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Introduction

- ❖ Explore the Barriers of Wellbeing and Inclusions for Informal Carers.
- ❖ Look at different types of care provisions for formal and informal care
- ❖ look at the History of Care
- ❖ Refer to Theory, Policy and Practice

BACK IN HISTORY

Hospitals in mediaeval times were not seen in the same perception as it is today, they were charity. Most were ran by churches that offered care or a home to the poor handicapped and elderly.



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POOR LAW

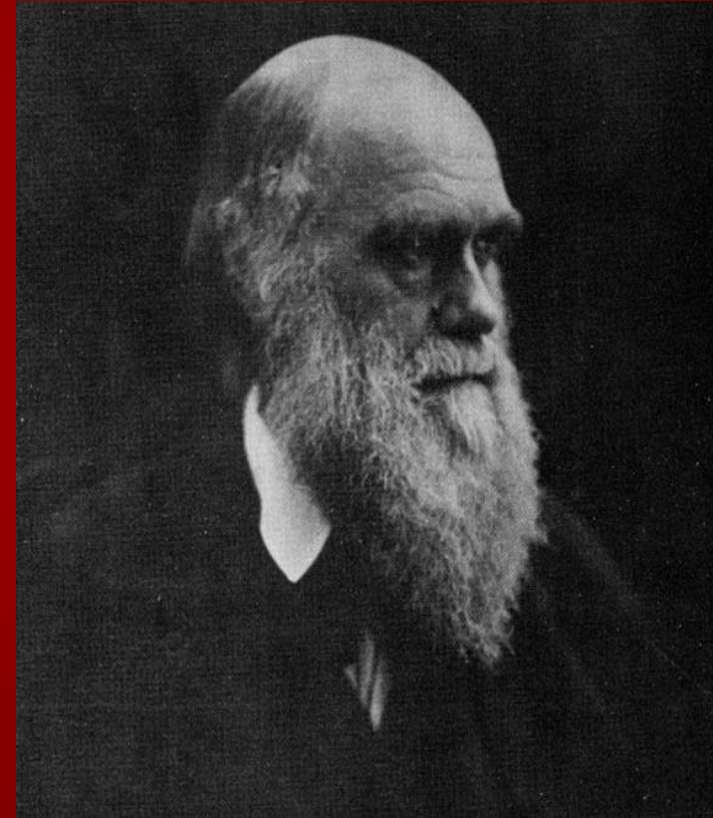
- Poor law passed in 1578 meant that poor people went to their parish for help. This was aided by the taxes of middle class and rich.
resentment by middle and upper class, because they thought the poor were lazy and this campaign meant that the law was amended
- 1834 Poor Law Amendment
stopped money going to the poor. The poor were sent to the poor houses for help.

HISTORY OF SOCIAL CARE

- Most elderly ended their days in the Alms-house along with the homeless, Insane, or the most needy.
- Until world war two, rich were better cared for by servant's
- Back before the 19th century, there were no institutions for the elderly, that existed for long term care.
- Women were the main carers of relatives and children, as in history few women went out to work.
- Social security act 1975 introduced the invalided carers allowance for informal carers looking after someone severely disabled . Exclusions were married, cohabiting, pension age. (Gov.uk 1975)

SOCIAL DARWINISM THEORY

- Darwinism was a theory in 18th and 19th century
- The Darwinism Theory came from Charles Robert Darwin who took a voyage around the world, examining different species that led him to the Theory of evolution and the process of natural selection.
- Those species that survived evolved and species that failed to evolve died off
- Survival of the fittest
- Stop intervention in natural human order
- So that one day the poor weaker gene would seem to exist
- Programs to aid the poor and sick worked against nature.



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THERE ARE 2 DIFFERENT TYPES OF CARERS

Formal Care

- People who are paid to give care for example
- Nurse
- Doctor
- Social workers
- Teachers
- Care Home

Informal Care

- Care given unpaid for example
- Family member
- Neighbour
- Friend
- Young carer

CARE PROVISION IS CARE THAT IS DELIVERED EITHER BY A INFORMAL OR FORMAL CARE GIVER.

- | | | |
|------------------|--|------------|
| • Private Sector | ➤ People with care needs who are willing to pay money for private care example self employed practitioner, private care homes, private hospitals. Ran as business for profit proposes. | ✓ Formal |
| • Voluntary | ➤ Charities provide services in your community. None profit example NSPCC | ✓ Informal |
| • Statutory | ➤ Delivered by NHS, Education, social care, early year services.
Paid for and provided by government | ✓ Formal |
| • Informal | ➤ Carried out by family or friends or people wanting to help though kindness. (unpaid) | ✓ Informal |

RESEARCH ON INFORMAL CARE

- ❖ There is an estimated 6.5 million informal carers in the uk
By 2037 the population of carers is predicted to increase to 9 million. (Carersuk 2015).
- ❖ although there s a growing amount of male cares in uk ,
there is still a higher and more predominant amount of
woman carers, (Hoff, 2015). Government office.
- ❖ For Older Married couples the spouse is the fastest growing
group of informal cares.(Hoff,2015). Government Office
- ❖ Lone Parents and parents returning to work are more likely
to depend on grandparents for informal care. (Hoff,2015).
Government Office

- Informal carers sometimes feel they have not been given a choice
- Some informal carers don't see them self as a carer
- Carers that want to make a valuable contribution to our society or out of pure kindness

REASONS WHY WE CARE

- ❑ Illness including mental illness of a child or relative.
- ❑ Elderly relative
- ❑ Physical or learning disability's
- ❑ Help with care so parent can return to work
example Grandparent
- ❑ Caring for a neighbour out of kindness due to any of these points.

SOCIAL EXCLUSION AND IMPACT ON INFORMAL CARES.

Informal carers save the state a lot of money, but what is the strain, that is put on informal cares?

- Psychological and Physical Strain
- Mental illness example Depression
- Give up paid career/job
- Giving up Social Activities
- Physical labour leading to Health Problems
- Strain on relationship because of pressure/resentment

(Heath knowledge 2017)

‘IN APRIL 1996, THE THEN CONSERVATIVE GOVERNMENT INTRODUCED THE CARERS (RECOGNITION AND SERVICES) ACT. THIS PIECE OF LEGISLATION REPRESENTED THE FIRST REAL OFFICIAL RECOGNITION OF THE ROLE OF CARERS AND THEIR NEEDS, AND REFLECTED THE PIVOTAL ROLE PLAYED BY INFORMAL CARERS WITHIN THE NEW COMMUNITY CARE POLICY. THIS LEGISLATION GAVE CARERS (ALTHOUGH ONLY THOSE CARING FOR MORE THAN 20 HOURS PER WEEK) THE RIGHT TO REQUEST AN ASSESSMENT OF THEIR OWN NEEDS (155,000 SUCH ASSESSMENTS WERE CARRIED OUT IN 1999). NEVERTHELESS, THE PROVISION OF SERVICES TO ALL THOSE CARERS DEEMED AS BEING IN NEED WAS NEVER FULLY IMPLEMENTED’. (CRISON,I , 2007 AND HEATHKNOWLEDGE 2017)

THE NEEDS OF CARERS LEGISLATION AND ACT

- 1999 labour published national strategy, caring about carers. Sets out government priority's and identifies best outcomes for carers
- The carers and disabled children act 2000. An act supporting ages 16 and over caring for people with disability's . Gives power to authorities to supply support and help carer to care.
- The Carers (equal opportunity's act in 2004. To acknowledge the needs of carers. Considers the needs of the carer and the aspects of work, Training ,education, leisure.



THE CARE ACT 2014

- Assesses needs for support in their own rights, Advice and funding for cares. Gives clear direction to authorities as to what support they need to be given
- Carer legibility assessment is determined by 3 conditions ...
 - Needs of support
 - In Result of caring for person , what the physical and mental health of the carer would be.
 - Impact on carer determined by outcomes . Carers needs impact on at least one area of well-being in a significant way.

(Social care institute of excellence, 2015)

Social Service and Well-Being (wales)2014

Became Law from April 2016

- Gives a voice to people needing care. They get a say over what type of care and support they receive
- Gives them independence for longer.
- Easier Access to Advice and Information
- Shared information between associations Allows the person to move counties, and know that their needs are known where ever they go in Britain.
- Clear Guidance of their Entitlements
- Brings a complicated patchwork of legislation together to make it easier to follow and understand.
- Give clear guidance to associations , so they are clear on help that needs to be given.
- Assessment will be simpler . They can be carried out by one person on behalf of other organisations
- Prevention services and stronger powers to keep people safe.

(carmarthenshire.gov,2017)

PRACTICE OF THE SOCIAL SERVICE AND WELL-BEING (WALES) ACT 2014

The act is still in its early days but a critical response of the act by Luke Clements A cerebra professor of law and social justice at Leeds university has stated that there is still signs that the act is not working as it could be and needs adjusting in certain areas. He states ...

‘The delivery of social care should not depend upon the exploitation of social workers or carers (paid or unpaid). It depends upon people having decent terms and conditions. I don’t see that in Wales any more than I see it in England: I see social workers with absurd case-loads labouring under mountains of necessary and unnecessarily complex paper work: I see care workers on zero hours contracts and on the minimum wage – stretched beyond endurance. I see disabled people’s packages being reduced and they and their carers taking the strain’
(Clement,2017)

Too Conclude..

Every one has the right to wellbeing (Carmarthenshire.gov,2017)

In light of the progression of new and updated legislation it seems that there is still tremendous strain on both informal and formal cares. The government seems to be relying heavily on informal care to save costs, and seeing this as the answer to a strained care system that is over worked and underpaid. The Government are in need of having to face the problem of people living longer and resulting in, longer time being cared for. As suggested by The Health Foundation the keys point that need to be looked at...

- Social care severely under funded and unaffordable for people on low income who are already entitled to free care. (Charlesworth, May 2017)
- Pressure on the system is increasing at twice the rate of funding growth. Rising Chronic Disease, Increasing aging population, funding for new Technology and medicines. (Charlesworth, May 2017)

There still doesn't seem to be any definitive answers to these problems, but with a ever vast changing world can 2018 bring us the changes that we so severely need and is informal care really the answer?

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