

**DEPARTMENT OF HEALTH & SOCIAL SECURITY**

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*From the Secretary of State for Social Services*

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Private Secretary  
10 Downing Street  
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*Dear Tim*

I attach a paper for the Family Policy Group prepared by the Secretary of State for Social Services.

Copies go to Imogen Wilde (Department of Education and Science), David Edmonds (Department of Environment), Anthony Mayer (Department of Transport), Jill Rutter (Treasury), Barnaby Shaw (Department of Employment), John Haliday (Home Office) and also to Richard Hatfield (Cabinet Office) and Gerry Spence (CPRS).

*Yours etc,**David*

D J CLARK  
Private Secretary

NOTE BY THE SECRETARY OF STATE FOR SOCIAL SERVICES FOR THE FAMILY POLICY GROUP

RENEWING THE VALUES OF SOCIETY

You invited Ministers to set out what their Departments were doing towards encouraging the development of personal responsibility, and what more might be done.

Child Care

2. Children's experiences in their early years are crucial in forming attitudes. The care provided by parents themselves must be the foundation on which we build. Indeed some would say that we should do more to help parents to be at home eg by increasing child benefit and other forms of support for families with children and particularly to single parents.

However in this paper I concentrate on the availability of services. Some are of value to all children (ie whether they have a parent at home or not) and often operate through developing the responsibility of parents themselves eg:-

(a) "Homeline" provides families at risk with a family friend, a volunteer to help and advise. "Homestart" uses volunteers to visit families with young children, particularly with isolated and lonely mothers. We provide some central grants for these.

(b) Pre-school playgroups, usually started by voluntary bodies, are well supported by parents contributing time as well as money. Parental involvement in constructive pre-school activities can help to reduce subsequent delinquency. Again, we provide central grants.

In addition, we encourage the efforts of the National Childminding Association to improve the standing and status of childminders, and we have urged local authorities to help more in developing services for the under fives by looking at alternative uses of existing resources. The Urban Programme has assisted. The present trend in the Western world towards less stable family relationships gives these activities even more significance.

I now propose to:

- discuss with the voluntary organisations concerned what more can be done within existing resources
- update my guidance to local authorities on the availability of day care services
- build up information about other countries to see what lessons we might learn.

If more resources were available I would, for example:

- support more Homeline and Homestart schemes
- ask voluntary organisations to expand their development of multi-purpose family centres in deprived areas.

Though the bulk of the cost of such extra provision would have to come from the users or from voluntary sources, some central pump-priming would be an important stimulus.

3. The problem of usefully occupying children after school and in the holidays is also growing. One effective way of tackling this is the organisation of activities by groups of parents within their own communities using local facilities, such as church and community halls, and schools. Schemes are being supported through the Urban Programme. But the schemes ought to be largely community based not State supported and a small new Departmental grant is being made to the National Out of School Alliance for the co-ordinating work with voluntary groups across the country. I should like to see:

- continued support via the Urban Programme
- more opening of schools during holidays and after school hours.

## Juvenile Offenders

4. We have invested considerable resources in the development of "intermediate treatment", providing financial support to voluntary bodies and staff time to encourage individual schemes and local authorities. This form of community care aims to build a sense of responsibility in a juvenile offender, without creating the alienation caused by committal to an institution. Already schemes are being used by magistrates as an alternative to detention centre or Borstal, and involve substantial discussion with the youngster about his offence and the way he relates to society, a project of community work, and follow-up contact until he is re-established and confident in his new role. Provisions in the Criminal Justice Bill also encourage non-custodial care - extension of the Community Service Order to 16 year olds, and give courts powers to specify details of the intermediate treatment programmes to be undertaken. I now propose to:

- continue to encourage the expansion of Intermediate Treatment as existing resources permit.

5. But the scale of intermediate treatment is still small, and there is a need to build up an effective national network. If more resources were available I would:

- launch a new initiative to bring together statutory (including social services, education, policy, magistrates etc) and voluntary bodies to develop the service, with some central pump-priming money.

## Elderly

6. It is sometimes said that one sign of loss of traditional values is that families are less willing to care for their old people; and that the availability of improved statutory services has led to their being handed over, with no real feeling of guilt, to the 'welfare' to look after. It is difficult to produce direct evidence to prove or disprove this. But we do know that some 95 per cent of all those over 65 are still living in the community. A recent study estimated that of about half a million people with moderate or severe senile dementia, 90 per cent still lived in the community: about 40 per cent of their supporters were their spouses and a slightly higher percentage were their children.

7. We have no other firm information on the extent of family support, nor have we evidence of any significant change in it. There have, however, been changes in patterns of family life which might be expected to affect the family's caring capacity. These include:

- a. an increase in the proportion of women who work outside the home;
- b. a reduction in the number of unmarried women;
- c. a reduction in the ratio between the number of "typical carers" (women aged 45-59) and the number of elderly people;
- d. an increase in the number of elderly people who move when they retire;
- e. greater mobility, particularly the tendency for younger people to move from inner city areas leaving the older generation behind;
- f. the later onset of dependency.

8. Spouses form a very significant proportion of supporters. For this reason, and others, many supporters are themselves elderly: for example 37 per cent of the supporters of the confused elderly are over 70. The support required by elderly and younger carers will differ. Elderly supporters may have a particular need for supportive services in the home while the priority for younger carers may be for short breaks from caring. Organisations such as the Association of Carers and the National Council for the Single Woman and her Dependants do good work in facilitating mutual support and representing the interests of carers: we provide both bodies with financial help.

9. I intend to try to persuade authorities to put more emphasis, within the limited resources available, on

- home support services (district nurses, home helps, incontinence services);
- assessment, advice and counselling services;
- facilities for day and short term care;
- the provision of day and night sitting services.

I will also

- continue to support voluntary agencies providing services in this field, or providing support for the carers themselves

and encourage the authorities to do the same.

#### Other Special Groups

10. A similar approach is relevant also in helping disabled people to maintain themselves in the community, and supporting the efforts of families, relatives and neighbours to care both for the physically disabled and the mentally handicapped. We are proposing important changes in the 'joint finance' arrangements to further collaboration between health authorities, local authorities and voluntary bodies to extend services to help in this - with particular emphasis on schemes enabling people to leave long-stay hospitals.

There is an important link here with social security provision. Other improvements in the mobility allowance are a concrete example, and we are seeking other ways in which benefit policy can back up these 'care in the community' objectives.

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## Social Services and Voluntary Effort

11. The personal social services have a crucial role in limiting and preventing dependence by buttressing family responsibility, mutual support and individual self-reliance. They can forestall the need to receive children into care and help handicapped or elderly people to maintain their independence. I continue to emphasise the importance of the work of the social services in building up individual and family strength. I propose to:

- focus on this aspect in the follow up of the recent Barclay Committee report on social work, and encourage the social services departments to develop their role in mobilising community resources, both voluntary organisations and less formally organised effort.

12. Our support for the voluntary sector has been maintained in real terms and is now running at £9m a year. Local authority support for the voluntary sector's local activities has been increasing in real terms (by 20 per cent in 1981/82 to £23m). We are also getting a good response to the £3.3m scheme launched earlier this year to create opportunities for volunteering in the health and personal social services by unemployed people, a particularly valuable way of encouraging individual self-confidence and commitment. If and as resources become available, I intend to:

- encourage the continued expansion of the voluntary sector in support of our objectives.

## Private provision for health care

13. The NHS has dominated thinking on health care for more than a generation, but the revival of interest in private medical care has shown that many people are willing to take direct responsibility for themselves. The growth in private medical insurance from around 2½ million insured people when we took office to four million now is evidence of this. Especially encouraging is the growth of individual as well as corporate cover. This change has brought new income for health care which is helping the NHS as well as stimulating new private investment. We have already relaxed controls which might have hampered this. I now propose to:

- continue to encourage private sector growth;

- encourage public and private sectors to work together closely in constructive partnership so that more efficient and effective use can be made of their combined resources.

14. The same awareness of individual responsibility for health can also be harnessed to bring help to NHS hospitals. Before 1948, hospitals were generously supported by voluntary organisations and we are doing what we can to revive this spirit. Not only do voluntary contributions bring in extra resources, they also foster a strong sense of commitment in the community towards local hospitals. We have untied the hands of health authorities (via the Health Services Act, 1980) so that they can become actively involved in local fund-raising, and are encouraging them to explore in co-operation with the voluntary organisations, what can be achieved by this means. I now propose to:

- continue to encourage these developments.

#### Health - the Individual's Responsibility

15. The prevention of ill-health is an area in which the individual has clear responsibilities. No one can wholly escape illness or injury, but there are plenty of risks to health which are within the individual's power to reduce or avoid. Too many endanger their health through ignorance or powerful social pressures. A general aim should be to help people appreciate that much illness is avoidable and that avoidable illness pre-empts resources needed for the treatment of those who are unavoidably sick.

16. We can give more emphasis to this important aspect of health promotion activities. There are already significant changes in public attitude towards smoking and signs of a change in attitude towards exercise, diet, and sensible drinking (especially in the road safety context). I now propose to:

- discuss with the Health Education Council under its new leadership how their information programme can further emphasise this theme, which has already featured in their successful "Look After Yourself" campaign;
- encourage the Health Education Council to develop their Education for Parenthood programme;
- use the opportunities of Ministerial speeches to medical, nursing and other professional groups to encourage them to adopt the same approach in their relationships with patients;



- consider further with interested groups such as the drinks and tobacco industries how the funds and support they are prepared to give to research and educational projects can best help promote sensible behaviour and foster individual responsibility at home, and in the workplace;
  
- arrange with DES how best to continue to encourage schools to include teaching on personal responsibilities for health in the curriculum.