

NCIA Inquiry into the Future of Voluntary Services

Cuts, privatisation of public services and austerity: the situation for BME Elders and the role that voluntary services play in tackling inequality and discrimination.

Introduction

As part of the NCIA inquiry into the Future of Voluntary Services, we are intending to publish a series of position papers to explore key issues and stimulate the debate. This paper presents an outline brief for one such key issue – the impact on BME Elders, as a group affected by multiple disadvantages, of public service cuts and privatisation and the role that voluntary services play in tackling the pressures on this group. This paper is a draft and we will welcome comments and suggestions that would improve it.

In drawing together and presenting the material necessary for this paper, we are looking for academics, researchers, practitioners and activists to help us with the task – offering evidence, case studies and the thinking we need to move towards a coherent position and narrative on the issues involved.

More information about the Inquiry and its scope can be found here -

<http://www.independentaction.net/2013/07/01/inquiry-into-voluntary-services-full-briefing-now-uploaded/>

Background and context

Our starting premise is: despite legislation, voluntary action, campaigning and some additional resources over the years, inequalities remain. They are getting worse and they will get even worse given current governments and ideologies. The direction of travel has not been halted by voluntary services. We want to know what sort of voluntary action, voluntary services or approaches are needed for a radical response?

Through the decades we have evidence and experiences that people in the UK of black and minority ethnic backgrounds face inequality and discrimination: greater unemployment and lower wages, poverty, difficulty accessing services and entitlements, poorer health and housing, lower educational attainment and more highly represented in the criminal justice system. You name it, they face it. BME Elders experience double jeopardy: marginalised as older people and as coming from a minority ethnic background. And it's getting worse. To add this picture, we have cuts to entitlements and services, privatisation and fragmentation of public services; Big Society and Localism policies which shelve state responsibilities; economic, austerity and neoliberal policies which extend the gap between the haves and have nots; and last but not least a resurgence of xenophobia and racism.

One of the primary purposes of charities and voluntary services is to tackle poverty and inequality – whether social, economic or cultural – and to build on the assets of communities and individuals. Critically, their role is to provide an independent force to that of the state and other powerful interests; to challenge and change policies and practices that lead to inequality; provide a conduit for voices which otherwise might not be heard; help people be active in their lives, and to act as a bridge to, and fill the gaps left by, mainstream services. This role is of particular importance for populations that face inequality, discrimination and exclusion.

The current landscape of voluntary services mitigate against such challenge and change: there is cooption of voluntary services by the state through contracting; the disappearance of community grants, which supported specialist support to marginalised populations, into contracts which favour large corporate bodies with few connections with local communities. This is threatening the existence of community-based voluntary services able to respond flexibly to local needs, fragmented services and private sector look-alikes following state agendas. There is no room in this for dissenting grassroots voices which challenge the status quo. Communities and individuals are increasingly left to fend for themselves.

In this landscape, what is happening for BME Elders? In particular, their health and care needs. Against a backdrop of austerity and an ageing society, voluntary action is often seen as one solution to the increasing demand on care services: a free or cheap substitute for existing public services. Much social care is already delivered through voluntary action and family support. A large proportion of outsourcing of public services – whether to the private or voluntary sector - is of health and social care provision. The privatisation of the NHS will have a major impact on older people. How are the health and care needs of BME Elders dealt with in this? Matters such as: knowledge of services and entitlements and how to access them; communication and language; costs of and other restrictions on access to health/care; dietary needs; beliefs and cultural requirements; gender issues; isolation and social interests; personal growth and independence. Will the new HealthWatch groups, set up to represent the interests of health and social care users, do the job properly: to speak out and stand alongside BME Elders?

The purpose of the piece of work & areas for attention

“Not everything that is faced can be changed. But nothing can be changed until it is faced” (James Baldwin)

The purpose of the work is to provide a case study, a cross-cutting theme, to test out the NCIA Inquiry areas in respect to how they affect a particular group in the population. The work will:

- examine the impact on BME Elders of privatisation, outsourcing and cuts to public services and entitlements; and the extent to which voluntary services are compliant or resistant to these and other policies which disadvantage BME Elders.
- identify the effective role of voluntary services to reduce inequality and to indicate the potential, actual or future, offered by such services in tackling the pressures faced by BME Elders.

The focus of the work will be on the health and social care needs of BME Elders. Drawing on academic and research material, Government policy and statements, and the writings and views of informed commentators, the position paper will provide:

- A brief sketch of the policy environment and ideologies which affect BME Elders;
- A description of the current situation for BME Elders, in respect to their health and social care needs;

- An assessment of the extent to which outsourcing/privatisation of health and social care will affect BME Elders, and an idea of who is getting the contracts for what and the extent of voluntary service involvement in this;
- The part played currently by local voluntary services in meeting these needs, including BME community groups; the extent to which they assist BME Elders to improve the quality of their lives; the barriers in doing this, such as: commissioning, contracts, competition, corporate charities, 'managerialism', top-down regimes of compliance, social enterprise; and the limits of voluntary service involvement in meeting the needs of BME Elders.
- Examples of initiatives which speak out and/or act on the interests of BME Elders eg. mutual aid, co-production, personalisation;
- The part played by national voluntary bodies, or other voluntary sector "leadership", with a brief for older people or BME Elders;
- Whether or not voluntary services, nationally or locally, campaign directly or through relationships with activists on matters affecting BME Elders
- An assessment of the operation of HealthWatch, including at local level, and the extent to which they act on the interests of BME Elders.
- An assessment of the extent to which voluntary services (or other approaches) do, or might, act as a radical force for social justice and equality; influence the shape of local services and policy; and the likely factors which will hinder/assist their radical action;
- Pointers to further follow up work that may be required within the terms of the Inquiry, such as gathering information from key respondents;
- What do we do about it? Ideas and suggestions about appropriate radical responses to the environment described.

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