

PRIME MINISTER

Family Policy Group

We have still to decide on the agenda of the meeting for the Group which is scheduled for 9 March. Candidates are the attached paper by Sir Keith Joseph, which he circulated sometime ago on preparation for parenthood, which was probably one of the papers leaked. DES tell me that Sir Keith is still keen that this should be discussed and I understand that DHSS have a paper in draft on a similar theme. In addition DES have a paper in preparation on the use of school facilities outside school hours and there is a DOE paper on the use of other council ^{sports} facilities.

Do you agree that we might put all four papers on the agenda for the next meeting?

Yes

JF.

22 February 1983

1 December 1982

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I have

MR FLESHER

WIDER PARENTAL CHOICE

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There is a considerable danger that Keith Joseph's paper, after revision by the Department, will still be couched in a negative and doubting spirit. If it is unreasonable for us to ask for a sight of the paper before it goes to the new Committee, there is another request we might fairly make.

The Prime Minister could invite Keith to append to his paper an annex listing and answering the commonest objections to vouchers. This would save the time of Ministers and start proceedings in a positive spirit. I understand that Sir Keith's advisers have the materials ready for an annex of this sort.

FERDINAND MOUNT

PRIME MINISTER

PS: copy to hold it
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Prime Minister:

Sir Keith is an important but sensitive ground: Mr Mount will wish to comment on the handling of his paper. You have, for example, already agreed that the next meeting of the Group should concentrate on a programme of action. *H*

MS 1

FAMILY POLICY GROUP

As mentioned in the summary of proposals for action circulated after the meeting on 10 September, I have prepared a paper on the subject of preparation for parenthood asking ourselves first whether something could be done and secondly, if so, whether the Government should try directly or indirectly to do it or to see that it is done. 22/10

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2 You may wish to have this put on the agenda for one of the meetings of the Group.

3 I am sending copies of this to members of the Group.

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22 October 1982

PREPARATION FOR PARENTHOOD

1 Parents have a duty to provide a consistent framework of care and discipline for their children; but they sometimes fail to fulfil this duty. And the bad upbringing that results from such failure is, if not the only, at least a major cause of poor education and crime. For the broad question posed in this paper I am not distinguishing between having more children than can possibly be managed or unwanted children on the one hand and, on the other, learning how to be good parents to a small number of wanted children; nor am I meticulously involving fathers as well as mothers in the drafting as would be necessary in any policy proposals.

2 Of course there will always be irresponsible parents. But in recent years there seems to have been a sharply rising trend. Earlier generations assumed that education would solve the problems of upbringing. We have had no evidence that this is so. We have to ask ourselves whether potential parents could be helped towards "good-enough" parenting (to use the phrase of Mia Kellmer-Pringle).

3 In approaching this question there are two general points to be made:

- i Most people do provide "good-enough" parenting if not better: they equip themselves with the relevant knowledge from their own parents and from books, magazines and advice.
- ii Inasmuch as personal responsibility has been eroded by a shift of housing, health, education and welfare provision excessively to the state, we are trying to shift the balance - and this should be part of our answer.

4 It is probably true, however, that a proportion of young people do not equip themselves to be "good-enough" as parents: the young concerned tend to be the least mature from the least good homes. They embark upon parenthood casually. Many of the girls concerned do not have the awareness of the burdens and responsibilities of motherhood. In many cases they have had only a bad example at home. Indeed in some cases they see pregnancy as a means of escape - not realising the strains of bringing up children even in good conditions, let alone in poor. The research that mercifully

shows that "the cycle of deprivation" is not inescapable also shows that a bad upbringing all too often is part of "cycles of disadvantage". Many, in other words, escape from bad parenting and become themselves "good-enough" parents, but many do not.

5 Could anything be done? By hypothesis most of those who provide bad parenting tend to be the least self-disciplined and with short time-horizons. Those girls who are at most risk will tend neither to restrain themselves nor to insist on or use contraceptives nor to have sufficient grip even to consider abortion in sufficient time. Can their attitudes be changed? Can they be brought to realise the real implications of maternity - the burdens as well as the joys? Can they be brought to realise the needs of a child from the start for love and discipline?

- a Can schools do the job? The most vulnerable young people will tend to be the least attentive in class and it will be difficult to find teachers to handle effectively so difficult a subject in relation to so difficult pupils. Moreover, the ambience is far from ideal for the few pupils who are or are about to become parents and a bit distant and meaningless for most of the majority who are not.
- b Can a specialised health and welfare staff do the teaching? I remember from DHSS days that some local authorities/health authorities - Southampton was one - claimed success in lowering the birth rate in areas with large vulnerable populations by effective visiting. Perhaps we could enquire into the current position.
- c What of television? Antony Jay is eager with commercial or charitable money to make television films but he says that they will not be likely to reach or persuade the most vulnerable young people.

6 One possibility - delicate and fraught with risks - would be to try to use, in connection with pregnancy, the approach used in connection with cigarette smoking - that is fear. It was I who for better or worse at DHSS approved the making by the Health Education Committee of four short films to scare young people off smoking. They were widely noticed. Some of the

most vulnerable may have been influenced because the films used hedonistic and short time-horizon arguments. We could therefore explore whether short scare films, suggesting that maternity is marvellous when the parents concerned are ready for it, might be practicable.

7 It is also worth asking how existing parents can most effectively be helped to recognise their responsibilities as parents. Some local education authorities have performed pioneering work in setting up parent support or "outreach" programmes as a means of transforming hostile or negative parental attitudes. Coventry, for example, has appointed suitable teachers as "education visitors" to bring parents of young children into contact with their local schools and to encourage them to help their children, for example by emphasising the importance of their talking and reading to their children. Such "outreach" programmes can serve both to improve parents' relationships with their children and to influence their attitudes to the upbringing of any further children they may have. It would be possible, by speeches, pamphlets etc, to seek to spread examples of good practice.

8 But the overriding question remains. Even if something could be done, should Government try directly or indirectly to do it or to see that it is done? If colleagues decide in favour of trying I would be glad to put to colleagues particularly concerned - the Home Secretary and the Secretary of State for Social Services as well as the Secretaries of State for Scotland, Wales and Northern Ireland - a paper for consideration.

FAMILY POLICY GROUP

PREPARATION FOR PARENTHOOD

Paper by the Secretary of State for Social Services

Poor parenting is more widespread than any of us would like. It can lead to poor educational attainment and to crime - although there is no automatic link - and certainly a great deal of unhappiness. However, as the Secretary of State for Education says, the crucial question is whether Government should try to improve the position and, if so, how? In reaching a conclusion on that we should at least take into account the following points:

- (1) There is no single "right" kind of parenting and we know more about what can go wrong than ways of being right. There is still considerable uncertainty as to what is good practice in child rearing and parenthood.
- (2) If we are to tackle the problem of poor parenting then we need to look at both preparation for parenthood and support for parents. When parents fail in their task it is not usually because they do not know what good parenting is but because they cannot cope with the many external pressures and demands on them. Ideally what is needed in that situation is a readily available informal support and advice system that parents can turn to when they need it.
- (3) It is extremely difficult to generalise about "problem" groups. For example, we know that the divorce rate in 1961 was two per thousand married persons and that by 1980 this had increased to twelve per thousand. As many as one in three marriages today will probably end

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in divorce. 59 per cent of divorces involve dependant children and in 1980 40,000 of them were under five years old. But divorce in itself is not necessarily an accurate indicator of social handicap in children. Many single parents are extremely good parents while in any event something like 80 per cent of those divorcing under the age of thirty will remarry within five years.

- (4) Not all the figures by any means support a conclusion that there has been an increase in poor parenting or a sharply rising trend of "irresponsible parents". For example, the proportion of children in care in the population appears to have held level from 1952 to 1970, then experienced an increase during the 1970s which tailed off towards the end of the decade with a fall in 1981. The annual number of admissions each year has fallen from 50,000 in 1973 to 43,000 in 1981. The number of children placed in care by parents has fallen from 40,000 in 1974 (82 per cent of admissions) to under 29,000 in 1981 (67 per cent of admissions). Two other interesting figures are that the rate of births per thousand women under the age of twenty has dropped from 42 in 1970 to 26 in 1980 (although there has been an increase in illegitimate births between 1979 and 1980). While the rate of births per thousand women under the age of sixteen has dropped from 2.2 in 1970 to 1.6 in 1980.

I would suggest that all this points to our adopting a cautious approach. We should develop existing successful schemes - rather than adopt dramatic (and highly controversial) new tactics like "scare" films on maternity. We should consider both preparation for parenthood and support for parents. In all our policies we should remember the contribution that can be made by voluntary organisations who are generally much freer than statutory organisations to pioneer new approaches and to try out new ideas. I would therefore suggest that our policy should include:

- (i) The development of community based self-help family centres, as suggested by Mia Pringle. The centres would be multi-purpose: they would provide a meeting

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point for purely social and recreational purposes; they would enable parents to offer support to each other; and they would make available advice counselling and when need be referral to specialised agencies. In short they could be used as a source of help and support without automatically labelling parents as having failed in some way or as being problem cases. The establishment of such self-help centres would be a natural role for the voluntary sector.

- (ii) We should concentrate on schemes likely to reach parents at risk because of their unsupported life, extreme youth, or history of poor success with previous children. Again the voluntary sector has an important part to play. The kinds of schemes to develop include:

Playgroups places increased from 263,000 in 1972 to 365,000 in 1981. Groups now total nearly 15,000. Through national associations the DHSS and DES have been working jointly to push the playgroup movement into the more deprived areas.

Home start schemes. These were started in Leicester in 1973. They consist of teams of trained volunteers, themselves mothers, who visit families with young children who are experiencing difficulties. Professional back-up is provided by the statutory services when required. There are currently something like twenty-five home start type schemes throughout the country.

Child minding. The number of registered child minders is almost 43,000 and the number of children minded is just over 100,000. We estimate that the number of children being minded by unregistered minders is a further 100,000. We aim here to improve the status, training and support of child minders by developing the work of the National Child Minding Association.

Health visitors who have increased by 38 per cent between 1971 and 1979. The scheme mentioned by the Secretary of State for Education in Southampton was probably an early scheme of home visiting to help with family planning advice. 16,000 women were so visited in 1981.

Ante-natal classes and the involvement of both parents in such classes.

- (iii) The Health Education Council - which now has a new Chairman and a new Director General - has a role in seeking to get a general message on preparation for parenthood across to both young people in schools and further education and the youth service and also parents and prospective parents.

There is one last point. Clearly there are difficulties in insisting that preparation for parenthood should be taught in schools if teachers are unenthusiastic and the children are inattentive. However, it was significant that the conference organised by the National Childrens Bureau on preparation for parenthood agreed that it was desirable that all children should receive education on this at some stage in their school career. It would be possible for teachers to be supported by health professionals including trained health education officers. The best approach would probably be to go for a wide objective: keeping yourself fit, being sensible about approaching parenthood, learning about children's development, and health education generally. It would seem a pity if the unique opportunities that schools have for influencing attitudes should not be taken.

7 March 1983

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FAMILY POLICY GROUP

SPORT AND RECREATION: PAPER BY THE SECRETARY OF STATE FOR
THE ENVIRONMENT

1. Participation in sport and recreation engenders positive attitudes, self-reliance, self-discipline and team spirit - especially amongst young people; it also fosters a sense of community identity in all age groups. On that premise, this paper considers current policy and provision for sport and recreation in the local community. The Annex gives details of current funding.

Provision of Facilities

2. We have all seen a great increase in facilities, mainly for indoor sports, over the past 30 years. Most major towns now have a multi-purpose recreation centre. Valuable though these large centres are, high travel costs - and sometimes entrance fees - limit their accessibility and use. They need to be supplemented by more local, small-scale facilities, sufficient to accommodate a limited range of activities and to provide a community focus. The Sports Council, which we grant-aid, is therefore providing for needy areas, by 1987, 60 standardised, low cost (£0.5 million) sports halls, in partnership with local authorities, construction of the first one has now begun in Toxteth). Accelerating this programme would obviously be desirable but would require extra public resources; the proposed locations will not readily attract funds from the private sector. There may be scope for voluntary groups to help run the facilities, thus reducing revenue costs.

3. We have also started to provide small-scale facilities like kick-about areas and artificial pitches in Liverpool, under our Merseyside Sports Initiative. We launched a special £ for £ scheme to encourage donations from the private and voluntary sectors for sports facilities and equipment. The scheme looks a success; an initial allocation of £1 million had to be raised to £1.25 million to match the amount from the private and voluntary sector. Neil Macfarlane has asked the Sports Council to initiate similar schemes (each of £0.2 million) in Newcastle and Bristol. These are now getting underway and he is looking for similar schemes in other areas.

4. Through schemes of this kind we get substantial community benefits for a relatively low outlay. Any extra funding provided could be spent and would show an early return.

Existing Facilities - Intensification of Use

5. Many facilities in public and private ownership are under-used. Neil Macfarlane has begun a campaign, with CBI support, to persuade companies and organisations to allow community use (perhaps just at certain times, like weekends) of their halls and fields. The response from the public sector already looks encouraging; and Neil is now approaching the top 100 companies. Where community use looks feasible, voluntary sector clubs are put into direct contact with individual companies/organisations.

Dual-Use of Schools

6. Together with DES we have urged the 105 Local Education Authorities to arrange community access to school facilities. We have no power of direction but must continue to persuade those where progress is slow. A survey completed last year showed that most LEAs are in favour of dual-use; and we are now supporting a voluntary sector working group, which is trying to bring user pressure to bear at the local level. The group is assembling notes on best practice and ways to overcome management problems, which will be used to help and encourage the slower authorities.

Motivation

7. Motivation is also required. Whilst participation has grown markedly since the War, it is still somewhat less than 50% of the population that engages in active recreation. The proportion is much less amongst the elderly (see below), minority groups and the under-privileged. We are supporting Sports Council programmes in London and the West Midlands which train leaders and motivators to encourage greater involvement in sport and recreation, particularly by the young and in inner-city areas. The programmes are going well. They are not expensive but we do not at present have the resources to extend them to other areas. The scope for voluntary agencies to provide leaders is being explored.

Children's Play

8. In the 5-16 age range, young people develop lasting attitudes and form social behaviour patterns. They are therefore a crucial target group for social and family policies. Organised children's play provides a training ground for leadership and organising skills. The voluntary sector, funded partly by central and local government, has traditionally taken the lead in establishing play schemes and training play leaders. Leading play organisations have been lobbying the Government to recognise the importance of children's play for some time. Early Day Motion 363, sponsored by the National Playing Fields Association and calling for a specific Ministerial focus, attracted more than 250 signatures. The Prime Minister has now agreed that this Department should take the lead, and I have asked Neil Macfarlane to take on this responsibility.

9. More than ever before there is a need for organised play facilities and for the committed individuals to create and run them. A substantial national effort is required, led if possible by the voluntary sector. Unfortunately, none of the existing voluntary organisations is sufficiently strong and vigorous to play the lead role required. They recognise this. With their support, consideration is being given to ways of establishing and funding a new voluntary body to meet this important need.

The Elderly

10. The elderly must also be an important target group for sport and recreation policies. They benefit of course from any increase

or improvement in facilities, especially in the local community. (Travel is a disincentive). There is special provision for the elderly in many sports centres, eg concessionary rates, activities like carpet bowls (which is booming) and movement and dance. For some sports like badminton special sessions for the elderly are available. We must look for more provision of this kind. We must also encourage the elderly to participate; the Sports Council (whose motto is "Sports for All") recently launched a successful scheme, called 50 Plus, designed to encourage those approaching and in retirement to take up new leisure activities.

CURRENT FUNDING FOR SPORT AND RECREATION

Government funding for sport and active recreation is available through the Sports Council and the Urban Programme. In total it amounted to something over £45m in 1982/83. This figure does not of course include local authority expenditure.

The Sports Council was established by Royal Charter in 1972 and its functions include encouraging participation in sport through the provision of facilities. The Council gives financial support to local authority and private and voluntary sector schemes designed to increase the opportunities for people to take part in sport.

The Sports Council receives annual grant-in-aid from the Government. This has been increased from £15.2m in 1978/9 to £22.8m in 1982/3. In addition an extra £1m was made available by the Government under the Merseyside £-for-£ scheme. An extra £4.25m has also been allocated in this financial year for the provision of, for example, kick-about areas, and multi-purpose artificial surfaces in urban areas. Provision of £27.03m has been made for the financial year 1983/4. This includes a further £1m for Merseyside and £400,000 for £-for-£ schemes in Bristol and Tyneside.

Local authority sport and recreation projects of all kinds are eligible for grant-aid under the various facets of DOE's Urban Programme. The attached table sets out, by region, the total value of schemes approved for funding in 1982/83. All UP schemes require the support of the relevant local authority to be eligible for assistance although many of them are actually implemented by voluntary groups. UP resources are limited and sports projects must compete with other economic and environmental proposals. Individual local authorities determine their own priorities in deciding which bids they will submit to the Department for approval. There is, therefore, only limited scope for an increase in support for sport related schemes from this source by central Government.

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FAMILY POLICY GROUP

PARENTHOOD

Note by the Central Policy Review Staff

Introduction

Both the paper by the Secretary of State for Education and the paper by the Secretary of State for Social Services cover two related issues :

- the quality of parenting
 - the question of teenage pregnancies
2. The essential questions for Ministers are :
- what is the proper role of Government in both these areas?
 - how should policy in these areas relate to the Government's central aims of increasing personal responsibility and the role of the family?

Preparation for Parenthood

3. There is certainly scope for improving the quality of parenting and Government has a role to play through the provision of education and training. But what is the evidence pointing to a "sharply rising trend" in irresponsible parents (para 2 of the Secretary of State for Education's paper)?

4. Can parenting be improved by training? There are many ways of bringing up children satisfactorily. Research suggests that success is based on certain common factors :

- affection
- stimulation, particularly direct conversation with the child
- consistency of discipline
- good supervision
- one good relationship with an adult, preferably a parent, at times of stress

5. Conversely there are factors which tend to carry a risk of adverse effects especially if several stresses are found together :

- apathy
- parental discord
- deprived social circumstances
- frequent hospital admissions
- large families
- parents' loneliness
- extremes of discipline

6. Not all of these factors are within the parents' control. There is a limit to what can be done in advance. But we believe that there is scope for preparing the ground for parenthood from school onwards.

7. Some possible approaches, in addition to those in the Secretary of State for Social Services' paper are :

- since most adults will spend more time with the family than elsewhere, Ministers might consider whether all school children should not spend some time learning about homemaking with some emphasis on caring for children - with practical experience - and about human relations. This would be as relevant to their future lives as, say, history.
- is there scope for more training in parenting with practical experience in the Youth Training Schemes for both boys and girls?
- could receipt of maternity benefits be conditional on one or both parents attending lessons on parenting (as at ante-natal classes in France)? Might preparation for parenthood be arranged for times when both future parents would be able to attend?
- could the voluntary movement encourage classes or self-help groups (with attendant creches) for new mothers?

Teenage pregnancies

8. Many teenagers make good parents but the papers by the two Secretaries of State imply that an essential component of better parenting is delayed

parenthood. Teenage pregnancies are associated with substantially increased risks for mother and child - an increased rate of physical, behavioural and educational problems. Teenagers may be physically capable of producing children but they may not be emotionally equipped to bring them up. Also many of the children conceived by teenagers are not actually wanted.

9. First some facts :

- the proportion of girls aged 15-19 becoming pregnant is lower than in the early 1970s (though the most recent trend is slightly upwards).
- the rate of pregnancies of girls under 16 shows a similar trend.
- the proportion of girls aged 15-19 actually having babies has dropped even further because of the number of abortions.
- 1 in 25 girls aged 15-19 conceive outside marriage of which nearly 40 per cent have abortions.
- 1 in 250 girls under 16 conceive, of which nearly 60 per cent have abortions.

10. Three factors leading to teenage pregnancies :

- earlier physical maturity means that a high proportion of teenagers now engage in premarital sexual activity. But the evidence suggests that the vast majority of the young continue to stress the traditional values of love and friendship.
- there is some evidence that girls from severely unhappy, stressful, poor quality homes see pregnancy as the only way of securing a home separate from their parents, or of obtaining an answer to a need for some emotional attachment.
- inadequate knowledge about birth control plus some recent worries about the Pill. The older middle class girls are the most likely to use contraceptives. Young working-class boys without stable relationships are the least likely; working-class children tend to learn what they know about contraception from their peers and not from parents or teachers.

11. Some adults consider teenage sexual activity as something undesirable in itself, quite apart from the undesirable consequence of unwanted pregnancies. Some adults believe that the availability of contraception and abortion through the National Health Service has itself been a spur to increased teenage sexual activity. In fact the evidence is patchy. The rate of premarital conceptions among teenagers did drop sharply after the introduction of the free NHS contraception service in 1974. Free abortions in 1967 reduced the rate of unwanted births although the rate of premarital conceptions continued to rise until the early 1970's. There is no present evidence of the effect of these developments on sexual activity.

12. Questions for Ministers fall into two groups representing two different views of the role of Government :-

- (a) - should Government take a moral stance and try to change the moral climate and so reduce the level of teenage sexual activity?
 - but would Ministers be concerned at the risk of more unwanted babies if this involved curtailing the availability of NHS contraceptives and abortions?
 - instead, would it be better to seek to discourage sexual activity through e.g. the route advocated in the Health Education Council advertisement ("no" is still the most effective birth control technique)?
- (b) - instead of taking a moral stance itself should Government seek to encourage young people through education (including education about the emotional as well as the physical aspects of sexual relationships) at home and at school to come to their own moral judgement based on a better informed assessment of their relationships and responsibilities?
 - would such action reach the most vulnerable and disadvantaged sections of the population or would it be necessary also to embark on a more open promotion of birth control, even if this risked the impression that Government was condoning a greater degree of sexual activity?
 - would more education about parenthood, for boys as well as girls, presenting a realistic (but perhaps not a "scaring") picture help to develop more responsible attitudes among the young (see paragraphs 6 and 7 above).

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13. A more detailed point arising from para 10:
- could Local Authorities with surplus housing help reduce one type of unwanted pregnancy by providing young people from a bad family environment with housing without their having to produce a child first?

7 MARCH 1983

Mr. Fisher ✓
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PRESENTATION OF SOCIAL SERVICE POLICIES

SECTION I - Importance and Public Perception

In this paper the term "social services" includes the social security system, the National Health Service and the personal social services administered by local government. Special attention is also paid to non-state provision by volunteers and families.

1. Although the most urgent political issues in the minds of the electorate are mainly in the economic field, the Conservative Party has traditionally recognised the importance of wider values. Conservative values include the cohesion and stability of our society; the establishment of good standards of learning and behaviour; freedom of choice for individuals and their families as well as the devolution of responsibility to them; and the humane and religious tradition of caring for those in real need.
2. These qualities are reflected in good family life where children are brought up with stability, security and love and are prepared for adult life as responsible citizens. Families also play a major role in caring for disabled relatives. There is no evidence that the modern family has given up its caring functions. Indeed, as pointed out in the White Paper "Growing Older" 1981, it is said that proportionally more elderly people are cared for by their families than at the beginning of this century.
3. Against this background, one of the main functions of the statutory services is to back-up the family and help to carry out its responsibilities.
4. Clearly these services also have a major role to play where there is no family or where the family are unable to cope.
5. In the final analysis the statutory services act as a safety net. No-one is denied medical treatment because he cannot afford it and no-one need be reduced to real poverty, by unemployment, widowhood or old age. In a very real sense the social services in Britain re-inforce the claim that a free enterprise economy and a compassionate society go hand in hand. They are different sides of the same coin.

6. There is strong support in principle for the present system of social services. For example, a recent poll found that 71 per cent of those asked about the National Health Service, said that it gave value for money and 83 per cent would oppose replacing it by private medicine. (Marplan, December 1981). Popular support for a system which provides an income for old people is equally high. When given a list of seventeen things the 1981 budget should or should not have done, the one issue easily topping the list was raising pensions - which was favoured by 95 per cent of the respondents and was more popular than raising tax allowances (favoured by 73 per cent).

7. The elderly strongly identify with Conservative values and as a result about 30 per cent of those voting Conservative at the last General Election were over pensionable age.

8. The Government's overall record in the social services is a very creditable one. Unfortunately this is getting through to only a small section of the electorate, partly because of historic misconceptions about the role of the two major Parties, and partly because of the disproportionate attention given to problems by the media. It is likely that most of the public, if asked whether the Health Service was being expanded or reduced, would assume the latter. The fact that the real resources going into the NHS have never been higher is not yet fully understood.

9. For example, a Gallup survey in December 1981, before the recent industrial action, showed that only 28 per cent of respondents approved of the way the Government was handling the Health Service; that proportion has scarcely changed in more recent polls.

10. Other poll evidence shows that in our first three budgets (but not the fourth) the majority of people felt that pensioners and families with children had actually been made worse off, whilst in all our budgets widows and the low-paid were seen as being the worst off.

11. In sum the social services are an essential element in our society and command widespread support; they are directly relied upon by large numbers of people; although the Conservative record is very creditable the majority of the electorate do not share this view.

SECTION II - The Record

1. The present Government has fully lived up to the tradition of the Conservative Party in protecting the old and recognising the special needs of the disabled; in safeguarding those who are most in need; and in improving the National Health Service.

2. The Elderly

- pensions have been fully protected against prices as we promised at the last General Election. Pensions are at their highest ever level in real terms. Following the November 1982 uprating they have been raised during our period of office slightly ahead of prices - by 68 per cent from £19.50 to £32.85 for a single person and from £31.20 to £52.55 for a married couple;
- the £10 Christmas Bonus - first introduced by a Conservative Government - has been paid each year - in contrast to the refusal of the last Labour Government to pay it in 1975 and 1976;
- poor pensioners on supplementary benefit receive more help with their heating costs than they received under Labour. Heating additions were increased by 15 per cent in November 1982. Since November 1980 the basic heating addition has been paid automatically to householders aged over 70. The total amount now spent on supplementary benefit heating additions is £325 million in the current financial year - far more than any previous Government.
- the number of sheltered housing places for the elderly, with a warden service, has been increased in England from 264,000 in March 1979 to 302,000 in March 1982.
- The Government's prime economic objective of reducing the rate of inflation is of great importance to the elderly, because inflation erodes the value of their savings as well as any fixed income they may have. The value of savings was more than halved under the last Labour Government. By contrast, the inflation rate is expected to have been reduced by this Government from an average of over 20 per cent in the first half of 1980 to under 6 per cent by the end of 1982 and to 5 per cent in the middle of 1983.

3. The Disabled

- the attendance allowance paid to 300,000 handicapped people has been fully protected against prices;
- the mobility allowance has now been raised from £10 per week under Labour to £18.30 in November 1982. Its value will therefore have been increased by 83 per cent under the Conservatives. In addition, the mobility allowance has been made non-taxable. This will benefit some 40,000 disabled people, many of whom are in work and thus have other taxable income;
- in total, social security expenditures on the long-term sick and disabled has risen by 5 per cent in real terms between 1978-9 and 1981-2;
- Under the Companies Act 1980, company policy towards the disabled must be set out in the directors' report;
- measures taken by the Government in 1981 included doubling the tax allowance for the blind and the Education Act 1981, updating the law on the special education of handicapped children.

4. Low-income Groups

Supplementary benefits provide a minimum level of income for over 6 million people (including dependent wives and children) and the main categories are pensioners, the unemployed and single-parent families.

The Government has raised supplementary benefits fully in line with the increases in prices in the four years to November 1982.

This means that the very poorest in our society have had their living standards maintained. The idea that we are inviting the poor to bear the brunt of our economic strategy bears no relation to the truth.

5. The National Health Service

- In common with all other industrialised countries Britain is facing a period when demand for health care has been increasing and will continue to do so. At a time of low economic growth this raises inevitable problems

of resources. In these circumstances it is the clear duty of any responsible Government to mobilise all available resources for health care - private and voluntary as well as statutory - at the same time as ensuring maximum efficiency in the use of the considerable sums committed by the taxpayer to the Health Service. It is also important to define the essential priorities in spending - on the elderly in need of care, on the under-5s, on care in connection with childbirth, on care for mentally ill and mentally and physically handicapped people. That has been the Conservative policy. But the National Health Service will remain the central and preponderant element in Health Care; the Government has no plans to change the basis on which it is financed, largely through taxation, and is committed to its future development.

In 1979 the Conservative Party promised to increase the resources of the NHS. This commitment has been fulfilled, Health spending in Great Britain has risen from £73/4 billion in 1978-9 to £14½ billion in 1982-3. (Planned spending will rise to £15½ billion in 1983-4.) Spending is now at all-time record levels and has grown about 16 per cent faster than inflation; the growth in services for the NHS as a whole between 1978-9 and 1982-3 will be 5½ per cent or more. The proportion of GDP devoted to health care has risen from 4.8 per cent to 5.5 per cent. As a proportion of public expenditure health spending has risen from 11.8 per cent to 12.6 per cent.

- On all these measures Opposition charges of 'cuts' can be completely refuted. The latest November 1982 financial statement announced a further £80 billion increase in provision for the NHS in England above what had already been planned - making possible further new initiatives in health care - on drugs, on intermediate treatment, on primary care in the inner cities, for example.
- Capital spending has grown in real terms under this Government - provision in 1983-4 is likely to be some 13 per cent up in real terms on 1978-9. Labour by contrast cut capital programmes by 25 per cent between 1976 and 1978. At present over £1,100 million has been set aside for 136 important new hospital building schemes.

- One result of the increase in expenditure is that the NHS is now employing more staff in direct care for patients. In two years to September 1981 the number of nursing and midwifery staff in Britain (whole-time equivalents) rose by $9\frac{1}{2}$ per cent, or over 41,000; the number of doctors and dentists directly employed in the NHS by 5 per cent (2,200); and the number of GPs and General Dental Practitioners by $5\frac{1}{2}$ per cent (2,350). There are now more nurses, more doctors and dentists than ever before.

- Improvements in the Service can be jeopardised by excessive pay demands. The Government's recognition of this essential truth and its insistence on making spending on direct patient care its priority, dictated our policy in resisting firmly excessive wage claims in 1982.

- Before the damaging industrial dispute in the NHS last year waiting lists were being reduced and patients were being treated more quickly. The number of people waiting for admission to hospital fell, in England alone, from 752,000 in March 1979 to 619,000 in September 1981. It is estimated, however, that the effect of union action has been completely to undo this progress.

- Administration has been simplified in England by the removal of one administrative tier (the area health authority); decision-making will be nearer to the point where health care is actually delivered. Some £30 million will be saved on administration and transferred to patient care.

- New procedures have been established to ensure greater efficiency in the delivery of health care. There is a new system of annual regional reviews under ministerial scrutiny; performance indicators have been introduced to measure relative efficiency; manpower controls and manpower targets have been laid down; Rayner-type scrutinies are also being undertaken into specific areas of health service activity. Overall targets for efficiency savings in the health service have been set out.

- A period of stability is needed in the aftermath of industrial action. For nurses, we have offered a review body on pay, which should guarantee fairer treatment in the future. We have offered talks on pay determination and the avoidance of disputes to other health service staff. One of the advantages of a two-year pay offer to Spring 1984 should be to allow time in which these talks can be pressed to a successful conclusion.
- Mental health legislation has been up-dated and much more attention given to the needs of families with mentally infirm relatives. Special measures are also being taken to reduce the number of mentally handicapped children in large hospitals.
- Private medicine has been encouraged by abolishing Labour's legislation to phase out paybeds; easing restrictions on private hospitals and restoring tax relief on employer/employee medical schemes. These measures have increased total health care in the United Kingdom and relieved the strain on the NHS. Regrettably, the Labour Party has restated its commitment to end paybeds, and to "actively discourage" the private sector.

6. Personal Social Services and Voluntary Effort

- The resources going into the personal social services, run by local authorities, have also been increased in real terms by about 7 per cent between 1978-9 and 1981-2 and are therefore higher than when Labour was in office. Budgets for 1982-3 suggest that there will be a further 2 per cent overall real increase in expenditure in the current year.
- This extra money has resulted in an improvement in services. There have been increases in the number of home helps, as well as meals-on-wheels and other services, since 1978-9. These services, together with the financial support offered through the social security system, means that more disabled people are able to live in their own homes in the community, which is what they want to do in the first place.

- the amount of voluntary effort in the personal social services is actually greater than that provided by local government and budgetary concessions worth over £30 million per annum have been made by the Government to help charities. In addition, Central Government has maintained the value of its grants to voluntary organisations and made it easier for the unemployed to do voluntary work without losing entitlement to benefit.

SECTION III - Themes and Presentation

1. Improving the Social Services 1979-82

a. It must be accepted that the propaganda climate in recent years has been a difficult one. Some hard but necessary decisions have had to be taken in which certain benefits have been cut in real value (eg unemployment benefit, sickness benefit and child benefit) and earnings-related benefits abolished. This has been aggravated by press and TV comment about "the cuts" and rumours about further proposed public expenditure economies in the last two years. The end result has been to create a climate of opinion in which everything is seen to have been cut even if it is untrue. Many Conservatives appear to share these widespread misconceptions.

b. Fortunately we now have a good practical record in Government and we can claim to be judged on what we have done. Furthermore, on the assumption that the public expenditure programmes are established and will be adhered to, there will be a period of relative calm and consolidation. Now is a good time for a much more aggressive approach in selling our achievements.

c. Public opinion will, on all the policy evidence that is available, strongly support our positive actions in the social services and there is no reason to believe that the unfavourable attitude currently displayed by the electorate is somehow set or immovable. Interestingly, in the 1981 budget we were seen for the first time, by a small majority, as making the disabled better off and in the 1982 budget we were seen as making pensioners better-off (by 31 per cent to 19 per cent), also for the first time. This shows that with imaginative measures, like doubling the blind allowance, and good presentation it is possible to alter public perception of Government policies.

d. In the Health Service we should stress not only our excellent record but also the dedication shown by the nurses and others who refused to take industrial action. Damage is done to patients as well as to their own interests by health service workers going on strike. We should stress that what the Government wants is a period of stability in the Health Service in which the highest standards of patient care can again be the main priority. That underlines the proposal for a review body for nurses' pay and the talks offered to other staff on pay determination. Avoiding disputes like those in 1978-79 and 1982 should be crucial; unfortunately the Opposition has never condemned industrial action, implying that only a Conservative Government can make progress in this area.

e. Unemployment is the most important political issue at the present time and, although it is not a DHSS matter, the electorate may well see the Government's response as an important indication of its social attitudes. This suggests that our publicity in the social services field should be complemented by similar illustrations of what we are doing to help the unemployed (eg educational provisions, training and early retirement) whilst the economy is being put on a sounder footing.

f. We have done as much for the social services as any responsible Government could do and this is a point which we should aim to get across to the electorate. By contrast, the Labour Party proposals for massive extra public borrowing, in the social services as elsewhere, carry little conviction and highlighting them may help us to damage Labour's credibility. We should concentrate not only on the unrealistic scale of Labour's promises (£20 billion by the end of a Labour Government if all the Labour Programme 1982's policies on health and social security were implemented) but on the impact of those policies on inflation and taxation.

2. Paying for the Social Services

a. Although any Government would obviously like to improve the social services, the fact is that huge sums are already being spent and that extra expenditure has to be paid for by somebody.

b. In 1982-3 the personal social services will cost over £2,000 million; the NHS around £14,500 million and the social security programme over £32,000 million. This means that out of every £10 of public spending, more than £4 goes on the social services.

c. Emphasis must be constantly laid on the fact that expenditure on the social services is financed out of taxation and that the increases in expenditure since 1979 have had to be financed by increasing taxation. For example, the NI contribution paid by employees has risen from 6.5 per cent to 8.75 per cent mainly to finance expenditure on social security benefits and the NHS.

d. Any responsible Government must strike a balance if only because heavier taxation can damage the very groups which the social services are trying to help. Increases in personal taxation mean that people on low incomes are made worse-off whilst increases in business taxation simply result in higher unemployment.

e. In the longer term, the most important reason for controlling expenditure and taxation is that such restraint is vital to the Government's economic objectives and hence to a healthier and more productive economy. Unless we can achieve industrial recovery we will not create the wealth that is necessary to put into effect our plans and aspirations. People dependent upon the social services, including the unemployed, are among those who will gain most from the success of the Government's economic strategy.

3. Strengthening the Family

a. The family provides the framework in which almost all children are brought up and develop as individuals and as members of society. The quality of family life is therefore of fundamental importance to our country.

b. In the social services field the family is important not only because of its role in raising children but because of its functions in caring for disabled relatives. A survey by "Age Concern" confirms that very few elderly people are ever visited by a social worker or a voluntary worker

and that the bulk of supporting help for the elderly disabled is met by the family. ("Beyond Three Score and Ten", 1978). Of some 700,000 elderly people suffering from dementia, only 13,500 are being cared for in hospital and the vast majority are being looked after by their families.

c. It is totally in accord with Conservative values to help families who wish to look after their relatives. The social security system can help ease the financial strain on the family (eg the attendance allowance, introduced by the last Conservative Government, is especially helpful) and the personal social services are becoming more family orientated. For example, some local authorities take disabled people into residential accommodation for short periods so that families can be given a break.

d. The removal of children in care from institutional homes and placing them with carefully chosen foster parents is a good example of family policy. It is in the interests of the children to be brought up in a family and they are most likely to accept social discipline in adulthood.

e. Conservatives have strengthened the family in other areas. The sale of council houses means that many working families can, for the first time, acquire their own home and a major financial asset, which they can leave to their children. The Education Act 1980 has established a Parents Charter in our schools and given parents more say in how their children are educated.

f. Families have duties as well as rights and in the past too little emphasis has been laid on parental responsibility. The Criminal Justice Act 1982 makes parents face up to their responsibilities by normally paying the fines imposed on their children or entering into recognisances to ensure their good behaviour.

g. However, stable family life has been increasingly threatened by the rising divorce rate. Divorce is generally devastating for children. There are important implications for public policy because of the heavy burdens that divorce places on the legal system, the social service

departments and social security benefits. It also seems probable that divorce leads to an increase in juvenile delinquency among the children involved. Calls have been made for more effective conciliation and reconciliation procedures and the Government is studying these recommendations.

4. Privatisation and Freedom of Choice

a. The Conservative Government has strongly encouraged the growth of the private sector in the social services.

b. About half of all earnings-related pensions are in the private sector and the reliance on state pensions provided after the war has been radically diminished. The introduction of the new sick pay scheme for the first eight weeks of illness has taken the state out of something which employers can manage perfectly well. In both these areas the role of the state is simply to supervise the arrangements and lay down certain minimum standards.

c. The private medical sector is also rapidly expanding. Over 4 million people including substantial numbers of trades unionists now have medical insurance with the provident associations.

d. Conservative policy is to encourage the private medical sector, thereby widening freedom of choice and easing the strain on the NHS. The policy is strongly supported by the electorate. A BUPA survey of September 1981 showed that 57 per cent of all union members would be in favour of accepting a wage deal which included private medical insurance (excluding the 6 per cent who already have this type of insurance) and only 24 per cent would not be in favour.

e. Conservatives also believe that, by encouraging statutory authorities to put contracts out to tender for private sector firms to compete with direct labour provision in seeking to supply services in the Health Service and elsewhere, greater value for money can be secured. This policy is also popular with the public. It is bitterly opposed by the Labour Party and many TUC interests.

f. Conservative policy is therefore going with the grain of public opinion, whereas the Labour Party - which has traditionally opposed private medicine - and the SDP/Liberal Alliance, which appears to favour restrictions on private medicine, are both in some difficulties. The Conservative Party could take a more aggressive approach in its publicity in this area in the light of the Labour Party's recent renewed endorsement of restrictive measures.

5. Encouraging the volunteers

a. The role of the volunteer is valued by the Conservative Party. Volunteers embody individual responsibility in a free society. They represent a personal response to social needs. The voluntary movement often does what the state cannot do. In addition, it is innovative, quick and flexible.

b. Some 1½ million people take part in voluntary work in the community every week. The amount of voluntary effort in the personal social services exceeds that provided by the statutory services. Many disabled people, especially those without families or friends to support them, are only able to live in their own homes because of voluntary workers.

c. The statutory services are being encouraged by the Government to work in partnership with voluntary workers. As a result many local authorities now provide basic services in conjunction with voluntary bodies.

d. The suggestion that charities should be helped by tax concessions is extremely popular. When, after the 1981 budget, people were given in a poll a list of seventeen measures which they would have liked to have seen in the budget, the third most popular proposal (after raising retirement pensions and tax allowances) was tax concessions for charities. In fact, the 1980 budget gave about £30 million in tax relief for charitable giving and that was the biggest incentive to charities for half a century.

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