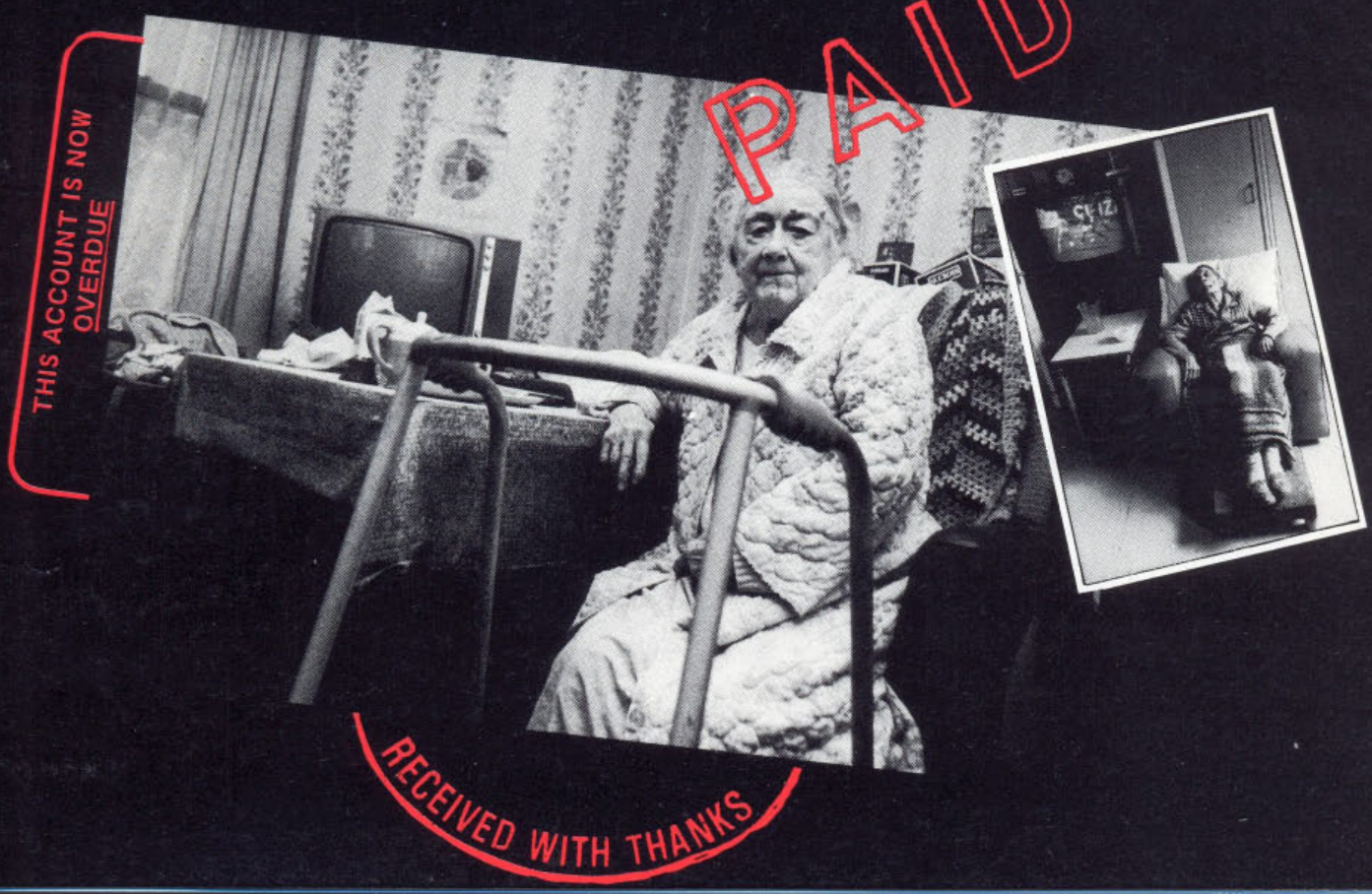
CASHING IN ON CARE

A NUPE/SCAT publication



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FOREWORD

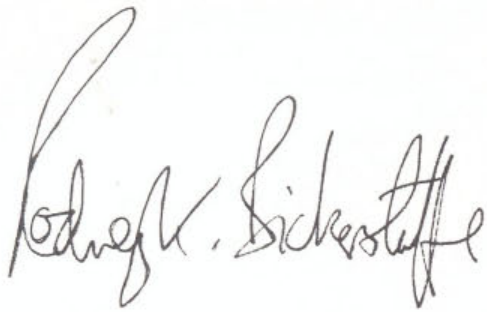
These are bad times to be old or young, sick or neglected. 'Cashing in on Care' produced by the London and East Midland Divisions of the Union with the help of Services to Community Action and Trade Unions, details the terrible consequences of Government policy.

Poverty, ill health and mental stress have followed the policies of mass unemployment and neglect of social provision. Yet in times of need, the budgets of Health Authorities and Social Service Departments have been slashed. Old people, people who are mentally handicapped or mentally ill, uncared for children, are being dumped into the 'community' where there are neither the resources nor training to support them.

While the public services can barely cope, and the resources that are needed are denied them, private residential homes have boomed, subsidised by an enormous transfer of public money. Conditions in many of these homes are a scandal. The report describes terrifying examples of inhumanity that our old people are having to endure.

This booklet is a mine of information: use it to expose the grim consequences of Government policy. But even more importantly, use it to campaign publicly for services that give dignity and hope to people when they are in need.

I want to thank the members of the Working Party from the East Midlands and London Divisions of NUPE and from SCAT, who put in long hours and hard work to write the report. It concludes with a section on Action. It is now up to us to carry through the campaign.



NUPE General Secretary

INTRODUCTION

The care of children, the sick, handicapped and the elderly is under attack. The government's economic policies of further cuts in public spending, privatisation and more centralised control of local services are hitting the very people who need good quality health and social services.

Current attempts to reduce and remould key parts of the welfare state will only deepen the crisis in the caring services. Yet the need for publically accountable health and social services has never been greater as the economic recession deepens, aggravated by the continued failure of the government's monetarist policies. Meanwhile the size of our elderly population continues to grow and their needs require additional expenditure. Moreover mass unemployment, pitifully low welfare benefits and an inadequate and decaying housing stock help produce huge problems of poverty, ill health and mental stress.

The government answer to all these problems is a Victorian version of 'community care'. Praising the virtues of the family, and the values of self-help, thrift and charity they justify their assault on the public provision of free services. To replace the present system they recommend an army of volunteers, profit making private enterprise, unaccountable voluntary organisations and unpaid, unsupported caring relatives, most of whom will be women.

As recently as September 1984, Norman Fowler, Secretary of State for Social Services announced a new review of social service departments in an apparently mild speech[1]. Yet his ideas for the future will radically alter all social services, for he saw local councils changing their role from prioritising needs and providing the services into an 'enabling' role. Social service departments would merely coordinate services provided by the private sector, voluntary agencies and volunteers, charities and existing carers who are already overburdened.

This pamphlet examines the very real threats now facing both workers within social services and all who need the service. It shows how:

- **there are huge areas of unmet need which social services are unable to meet at the moment.**
- **cuts in the National Health Service are creating huge extra pressures on local authority social services.**
- **local government spending cuts and privatisation are eroding the range of quality of services in many areas.**
- **'care in the community' is a smokescreen for further cuts and shifting the burden of caring on to women.**
- **increasing use of volunteers and MSC schemes are eroding the reliability of services and endangering existing jobs.**
- **the private residential sector is expanding, not just in terms of old peoples homes and nursing homes, but now childrens homes, homes for the handicapped and warden aided accommodation are seen as a source of profit.**
- **conditions in many of these homes are national scandal and are not being controlled.**
- **trends in the expansion of the private sector in the United States and Canada and the falling quality of service are likely to be followed here.**
- **the private contractors have already started moving into social services bringing an inferior service for users and causing more stress, low pay and worse conditions for workers in the service.**
- **increased charges are hitting people who can least afford it.**
- **the crisis is deepening and rate capping legislation is designed to force further cuts in social services.**
- **there is increasing use of audits and 'value for money' surveys often carried out by consultants who have no understanding or sympathy for peoples needs for social services.**

Lastly and most importantly we show that all this need not happen. There is an alternative and NUPE members will be in the forefront of fighting against the dismantling of social services and for a caring Britain.

I: UNMET NEEDS

The Government bases its social services policies on the pretence that present services adequately meet present needs. Many councils, facing expenditure cuts have to concentrate on trying to maintain existing services. Yet they know all too well there are large areas of unmet need they cannot start to satisfy. Indications of unmet need include:

▶ In 1979 the Jay Committee reported that the number of staff working with the mentally handicapped needed to be more than doubled to 60,000: there has been no government response to this recommendation and provision in some places has been cut.[1]

▶ Both Conservative and Labour governments encouraged the DHSS in the 1970s to set staffing targets for social services.

The target for home helps was 12 per 1000 elderly. Recent figures show that only 9% of elderly people have home helps and only 2.6% have meals on wheels. To reach such targets the East Midlands would need 1,528 more home helps and the outer London boroughs another 2,063. Yet since the target figures were produced before community care become so important they would need to be greatly increased today.[2]

▶ The national guidelines for local authority residential provision for the mentally ill suggest 0.33 places per 1,000 of the population. Present provision is at one third of that level: 0.11 per 1,000 of the population. In 1981 11 Councils had no direct residential provision for the mentally ill.[3]

▶ Day nursery provision is far below that in most European countries. Most inner city authorities have 'priority' waiting lists for day nurseries with more than 500 children needing day care. Whilst Camden in London provides full time day care for 7% of children under 5, some authorities like Barnsley, Doncaster, Dudley, Cornwall, and Warwickshire provide no nurseries. In many areas only children 'at risk' have a chance of getting a nursery place.[4]

▶ A report from the National Institute of Social Work in 1983 showed that

☐ Almost half the elderly people with serious physical illness received no visit from community nurses.

☐ Among elderly people who needed a considerable help with housework and personal care almost 60% received neither a home help nor meals on wheels.[5].

▶ A survey of 33 carers (the individuals who look after their families or friends) in the North East in 1982 showed that support from statutory services was virtually non-existent.[6]

☐ One person had a day centre place for 2 days a week.

☐ eight carers had assistance from a home help (none more than 2 and a half hours a week).

☐ four carers saw social workers.

▶ Social service staff meet the reality of unmet needs every day. For instance, home helps looking after very dependent pensioners in the week and having to leave them at the weekend with no support. Or the social workers, who told us 'We're always at the heavy end, always too busy to provide the level of care needed. A pet can be essential in a pensioner's life; their whole happiness can depend on it, but you try finding time to deal with these and similar problems.'

▶ The millions on low pay, unemployment or social benefit regularly turn to social services for help. Lack of welfare rights advice means that millions live in greater poverty than even the very low level of welfare benefits allows. A recent unpublished study by the Policy Studies Institute found that 9 out of 10 people were not getting the benefits they were entitled to. Yet there are far too few social service welfare rights advisers. DHSS figures show £760 million of supplementary benefit was unclaimed in 1981 by 1,390,000 people who were eligible.[7]

2: IMPACT OF SPENDING CUTS

Despite growing needs for their services, social services departments have all been forced to make cuts. Even by 1980, the Association of Directors of Social Services (ADSS) reported 90% of councils making cuts in services. By the end of 1983 the ADSS reported that, taking into account new demands and new statutory duties imposed on councils, overall resources for social services had fallen by 10%[1].

In recent years the DHSS has acknowledged the need for a 2% annual rate of growth in social services to continue provision at existing levels.[2]. A recent NALGO report argues that only a 5% rate of growth could maintain existing levels of service[3]. However ADSS surveys show that in 1982-3 and in 1983-4, 3 out of 5 councils were planning less than necessary 2% growth. The latest ADSS survey points out 'significant' reductions in the quality of some services.[4]

Now the Government's expenditure plans require a 5% cut in social service programmes within 2 years. In the past councils could avoid such cuts by making savings elsewhere or raising the rates. In the last few years councils which have chosen to maintain services by raising the rates have lost part or all of their government grant. As we see later new rate capping laws are designed to restrict any room for manoeuvre.

Effects of the spending cuts include:

► Councils have already closed down, or sold off, numbers of residential homes. Croydon in outer London will soon have only 7 homes left out of a previous 18.

► The closure of children's homes has been so rushed that some councils, such as Westminster, have insufficient places for children to go when fostering breaks down.

► Home help services have suffered increased charges and cuts in hours, so for over-75s the chances of getting a home help were 11% lower in 1981 than 5 years before.[5]

► Increasing pressure has been put on relatives and sometimes even neighbours to take responsibiity for the elderly, sick and handicapped, with less support from statutory services.

► Nearly half the social service departments in England have cut day nursery places since 1980, and many have cut grant aid to play groups. This means many mothers have either to find expensive and unsatisfactory alternatives or are unable to got to work.[6]

► Women are being hardest hit. 20-35% of mothers alone at home with young children suffer from serious depression[7]. Whilst a Gallup Poll in 1979 showed 20% of mothers with children under 11 had given up their jobs because they couldn't find suitable childcare[8]. Yet in 1981 an estimated 3.7 million children were living in or on the margins of poverty and it has been calculated that four times as many families would be in this situation if it were not for the women's wages[9].

3: NHS CUTS

The attacks on the health service by this government are well known; every week we hear of another hospital or ward closure. While every encouragement has been given to the private health sector, the National Health Service is being kept desperately short of funds. Closures of casualty departments, local outpatient and chiropody clinics have hit the elderly especially hard. In addition there have been large reductions in the number of geriatric beds in many areas, and also cuts in acute beds and pressure to shorten the time patients spend in hospital.

The practice of 'bed bartering' between NHS and SSDS is widespread: 'I'll let that pensioner into hospital if you look after this pensioner in the community'. All these cuts add directly to the pressures on local authority social services. They also change the nature of many jobs within those departments. The role of home helps, workers in residential homes and wardens of sheltered housing now includes nursing tasks that would previously have been carried out in hospitals. This in turn leads to people with less urgent needs being left without care. There is then an increased danger of these people or the people who look after them needing health care themselves.

Since their introduction in 1976, Joint Finance policies have been important in allowing health authorities and local authorities to plan and fund together projects to replace dependence on long stay hospitals and substitute community care. For many social service departments it is only this funding that has made possible any growth since 1977. The joint committees that make local decisions on these projects do contain local councillors and members of community health councils and voluntary agencies. Thus, in many areas important and innovative projects have emerged from this source. Conversely in some areas, like Tory Lincolnshire, the social services provision is so low that the Health Authority has to try and make up some of the gap through joint funding.

The plan with joint funding has always been for local authorities to take on an increasing share of costs. Now the squeeze on health authority budgets means that funds intended for these projects are being diverted by health authorities into maintaining mainstream health services. A recent AMA survey found evidence of this, a number of London boroughs and impossible demands being made of the local authorities as a result of NHS cuts.[1]. Although social services departments are increasingly paying for these projects, they face being axed because of further cuts in public spending. While the hospital closures continue, the funds for alternative provision and any hope of systematic planned programmes are fast disappearing.

4: COMMUNITY CARE

The principle that people should have adequate care, independence, access to friends and good quality services in order to lead a fuller life should be a fundamental part of any civilised society's social policy. Community care should mean people having more choice about how and where they live, better and more flexible support services for those being cared for at home and for those undertaking the care. It should mean using new and existing resources differently and more effectively with workers and users having more control over the range, quality and running of services. Community care should mean an end to people been hidden away forgotten in isolated institutions.

However, the Tories see 'care in the community' as a cheap way of running down social services and cutting public spending. The closure of geriatric wards and mental hospitals creates huge new demands on social services which councils cannot provide from existing funds. The Tory version of 'care in the community' has become a means of implementing cuts and privatisation by running fewer, more restricted services and by transferring responsibility to families, friends and volunteers. People in need of care are being pushed into the community without the essential back-up services. More demands are being placed on people, particularly women, which puts a huge strain on them physically, mentally and financially. They may be in need of care and support themselves. There have been many reported cases of people being driven to attempted suicide as a result of the heavy burden of caring for relatives at homes. Those forced to take on new responsibilities also have their own lives to lead.

Recent examples of the reality of the Tories 'care in the community' include:

► 30% of the geriatric patients died within 6 months of being moved, after St Benedict's Hospital in Wandsworth closed in 1980. When Leamington Park Hospital in Brent was closed and the patients transferred, 4 died within the first week.[1]

► A consultant psychiatrist at Friern, one of 6 large mental hospitals in London scheduled for closure, has condemned the 'unseemly haste' of the Area Health Authority in emptying the hospital. He reported a casualty rate of 15% among long stay patients being released, 'dying either by their own hand or because of inadequate housing and lack of proper treatment'. Increasing numbers were ending up in prison.[2]

► The National Schizophrenia Fellowship and the Richmond Fellowship have described community care for the mentally ill as a 'sham' and reported numbers of ex-patients reduced to vagrancy. A television documentary in 1983 showed ex-patients living in squalid 'common lodging house' accommodation unable to care or cook for themselves and totally isolated.

► One and a quarter million people, mostly women, are caring for ill or disabled people, according to a report from the National Council of Voluntary Organisations.[3] 80% of severely handicapped children and 40% of severely handicapped adults live with their families.[4]

► It is estimated that if one per cent of families caring for an elderly person refused to carry on and asked for their relatives to be placed in residential care, the nation's health care bill would increase by 20% overnight.[5]

PHILIP WOLMUTH

► Caring for an elderly or disabled relative is a long-term commitment, not just a matter of a few months or years as in the past, when much illness or disability was terminal. For many it is a full time job for 10, 20 or 30 years. But for almost every single carer there is no payment for this job, the various DHSS allowances are difficult to obtain, pitifully small and exclude most people – for instance married women cannot claim an Invalid Care allowance, whilst men and single women can. Only 0.5% of carers qualify for this benefit.[6]

► Many of the carers of the very elderly are themselves elderly. A recent study of carers of the physically handicapped found 60% suffered from ill-health themselves.[7] Yet all reports show that support and relief provided to carers by statutory services is actually decreasing. Many services to the

disabled are removed if the disabled person lives with a relative or friend. Re-assessment of need on this kind of basis, whether it is for day centres, transport or domiciliary service, leaves carers in many areas with no assistance or break. Many hospitals and holiday homes which offer a rest face cuts or closure.[8]

► Many of the elderly have no-one at all to support them – 30% of them have no living families.[9]

► At the end of the scale an estimated 5-10,000 school children have sole responsibility for caring for their parents. ITN recently featured a 11-year-old schoolboy in sole charge of his chair-bound mother who had multiple sclerosis.

► Research has shown that there is now a greater chance of a woman becoming the carer of a disabled or elderly person than of becoming a mother.

► Around 50% of carers are looking after a relative who is over 65, but 58% are over sixty-five themselves. In other words, an older person is more likely to be a carer than to have a carer.

► Carers suffer damage to cervical and lumbar vertebrae, hernias, uterine prolapses, retinal detachment and arthritis in load bearing joints, particularly fingers.

THE TORY VERSION OF CARE IN THE COMMUNITY

The Oxfordshire Regional Health Authority has claimed to be in the forefront of health provision. In 1982 the Health Authority received much national publicity by arguing that they could not sustain an all-round health service on the finance provided by central government.

In 1984 they suddenly changed tack and launched a supposedly radical and ambitious new health strategy – 'care in the community'. The cornerstones of their new policy were prevention of disease, joining forces with local councils and voluntary organisations, more 'care in the home or in locally based units instead of big institutions' and giving greatest priority to mental illness and handicap, the elderly and the elderly mentally infirm. It sounded progressive.

However the Oxford Regional Joint Trade Union Committee put the plans under the microscope, exposed them as a cost-cutting sham and launched a counter 'Who Cares' campaign.

Their research revealed:

▷ the new plan would require only 4,500 extra staff by 1994 as opposed to the 18,000 new staff thought necessary under the old plan by 1988.

▷ that the plan expected a 50% reduction in deaths from strokes and coronary heart disease through prevention methods, a target not achieved anywhere else in the world despite strenuous efforts.

▷ the plan relied heavily on health education but only £12,500 extra was to be given to each district health authority each year for this.

▷ the plan was based on no 'financial contribution from councils at all.' Yet it could not possibly work without huge additional expenditure from local authorities who were already spending too little in any case.

▷ it relied on the help of voluntary organisations yet these organisations said it would be impossible to provide 'front line' services without additional cash. The plan did not provide for this.

▷ that, ironically, the plan would place far more of a burden on existing family carers, whose health would be threatened further through the demands of extra caring.

▷ that the use of day support units, on the Sheffield model would require an additional £800 million over the next 10 years just for the elderly. Yet the plan only budgeted an extra £48 million for all groups.

26 out of 28 local authorities in the region now agree the ORHA plan is 'financially inoperable.'

Copies of campaign material available from 'Who Cares' c/o ASTMS, 18 St Clements, Oxford OX4 1AB 0865-244466.

5: VOLUNTEERS NO REAL ANSWER

'The volunteer movement is at the heart of all our social welfare provision...' said Margaret Thatcher, addressing a WRVS conference. Since 1979 the Government has altered the role of the voluntary sectory from supporting and complementing the statutory services to the provision of essential services, which local and health authorities cannot provide because they have been deprived by government of the funds to do so. A succession of Government ministers have justified cuts in health and social service spending on the grounds that reserves of voluntary help were available.

Yet good quality and well run services depend on a full quota of trained staff. Volunteers at best can only assist with certain aspects of caring. However the Tories want to make services more and more reliant on volunteers.

Norman Fowler recently pointed to 580 voluntary service organisers employed by social service departments and an increase in volunteer bureaux from about 20 in the late 60s to over 280 now. He also commended 'a five-fold increase in real terms' of financial grant by local authorities to voluntary organisations in the 11 years up to 1982/3. Moreover the government estimate there are one and a quarter million informal carers.

The replacement of state services by voluntary provision fits neatly in with other Tory thinking. The clients of the voluntary sector receive help or support as charity, not as of right. Those voluntary organisations which the government encourages and funds, either directly or indirectly, are largely those controlled by traditional conservative interests, which, unlike Labour-controlled local authorities, present no challenge to the Government's policies. Westminster Council, for example, has recently axed grants from all voluntary organisations considered to be doing any 'political' work i.e. any association with campaigning.

VOLUNTEERS TAKEOVER

Having created mass unemployment, the Government has devised ways of harnessing the jobless to participate in the provision of social services.

► Voluntary neighbourhood care schemes have been encouraged, as a substitute for statutory provision of services like home help. Some schemes involve token payments to volunteers.

► Councils are increasingly using volunteers in their own services such as day centres, luncheon clubs and meals on wheels services, instead of taking on more paid staff.

► The major voluntary organisations have been encouraged to take on a larger role in the provision of services – particularly residential services. Organisations like Age Concern and MENCAP have greatly increased the number of homes they run, whilst housing associations have been funded to build and run sheltered housing schemes.

► There has been an increase in funding for co-ordinating organisations such as Volunteer Bureaux, and Councils for Voluntary Service to promote the use of volunteers. The DHSS funds 'Opportunities for Volunteering'. This scheme is administered by a network of

national voluntary organisations and funds some 400 local schemes involving 15,000 volunteers. Some of these local projects are providing essential services, such as transport for the physically handicapped (in Wythenshawe, Manchester) and clubs for the physically handicapped (in Camberwell, London). Such examples illustrate how services previously considered public sector responsibilities are becoming dependent on voluntary provision.

Neighbourhood support schemes are being encouraged. But clearly the existence of such schemes is bound to be uneven; their influence will be greatest in more affluent areas where the need is least and at a lower level in inner city areas, particularly London where a very high number of elderly people live alone.

► The organisers of such schemes are beginning to report pressure on their volunteers to act as substitiutes for statutory services. 'There is a limit to what volunteers can be expected to do' says the co-ordinator of the Oxford Fish and Good Neighbour Schemes. 'We are increasingly asked to get people on and off commodes which can be an awkward job for an untrained volunteer. We are finding that people are asking for more help when their home help hours are reduced'. She reports that cuts cause old people to worry about such issues as whether the supply of incontinence pads will be reliable. 'It is is important that the supply of home help, domiciliary nursing services, chiropody and vital aids for independent living is adequate ... the increasing emphasis on community care does demand adequate community support, without relying solely on the goodwill of voluntary organisations'.[1]

► More Manpower Services schemes are being used within social services. There is even a special scheme, the Voluntary Projects Programme, to organise unemployed volunteers. Dudley Council, under Conservative administration until May 1984, funded its Council for Voluntary Service to provide what became effectively an alternative social services. In 1982-3, it employed with MSC funds 660 YOP trainees and 439 adults on CP schemes on a wide range of projects including home help schemes, care assistants and community warden schemes.[2]

► In Bradford MSC schemes are widely used. Community Programme Projects include an 80-place scheme carrying out environmental improvements to social services establishments; a 20 place scheme to carry out special thorough cleaning to individuals homes; a 4 place scheme of development workers for the deaf. YTS projects include some 60 places for trainees doing care-assistant type work. Their Volunteer Project Programme scheme employed 4 organisers to include some 200 volunteers in family support, hospital visiting, gardening for the elderly and similar activities.

► The growing use of volunteers is worrying many NUPE members. As one steward said 'It's not privatisation in the usual sense that worries us but voluntarism that could present a real threat.'

NUPE does not deny the valuable contribution that volunteers and voluntary organisations can make within the field of social services. However, we must not allow professional servies to be undercut by the use of volunteers. Social services departments should provide reliable, good quality services with professional staff. They should provide sufficient quantity of these services to meet peoples real needs.

This is the basis of real caring. Whilst some voluntary agencies can match these standards, many cannot. How can an armada of volunteers ever systematically provide the kind of services that are so desperately needed?

MISUSE OF TRAINING SCHEMES

Even where the role of MSC workers, volunteers or people on similar schemes is supposedly defined, the reality of expenditure cuts and other pressures finds them taking over work normally done by full time staff.

'I am 18 years old and work in a home for for the physically handicapped. There were meant to be 6 care assistants on the day shift and I was meant to be an extra person. But there are only 5, and often less, due to lack of reliefs to cover holidays and sickness. The other morning I was welcomed with "Thank god you've come. If you hadn't there would only be only three of us."

'I'm paid paid £35 a week and carry out normal care assistant duties. There's lots of lifting involved and other vital work, but I have had no training other than on the job. I have also distributed medicines with another care assistant but officially only an officer in charge should do this.

'Things are so tight I have agreed at times to work some split shifts at weekends on full pay, to help out. I want to do this kind of work in the future but feel it is wrong that I should be carrying out the work that should be done by properly paid and full time staff.'

September 1984

THE GUARDIAN Monday January 16 1984 3

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Owen favours more voluntary aid in the welfare state

By Colin Brown, Political Staff

Dr David Owen has proposed the recruitment of volunteers for community work and re- in the army.

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part in environmental projects, and those seeking work in industry could join the armed forces for a year.

He stressed that he was not proposing the reintroduction of compulsory national service b

6: THE PRIVATE HOMES BUSINESS

a. RAPID EXPANSION

The last few years has seen a mushrooming of the private sector, especially in residential and nursing homes. There has been a 50% increase in places between 1976 and 1981, compared with 10% in the voluntary sector and only 6% in the public sector.[1] By 1980 40% of those in registered residential accommodation were in private or voluntary homes whilst thousands more elderly disabled and mentally ill people lived in unregistered hotels and boarding houses. In Devon, Norfolk and Cornwall the numbers of private homes doubled in 1981/2. In 1983 Warwickshire was registering 2 new homes a week.[2]

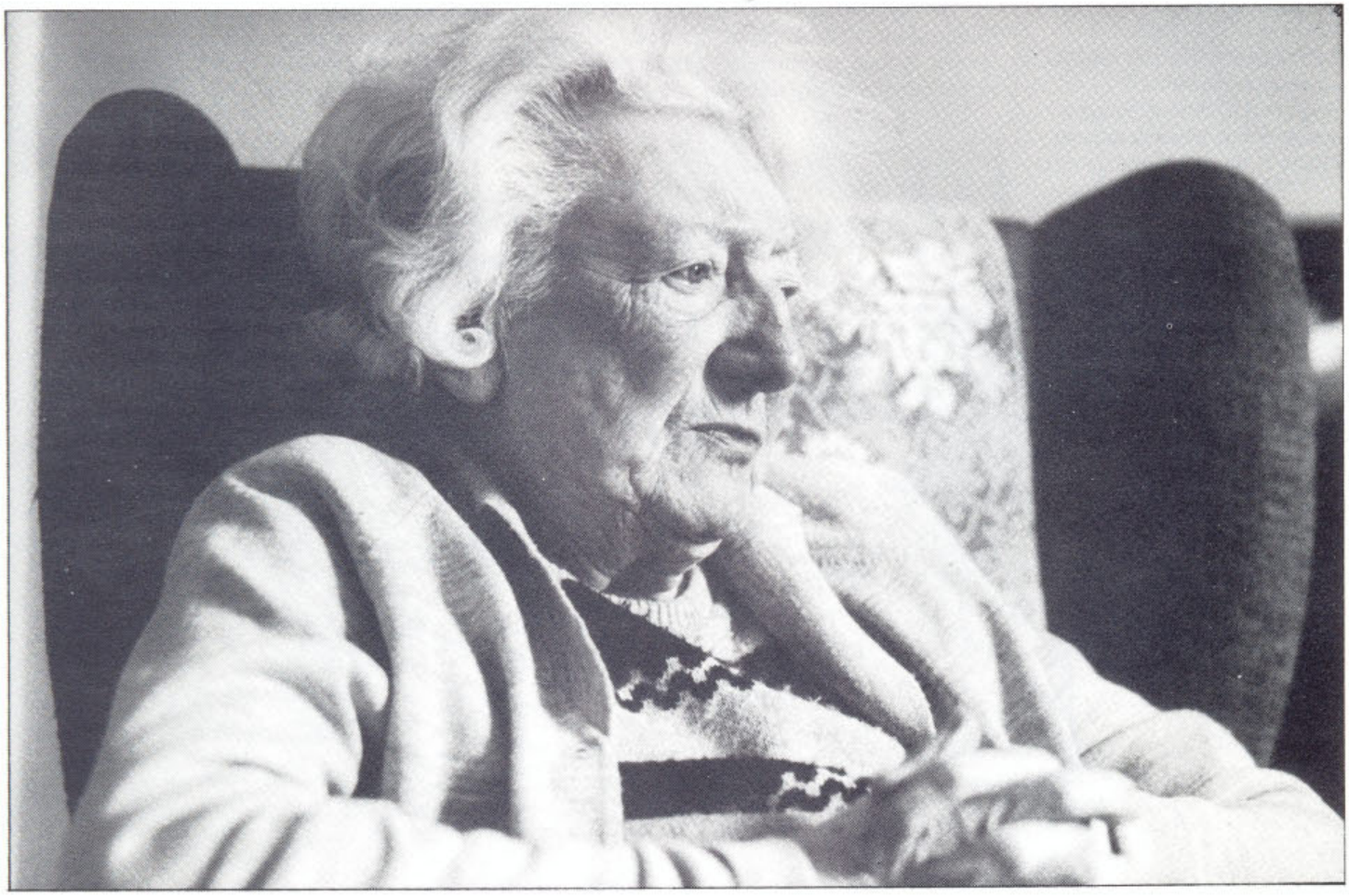
So far the market has been dominated by family businesses. Typical home owners have been described by one researcher as failed business men, people wanting a career in middle age, husbands and wives wanting to work together and people from a caring background.[3] You do not need a single qualification to set up a residential home.

Examples of owners we found in our research were:

- a managing director of an electronics firm who was also a Tory Councillor
- an oil executive who just wanted 'a business' and took the advice of a London business agency to buy a home
- an assistant matron from a Council residential home who bought a school from her local authority
- a landlord of privately rented property, who is also a hosiery manufacturer, who wanted to start a 200-bed residential and nursing home in a disused factory.

Ironically this expansion is being fuelled by public funds, from Social Service Department placements in the private sector and from DHSS payments to residents of private homes and nursing homes. In November 1983, with no public debate of any kind, the DHSS authorised payments to cover fees in these homes, ranging between £100 and £250 per week, although in many areas they had already been paying such fees. These payments are payable only to residents of private homes not council ones, in the same way that some social security benefits such as mobility and constant attendance allowances are only payable to private homes.

This was a cynical and deliberate shift of resources from a chronically deprived public sector to profit-making enterprises exploiting,



or prepared to exploit, the most vulnerable members of society. This move further fuelled the rapid expansion of the private sector. The cost in DHSS payments for homes and nursing homes rose from £39 million in 1982 to £102 million in 1983 whilst the numbers provided for rose by just two-thirds. There was a similar rise in board and lodging payments. The government became alarmed at the flood of money and ordered a 6-month freeze on levels of charges in September 1984. The system of payments is now being reviewed and changes are expected in the spring of 1985.[4]

The growth in private homes has generally been assisted by local authorities. Some councils like Merton and Croydon are selling off homes to private operators, whilst Wandsworth and Bexley have both sold off homes complete with residents. Kent is trying to encourage staff to set up co-ops to take over the running of their homes as part of its budget cuts, and Cornwall is considering sales.

b. EFFECTS ON PUBLIC SECTOR

This vast and rapid expansion has many dangerous effects on the public sector. For instance:

► Devon, bristling with private homes, is using this as a reason to start closing public sector homes. Dorset has decided to run down their homes because they are 'only' 85% full.

► Council officers are already investigating the financial possibilities of using private residential places so that the DHSS foot the bill rather than the local authority.

► As we shall see in more detail later many private homes operate a filtering system, picking and choosing who they admit. The public sector will increasingly be left to help those with the severest problems needing additional attention and resources.

► One social worker summed up local fears. 'Officers in charge of public residential homes are worried about recent developments for 3 reasons. Firstly, the homes are having to cope with all the people the health authority are pushing out. Secondly, homes increasingly have to take people who the private sector won't take. Thirdly, there is increased dependency in the people coming into homes as a result of staying in the community longer. The average age in Leicestershire homes was 84 two years ago, it certainly won't be any less now'.

c. OTHER GROWING PRIVATE SECTORS

Media attention has focused on the residential and nursing home boom but neglected other fast growing areas and fundamental changes in provision:

► staff employed in mental hospitals facing closure or part closure are setting up homes for the mentally ill.

► children's homes are thriving on the placement of children by local authorities. David Raltray of Care Concern Limited owns 6 homes for adolescents and now a new 'village' for the mentally handicapped. Turnover is in excess of £1 million p.a.[5]

► the number of places provided by the private and voluntary sector for the physically handicapped trebled between 1971-82, whilst local authority provision fell.[6]

d. PRIVATE WARDENS

However the most startling expansion in the private sector is likely to be in the private sheltered acccommodation. The huge growth of public sector warden aided accommodation has in the last decade provided individual homes for thousands of pensioners needing just that little bit of security and help.

Private enterprise, assisted by government spending limits imposed on local authority and housing association housing programmes has seen lush opportunities in this area. In the next few years there is an immediate £1 billion market to build 50,000 units and after that there is a further market for 350,000 more units.[7]

The growth rate is more amazing as there were only only 2,500 private sheltered units in early 1983 according to the Housing Research Foundation, who estimate the building will expand to 24,000 units a year very rapidly.[8]

Even within the industry there is concern about some of the financial deals:

1. Exploiting the elderly

► The Retirement Homes Association have imported an American idea of offering pseudo leases and aiming to make a profit on the capital appreciation of the properties.

2. Sale Fees

► Some companies insist you resell through them and demand a percentage fee.

3. Leases only

► Many are being sold leasehold rather than freehold.

Poor wages

► Warden wages are abysmally low. We obtained financial details of 2 schemes where the cost of a warden, a relief warden, National Insurance, telephone expenses etc amounted to £6,525 and £6,180. So twenty four hour cover is bought at a total cost of only 70p an hour.

5. High Service Charges

► Even with these exploitation wages, residents all face a service charge which they do not face in the public sector. For instance in one scheme once you have bought your property you must still pay £11.60 per week service and ground rent.

6. High Prices

► Whilst many owner occupiers who are selling to buy a cheaper home may be able to affect asking prices of £25,000 or £30,000, many will not. The original idea of providing sheltered accommodation on the basis of need will be jettisoned. Once the private sector takes over, if you can't afford it, you must go without.

7. Property Demands

► Property developers are moving in making deals with Housing Associations for respectability. The developers build the units, whilst the Housing Association provide the management.

McCarthy and Stone have been market leaders to date. Their profits soared from £1.14m in 1981 to £3.68m two years later with a fourfold increase in staff. They now have over 50 schemes. Many of the multinational construction firms have rapidly moved into this sector. Barratts, Wimpey and Laings intend to make sheltered accommodation 10 per cent of their output. Wates plan a massive expansion of their homes for the elderly so it becomes 24% of their output whilst Lovell plan to make it 30% of their output. The former has just built a retirement village in Surrey.[9]

e. CONDITIONS IN PRIVATE HOMES

Over many years a network of public sector residential accommodation has been built up to provide care for the elderly. Run on a non profit making basis they provide care for thousands of pensioners unable to stay at home. Places are allocated according to need and the homes are accountable to officers and members of local councils. Most of these homes provide an excellent service and level of care; some need some improvements in facilities and staffing levels.

However, running residential homes is increasingly being seen as a profitable business opportunity. Run on a profit basis the conditions and regime in many private homes and hostels is a national scandal. If they were visited today and matched against the new Code of Practice for Residential Care developed by a Working Party sponsored by the DHSS many would dismally fail to meet the requirements.

We would not deny that many private homes can and do provide a satisfactory, sometimes even very good service. However standards vary dramatically from the very good to the scandalous. Moreover, a well run home can decline within weeks if the owner or staff change. The quality of care, the amount of profits extracted from the home, the wages and working conditions and other aspects are all outside any effective control except that of the owners.

f. CAN YOU CALL THIS LIVING?

Last November BBC's *Brasstacks* programme exposed the national scandal of private residential homes (see opposite) and there is ever increasing evidence of appalling standards and neglect:

► A report by the Royal College of Physicians (January 1984) outlined how old people in private residential homes are in danger of being drugged with tranquillisers and sleeping pills by unqualified staff.[10]

► A Pharmaceutical Society representative involved in this report said 'You can buy a hotel, call it a residential home, and the local authority will fill it for you at £150 a week. Often the owners will put the person in charge in a white coat and call her matron to convince the relatives that the home is decent. Yet these people have no qualifications. They can give Mogadon (sleeping pills) to old people at two in the morning just to keep them quiet. They are under no control at all.'

► Peter Wynn, charge nurse and COHSE branch secretary spent 3 years researching Southport's 130 private rest and nursing homes. Working at Greaves Hospital he was able to document how mentally handicapped patients readmitted from private care were suffering from loss of weight, schizophrenia and serious mental deterioration.[11]

g. CAN RESIDENTS FIGHT BACK?

The new Code of Practice for Residential Care will be hotly debated in the next few years. Drawn up by a working party sponsored by the DHSS it provides a very detailed account of what they consider to be good practice. It surprised some members of the working party when it was given legal status under section 7 of the Local Authority Social Services Act 1970. This means that its standards can be used by councils as grounds for registering or deregistering homes. This move will certainly help improve the standards of care in some private homes but it will leave many untouched for a number of reasons:

► Whilst some councils, like Nottinghamshire County Council, have just upgraded and enlarged their registration section, many have not. Without adequate registration staff the Code is meaningless.

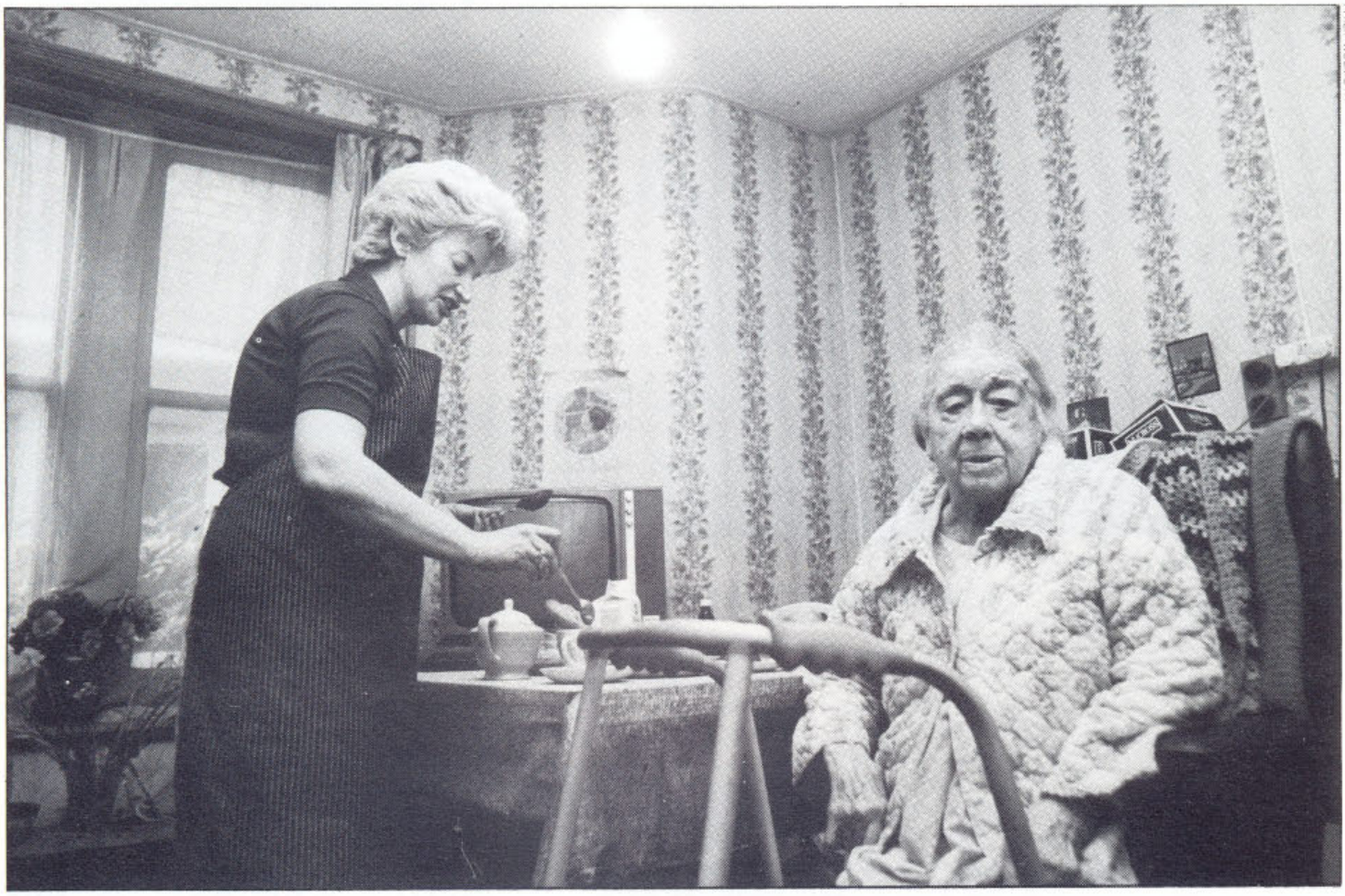
► Councils which are particularly sympathetic to the private sector will be reluctant to enforce its standards.

► The Health Advisory Service, the government appointed watchdog body for the mentally ill and the elderly said in its 1984 annual report that mental hospitals and old peoples homes can expect only one inspection every 12-14 years. The long struggle in other countries, notably the US, to establish control of use and standards of private and voluntary care is widely acknowledged to be 'unsuccessful'.

► Residents of homes themselves are unlikely to be able to use the Code. Sometimes they can be afraid to complain for fear of victimisation or losing their place; sometimes they will be too confused or ill to take steps to try to change regimes; sometimes they will have no relatives to take up their case or sadly, have relatives who are unwilling to defend them. For instance, staff from one private mental hostel told us that not one of the patients would dare challenge the owner in any way and a system of fines and penalties existed to maintain discipline.

► Proprietors from homes are already organising opposition and challenging the code particularly on the grounds that it threatens their profitablility.[14]

► The vice-chairman of the working party, Malcolm Johnson has concluded; 'The package is tougher than most people expected, but those who fulfil the minimum requirements will continue to be a source of misery and irresponsibility.' Moreover, however tight the rules, and however fiercely they are enforced, there will always be those who find ways round them for their own gain'.



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TENDER LOVING GREED
THE NORTH AMERICAN EXPERIENCE

The business of aging has rapidly emerged as a new growth industry in North America. The private sector now controls 43% of beds in residential homes and 62% of nursing home beds in Canada. Most of these homes started as 'mom and pop' operations owned and run as small businesses, similar to the current situation in Britain. However, the inevitable trend towards monopoly control has resulted in a spate of takeovers and mergers. One firm, Extendicare Inc, started as a one home operation, now owns 17% of Ontario's nursing home beds and has over fifty homes across Canada. It recently moved into the USA acquiring a Milwaukee based firm with sixty two nursing and health care centres.

Extendicare and other firms have used their highly profitable residential and nursing homes businesses as a springboard to diversify into other business ventures such as oil and gas exploration,

TENDER LOVING GREED: THE NORTH AMERICAN EXPERIENCE

insurance, advertising and communications technology. Extendicare is also seeking more hospital management contracts. It recently bought Crown Life Insurance and all these activities are now part of a reorganised group renamed Crownx Inc. Other firms such as the Trizec Corporation, a large property company, have diversified into the residential and nursing home business because of the large potential profits.

A similar pattern has emerged in America. By 1990 it is expected that the top 5 to 10 residential and nursing home chains will control half of all beds. The largest chain, Beverley Enterprises, is expected to own nearly a third of all beds. Between 1976 and 82 Beverley bought up 16 firms operating 391 nursing and rest homes. The giant Hospital Corporation of America which owns six private hospitals in Britain, has a 17.4% stake in Beverley and a director on its board. In 1982 Beverley Enterprises reaped a 46% rate of return on owners equity – four times the 1982 median rate of the Fortune 500 (America's top companies) and between the two and four times the rate of return of the major oil companies. Three quarters of the income of nursing and residential homes comes from government payments for patients' bills.

GREED CAUSES NEGLECT

Conditions in many homes are scandalous. Profits are extracted by cutting back on the key elements of care – food, staff, recreation and maintenance. In Michigan state inspectors recently found a wide range of deficiencies in Beverley homes. A disproportionate 23% of their homes fell into the 'worse' grouping of homes. Beverley employees in the Service Employee International Union and the United Food and Commercial Workers International Union formed Cooperative Action and Reform Effort (CARE) to campaign against the firm's policies and practices. Their detailed investigations revealed short staffing, deteriorating care, poor training, food deficiencies, high administrative costs, and constant overcharging.

In visits to 15 homes owned by major firms in 1983 the Ontario Ministry of Health Inspectors found 460 separate violations of the Nursing Homes Act. These included infestation of cockroaches, poor food and charges imposed without agreement. Other investigations by the Canadian Union of Public Employees, the New Democratic Party, and the Concerned Friends of People in Care Facilities have found squalor, neglect of residents needs, overcrowding, unsanitary practices and lack of activities for residents. Some residential homes are evidently 'bootleg' nursing homes giving medical care without supervision.

CALL FOR PUBLIC OWNERSHIP

Revelations about conditions in private homes have become so extensive that a national Task Force on the Allocation of Health Care Resources in Canada established by the Canadian Medical Association reported in 1984:

'The Task Force opposes in principle the idea that our senior citizens, having worked all their lives towards building their country, should now contribute to the profits of others. It is recommended, therefore, that all jurisdictions move as quickly as possible towards the elimination of "care for profit" institutions and establish non-profit facilities . . . the vast bulk of the accommodation should be an integral part of a publicly financed and operated program. In this way, both the sufficiency and the quality of accommodation for Canada's elderly will be better guaranteed'.

CONTRACTORS CONTRACT OUT

Contracting out has even extended to private homes in Canada, owners claiming they have to cut costs and increase efficiency but in reality they are trying to get rid of trade union organisation and collective agreements to boost profits still further and cover up bad management. Seven private residential and nursing homes in Ontario have recently sacked their unionised nursing staff, aides and cleaners replacing them with non-unionised agency staff cutting hours and wages. One of the largest agencies, Para-Med Health Servies, is owned by Extendicare!

CANADIAN COMMUNITY CARE

The closure of large institutions for the mentally handicapped is another important development both in Britain and Canada. Trade unions such as the Canadian Union of Public Employees and the Ontario Public Services Employees Union support what they term 'de-institutionalisation' provided that there are adequate community based residential facilities and support services properly founded and monitored by the government to maintain a high standard of care. However, as in Britain, it is being used as an excuse for provincial governments to slash funding by dumping the mentally handicapped on to communities which do not have the resources to care for them. 'It can mean flop houses instead of group homes, human warehouses where the developmentally handicapped ex-psychiatric patients and others are drugged into quiescence'.

BRITISH COMPANIES LEARN NEW IDEAS

British-owned multinationals such as Grand Metropolitan and Pritchard Services Group are actively exploiting the privatisation of health and social services in North America. These firms are likely to import their experience and operations into Britain if and when the opportunity arises. Grand Metropolitan recently acquired Childrens World, the second largest chain of private day care centres with 132 centres across America. They now also own Quality Care Inc which provides nurses, care assistants and home helps to patients at home. With nearly 200 offices in America and Toronto, Canada they also supply nurses and other staff on an agency basis to hospitals, nursing and residential homes. Quality Care are turning their mostly part-time workers into salespeople selling medical equipment and supplies to patients at home. Turnover reached £100m in 1983. Between 1982 and 84 the company also had a New York City contract supplying escorts on school buses transporting handicapped children. They did not seek to renew the contract 'because this activity declined in importance to Quality Care'. They also had disputes with bus companies to which they had subcontracted much of the work.

Pritchard Services Group US subsidiary, Kimberley Services Inc is a major competitor to Quality Care in providing agency staff to hospitals and patients at home. Their Crothall subsidaries have a large number of hospital cleaning and laundry contracts and recent takeovers have expanded their catering operations. Pritchards have also expanded into outpatient surgeries. The Hawley Group are also expanding their hospital cleaning operations in America through their Oxford Services Inc subsidiary.

Meanwhile, American owned firms such as ServisMaster (hospital and school cleaning) and ARA Services Inc (a major school bus, cleaning and catering firm – they already have the Wembly Stadium catering contract – and third largest nursing home chain with over 32,000 beds) are trying to get public contracts in Britain.

TENDER LOVING NEGLECT

In 1983 the *Brasstacks* programme took a close look at private nursing and residential homes.

▷ They found a national picture of 'high priced neglect' and 'a government policy which in a sense returns to Victorian values.'

▷ They featured 79-year-old Nellie Spencer, prone to falls and often forgetting to eat, yet she couldn't find a place in a home. 81 year old Alice Baker, looked after by her daughter Joey who was registered disabled and had had 16 operations for arthritis. Joey had to carry Alice to the toilet 15 times a day.

▷ Both pensioners were desperate for a place in a local authority home, yet the private sector was flourishing.

▷ In the 'Costa Geriatrica' of Devon there were 64 private old peoples homes in 1975; 8 years later there were 200. These private homes received 100% rate rebates. Moreover 'three quarters of the residents were paid for in full by the government'.

▷ *Brasstacks* talked to Celia Ward whose job was to find places for hospital patients. Of the 200 homes in her area, she only used 40. She'd seen homes where patients were hit, sworn at and even tied to chairs with bandages.

▷ They sent a pensioner into a home charging £106 per week. This woman found no qualified staff and a 73 year old woman being left in sole charge for an 18 hour shift. Two years previously a 92 year old woman had fallen out of bed in the middle of night and gashed her head. She had been left for at least 6 hours until she was taken for 6 stitches in the morning. One former staff member told how a patient had a heart attack but she couldn't contact the matron and was then told off for dialling 999.

▷ The Social Services Department had tried but failed to refuse registration to this home sometime before. Ironically the greatest success of the registration officer was a court case against a home operating whilst not registered. The home was fined just £70.

▷ In another case Social Services tried to close a home where staff had testified to the owner buying black peaches, peaches with furry skins and brussels sprouts that would 'slip out of your hand with slime'. Residents were dressed in each others clothes, had newspapers on their beds rather than having incontinence pads. They were punished by being tied to a commode. One husband and wife were separated into different rooms. The husband 'fretted terribly' and was locked in to prevent him seeing his wife. 'He later died', said one staff member, 'and while I was working there she was never told of his death'.

Social Services decided that the ex-circus performer who owned it was unfit to run the home, but it didn't close. 'It simply changed hands and who was the new owner? The son of the old one.'

Another nurse quoted in the report said: 'Boredom is the great enemy of mentally handicapped people. They go dull, and old illnesses are rekindled. Many patients are neglected. Colour television and fancy wallpaper are no substitute for proper care and an active day.'

▷ 'Some had started to mutilate themselves, others had starved themselves or become unmanageably aggressive.' His report showed inadequate staff levels and existing staff usually being unqualified.

▷ The lack of activities and stimulation in private homes is a scandal. For instance Scott Jones an SRN, MRN from Perthshire who has seen many private homes pinpoints this as a central issue: 'There is frequently little in the way of recreational facilities. This means in many instances old people end up doing nothing. Absolutely nothing. Things happen to them and are done to them. They are told when to get up, go to bed, when and where to eat, where to sit down and when they can have visitors, when they can have a bath and how they are to do these things.'

In total contrast the public sector is concerned at constantly improving the quality of care. For instance many councils have published their own guides to good practice covering all aspects of life from privacy to personal savings, from seating to shopping. Although NUPE members know all too well that improving the quality of care is not an easy battle, within the public sector it is constantly raised as a key issue.

PRIVATE AND PUBLIC VERY DIFFERENT

Private and public residential homes are often compared with each other as if they were providing identical services. This is not the case. Private homes do not necessarily give a full care service. They often rely on the public sector to carry out duties which they choose not to. For example:

▷ In Northants the ambulance service was called out 3 times in a short period to one private home to help put somebody back into bed as the staff were unable to cope.

▷ In Notts some private homes close at Christmas and everybody is transferred out.

▷ In Devon out of 13 new private homes surveyed, 3 said 'they had a clear understanding with residents at the time of admission that they would be expected to leave if and when they became too dependent. In fact one of these homes actually makes a contract with each of the new residents to that effect. Other new homes surveyed were aware that increasing dependency would be a problem over time but that they were 'not at all sure as to how they might resolve it'.[12]

▷ A study in Suffolk found that public sector homes were much more flexible and that facilities and staff time were planned to meet a wider variety of social needs. 32 local authority homes and 42 private and voluntary homes were studied. On survey night the public sector homes had 49 short term care patients, provided 96 meals for people outside the home during survey day and had 245 people attending day care during the preceding week. The figures for the private and voluntary sector were ten short term residents, no meals for non-residents and six day time attenders.

HOW DO YOU MEASURE QUALITY OF CARE?

The quality of care in private homes is difficult to measure. The menu opposite, however, spells out the chasm that can exist between public and private sectors. The first menu is taken from a hostel for some 28 mentally disordered men, whilst the second menu is for a local authority residential home. When the menu in the private home was in operation there were only 2 staff looking after everything with some help from the owner.

Most of the men were out during the day but they all needed looking after – feeding, clothing, taking their medicines, visiting the doctor, collection of their allowances, bathing sometimes and a host of other tasks. The two staff had to clean, sew, launder, repair, care in every way possible and do all jobs in the hostel for 6 days every week with no holidays at £45 total wage plus board. Part of their job was to cook all meals. They told us 'every item was tinned. It was fetched from the cash and carry; there was not a

vegetables throughout the year.'

The other menu comes from a Derbyshire local authority home with kitchen staff (who have access to training), care assistants, cleaners and officers in charge.

There are so many ways that levels of care can drop below the acceptable and can go unchallenged for years. For instance at one nursing home, where NUPE was organising membership, was visited by the local health department.

In the kitchen they found dirty drawers, work surfaces and cupboards and 'long standing food and dirt accumulations on the floors and walls'. The food store had a 'foul odour' with old fridge, grease and food scraps and engrained dirt on the cutting boards. The sluices needed replacement as did the bath. 'Several unsatisfactory matters' relating to overcrowding and dangerous working conditions and lack of staff facilities were reported to the Health and Safety Inspectorate.'

Local Authority Residential Home

	Breakfast	Dinner	Tea	Supper
MONDAY	Cereals, Bacon & Fried Bread & Butter, Marmalade, Tea	Cold Lamb, Mint Sauce, Potatoes, Beans, Peas, Gravy, Gooseberry Crumble & Custard	Spaghetti on Toast, Bread & Butter, Jam, Fruit Cake	Assorted Sandwiches, Cheese & Crackers, Sweet Biscuits, Tea, Milk Drinks
TUESDAY	Porridge, Cereals, Toast, Bread & Butter, Marmalade, Tea	Beef Slices, Potatoes, Cauliflowers, Carrots, Apple Pie and Custard	Cheese Souffle, Bread and Butter, Jam, Coconut Buns	Same as Monday
WEDNESDAY	Grapefruit, Scambled Egg on Toast, Bread and Butter, Marmalade, Tea	Steak and Kidney Stew, Potatoes, Mixed Vegetables, Bread and Butter Pudding	Sausage Roll and Beans, Bread and Butter, Jam, Cherry Cake	Same as Monday

Private Home

	Breakfast	Dinner	Tea	Supper
MONDAY	Cornflakes/Milk, Bread and Jam	Cheese on Toast	Pilchards, Mash and Tomatoes	
TUESDAY	Porridge	Soup (Bread), Sweet/Rice	Faggots, Peas, Tin Potatoes	
WEDNESDAY	Beans on Bread	Chicken Supreme, Mash	Fish Fingers, Peas and Potatoes	

7: INCREASED CHARGES FOR SERVICES

Increasing charges for services as a stepping stone to privatisation is a key tactic in the government's privatisation strategy. In 1982, when Chancellor, Geoffrey Howe spelt out government thinking very clearly: 'In some cases, a system of charging can help to direct resources where they are most required and at the same time induce a sense of priorities among recipients of the services involved. In some cases charges might be a preliminary to some form of private sector involvement.'

Charges in the USA have created two completely different social services. On the one hand there are people who can afford to have access to social workers, specialising in lucrative areas like counselling and psychotherapy. On the other hand those who can't pay have access to so-called social workers, many of whom are unqualified and whose main job is often assessing eligibility for benefits.

Academics from the University of Kent are leading the way in arguing for 'more rational pricing policies for social services'. Their 'working assumption is that the state has a bigger part to play in the co-ordination, financing and planning of social care than in its production and delivery. It is in this context that we may have to consider various forms of contracting out and voucher mechanisms applied to the home help service.' As we saw earlier these views have been taken up by Norman Fowler.

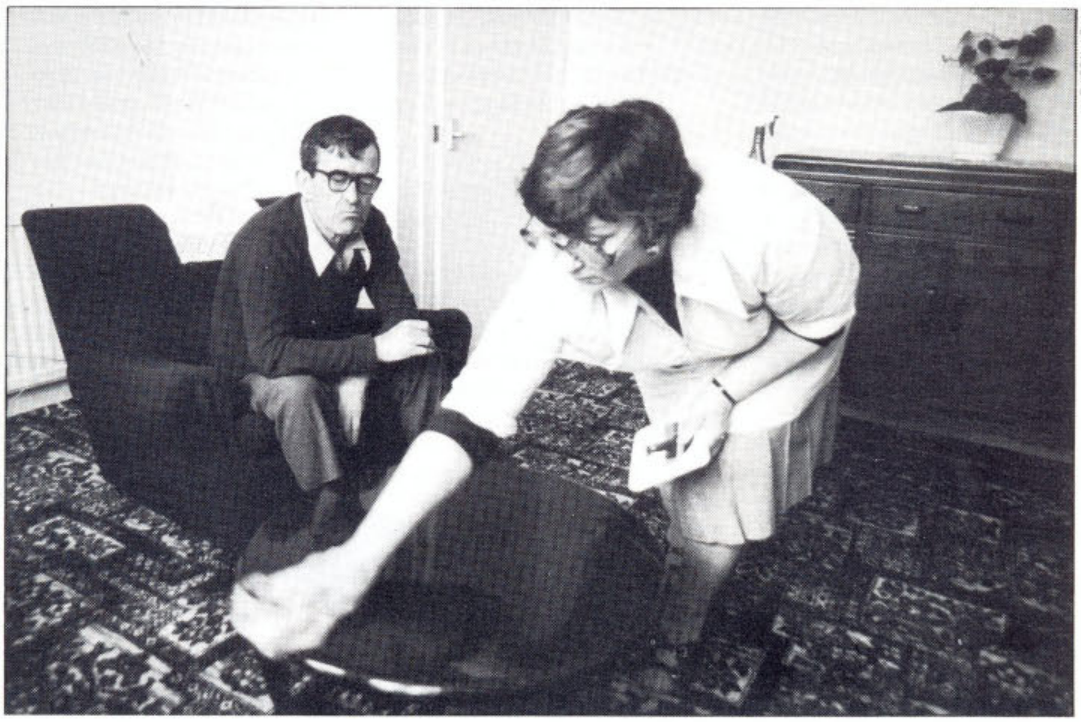
These academics use studies like the survey carried out by the Institute of Economic Affairs to support their case that modern liberals wish to see more private delivery of services and that the public would welcome this.

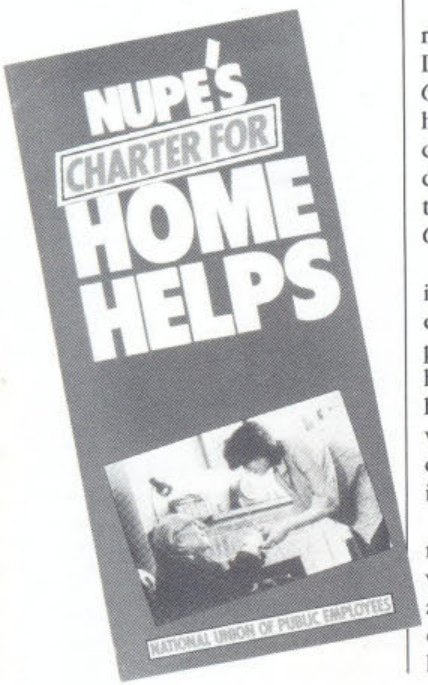
Arguing that voucher systems would mean 'greater consumer choice' and 'enable clients to participate in the planning of local social services by directly signalling their preferences to decision makers', they suggest a pensioner might be given a subsidy of £412 a year and then be able to choose between social work hours, meals on wheels, chiropody and home help hours. However even they acknowledge that such choices would be difficult for a housebound 89-year-old widow. The reality of voucher systems is that they do not offer free choice at all. Instead they offer the government the chance to cut services and then claim that people do have a choice – a choice from a rundown range of services which will fail to meet their needs.

HOME HELPS: – AN EXAMPLE OF CHARGING

The idea of vouchers was presented to a conference on 'Charging for the Home Help Service' in 1981 which shows widely different methods of charging and rates of charging. These range from a free service, a flat rate charge, means testing or to some combination of flat rate and means tested charges. There is sufficient evidence concerning home helps to be able to see the dangers of any increased charges. For instance, papers at this conference also pointed out that:

- Many home help organisers thought





people would be deterred for asking for a home help where charges existed.

► Dorset SSD found that after a price rise there was always a high level of cancellations.

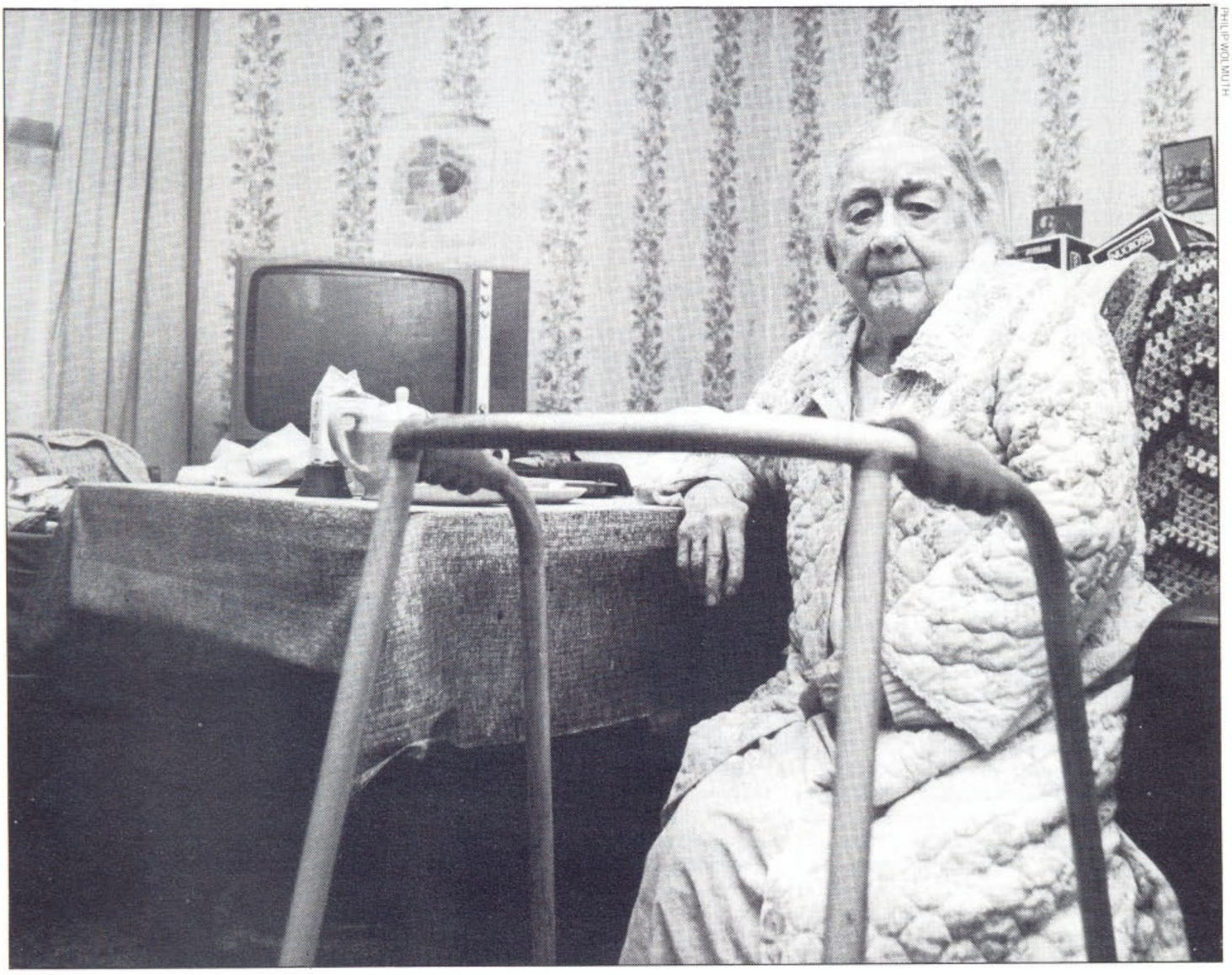
► Increased charges led to people reducing the amount of hours they had. Dorset found a rise from 55p to £1 caused 1 in 6 users to ask for a reduction in hours. Home helps in Nottingham recall the Tories introducing a 50p charge in the 1970s and 'a lot decided not to have home helps at all. Exactly the same happened when they raised it to 65p.'

► Moreover the administrative costs involved often severely reduce the income to councils. Hackney changed to a free service, partly because most people receiving home help were receiving supplementary benefit, or had incomes near that level. Consequently very few could pay for the services and the cost of the collection cancelled out any income gained.

► A study in Redbridge concluded that many supplementary benefit dependents were already under severe financial pressure and having to absorb home help charges by cutting down on essentials such as food and heating. It warned that increased home help charges must not be seen as an odd extra payment but as 'part of a whole package of increased costs imposed by the local authority and by inflation in general'. The same survey found that informal care was unlikely to substitute for formal care in the long term. They found that a group of people had cancelled the service and had then had to re-apply as family support had dropped off. Moreover there was no sign of voluntary bodies moving in to fill the vacuum.[2]

► Whilst many authorities recognise that charges reduce demand they fear a free service would bring a flood of applicants. However, where charges have been abolished there has not been a huge increase in applicants.

Faced with rate-capping, reduced government grants and other financial pressures, increasing and extending charges becomes very attractive for local authorities. National estimates for 1983/4 show this is already happening as home help charges were due to rise 8% in real terms. Yet increased, or even minimum charges, means that those most need the service do not get it and undermines the whole basis of social services.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8. USING PRIVATE CONTRACTORS

WHAT RIGHT WING AND BUSINESS INTERESTS WANT

Until recently demands for the privatisation of social services have been less specific than other public services such as refuse collection. This is now changing as pressure for privatisation intensifies, as the government seeks to curtail local authority spending even further and as business interests seek new markets and profitable opportunities to exploit. Ideas on how social services can be privatised are often imported from the USA and Canada where private services are more extensive.

The more far reaching ideas are pedalled by right wing pressure groups such as the Adam Smith Institute, the Institute for Economic Affairs and Aims of Industry. They are run by academics and business economists and financed by big business. The reports and publications are widely circulated to government departments, local authorities and the media. Tory Party fringe groups, the CBI and other employers organisations also develop and campaign around similar demands.

Below are some of the most common claims and demands:

'I am very encouraged by the way in which local authorities, directors of social services, the social work profession and the specialist press are increasingly determined to shift the emphasis of statutory provision so that it becomes an enabling service, a statutory provision enabling the volunteers to do their job more effectively'.

Margaret Thatcher speaking to a WRVS Conference in 1981.

Since 1980 there has been a growing movement by Conservative-controlled councils to bring in private contractors to provide local services traditionally provided by direct labour, on the grounds of of saving ratepayers' money. Refuse collection, building work, street cleaning, cleaning of schools, public buildings and public conveniences have been privatised in many areas. Some authorities are in the process of introducing contractors into a far wider range of their functions and the companies seeking public sector markets are bombarding councillors with propaganda offering to take over a huge range of council services.

At the moment the use of private contractors in social services is at an early stage. However, the government recently announced its intention to introduce statutory tendering for refuse and school meals and it is clear that they intend to extend the list rapidly.

► Many councils already use staff from private employment agencies on a regular basis, and in particular for strike breaking. As one social worker said: 'During the recent residential workers dispute we were told to use any private place or agency and the Department would pick up the bill'. NUPE members working with the elderly in both Tory-controlled Merton and Labour-controlled Lambeth report agency staff working there on a semi-permanent basis.

► The supply of meals for old people's homes, day centres and Meals on Wheels has been taken over by private contractors both in Hull and Merton. In Merton, Sutcliffe's 'Workhouse food' has been the subject of continuous complaints since it started; many pensioners are simply refusing to eat it.

► Cleaning of social service establishments has been handed over to private contractors in some areas, including Dorset and Redbridge, and is under threat, along with catering in Wandsworth. Laundry in the London Borough of Sutton is washed by private contractors.

► Maintenance of social service buildings in many areas is in the hands of private building contractors since the 1980 Land Act, which compelled councils to put most building work out to tender.

► Some Councils such as the Three Rivers DC in Hertfordshire have handed over their entire transport fleet to private firms, from whom they have to hire vehicles.

► The use of private contractors will radically effect both the quality of jobs and the quality of the service. The combined and devastating effects of private contractors and local authority spending cuts is well known now and we can foresee just how it will affect workers within and users of social services.

"JUST CARRY ON AS IF WE'RE NOT HERE...."

'We welcome the growth in private health insurance in recent years . . . We also welcome the vital contribution made by the voluntary organisations in the social services. We shall continue to give them strong support . . . In the next Parliament, we shall develop other new ways to encourage more private giving'.

The *Conservative Manifesto* 1983. There was no specific section on local social services in the Manifesto.

'Even welfare, surprisingly enough, can see an improved yet lower cost service by the recourse to private contract. Having old people or problem children stay with private families under council contract is much cheaper than the maintenance of official homes'.

Dr Madsen Pirie, President of the Adam Smith Institute writing in *Economy and Local Government* ASI, 1981.

'The potentially lucrative nature of residential care for elderly people means it warrants early consideration . . . The home help service also offers some potential glittering rewards . . . The domestic agency aspect lends itself to easy privatisation . . . That leaves the domicillary caring force. A privatisation opportunity clearly exists. However, that would have to be on the basis of basic funding through a public body. Similar to the route for private elderly persons homes. Given an easing of the economics, the existence of measures of performance and an injection of the right talent, success should be difficult to avoid'.

'Care of children and the elderly: prime targets for privatisation'
Article by David Holroyd. *Municipal Journal*, 4th November 1983.

'Under the scheme neighbours, friends and even relatives are supervised by the County Social Services staff to provide services designed to meet the needs of each individual client . . . These members of the public are paid by the department and act as its agents in providing services on a contractual basis . . . Using 'good neighbours' also gives greater flexibility . . . It might be helpful if I point out that there are no hours of work, only duties. The duties could be classified as;

1. Basic personal care (toileting, dressing, washing, meeting security needs)

2. Everyday household care (providing meals, lighting fires, making drinks etc)

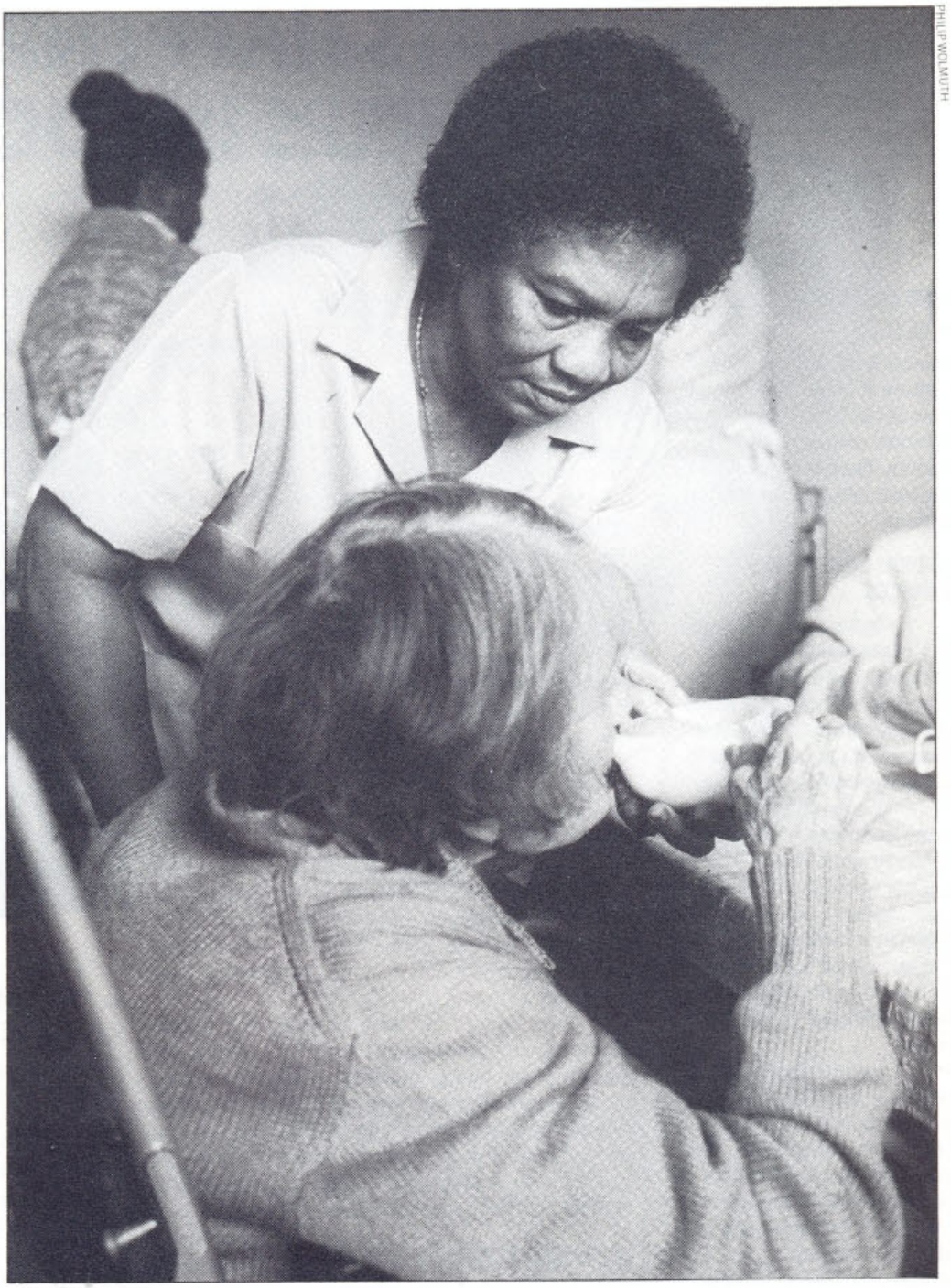
3. Irregular household care (shopping, laundry, gardening, personal errands)

4. Companionship (social visits, raising morale)

5. Other 'one-offs' (eg visiting optician).

. . . We are also looking at other forms of contracting'.

Sir John Grugeon, Leader of Kent County Council writing in *Working with Contractors* ASI 1982.



PHILIP WOLMUTH

'The range of services for which tendering is required under the 1980 Local Government Act (sic) should be extended, and the value at which work must be put out to tender should be revised downwards.

'At the end of a transition period of five years, the full range of local government services should be subject to obligatory tendering by private business . . .

'If a service is of such a nature that it is inevitable loss-making, then we propose that the tendering principle should still apply, with the local authority choosing the qualified contractor that is willing to accept the smallest subsidy to perform the service . . . we suggest that the task of monitoring the contracts could itself be contracted out'.

'Local Government Policy', *Omega Report*, Adam Smith Institute, 1983.

'The provision of direct social services is regarded by many as something that the family should undertake . . . elderly parents and relatives, for example, who cannot mange on their pension . . . are the responsibility of next of kin to help. The same is true of handicapped children. The logical action to take is therefore for such responsibilities to be made legally mandatory . . . Neglect of these family responsibilities would be actionable by the state . . . In these cases of neglect, social services will be necessary, just as police are necessary to maintain law and order'.

'State Expenditure: A study in waste', Prof. Patrick Minford. Supplement to *Economic Affairs* published by the Institute for Economic Affairs, April/June 1984.

9. WHATS HAPPENING TO WORKERS IN SOCIAL SERVICES?

WOMEN AND SOCIAL SERVICES

Women form the majority of workers in social services, of users of the services and of the 'informal carers' in this country. They have most to lose from the attack on social services.

WOMEN PROVIDING SERVICES

▷ In Camden, London, 88% of manual workers in social services are women, including 96% of home helps and 92% of meals on wheels drivers and care assistants in residential and day centres.

▷ Generally women are at the lower end of the pay scales: in April 1983 the average earnings of a female fulltime worker in local government was £83.50, compared with a £115.00 average for men. (The Low Pay Unit defines low pay as £100 a week).

▷ Pressures on local authority spending has led to services failing to expand in line with growing needs. This means greater exploitation of workers in social services: more work or harder work with little hope of commensurate increases in pay. For example, home helps and residential care staff are faced with new responsibilities for nursing tasks for people who were formerly cared for in hospitals. Most of these workers are women.

▷ Now women's jobs in social services are under threat from privatisation and new spending cuts under the Rates Act.

WOMEN AS USERS OF SERVICES

▷ In the over 75 age group women outnumber men by 2 to 1 and in the over 85 age group by 5 to 1. 56% of women over 65 live alone, compared with 27% of men over 65.

▷ In Haringey, London, women form 90% of those using home helps, 69% of

a. INCREASED PRESSURE

Implementing cuts in social services depends on the workers' commitment to their clients to blunt the sharp edge of the cuts.

When home help hours for elderly and disabled people are cut, pressure is put on home helps simply to work harder in the time allotted, and to increase the number of unpaid tasks and visits for their clients. When there are staff shortages in residential homes, existing staff have to take on more themselves to ensur care of the residents. When buildings and equipment are not converted, maintained or repaired due to lack of funds, are not staff facing unnecessarily difficult ways of working. Homes that were built for ambulant elderly are now filled with immobile, confused frail very elderly.

As we saw earlier health cuts increase the pressure on social services. 'We're more and more dealing with emergency cases only and with less and less hours. Someone came out of hospital last week: I had half an hour to light a fire, make breakfast, get her dressed, washed and toiletted and clean around. Each client used to have 3 hours, now its cut down to one and a half hours'. (Home help)

'The level of dependancy has been speeding up. Even before care in the community was being pushed. If someone was incontinent of urine 9 years ago they would have been taken into the geriatric hospital or a day centre for retraining. Now there's no chance. All residential homes are becoming nursing homes'. (NUPE steward)

b. THREAT OF JOB LOSSES

Cuts, closures and privatisation all mean redundancies. When nurseries, day centres and residential homes are closed, staff face unemployment, transfer to another establishment, or having to seek work in the private sector. When private contractors are brought in to run services, there are always redundancies. Every health service cleaning and laundry contract won by a private firm has brought cuts in the work force. The story is repeated in too many other local government services such as refuse and street cleaning.

The last two years have seen councils all over the country using the threat of privatisation to force new contracts on their workers. This has involved cuts in pay and loss of holiday pay and other benefits. Many women working in social services are similarly vulnerable. They are restricted to domestic responsibilities in the hours and places they can do work, deeply committed to their serivce, but difficult for the union to organise because of their part-time and scattered work places. This make it difficult to resist cuts in face of threatened privatisation.

c. WORKING FOR PRIVATE CONTRACTORS

Having your service privatised doesn't just mean a change of management. It means becoming part of a service that is run to make a profit for its owners rather than to provide a service to its clients. And it means losing all the rights and benefits that trade unions in the public services have fought for and won over decades. The experience of workers in other local government services is a grim warning.

► **Jobs Lost:** Redundancy for some workers always accompanies privatisation even if the contractors recruit from the existing workforce. Privatisation of refuse collection and street cleaning resulted in 81 jobs being lost in Merton, 84 in Southend and 202 in Wirral

When Sutcliffes took over the supply of social service meals in Spring 1984, 60 kitchen staff lost their jobs and others were down graded because they were not actually cooking anymore.

► **Lower wages for harder work:** The abolition of the Fair Wages Resolution designed to protect low paid workers has allowed contractors to undercut direct labour costs by pushing down wage levels.

'It's a hard life life working for this company. We do twice the work for half the money of the old dust'. (GMBATU steward, Grandmet refuse service, Wandsworth)

School cleaners working for ISS in Birmingham earned £1.71 per hour as against NJC rates of £2.21 per hour, with no sick pay or

recipients of meals on wheels, 73% of users of lunch clubs and 75% of the residents of old peoples homes.

▷ As already inadequate services to the elderly suffer cuts, eligibility reviews and increased charges, women will be the major sufferers.

▷ Since women take the main responsibility for child care they are most directly affected by the lack of day care for young children. This is an obvious target for cuts because councils have no statutory obligation to provide it. Since 1979 51 councils have cut day nursery provision and many have increased charges: by over 30% in one third of councils in 1981 alone.

WOMEN AS CARERS

▷ 13% of all women care for sick or elderly dependants. More than 20% of women over 70 themselves care for relatives.

▷ The system of Invalid Care Allowances discriminates against women, since married women cannot claim it. Support from statutory services also discriminates. A survey by the Equal Opportunities Commission in 1983 showed that home help support was provided for 75% of caring sons and 68% of husbands, but only 4% of mothers, 20% of wives and 24% of daughters.

▷ Government policies for the future of social services will increase both the numbers of women forced to give up work for full time unpaid caring and the weight of the responsibilities they bear, unsupported by any service.

Social services rest on the exploitation of women working in the services and caring outside them. Women with dependent relatives or with young children are denied the right to work by the lack of publicly provided services. When new cuts come it is largely women's jobs that will go, and women dependent on the services will bear the brunt.

superannuation scheme.

During 1984 women, mostly working part-time, in school meals and cleaning services, have been forced to accept loss of hours, pay and holiday pay in areas like Norfolk, Hertfordshire, Kent and East Sussex.

► **Casualisation of Labour:** When the Ealing school meals service was privatised only 60 workers were offered permanent jobs from an existing workforce of 612. The 300 or so jobs are on a casual basis with a holiday entitlement of one day a year. Many private cleaning contracts work on the same basis. Employment on a casual basis means no security, no guaranteed income, no sick or holiday pay.

► **Lack of security:** The story that emerges from most services privatised in the last few years is of a rapid turnover of labour. This is due partly to workers being unable to tolerate the level of exploitation and partly due to arbitrary hiring and firing of workers. After 5 months of Exclusive gaining the Milton Keynes refuse contract, only 8 of the 74 original workers hired still had their jobs. In Wandsworth Grandmet sacked 7 workers in the first week of the refuse contract. Some hospital cleaning contracts are reported to be in difficulties because of high turnover of staff.

► **Little or no trade union recognition:** Many contractors, such as Exclusive in many of its contracts, refuse to recognise trade unions. The new Trust running Tadworth Hospital has refused to recognise the health service unions.

► **Working in a bad service:** Working for a service that is unsatisfactory is always difficult, but in social services, where effective work depends on relationships with clients, it creates grave problems for workers. Hospital cleaners working for private cleaning companies have been instructed not to talk with patients (it wastes time), yet this personal contact has always been part of hospital life. Merton meals-on-wheels workers, forced to serve up 'workhouse food' find themselves on the front line for complaints and abuse from clients. So staff end up bitter demoralised and exploited, whilst users must suffer a worsening and less reliable service from staff who do not have the time they need to really care.

► **In-house tenders mean worse conditions:** Recently the cuts in the workforce and in pay and hours have been used by the management in health authorities, to win contracts for direct labour against competition from private contractors. The Hammersmith Hospital in-house tender for cleaning included a 44% cut in cleaning hours, the sacking of 40 workers, a reduction in full-time staff from 123 to 15 and a 50% cut in pay for the remaining workers. The current climate lays workers open to management pressure to accept cuts in pay and conditions as the price of retaining direct labour.

10: CRISIS IN CARING DEEPENS

So far we have analysed what is happening within social services and what has happened in the past few years.

We have barely touched on the future yet there is every sign that the crisis in social services will deepen and with great speed, unless the Labour movement takes action now. In the following pages we look at just how ratecapping, efficiency audits and the nature of social services itself make it a prime target for cuts. We then go on to look at how this fits in with the general attack and crisis within the welfare state.

a. THE NEW OFFENSIVE ON COUNCIL SPENDING

So far the government has attacked local council spending in four ways:

☐ Firstly by real cuts in public spending (a real cut of 3.7 per cent in current expenditure in 1984/85 alone).

☐ Secondly by cuts in the proportion of council spending covered by the government's Rate Support Grant (now under 50 per cent compared with 61 per cent five years ago)

☐ Thirdly by redistributing Rate Support Grant away from urban areas with a high and increasing level of social needs.

☐ Fourthly by imposing targets and increased grant penalties for all local authorities who 'overspend'.

Now there is ratecapping. Under the Rates Act 1984 the government can select councils which it considers are 'overspending' and fix the maximum level of expenditure for each council. The government can then calculate the maximum rate which the council can levy. Eighteen councils have so far been selected for rate capping in 1985/86. With spending and income from grants and rates fixed by the government this leaves little room for manoeuvre.

Councils can appeal but the art of appealing makes them vulnerable to even more government examination and control of the budget. If a council wins any small 'concessions' on spending the government can attach a string of legally enforcable conditions, for example specifying cuts and services to be privatised. If a council ignores the government, refusing to cut jobs and services, then it runs the risk of running out of money towards the end of the financial year. The government also has the power to send in commissioners to take control and impose

THE EFFECTS OF CONSULTANTS ON BIRMINGHAM'S SOCIAL SERVICES

In 1982 the then Tory-controlled Birmingham City Council cut £2.5m. from the social services budget. It also engaged Price Waterhouse Associates to undertake an 'efficiency' study in the department which suggested cutting the jobs of 198 people. Their report contains of what happens when business consultants are asked to examine social services. In their view:

▷ 'The fundamental objective of the Department should be reduced to the minimum period during which people continue as clients' rather than trying to solve or ease their problems.

▷ Strict records of the time spent on each case should be kept and management should provide guides for how much social work time should be spent on different types of cases or problems.

▷ Managers should be criticised for not being 'cost conscious' and it was recommended that budgets should be allocated to low level management who should face disciplinary action for overspending without satisfactory explanation.

▷ A planning, review and advisory team should be set up headed by a cost accountant.

▷ The team of mobile handymen should be axed and their work given to handymen attached to particular buildings without any extra pay or to private contractors.

▷ The social work team should no longer discuss which social worker gets new cases, instead management should allocate cases.

▷ There was praise for the area office which shut their door in the afternoon except for emergencies. Non-emergency cases were advised to return in the morning. Only half of these people did return and Price Waterhouse concluded the others must be 'low priority and do not require the Department's attention'.

▷ Officers in charge would have freedom to choose suppliers and use small business locally, rather than central suppliers and in-house cuts and redundancies.

It is clear that only joint action by councils, trade unions in local government and users of services will fundamentally challenge the government's strategy. Rate capped authorities with major social services responsibilities include the London Boroughs if Brent, Camden, Hackney, Haringey, Greenwich, Islington, Lewisham, Southwark as well as councils outside London like Sheffield. Other councils are likely to be added to this list.

b. SOCIAL SERVICES A PRIME TARGET

Social service departments are particularly vulnerable to cuts, closures and privatisation because:

► their relatively large budgets mean that they are a focus for large cuts in money terms.

► they are labour intensive and therefore a target for cutting actual numbers of jobs and changing responsibilities.

► they have assets such as residential homes which can be sold off.

► some responsibilities can be hived-off and 'hidden', at least temporarily, within the family.

Different historic costs, different local needs and different ways of delivering services are just some of the reasons why one local authority may spend vastly different amounts from its next door neighbour. These differences mean that some authorities spend up to three times more per head of population than other councils. Despite valid reasons for such differences they will undoubtedly be used in crude propaganda calling for cuts in social services.

As we have already seen, the government has announced its intention to force compulsory tendering for local authority services and social services will be a prime target for this attack.

c. THE IMPACT ON SOCIAL SERVICES

Cuts, closures and privatisation in social services are likely to accelerate. All local authorities will be under increasing pressure to:

1. Eliminate or drastically reduce services so that the council provides only those services for which it has a statutory duty. Other services would either be left to the private sector, volunteers or would cease to exist.

2. Increase contracting-out of services to try to achieve immediate 'savings' (often non-existent when all the costs are included).

3. Introduce 'testing the market' exercises in which the council will seek tenders for part of a service to see how 'competitive' direct labour is with private contractors. The threat of privatisation will be used to try to force major concessions from the unions.

4. Postpone capital investment in building new residential homes and other social services facilities and improvement to existing buildings.

5. Accelerate the sale of residential homes and building land, and the sale and leaseback of other facilities.

6. Increase the use of volunteers and voluntary organisations.

7. Rationalise and re-organise departments leading to changes in responsibilies and duties in certain jobs to facilitate privatisation . For example the role of home helps could be divided into caring and cleaning – and the latter could be then be privatised. Cuts in standards of work, hours, overtime and bonus payments and more vacant posts are likely to create the conditions for contractors to compete with direct labour and the increasing use of agency staff.

8. Significantly increase fees and charges for services and introduce stricter testing and more stringent rules about entitlement. This will result in a spiralling effect of reduced public use, lower quality of services and further cuts and closures. This creates the conditions for private services to expand.

9. Obtain either commercial or charity sponsorship, or both, for some services; this trend is already apparent in the NHS.

10. Encourage staff to set up co-operatives and take over the running of the services. These proposals will only go ahead if the councils make substantial savings.[1]

d. MONITORING OF YOUR WORK

Whilst local authorities face such pressures the government will intensify the ideological atack. Propaganda about waste, inefficiency and over-staffing in local government will increase in parallel with praises for the 'competitive, lean and freedom giving private sector'.

Already spending decisions, policy formulation, and judgements on caring are increasly based on notions of 'efficiency' and 'value for money'. Money, rather than people's needs and interests, is becoming the deciding factor.

Government strategy is to intensify this trend. The social services are a key target because of their large spending and many

maintenance and repairs.

The NUPE Birmingham Social Services Branch produced detailed criticisms of this work and the values on which it was based. Their points included the following:

▷ The report concentrates on management structures and fails to look at the quality of and quantity of service.

▷ By emphasising community care it ignores the quality of life in residential care for the elderly and handicapped.

▷ It totally misunderstands the nature and purpose of many jobs within the department.

▷ There is no discussion of how services for the handicapped and mentally ill people can be improved.

▷ Computerisation is recomended as a key cost saving exercise yet there is no attempt to quantify staff and cash needed to implement it or the issues and difficulties involved.

▷ The report narrows the role of social services to an absolute minimum eg for the elderly, handicapped people and children. It ignores crucial areas of welfare rights and advocacy work for the thousands facing unemployment, homelessness, poverty and other social problems.

▷ It completely ignores the value of preventative work which can, of course, save large sums of money in the long run.

sections require rationalisation and reorganisation before contracting-out can be substantially extended. The next few years will see extensive investigation into social service departments' spending, policies and working practices as a means of shaping them up for privatisation.

The government is developing a powerful array of legal and inspection devices to carry out this work.

The Audit Commission, set up under the Local Government Act 1982, is now responsible for appointing council auditors – the aim is to have 30% of this work done by private accountants. The Commission is responsible for ensuring that a council 'has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources'.[2] This will lead to auditors probing even deeper into policies and practices, demanding justification for expenditure, and suggesting alternatives, ie. cuts and privatisation. Those authorities not implementing changes will be under increasing pressure to do so.

If the Auditor is not satisfied with a council's 'progress' then under the Commission's Code of Local Government Audit Practice, they can issue a public report. Other local authority services are to be given the same crude treatment with the focus on spending league tables. The Audit Commission also has the power to carry out additional investigations on the impact of statutory duties and government guidelines on 'economy, efficiency and effectiveness in the provision of local authority services'.

The Commission recently completed a review of 400 local authority refuse services in England and Wales based on forms filled in by councils and then analysed using a specially prepared computer programme. The review claims to assess the quality of refuse, vehicle size etc the costs of different kinds of refuse collection eg kerbside, backdoor bin, in different locations. The report says nothing about wages and conditions except for a few references to bonus payments. Clearly the Audit Commission is only concerned with pushing management to cut costs and jobs and force a harder rate of work.

The DHSS is increasingly using private accountants to audit Health Authorities. So the pressure on social services from such investigations will be twofold: firstly from within local government and secondly from the NHS where jointly funded services are provided.

The DHSS is setting up a Social Services Inspectorate in 1985 to carry out three types of 'value for money' studies:

1. investigations ordered by the Secretary of State for Social Services under statutory powers.

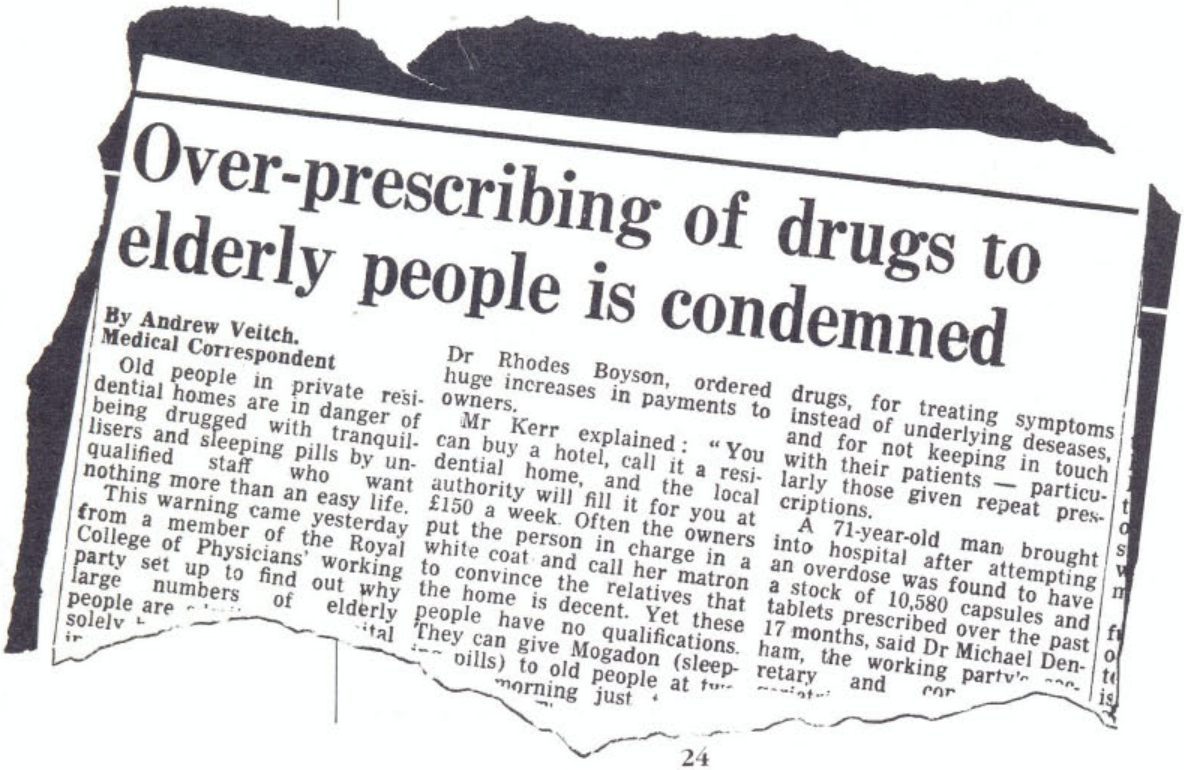
2. investigations into particular aspects of of social services; home helps are the first target.

3. investigations into individual local authority social services departments.

In addition there will be increased pressure from right-wing organisations and business interests on efficiency, 'value for money' and cutting out 'waste'. Consultants will increasingly pedal their wares seeking contracts to reorganise and rationalise social services departments. Clearly there will be increasing scrutiny of jobs and working practices by people who know little about social services and who care even less.

This will intensify as new technology is introduced in other local government services. Machines cannot replace personal care and contact so the relative cost of social services may increase leading to even more intense scrutiny.

The multinational accountancy and consultancy firm Arthur Anderson are shortly to publish a *Value for Money Handbook for Social Services.* Based on a study examining economy, efficiency and effectiveness in care of children, mentally handicapped and elderly people, the local authority associations rejected a draft of this handbook in the spring of 1984 as being 'totally insensitive to the work of the social services'.



Over-prescribing of drugs to elderly people is condemned

By Andrew Veitch, Medical Correspondent

Old people in private residential homes are in danger of being drugged with tranquillisers and sleeping pills by unqualified staff who want nothing more than an easy life.

This warning came yesterday from a member of the Royal College of Physicians' working party set up to find out why large numbers of elderly people are [illegible] solely [illegible] in [illegible]

Dr Rhodes Boyson, ordered huge increases in payments to owners.

Mr Kerr explained: "You can buy a hotel, call it a residential home, and the local authority will fill it for you at £150 a week. Often the owners put the person in charge in a white coat and call her matron to convince the relatives that the home is decent. Yet these people have no qualifications. They can give Mogadon (sleeping pills) to old people at [illegible] morning just [illegible]

drugs, for treating symptoms instead of underlying deseases, and for not keeping in touch with their patients — particularly those given repeat prescriptions.

A 71-year-old man brought into hospital after attempting an overdose was found to have a stock of 10,580 capsules and tablets prescribed over the past 17 months, said Dr Michael Denham, the working party's [illegible] retary and [illegible]

II. CRISIS IN THE WELFARE STATE

Identification of changing social needs and population trends together with the longer term planning of services is crucial in health and social services. There is increasing argument about the coming crisis of the welfare state due to major population changes. Will there be a crisis, when and why?

Three main factors determine social needs and public spending:

a. changes in the number and age structure of the population, in particular changing birth and death rates;

b. changes in needs and demands, and also rising expectations of standard of living.

c. the performance of the economy and government decisions on taxes and spending.

a. POPULATION CHANGES

The growth of the population in Britain has slowed as a result of a drop in birth rates as women choose to have fewer children, and because of increased life expectancy. These trends are not unique to Britain but have effected western Europe generally.

The growth of the elderly population is now well known. It has been estimated in the next 20 years that Britain will see a 14% increase in the 75-84 year old group and a 57% increase in the over 85s. The number of elderly is expected to reach 12.6m by 2025 – an increase of twenty five per cent over 1981.

b. CHANGING NEEDS AND DEMANDS

Constant changing social trends can increase the need for social services. For instance increased mobility will sever family ties, the social acceptability of single parent family structures, mass unemployment forces numbers of people to be dependent a state pension.

At the same time rising expectations and demands for better living standards, lead to increased demands for these services.

c. CONTINUING ECONOMIC CRISIS

Despite Tory claims about 'economic recovery', the economic crisis is deepening. Unemployment continues to rise, industrial output remains low and the fundamental shift towards a more service-based economy continues unabated. Spending cuts, closures and privatisation will intensify.

Yet this in turn will result in increasing demands being placed on the health and social services. Millions face mass unemployment and ill-health due to deteriorating housing conditions caused by lack of investment, and the knock-on effects of cuts and inadequate policies in other services, their need for social services will increase faced with such social pressures.

The Green Paper *The Next Ten Years: Public Expenditure and Taxation into the 1990s* examines future public spending prospects. The government expects the level of public expenditure to remain broadly constant in real terms up to 1986/87. Spending is then expected to remain constant at its 1986/87 level in real terms for a further two years. But this assumes the success of its economic strategy. However, the Tories also have a commitment to cut taxes. The Green Paper concludes that despite a 1% real growth rate after 1988/9 and 2% real growth for 10 years, taxes would only just be below 1978/9 levels. Longer term public spending is difficult to determine but clearly continued economic crisis, tax cuts and the Conservative current spending on the military, police and similar expenditure will have drastic consequences for health and social services.

And what happens in the 1990s, which is very near now? What happens in a post-oil economy? Oil revenues are forecast to drop sharply from £12 billion to £4-5 billion by 1991 and to £2 billion by the year 2000. Current income of £3 billion annually from the state of public assets will also have dried up – there will be little left to sell!

The increasing number of over 75s in the population will have a major impact on patterns of spending. Health care for the over 75s costs nine times as much per head for those of working age, in contrast to four time as much for the 65-75 age group, and twice as much for the 0-4 age group.

The Green Paper points out that even without these population changes, to maintain current services on hospitals and community health services will need an extra 1% each year up to 1993/4.

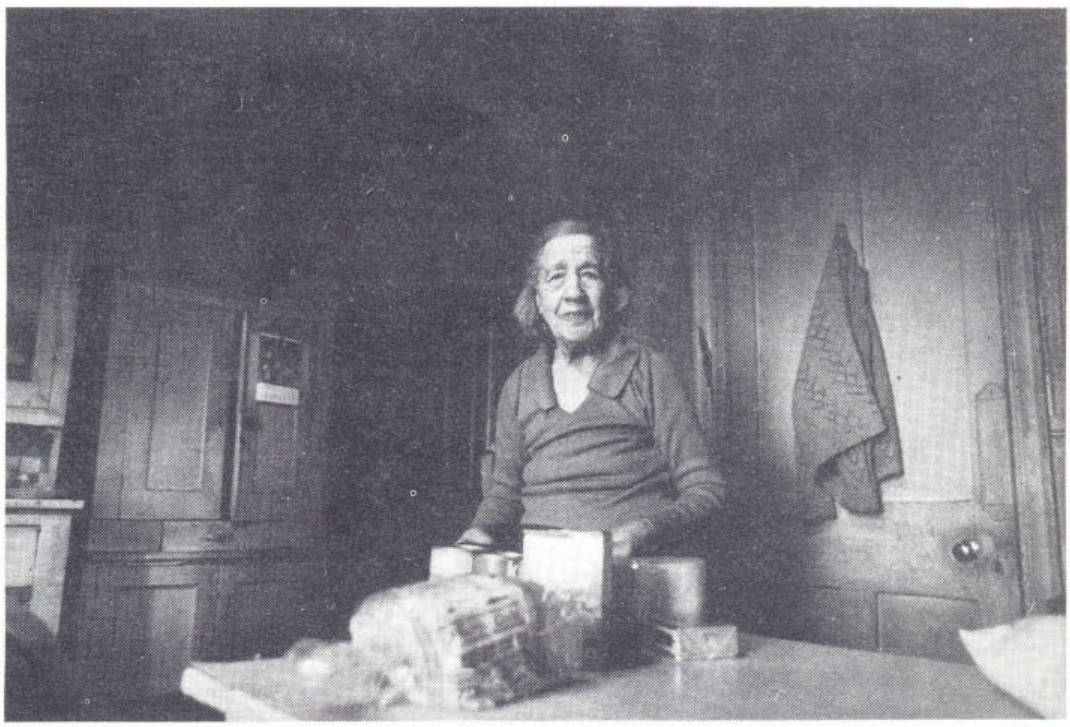
Recent work on future public spending and population changes at the Centre for the Analysis of Social Policy at the University of Bath shows that an extra 4% is needed on hospital and community health services by 1988/89. By the mid-1990s spending on the personal social services will require rapid expansion.

There are other changes looming too. Although the number of elderly will not increase substantially up to the year 200, the number of pensioners will increase by 600,000 because more people, particularly married women, will be entitled to a state pension. In the longer term the State Earnings-Related Scheme (Social Security Act 1975) will reach full operation at a time when the number of elderly people again begins to increase. The scheme will give all those without a private occupational pension a full earnings-related state pension. The extra costs of this scheme will be financed by increasing the percentage of gross earnings paid in contributions. However, the Institute of Fiscal Studies estimates that the scheme may cost an extra £20 billion a year expenditure on health and personal social services this year!

More elderly people then, but less people in working paying taxes to cover the costs of their pensions. In 40 years time it is forecast that the people with state pensions will increase by a third but the numbers in work paying National Insurance contributions will hardly change. But much depends on the state of the world and British economy, the impact of new technology and patterns of population change.

A few years is a long time in politics. It would be wrong to suggest that current Tory policies are based on a clear analysis or understanding of future changes outlined above. Accurate forecasting is notoriously difficult. However, the Tories are clearly aware of impending changes and potential crises. The four recently announced major reviews into the welfare state (covering pensions, supplementary beneits, allowances for families and young people, disablement and housing benefits) must be seen in this light. The government's privatisation strategy is not only designed to cut back public spending now, but also to restructure fundamentally public services ready for the twenty first century so they resemble these of the Victoria era.

12: THERE IS AN ALTERNATIVE



There is an alternative. A real alternative for social services which offers care and support for millions and secure, socially useful jobs for thousands.

Any one of us could be poor, unemployed, ill or disabled; all of us grow old. Then the Tories would like to label us a burden on the nation. Yet we shouldn't have to hang our heads in shame, but have open and easy access to a range of social services which can help us with our problems.

We are a rich enough nation to waste £11 billion on Trident nuclear missiles designed to destroy millions. So we are a rich enough nation to pay for a social services system bringing happiness, relief and a quality of life unknown to so many. Indeed social services can play a major social role in redistributing resources and opportunities.

We can provide a range of services freely available, without stigma, on the basis of the ability to benefit rather than on the ability to pay. Not a third rate service with gatekeepers and filtering systems. Not a charity service or one open to exploitation by the private sector. Not a patchwork service, starved of resources.

The alternative vision of our social services will be built on public sector provision since only the public sector can cater reliably for all our needs. Only the public sector can consistently provide the quality of services needed without profit or do-gooding. Only the public sector can be accountable to the local community and to the users of services.

Our vision of community care offers the best solution because it allows independence, dignity and the chance to live as part of society, not shut away from it. To turn community neglect into community care needs not only resources but carefully constructed policies and strategies. These would include:

- ► a massive injection of resources into community nursing services, primary health care and all domiciliary provision.
- ► tackling the problems of 'Cinderella' services such as those for mentally handicapped and ex-psychiatric patients.
- ► accepting that once need is demonstrated, help should be given by paid public service workers but also offering maximum support for all those choosing to do the caring themselves.
- ► providing adequate housing provision for all those who leave residential homes or hospitals. Organising adaptation programmes to enable the elderly and handicapped to live in them safely and independently.
- ► building more sheltered housing, group homes and hostels which are not isolated from other housing but within local communities.
- ► developing alternative types of provision like very sheltered housing.
- ► continuing to provide residential homes for all the elderly population who feel this best suits their needs. Community care will not wipe out the need for reversing the chronic under supply of places. The elderly population will increase and 'informal carers' desperately need breaks.
- ► emphasising preventative rather than fire brigade action. This would include providing services to stop problems from occurring

eg day nurseries and luncheon clubs. Minimising problems once they have occurred eg work with families to prevent admission into care. Preventing problems from continuing eg rehabilitating children and old people so they leave residential care or in providing aids and adaptations.

► designing services for all those groups that have been discriminated against in the past whether they are blacks, gay people, women or the disabled.

► tackling problems on a collective basis wherever possible through community workers and community social services eg heating problems on estates or organising groups of the disabled to take action in their community.

► tackling the problem of unclaimed benefits through welfare rights workers and take up campaigns.

► restructuring departments so that decision making is at the lowest possible level. Involving workers and users in the planning and delivery of service.

► removing existing blocks on the advancement and contribution so many NUPE members in the services can make. Their immense experience and skills are too often blocked and ignored, their talents and ideas too often wasted.

► recognising it is not possible to provide good caring services on the cheap. Workers need good wages, proper training and good working conditions. It will be necessary to increase staffing levels in many areas so they have time to do their job properly and help not just with physical care but with emotional care.

► immediately freezing all new provision in the private sector. Introducing far tighter controls and monitoring. Planning to bring much of it into the public sector.

WHAT KIND OF FUTURE?

We have to decide what kind of society we want. A humane society must be one where you are not left alone to struggle and worry if you are not healthy, not able bodied, not employed, not well-to-do or not under 60. Under this government the cost of the recession and defence spending is being thrust on the backs of the old, the sick, the handicapped, the very young and on all those women who have to keep on caring without assistance from the state.

The government is leading us back to the Victorian world of the poor law, and charity for the 'deserving poor'. It expects us to stand on our two feet, however old or shaky those feet may be. Decent services are reserved only for those that can buy them.

We have to begin again to argue for the rights of all people to a decent home, good health, support in times of trouble and a comfortable old age. We have to begin again to argue that public service must be the basis for caring services rather than private profit. Otherwise the future will be bleak for us all and we have every reason to fear growing old and to fear any problem that might cause us to need social services.

13: ACTION

NUPE has launched a national campaign for real and effective community care to strengthen opposition to cuts and privatisation of social services. This pamphlet is only part of the campaign. We have already produced 50,000 copies of a four page broadsheet called *Caring for Profit: Social Services For Sale* and we will shortly be producing a detailed Action Kit for workers and shop stewards in social services and concerned organisations.

We are calling on other trade unions and the wider labour movement to support and take an active role in this important campaign. What is happening to social services is not simply an issue for the workers involved – the care of children, the sick, handicapped and the elderly concerns all of us. How we care for children and the elderly is a good barometer of the kind of society we live in. The campaign must involve collective action nationally and locally by trade unions, trades councils, womens groups, political parties, tenants and community campaigns.

The key question is what action can be taken? Below we outline a 7 point strategy for workers within social services but first we present ideas for action for the wider labour and community action movement.

There are a wide range of actions that can be taken, some are more appropriate for local organisations others for citywide, boroughwide and countrywide organisations. The groups where they can be considered include federations of tenants associations, trades councils, womens groups, pensioner groups, caring groups, political parties, local tenants groups, community groups and neighbourhood groups.

1. Make contact with stewards and union representatives at local social services centres, homes and offices.

2. Discuss what is happening in your area with them; the possibilities of links and alliances; the setting up of formal links where they can contact you easily if jobs or services are threatened.

3. Monitor what's happening to social services in your area; follow the local press; gather together local information.

4. Search out nearby private homes and gather as much information on them as possible. Consider sending in group members to visit these homes to see if they would be suitable for 'relatives'. Publicise the conditions, employment practices and profiteering of home owners and companies.

5. Organise evidence, for instance through surveys or short interviews, of unmet needs and how social services should be expanded. Publicise the results. An example of this is 'Caring in the Second City' produced by NALGO in Birmingham.

6. Monitor social services committee minutes and reports and other sources for cuts, closures and privatisation so we can respond more quickly to defend services.

7. Arrange for detailed investigations of local private contractors, agencies and others carrying out work in social services including company searches.

8. Get a copy of the District Health Authority or Regional Health Plans and examine its implications for community care and social services.

9. Call a public meeting to discuss the present service and how it can be improved and defended. Invite NUPE speakers.

10. Use this pamphlet as a basis for a special leaflet or newsletter for your area.

11. Use this pamphlet as a basis for a press release and local publicity. Advertise it in you newsletters and broadsheets.

12. Contact the local media giving examples of how valuable local social services are and how the government plans to attack the quality of life for local residents.

13. Develop more detailed proposals for real and effective community care and social services through debate in the labour movement and community action movement, and through the production of alternative plans.

14. Obtain the 'Who Cares' campaign material with its ideas for challenging DHA plans and local health campaigns.

15. Pressure for registration units to publicise findings on private homes.

16. Make community care a key issue at the forthcoming county elections, demand to know candidates views and policies for social services. Examine all local political manifestoes carefully as soon as they are published. Raise the issues in thie report with

your local councillor.

17. Contact your MPs and demand to know their position, publicise their attitudes.

18. Make sure you get a copy of the Action Kit.

19. Make sure you take this pamphlet to your next meeting, put it on the agenda and propose at least one or more motions from this list.

UNION ACTION

At the start of the Tories privatisation offensive we developed a 7 point strategy to defend and improve public services (ref). This strategy is even more relevant and important today. Traditional trade union tactics need to be refined and combined with new initiatives recognising the organisational problems and harmful effects certain forms of industrial action on the users of social services. We plan to develop this strategy further in the Action Kit.

We believe that the campaign should, as a matter of priority, try to:

► Strengthen workplace organisation in social services, recognising that many people work in isolation or in widely scattered locations.

Many are women, often part-time workers, and rarely come into contact with each other or have workplace meetings.

Organisational tactics will have to take into account the different problems and potential of social service departments run by county councils and those run by the London boroughs and Metropolitan Districts. Coordinated action and links with health workers will also be important to break down the barriers between health and social services.

► Closely monitor cuts, closures and privatisation in social services so that we can respond more quickly to defend services.

► Arrange for detailed investigations into conditions and employment practices in private homes and expose the profiteering by companies. The findings must be highlighted in the media.

► Encourage the formation of organisations representing the users, family and friends of those in or needing care, together with alliances with other organisations, for example, pensioners groups.

► Develop more detailed proposals for real and effective community care and social services through debate in the labour movement, alternative plans, and action to secure the needed resources.

NUPE will shortly publish reports from its Care of the Elderly working party in Wales together with one from the national working party.

THE 7 POINT STRATEGY

1. Developing alternative ideas and demands to improve services

for example:

► collecting workers' views of what's good and bad about their service, how cuts have hit, how much extra unpaid work they do, how the service could be improved for both workers and users.

► preparing and publicising reports – or charters of demands for particular services as in NUPE's residential establishments working party report.

2. Education and propaganda

for example:

► getting the message over to your members about the real threat to jobs and services.

► producing leaflets for clients, their families, friends, contacts, explaining the full range of social service provision and how it is threatened.

► feeding the local press and radio with stories of 'successes' in social services, threats to services from cuts and privatisation, and exposing the scandal of unmet needs.

3. Building stronger workplace organisation & making links with workers in other places

for example:

► making union meetings more accessible to women workers and those working in more remote places – times, places, agendas of meetings and creche facilities all need to be looked at to encourage members to attend.

► offering a strategy to workers to protect and improve their particular job – as in NUPE's *Charter for Home Helps.*

► involving individual members in working out alternative plans and strategies.

► making contact with other workers in social services and the National Health Services.

4. Developing joint action and user committees

for example:

► trying to build support for services and users involvement in campaigns before the threats become a reality.

► hold meetings with womens groups, tenants and pensioners organisations, trades councils, nursery campaigns and ethnic minority groups to build support, explain the threats, develop new ideas and joint demands.

5. Tactical use of industrial action and negotiating machinery

for example:

► considering limited forms of industrial action such as overtime bans, working to rule, blacking work with contractors, rather than larger scale action in areas of work where organising traditional strike action may not be easy or appropriate. The timing of any such action needs careful, consideration to ensure

wide support for any action taken.

► refusing to cooperate with private consultants brought in to review services or carry out feasibility studies for privatisation.

► using the existing local joint negotiating machinery to make demands and protect existing services.

6. Direct action by workers and users

for example:

► demonstrations, lobbies and pickets at council meetings to force the council to justify its decisions and deal face-to-face with workers and users.

► occupations and work-ins are important tactics and attract publicity.

► demonstrations against consultants or contractors are effective – and have put them off in some cases.

7. Counter offensive against existing contractors in public services

for example:

► collecting and publicising examples of contractors failures to give good service and their bad employment practice in your area and elsewhere.

► publicising any information on poor service or conditions in private residential homes – and the profits they make from public money.

► using information in contractors record elsewhere to discredit companies before they tender for contracts and when decisions on tenders are being made.

► getting information to councillors who are bombarded with advertising materials from firms of contractors.

► organising campaigns to recruit staff in private establishments and those working for contractors in public services into NUPE.

► ensuring that local authorities effectively supervise and monitor standards in private homes and take appropriate action to improve bad conditions.

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