In Contemporary Society How Do Political Paradigms Influence Health and Social Care Reform?

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Introduction

Significant trends within contemporary society has led to increasing numbers of the UK population becoming socially excluded (MacInnes et al., 2014). In a politically charged neoliberalistic society, this has led to an ever-diminishing commitment to the welfare state and the undermining of the social justice principles on which it was founded; ultimately leading to a reduction in public services to such a degree that it is no longer possible to meet the ever-increasing needs of the vulnerable (Rouf, 2015). However, it could be argued that the welfare state has, over time, created the 'welfare dependency trap' (HMG, 2010) through which individuals and local communities have become disempowered; this continues to be emphasised by the shortage of housing, gaps in educational attainment and worklessness.

The sense of injustice that these continuing trends create means that the research previously undertaken, including Acheson (1998), Marmot (2010) and the inquiries discharged (Whitehead, 2014), has begun to paint a bleak picture for those of a low socioeconomic background, particularly in the North of England, whether in work or not.

Background and Historical Context

Placing this issue within a historical context is crucial in understanding the political drivers and the expectations that existed and increased in the post-war years. Such profound influences were seen as being crucial elements in the development of what was arguably the most radical change within society, the birth of the welfare state - and particularly the launch of the NHS - at a time when many were unable to afford medical treatment for themselves or their children, when housing shortages were severe and employment was high, particularly in those returning from the war (Brown, 2001).

The NHS can plausibly be seen as a fundamental principle of welfare reform and remains at the forefront of public opinion (NHS, 2014). As an opponent of poverty, its fundamental vision of ‘healthcare, free at the point of delivery’ continues, at least for now, to be its mantra; although it is argued that it could be more proficient in its fight (Buck and Jabbal, 2014). The birth of the NHS occurred at a time when Britain saw the provision of effective health care as crucial to slaying Beveridge’s ‘five giant evils’ (Beveridge, 1942, cited in WHO, 2000). Noble in concept, the NHS has unreservedly been overwhelmed with ever-increasing, mainly unanticipated costs borne from advances in medical knowledge, better medications, improved technology and the increasing demands of the growing population (Rivett, n.d.). The ideology that the ‘five giant evils’ would indeed be eradicated seem at best naïve, at worst inept in a
contemporary healthcare service currently plagued by inadequate healthcare provision, mismanagement, financial misgivings and a population that is penurious (Francis 2013). Nonetheless, when Health Secretary Aneurin Bevan opened Park Hospital in Manchester on 5th July 1948, there began a new period of healthcare reform; the provision of healthcare for all, free at the point of delivery, based on clinical need and not the ability to pay (NHS, 2013). Built in place of fear (Bevan, 1952), the NHS was introduced when the need for social and political change was indisputable.

The post-war landslide victory of the Labour party began a period of significant transformation within welfare reform, including healthcare. The movement for social reform had previously reached a climax in December 1942, with the publication of the Beveridge Report, which resulted in a comprehensive manifesto of social reform (including social security), the NHS and a full employment policy (Beveridge, 1942, cited in WHO, 2000). The NHS is a concept through which the majority of the population has grown and is one which should not be dismantled. It would be anathema to the majority that we would need to check whether we had enough to pay for a life-saving operation before it could go ahead. Indeed Bevan argued that:

“…society becomes more wholesome, more serene, and spiritually healthier, if it knows that its citizens have at the back of their consciousness the knowledge that not only themselves, but all their fellows, have access, when ill, to the best that medical skill can provide” (Bevan 1952).

This collective approach was seen to help primarily allay the financial burden that is placed on those who become ill (and their families), and as such, was based on the increasing need to create new and innovative approaches to the provision of safe and effective care, whilst meeting the increasing demands of society (ibid.). Bevan’s aim ‘to utilise the best’ may not have been accomplished, nonetheless it remains as relevant today as it has always been (Ham, 2014).

Contemporary Healthcare

In the decades since the birth of the NHS, organisational reforms and political drivers have led to people being treated earlier and more efficiently, ultimately leading to increasing longevity (Rowe, 2009). Despite this progress, the contemporary approach to the delivery of health and social care has failed to maintain pace with the needs of an ageing population (ONS, 2013), the challenging burden of disease (Ham et al., 2012), increasing public expectations (NHS, 2013a) and continued inequalities within health (Appleby et al., 2011). Ham et al. (2012) ultimately conceded that all systems, irrespective of performance, need to adapt rapidly to the rising demands of a changing population.

A Political Paradigm Shift and the Rebirth of Capitalism

Political drivers and legislation have continued to shape and reshape welfare and healthcare reform. With the onset of the new Conservative government in 1979, there
began a period of significant restructuring of political paradigms and the rebirth of an out-dated process of Capitalism (Vidal, et al., 2013). This dominant political system continued, both with Labour in 1997 and the coalition government in 2010 (Jessop, n.d.), and no doubt will continue with the newly appointed Conservative government. Considerable discourse exists between the warring factions of those who advocate the current political episteme and those who oppose it. It is strongly argued that current political paradigms have inspired, strengthened and enhanced the development of free markets that have enabled the onset of global trade, with the arrival of the digital age continuing its acceleration (Steger and Roy, 2010), and therefore should not be dismantled. It is equally strongly advocated, however, that a system that promotes private ownership, profit-making and free enterprise, projects only the interests of extremely wealthy investors and less than one thousand large corporations (McChesney, 1999), leaving society to fend for itself. Synonymous with capitalism, neoliberalism (a system that refers to the emergence of ideas and economic policies) has encouraged economic liberalisation and reduced barriers to trade and commerce, the overarching principle being that there is no government intervention (Difference.Between.com, 2013). Universally, neoliberalism emphasises the predominance of markets, deregulation, privatisation and the reduction of government expenditure. Ultimately in a political doctrine, in which the rich become richer and the poor poorer, there exists a dichotomy: that those who have the most to lose within society, those with the least financial stability, are being discredited, whilst those with the means to provide lavishly for themselves, are considered to be of greater importance (Dorling, 2013).

Despite the obvious support for capitalism (Freidman, 1962), the banking crisis of 2008 has seen unprecedented change within society, leading to a worldwide recession that has led to increasing social injustice. In an attempt to maintain a sense of equipoise, in 2009 a new ideology called ‘The Big Society’ was proposed (Norman, 2010). Originally conceived as a means of devolving power from central to local government and to encourage people to take more responsibility for themselves, their families and their communities, this ideology remains one of the most contentious political agendas of the day, for there is considerable argument that by continuing with the extensive austerity measures, we have already disempowered local populations to be able to help themselves; such policies having negatively affected the poorest within society the most (Ledwith, 2011).

By embracing Cameron’s ideology of ‘The Big Society’, and by critically analysing the work of Foucault (1997) and his notion of emancipation through the use of power, it could be argued that by giving power, resources and the knowledge to change things for the better, populations can take responsibility for their own lives and become emancipated. Consequently, despite a cataclysmic descent, neoliberalism has become hegemonic as a method of preferred discourse (Harvey, 2005), although conceivably, this may have primarily occurred due to the potential lack of any other political doctrine available (Crouch, 2012).
Upon reviewing the work of the current influential writer (Dorling, 2013), it is unlikely that this political archetype will change in the near future, despite considerable evidence to support the argument that contemporary political policies are not working (Acheson, 1998, Marmot, 2010) and that essentially, a social equality gap continues to exist.

**Hegemonic Influences**

Critically analysing the work of Dorling (2013) (in particular understanding the downward shift that occurs in the health of the nation when the gap between the rich and the poor widens), is fundamental to understanding the causes of ill health and the increasing needs of the population. Engels (Eagleton, 2013) describes the phenomenon of false consciousness, in which he argues that people live their lives under the umbrella of exploitation and disempowerment that obscures the true effect of the dominating policies under which they exist. Fay (1987) continues this debate, arguing that false consciousness is the systematic ignorance that society members have about themselves and the society in which they live.

It could be said, therefore, that the continued hegemonic political paradigm that is Capitalism will continue unabated until populations, particularly of lower social classes, begin to ‘wake up’ from their false consciousness and begin to understand the oppressive political paradigms under which they live. Simply stated, people cannot challenge the political doctrines that keep them in an oppressed state because they fail to see that this phenomenon exists. Taylor (2010) identifies the oppressive doctrines of healthcare provision in which nurses in particular fail to challenge the bureaucratic power struggles and oppressive regimes they work under for fear of losing their jobs. The difficulty with false consciousness, at least within this example, is that nurses fail to recognise their dogma, so it can take considerable critical reflection to even define such issues as being problematic. Hegemonic influence, therefore, is essentially power, that is used by the ruling classes to generate ideas that are accepted by the ruled; essentially an agreement through which social stability can be maintained (Wilkinson, 1999). Fay (1987) goes further by acknowledging the principle of reification, a concept through which the indoctrinating of others occurs in such a way as to make the oppressed believe that they are in their true place, and as such, will remain subordinate to others. Critical analysis of this ideology is to be a key focus of the literature review and the research undertaken.

**Literature Review**

Fundamentally critically analysing historical development, relevant research, conceptual frameworks and discourse, seminal writers and government drivers will help to form the basis of the literature review.

The thesis will draw on seminal work on the foundations and progressiveness of neoliberalism as a means of understanding the cultural adversity which exists within British society. It will draw on discourse to the historical context of the welfare state,
the birth of the NHS and the findings of several commissioned reports that lay bare
the impact of social injustice within society. Post-modernist approaches to the
construction and representation of conceptual frameworks will help define the
concepts of power and knowledge (Gaventa, 2003), the impact of hegemony,
(Gramsci, 1971) false consciousness (Eagleton, 2013) and critical consciousness
(Freire, 2012) on UK society as a whole as well as the impact on local populations.

Emerging from historical discourse to a study of contemporary society, the research
will critically analyse the significance of welfare reforms and how they seek to
emancipate populations through the advent of participatory democracy (Ledwith,
2011). It will focus on ‘The Big Society’ and the current government shift towards
actively encouraging collaboration within an ideological system of community
empowerment, but will argue that with significant cuts in public expenditure, the
government has potentially irretrievably damaged its chances of success (Fisher et
al., 2011). It is difficult to see why at this stage the government would want to do this,
nonetheless this will be explored further throughout the thesis. In a society where it is
evident that the government seeks to absolve itself of responsibility for the health of
the nation, perhaps now more than ever, society must act to support those who are
less affluent by creating a plan of social equity. By critically analysing the importance
of a ‘collectivist’ or ‘societal’ approach to participatory democracy (Ledwith, 2011), it
could be argued that populations should be provided with the means by which they
can act to enable a sense of empowerment and well-being through the doctrine of
universal collectivism.

Healthcare Reform

It is argued, at least within government quarters, that a significant overhaul of
healthcare (NHS, 2014) and welfare policy (Duncan Smith, 2014) is required, one that
remains true to the ideologies of Bevan and the welfare reforms and the elimination of
Beveridge’s ‘five giant evils’, whilst recognising the increasing demands for services
with neither the resources nor the financial commitment to continue in its current vein.
One of the fundamental aspects of welfare reform is arguably that the current
healthcare models are no longer sufficient to address these and other major
challenges that lie ahead (NHS, 2014). Change of the level required necessitates new
ways of thinking and learning and new approaches to the delivery of effective health
and social care as a whole, for the ‘five evil giants’ remain.

Several paradigms exist that should be able to positively influence social reform,
including the adoption of collectivist responsibilities (Triandis, 2001), reform through
which parity is stressed and populations share and co-operate with each other. It can
be suggested, therefore, that through political reform, government is beginning to take
community development and the ideology of ‘The Big Society’ (Ledwith, 2011)
seriously. Rhetoric suggests that this is a philosophy that will encourage participatory
democracy and empower communities, although in reality, the debate exists as to
whether this can realistically be achieved, due to the transference of power having
being accompanied by unprecedented austerity measures within public sector provision, which fundamentally impact on the poorest within society. The ‘small state’, in handing over power to ‘The Big Society’, effectively labels communities as both the problems and the solutions (Craig, 2011).

Within healthcare, the Five Year Forward View (NHS, 2014) continues in the vein of previous governments to slowly withdraw itself from the NHS (as has occurred previously with other nationalised services), and through Commissioning transform the way in which healthcare is delivered, allowing international agglomerates and conglomerates to become part of the frenzy in gaining contracts to provide healthcare services. From being both a healthcare professional and a member of the audience at a recent keynote lecture, it was evident that the majority of nurses in the room were not fully aware of the potential consequences that such reform would have. It slowly began to be realised that government-led change was occurring surreptitiously and begged the question of who, other than those who created the Five Year Forward View, had truly been involved in the consultation process. If the very working population who would be involved at grass roots were not fully aware, then what chance did people have who do not have the opportunity to be involved in the consultation processes? And even if they did, would they be fully made aware of the consequences of government actions? Consequently, critically analysing the research undertaken posed the question:

‘In contemporary society how do political paradigms influence health and social care reform?’

This is a question which is continually being developed, and aims to review the influence that government policy has on local populations and their ability to develop a community capacity that works for all the people and not simply for those already empowered. Although evident in the ways in which communities can and do implement change for the better, change that is implemented using a participatory democratic approach (Ledwith, 2011) is seen as being significantly influential in areas of a high socio-economic background. The challenge is a question of how will communities from a lower socioeconomic background fare, those who have been left to live on benefits, send their children to poorly achieving schools and literally to fend for themselves?

**Critical Consciousness**

There exists within society a concept of critical consciousness. Originally an idea coined by Freire (2012), critical consciousness requires individuals to develop an extensive understanding of the world while taking into consideration the social and political perceptions and contradictions that exist, and in so doing, take action against the oppressive elements that influence one’s own life that become evident through such insight (Mustakova-Possardt, 2003). Critical consciousness is not possible without an understanding of hegemonic influences (Ledwith, 2011). As a result, taking the time to critically analyse and understand the views of research participants will be
crucial in ensuring that the data gained embodies the lived experience of those who participate, as well as understanding how current political paradigms influence their very existence. By utilising a conceptual framework that critically analyses the seminal work of Foucault (Gaventa, 2003) and Freire (2012) in particular, it is envisaged that the researcher will begin to critically analyse the impact that such conceptual frameworks can have in creating an understanding of the political oppressive doctrines that exist.

**Critically analysing the importance of emancipation through the lens of Foucault and Freire**

In much of his early work, Foucault discusses the different types of power that exist within society, proposing that power is ubiquitous and that it shapes our everyday behaviours. In this way, he extols the principle of the Panopticon, a nineteenth century concept of Jeremy Bentham, as a metaphor through which all behaviours can be supervised and all events recorded, and which results in an acceptance of systems in which we are carefully fabricated, leading to a concept of oppression from which we cannot escape (Foucault, 1977). In his later work, however, Foucault recognised that power is not merely a negative, coercive or repressive entity that forces us to do things against our will, but can also be a necessary, productive and positive force in society (Gaventa, 2003). Continuing with the theme of his main work, which focused on the concept of power/knowledge, rather than being oppressive and crushing, Foucault proposes that society should re-examine power, not as the traditional theory of being something that is wielded by others, but rather that it should be recognised as being a source of freedom through which cultures, institutions and individuals can be productive (Feder, 2011). Society must therefore seek to forget the state in the struggle against power, and instead focus on local struggles (Mason, 2015), for this is where the greater emancipation will take place. It must critically analyse the present, identify oppressive customs and behaviours and determine how these norms can be turned on their heads to help shape emancipatory reform, rather than simply being told what to do by others, for this in itself could be considered negative power dominance (Taylor, 2011). This is supported by Freire (2012) in which he argues that wherever a system of dominance exists, a culture of silence prevails through which there becomes instilled a negative, silenced and oppressed people. In order to break free from this dominance, society as a whole must seek to develop a stance of critical consciousness, and by doing so, will free itself from the doctrines of its oppressors (Freire, 2012).

**Research Methodology**

The research methodology will consist of a two-fold mixed methodology approach using both qualitative and quantitative methods to help shape the research. Qualitative research is primarily based upon several methods: on the ability to critically analyse and synthesise copious amounts of field notes, observations (Jones and Sommeh 2011), in-depth interviews (Gill and Goodson, 2011), focus groups (Barbour and
Schostak, 2011) and use of questionnaires (Lewin, 2011); as well as encouraging those being interviewed to tell their story in a semi-structured way, thereby creating a more rounded approach to the research. The research is likely to utilise data gained from a mix of one-to-one interviews and focus groups (Barbour and Schostak, 2011). A quantitative methodological approach will also be used to collect numerical data relating to population figures and census data, and will be obtained from a number of sources such as the local council, healthcare services, police, local councillors, local focus groups and community service provision.

By juxtaposing the different political views that exist within contemporary society (including localism, feminism, collectivist responsibilities and socialism with neoliberalistic individualism), it could be argued that populations have the potential to become actively involved in creating their own value within society, to influence community capacity and create a sustainable future. By undertaking a comparative study of two very different socio-economic populations in a local borough - Borough A being a low socio-economic background and Borough B a high socio-economic background - the research has the potential to identify the definitive differences that exist. By understanding these differences, it can be suggested that there is the potential to improve the lives of populations. What works in one area could potentially, with the correct resources, work in another.

Borough A in particular is beginning to see a certain level of improvement: new modern social housing is being built; a large supermarket chain has just moved into the area and there are private housing estates. Such radical change that is unknown within recent years has the potential to positively influence the local community. This commitment to both public and private enterprise has the capacity to make a difference and could be a positive indication that there is an opening in which to begin empowering populations. By critically analysing a community such as Borough A, there is a possibility that we can begin to create an understanding of the potentially emancipatory ideology of ‘the Big Society’ (Norman, 2010), policies designed to encourage the ‘taking back of one’s freedom’ and through new knowledge, seek to influence the creation of local services that impact positively on society as a whole and not simply the empowered few. Indeed, this is what Foucault (McGushwin, 2007) advocated through a process known as askesis, where he sought to encourage people to take care of themselves and through this process, gain knowledge that could be empowering.

Understanding how these two very different populations fair under the free market capitalist agenda in terms of wealth, receipt of community services, housing, education, employment, health and mortality and how they will fair under David Cameron’s ‘Big Society’ agenda is crucial in understanding the potential impact of 21st century political reform.

Ethical Issues
The British Educational Research Association’s Ethical Guidelines for Educational Research (BERA, 2011) as well as those produced by Durham University (2012) will be used to protect the rights of participants, as well as to guide personal actions of the researcher in the field (Piper and Simons, 2011). In order to remain conscious of dynamics within focus groups, individual interviews, the use of questions that could lead to individual distress, the inability to predict adverse consequences of behaviour and the potential effects of peer pressure, a ‘rolling informed consent’ will be utilised (Piper and Simons, 2011).

All research projects are expected to be approved by the university’s research ethics committee (Snowden, 2014). It is also important to determine any further ethical approval requirements prior to commencing the research. Once gained, participants will be fully informed of the researchers’ ability to undertake the research project, their personal and professional roles within society, their personal commitment to maintaining moral and ethical behaviour, including those identified in the NMC (2015) Code, the importance of participation to help actively inform change, the importance of informed written consent and, crucially, what participants need to do if they no longer wish to participate. Any information that could potentially identify participants will be kept confidential, in accordance with professional responsibilities and specific legal restrictions, with the limits of such confidentiality being made evident. Information will be shared both verbally and by the use of follow-up information leaflets. Written informed consent will also be sought as a means of ensuring the data gained can be utilised in order to make public the findings of the research undertaken, including the development of publications, journal articles, book chapters, abstracts and delivery of conference presentations and workshops.

A Pilot Study

Pilot studies can be regarded as preparation for successive full-scale research projects, which enable researchers to identify issues that relate to project management, budget control, participant recruitment, sampling techniques, the methodology used and data analysis (Conn, et al., 2010). Supported by Shuttleworth (2010), pilot studies encourage preliminary analysis of findings and can be seen as an essential precursor to many successful research projects.

They can also determine whether or not the full-scale research study is actually feasible, as occasionally pilot outcomes will show the research to be potentially ineffective (Conn, et al., 2010). The difficulty lies in determining the pilot sample (Hertzog, 2008) - a sample size of more than 40% of the expected participation number for the full research is unlikely to be of value in terms of costs and time, although this is unlikely to be a problem in this project, as the pilot study will be undertaken within two smaller different boroughs.

Conclusion
The research will seek to critically analyse the failings of the political ideologies that maintain the status quo and that aspire to support only the already influential within society, whilst continuing to restrict the already oppressed. Neoliberal policies are seen as a positively influential episteme through which the rich become richer, whilst the trickle-down effect is considered to positively influence the health and wellbeing of populations, and as such, acts for the greater good of society (an ideology challenged by Hickel in 2012). Much of the literature explored will analyse what can and should be done to improve the health and wellbeing of those from a low socio-economic background, and will define what can be achieved if populations are empowered to act and to work together, whilst being provided with the resources that have the greatest potential to make a difference.

References

• National Health Service (2014) Five Year Forward View. London: NHS.