were being punished for being poor and the work was hard and often dangerous. The workhouses would be an object of fear for the poor, families would be split up, they suffered from poor diets and any medical needs were not met. Many were outraged and spoke out against the poor law. Richard Oastler was one of those who spoke out against the poor law and fought for reform of the factories. He said: "*I will use all my influence in trying to remove from our factory system the cruelties which are practiced in our mills.*" (Chaplin, A. 2009)." Anthony Ashley Cooper, 7th earl of Shaftesbury fought for factory reform for improved working conditions and in 1847 the changes to the factory act were improved and over the years kept improving to try and stop any worker being exploited.

The great wars gave medical specialist a new image of stardom from the people of Britain because of their courage on the battle field and treating those back home. The first Great War praised the actions of the orthopaedic surgeon performing impressive lifesaving medical procedures where ever they were needed. By World War 2 there were advances in medical, factory and motorised machinery leading to new challenges for medical

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professionals to deal with a new range of injuries. The orthopaedic surgeon now shared the limelight with other medical specialists now being recognised for their work. During the interwar years plastic surgeons were developing their skills and maintaining their specialist identity; their profession was now in high demand treating burn victims which was now an injury that affected a high amount of individual during WW2 because of the petrol driven means of transport; this also called for a high demand for burn specialists, cardiologists and thoracic surgeons who now had to treat patients who have been crushed by vehicles of war and machinery. A more modernised society was producing more ailments where the health care had to develop to meet the needs. The end of WW2 now recognised the importance of rehabilitation, this was not the situation after WW1 but now occupational therapists and physical medicines were sought after.

The poor living conditions and the constant threat of danger caused a high number of soldiers and civilians to suffer with a psychiatric disorder and requested the need of psychiatric help. More than A third of military officers suffered with a mental disorder. WW2 created more opportunities for pathology as Penicillin ‘ the miracle drug,’ cured wound infection, STDs and relieving a range of life threatening disease. The improved health of soldiers and gave them a morale boost and boosted the idea of creating more medicines to cure diseases. (Hardy, A. 2009)

After 1945 Britain’s economy needed reconstruction so Britain wanted an influx of immigration labour. There was a large population growth which did lead to a shortage of social houses and from 1946 to the 1960s there was a

baby boom leaving the system overwhelmed with the rapidly growing population.

Sir William Beveridge wrote the report 'Social Insurance and Allied Services' in 1942 which became the blue print for the modern welfare state. "The Beveridge Report aimed to provide a comprehensive system of social insurance 'from cradle to grave'. It proposed that all working people should pay a weekly contribution to the state. In return, benefits would be paid to the unemployed, the sick, the retired and the widowed. Beveridge wanted to ensure that there was an acceptable minimum standard of living in Britain below which nobody fell. (The National Archives. 2009)." "It was this report that identified the five 'Giant Evils' the government should fight namely: 'Want, Disease, Ignorance, Squalor and Idleness. (Sir William Beveridge Foundation. 2012)." The public welcomed the idea with open arms and could not wait for it to be put into action but their current government the conservatives which was led by Winston Churchill missed his chance to apply any of the Beveridge report as he put all his focus on the war giving labour the chance to tell the public that they would implement this law if they were to get elected. In 1945 Winston Churchill lost the election even though his leadership helped win the war but it was not enough to keep him as prime minister because the British people were desperate for a better quality of life and equal health care, no longer have to go to struggling charity hospitals or only the working to be aloud treatment. (Addison, P. 2005).

Labour now ran the country and led by Clement Attlee, his minister of health was Aneurin Bevan who would work hard to pass the national health act.

Aneurin Bevan had a lot of opposition his main adversary was DR Charles Hill <https://assignbuster.com/health-and-social-care-within-the-british-welfare-state/>

of the British Medical Association and organised a vote amongst all doctors to vote for or against the NHS, 85% were against and all those who were for were bullied for it and they created propaganda for the media to turn the public against the NHS. The doctors wanted to keep their status of independent contractors and not become civil servants. The working and middle classes were in support of the NHS, only 13% was on the side of the doctors. Aneurin gained support of Lord Moran the president of the Royal College of Physicians who controlled the consultants and the charity hospitals they were at this time destitute and Aneurin would support these hospitals with tax funding if he had support from his medical staff. The remaining doctors decided to join the NHS days before the start of the act as they realised all patients would be joining the NHS leaving their clinics soon to be empty. 1948 the National Health Act was implemented. The medical system realised how people were suffering with conditions who could not afford the healthcare. The hospitals were full and patients were requesting a lot of treatment as so many conditions were far gone they needed a lot of care even babies were in terrible conditions, before the NHS babies had a high mortality rate. (Rick, B. 2008).

The NHS continued to improve and parliament discovers that it was impossible to cap its spending as medical techniques and equipment was always evolving. “ Bevan foresaw this in speaking on 2nd June to a Royal College of Nursing conference. ‘ We shall never have all we need,’ he said. ‘ Expectations will always exceed capacity. (Rivett. G. 2014)”.

In 1965 there was an investigation into the local authorities in England and Wales; in 1968 this report was published by Fredrick Seebohm. He believed <https://assignbuster.com/health-and-social-care-within-the-british-welfare-state/>

the current system was inadequate and a new more family orientated system should take its place and work for the individual and could work long term. He wanted it to be better than the current services but will be able to provide those services that are already available like “ the children’s departments, the welfare services provided under the National Assistance Act 1948, educational welfare and child guidance services, the home help service, mental health social work services and other social work services provided by health departments, day nurseries, and certain social welfare work currently undertaken by some housing departments.” Local authorities should be able to assess a situation immediately and be able to provide for them out of what provisions they have in their own area. This improved social services department will be provided with training and staff will gain a social worker qualification and there will be specific jobs like field staff and residential staff. 11. (Seebohm, F. 1968).

In 1970 the Local Authority Social Services act was implemented making it mandatory for every local authority to have a social services department and should adhere to the functions set by the secretary of state. The LASS act 1970 will work alongside the National Health Service Act 1946, the National Assistance Act 1948 and the Children Act 1948. Local authorities would also follow this act as they would their Health Visiting and Social Work (Training) Act 1962 and Health Services and Public Health Act 1968 and refer to all acts when to fulfil their authorities function.

There is a 22 year difference between the NHS act and the LASS act this could be that before the NHS act the attitude of certain groups thought that the poor were a burden, brought their situation on themselves and even <https://assignbuster.com/health-and-social-care-within-the-british-welfare-state/>

some G. Ps did not like to treat those in the slums. So health care was a priority to bring society to a stage of good health and good living conditions so social services could come in and have the provisions to work with and encourage wellbeing because the previous ill health of those who couldn't afford to get it treated gave a low chance of living long lives for the working class. Social services would not be able to make their assessment if people were not able to be diagnosed by physicians or psychiatrists and a social worker does not have the medical training to diagnose a person and then people would go without help. Also working class and a high number of middle class were ill, suffering neglect from the state and malnourished if this was the norm in some parts of Britain what could that area's local authority do if the poor living conditions were that vast and what would be a case for social services to step in would be the how certain people had to live due to their financial status.

In 1979 Margret Thatcher a conservative leader and a Neo-liberal became prime minister after winning the election against Labour as it was said their bad leadership lead to the country being in debt. Unlike her labour predecessors Thatcher opposed some of the ideas of the Beveridge report and reformed the NHS for it to become more of a market where the patients become customers and encouraged people to go private. She created the National Health Service act 1980 which promoted privatisation. This concerned the public who still wanted to keep their NHS the way it was but the waiting lists got longer and certain wards started to close. Health boards became purchasers and would have contracts with different medical drug

companies to be able to purchase the best value for money. After Thatcher 'the cradle to the grave' ideology has not be looked back on. (BBC NEWS)

The Barclay Report 1982 identified the unrealistic expectations of social workers and how society and the media would complain when these expectations were not met. Barclay saw two distinctive elements to social work: counselling and social care planning. He encouraged the idea of partnership between service users, families, statutory services and voluntary services and also to seek networks of care in the service users' community. (Blewett, J. 1997)

John Major was next after Thatcher in 1990 and continued with the reform of the NHS. Under conservative leadership " eight English Regional Health Authorities abolished from April 1996 and replaced by eight regional offices of a new NHS Executive, based in Leeds. Likewise, 100 new Health Authorities (HAs) replaced the previous structure of District Health Authorities and Family Health Service Authorities, the aim being to reduce bureaucracy and improve services. With no regional structure in Scotland, Wales and Northern Ireland, responsibility was left with health departments at national and local trust level. (BBC NEWS). "

Labour comes back into power 1997 with Leader Tony Blair who believed in 'the third way'. The third way' or New Labour was the combination of the best features of the USA and Continental Europe economic dynamism and European social inclusion and bring them together. (Powell, M. 2008).

Pressures from Scottish and Welsh Labour parties led to a political commitment by labour to transfer the powers from the Scottish office to a

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Scottish Parliament giving the ability to now pass primary legislation in those areas and from the Welsh office to a National Assembly for Wales, administering and financing them within a framework of Westminster legislation. Scotland and Wales now had the power to create health, education, housing and training departments of their own governments by their own parliaments and Assemblies and this system became a lot more organised. There are differences in some of the services of the NHS in other regions compared to England. In Wales and Scotland prescriptions are free but in England people are charged, 'The National Institute for Health and Care Excellence' is responsible for cost efficient medicines and equipment for England and Wales based but its 'The Scottish Medicines Consortium' that is in charge of that in Scotland and only in Scotland was the NHS car parking charge abolished. (Hicks, R. 2013)

Chancellor George Osborne gave his autumn statement 2014 sharing his plans for the NHS. Osborne has announced that he will be funding the NHS an extra 2 billion a year and a "new £300m a year fund for kick-starting GP innovation".

The issue is is this too little too late, the NHS has been suffering for a while and is believed this extra money will be spent half way into the year on its shortfalls due to budget cuts. David Cameron quoted Thatcher by saying NHS spending was 'safe in his hands' but reports say the NHS has never been in such a worse state.

- Elizabeth Evans