PUBLIC SERVICES

How is the NHS faring in the face of structural reforms, austerity pressures, costly medical advances and more people living longer? By Sarah Womack

26 LIFE SUPPORT
30 OPINION: THE LONDON EFFECT
31 THINKING SMALL: WINNERS & LOSERS
32 SAFE AS HOUSES?
34 RELOCATION, RELOCATION: SIZE MATTERS
35 THE GRAMMAR DIFFERENCE
36 FORCE FOR GOOD
37 OPINION: TO TRUST A POLICEMAN
38 FIGURES: BEHIND CLOSED DOORS
How is the NHS faring in the face of structural reforms, austerity pressures, costly medical advances and more people living longer? By Sarah Womack
Newspaper headlines can make grim reading: ‘NHS faces financial ruin’, ‘NHS death rate is one of worst in the West’. It would seem that the nation’s doctor – in the form of the NHS – has become its patient, on life support; death, we are told, is imminent. But what is the truth? Behind tales of crises, poor management, budget cuts, endless reforms and staff shortages, is the NHS actually faring well, particularly compared with its overseas counterparts?

Certainly the much-loved institution, which is approaching its 70th birthday, is creaking under the strain of radical changes. Today, events have seemingly culminated in the perfect storm. Massive structural reforms and austerity pressures have coincided with costly medical advances and more people living longer. The upshot is that the balance appears to tilt back and forth between patient care and safety, and cost savings. Many within the service believe the NHS, which absorbs a massive 9.49 per cent of the nation’s gross domestic product, to be financially unsustainable, and that it needs an extra, ring-fenced NHS tax to support it.

How the political parties confront the issue of funding will prove a key element in the general election, but there does seem to be a consensus that the once highly contentious idea of increasing internal competition within the NHS has paid dividends. Carol Propper, Professor of Economics at Imperial College, London, and the University of Bristol, said that the policy adopted by the major political parties of concentrating the spotlight on the management and outcomes of individual hospitals and increasing patient choice had driven up standards and led to lower death rates.

Professor Propper, who has undertaken several ESRC-funded projects on health economics, says: “Cost issues are important, but the NHS has been a leader in performance measures for healthcare. Giving patients greater choice is always going to mean more pressures on the service in good places. The point is, you must work out some way of getting poor providers to improve or making them exit.”

Intriguingly, her research with colleagues at the Centre for Market and Public Organisation at the University of Bristol found that such competition was fiercest in politically marginal constituencies where politicians almost never want a hospital to close for fear of losing their seats. So improved hospital management in these areas has led to decreased hospital mortality.

It would seem that the nation’s doctor – in the form of the NHS – has become its patient.

**CAUSE FOR ALARM?**

Any improvement in death rates is, of course, welcome. In 2013, there were attention-grabbing headlines based on figures collated by Sir Brian Jarman, emeritus professor at Imperial College London, which found that patients in England were 45 per cent more likely to die in hospital than in the US. But his figures showed that the situation had improved since 2004 when the death rate in English hospitals was 58 per cent higher than the US. Other research showed that, despite this alarming finding, the NHS was nevertheless highly effective in many areas compared to other countries, given that the UK devotes proportionately less of its wealth to its health system than others.

Research in 2014 by the Commonwealth Fund – a Washington-based foundation that is respected around the world for its analysis of the performance of different countries’ health systems – found that, in comparison with ten other countries (Australia, Canada, France, Germany, Netherlands, New Zealand, Norway, Sweden, Switzerland and the US), the NHS was the most impressive overall.

It was rated as the best system in terms of efficiency, effective care, safe care, co-ordinated care, patient-centred care and cost-related problems. The NHS was praised for...
 offerings ‘universal coverage with low out-of-pocket costs while maintaining quick access to specialty services’.

Figures from 2012 show that, for example, health expenditure in the UK was 9.27 per cent of GDP, and there were 2.8 doctors and 2.8 hospital beds per 1,000 patients. This compared to 16.9 per cent of GDP in the US, 11.61 per cent in France (with 3.3 doctors and 6.3 beds per 1,000), 11.27 per cent in Germany (four doctors and 8.3 beds for every 1,000) and 9.19 per cent in Italy, (3.9 doctors and 3.4 beds per 1,000 patients).

George Stoye, research economist at the Institute for Fiscal Studies, said: “Over the last decade, there has been a drive to bring down waiting times and that has been successful broadly speaking.” He endorsed the view of Professor Propper that competition and patient choice had been beneficial. He said: “There have been reforms around patient choice that lead to people going to better quality services, which drives up quality.”

Additionally, an increasing volume of publicly funded care has been delivered by the private sector – meaning that the NHS has become a major client for many private healthcare providers. “By 2010, 20 per cent of NHS-funded hip replacements were provided by private companies. That’s from almost zero in 2003,” said Mr Stoye.

Despite the efficiency of the service, costs are still rising inexorably. According to Professor Propper: “Over the long-term, if growth in real spending is less than three per cent per annum, the NHS tends to experience funding crises. At present, growth is less than this. In addition, the UK faces problems with the growth in longevity and a rise in people with chronic diseases that we are not tackling very well. So funding for the NHS is going to have to rise to meet this.”

But is any political party prepared to risk unpopularity by advocating extra tax to pay for the ever-voracious NHS? Or are there less painful alternatives? A recent House of Lords inquiry, drawing heavily on a Nuffield Trust report presenting research evidence from the Institute for Fiscal Studies and the London School of Economics, recommended reducing hospital activity by admitting fewer patients, raising the pension age and slashing pensioner benefits.

If NHS funding was held flat in real terms, it warned, the NHS in England alone could experience a funding gap of between £44 and £54 billion in 2021-22 unless this could be offset by increases in productivity.

And another inquiry, a commission led by Dame Kate Barker and set up by the King’s Fund health think-tank, recommended – among other things – combining the NHS and social care, currently run by local authorities, so that people are not passed between the two as each tries to avoid paying. The inquiry suggested an extra penny on National Insurance for the over-forties to help pay for this joined-up service, plus means testing of such benefits as free TV licences and fuel allowances.

RISKY DECISIONS

But Professor Propper said that all political parties, whatever their individual stated policies, had in the past always injected extra cash into the NHS to stave off crises. She said: “While there is a view that the NHS is crumbling, historically it has been pumped up.”

Even though health spending stalled under the Coalition government, it has risen hugely over the last 60 years and received a significant boost under the last Labour government, even though that administration was heavily criticised for failing to deliver effective value for money.

Professor Propper said she did not see major differences now between the political parties on how to reform the NHS, because neither, she argued, had much room to manoeuvre.

She said: “It may suit Labour to run vaguely with a ‘keep NHS completely public’ campaign. But it was Labour that re-invented the market reforms and the idea of mixed provision, influenced by places like Sweden where the ‘provider’ is a mixture of public, private and not-for-profit, and there is a local tax-based finance system.

“So then it comes to the issue of how much do you spend on the NHS? What we don’t have, unlike Sweden, is local taxation, but that comes with postcode lottery – which the electorate hates. The Tories are not saying ‘more private funding’ so I don’t think, regardless of the political rhetoric, that their actual policies are very different to Labour’s. Someone might go radical but it hasn’t happened yet.”

Most politicians agree there are few bigger tasks than safeguarding the nation’s health. But it is another matter actually grasping the highly controversial and potentially vote-losing nettles of introducing radical methods to inject cash into the NHS.

The question remains whether the political parties are prepared to rise to the challenge and announce bold, long-term financial surgery or, more probably, avoid such commitments and rely on sticking plasters. The NHS remains on the waiting list.

www.imperial.ac.uk/business-school
www.bris.ac.uk/cmpo/publications
www.ifs.org.uk/research_areas/62/65

Sarah Womack is the former Social Affairs Correspondent and Political Correspondent for the Daily Telegraph.
WHY IS THE ATTAINMENT AND PROGRESS OF PUPILS IN LONDON SCHOOLS THE HIGHEST IN ENGLAND?

URBAN AREAS HAVE often been associated with poor educational attainment. But London today is different. Recent commentary suggests that the attainment and progress of pupils in London is among the highest in England. In 2013, the average GCSE score was four grades higher in London than the rest of the country. Pupil progress is the best measure of what schools add to their pupils and this is almost ten grades higher in London (or a 12 per cent effect size in more technical terms). The effect is so large that policymakers are scrambling to understand where it came from and whether it can be ‘exported’ around the country.

Some argue (for example a CfBT report) that it is the result of policies and practices adopted by London schools. My focus on the ‘London effect’ is different. I analyse pupil progress through secondary schools, highlighting the role of the ethnic composition of London pupils relative to the rest of the country. The aim is to understand the statistical contribution to the ‘London effect’ of the ethnic composition of the student body in London compared to elsewhere. There is a prima facie case for this because high performing ethnic groups make up a larger fraction of students in London than elsewhere, and low performing ethnic groups are less numerous in London.

For example, pupils with Indian heritage have among the highest levels of progress; they account for 5.8 per cent of the population of London GCSE students and 1.9 per cent in the rest of England in 2013.

Black African students also make great strides in attainment through secondary school and contribute 1.2 per cent of the student body outside the capital and 12.8 per cent in London. By contrast, the ethnic group with the slowest progress is white British students and they make up 35.7 per cent of all GCSE students in London and 83.9 per cent outside London.

ETHNICITY MATTERS
The results show that ethnic composition matters a great deal. Differences in demography explain almost all the gap in 2013; if London had the same ethnic composition as the rest of England, there would be no ‘London effect’. There is no significant difference between the progress of white British pupils in London and in the rest of the country. Focusing instead on raw GCSE points for white British pupils, there is a small bonus for studying in London. But this can be accounted for by their greater exposure to higher-scoring ethnic groups in schools, this higher exposure deriving in turn from a less segregated school system in London.

London also has a lot more recent migrants into the country. My analysis linking the fraction of recent immigrants in a neighbourhood to GCSE scores shows a strong positive effect from the fraction of such pupils. Once this is accounted for, there is again no ‘London effect’.

More broadly, my interpretation of this leads to a focus on pupil aspiration, ambition and application. There is nothing inherently different in the educational performance of pupils from different ethnic backgrounds, but the children of relatively recent immigrants typically have greater hopes and expectations of education and, on average, are consequently more engaged with their school work.

These results help to explain the ‘London effect’; they do not explain it away. This is a very positive thing, but most of the praise should be directed to the pupils and parents of London for creating a successful multi-ethnic school system. By the same token, schools and education authorities did not have so large a part to play in terms of some innovative policies that can be applied across the country.
**SOCIAL CARE**

**THINKING SMALL**

What are the benefits and challenges of using micro-enterprises in social care?

**ACCESS TO GOOD QUALITY**

Affordable care for people with disabilities and older people is a challenging issue, particularly as demographic changes are increasing the numbers of people who need care. Stories of care that is rushed, poor quality and even outright abusive are common. Policymakers struggle with the conundrum of how to ensure that the standard of care gets better without overly burdening the public purse.

Part of the solution may lie in micro-enterprises - very small organisations (with five staff or fewer) that can provide care and support. The Department of Health has been keen to encourage these organisations, arguing that they can provide individualised and innovative support. In a two-year research project, Catherine Needham, Kelly Hall and Kerry Allen from the University of Birmingham are evaluating the contribution that these micro-enterprises make, testing if they outperform larger care providers in delivering services to users that are valued, innovative, personalised and cost-effective.

The researchers are speaking to people who use services and to carers, in micro, small, medium and large care providers, as well as to the providers themselves and the local authorities in which they are based.

**PROMISING BENEFITS**

Provisional findings indicate that micro-enterprises offer good value for money: their hourly rates are competitive, helped by low overheads. Initial outcomes data also looks promising: people who use these services praise the personalised and flexible service they provide. Micros can also be innovative: they don’t just provide meals to users but sit down, have a meal with and interact with that person, for example.

But there are also emerging challenges for micros at the individual and at the aggregate level: can micros provide sufficient cover for emergencies given low levels of staffing?

For local authorities, charged with market development and commissioning for care, is a patchwork of micro-enterprises, each supporting say six to eight people, too fragmented to ensure sufficient provision? These are some of the issues to be explored in the final phase of the project in spring 2015. www.birmingham.ac.uk/research/activity/micro-enterprises/index.aspx

**CRIME**

**WINNERS & LOSERS**

Crime in general has fallen dramatically, but those at risk of repeated victimisation are still suffering.

**POLICE STATISTICS TELL**

Police statistics tell us that crime has fallen dramatically in the UK – but has the dividend been shared equally? Paul Norris, Rebecca Pillinger and Susan McVie from the Applied Quantitative Methods Network (AQMeN) have examined the apparent crime drop in Scotland and found that the greatest reduction seems to have been among those who were likely to experience one-off incidents of crime while those at risk of repeated victimisation have not been so fortunate.

Using data from repeated cross-sectional victimisation surveys in Scotland dating from 1992 to 2010/11, the researchers identified four typical groups: non-victims, one-off victims, multiple victims and chronic victims. These groups differed in terms of incidence of victimisation as well as the types of crimes they had experienced. Multiple victims tended to have experienced a mixture of household and personal crimes (including household theft, vandalism, assaults and threats), whereas chronic victims were most likely to have experienced high levels of both violent and non-violent personal crime (including personal theft, robbery, assault and threats).

In line with falling crime trends, the probability of being a victim of crime decreased overall, with the proportion of respondents being classified as non-victims rising from 76 per cent to 80 per cent between 1992 and 2010/11. Correspondingly, the probability of being a victim of crime diminished. But this was only noticeably true among those who were typically just one-off victims of crime. Among those who tended to experience repeated victimisation, either as multiple or chronic victims, there was little or no change in probability over time.

**SUPPORT FOR KNOWN VICTIMS**

These findings suggest that the crime drop experienced in Scotland has been largely driven by a reduction in victimisation among those people who were most likely to have been the unlucky victims of a single incident of crime in any one year. But among those members of society at greatest risk of being repeatedly victimised or subject to a variety of types of victimisation there was little or no reduction in victimisation over time. These findings have significant implications for policy and practice in terms of ensuring that known victims are supported and greater efforts are made to tackle the problem of multiple and chronic victimisation. www.birmingham.ac.uk/research/activity/micro-enterprises/index.aspx
SAFE AS HOUSES?

How are reforms to private-sector housing benefit affecting tenants and landlords?

During 2011 and 2012 the UK government implemented a package of cuts to private-sector housing benefit, reducing the amount of rent that 900,000 low-income households could get the government to cover for them. In theory, this cut could have been passed on to landlords, as the fact that tenants have less money to spend on housing pushes down rents. In practice, average rents changed little, so almost all of the cut was felt by tenants, some of whom responded by moving to cheaper homes.

These findings come from researchers at the ESRC Centre for the Microeconomic Analysis of Public Policy at the Institute for Fiscal Studies (IFS). The researchers used data provided by the Department for Work and Pensions on all housing benefit claimants in Britain to follow those claiming private-sector housing benefit in January 2011 through to November 2013 – at least 11 months after their housing benefit was cut. By looking at changes in the housing benefit entitlements, rents and housing choices of these individuals, they were able to analyse the effect of the reforms on tenants and their landlords.

Looking at individuals 11 months after their housing benefit was cut, the reforms had reduced potential housing benefit entitlements for the properties of those affected by an estimated £6.84 per week on average. The size of the cash cut was bigger for those with higher initial entitlements. Lone parents saw an average cut of £8.43 per week, while potential entitlements for London claimants were cut by an estimated £13.39 per week.

One might have thought that recipients wouldn't have felt the full impact of these cuts themselves. Economic theory suggests that giving households less money to spend on housing could lead to landlords having to reduce the rents they charge. In that scenario, it would be the landlords, rather than tenants, that ended up worse off. However, the research found little effect of the reforms on the contractual rents of those affected. Average rents were estimated to be only 79p lower as a result of the reforms, meaning that 90 per cent of the impact was on tenants and only ten per cent on their landlords.

Centre researchers were also able to look at how the reforms influenced the housing choices of those affected. Before the reforms, 2.2 per cent of recipients moved house per month. This moving rate rose significantly as a result of the reform, by 0.5 percentage points. The effect

THE BIG TENANT SURVEY

A snapshot of social housing tenant opinion in the UK – 61,000 social housing tenants gave views

- 25% of tenants surveyed fully understand the current welfare reforms
- 31% of tenants were dissatisfied with their landlord but 42% were satisfied
- Less than 1/3 of participants felt their landlord listened to their concerns
- 42% of those receiving full housing benefit were highly anxious about having their rent paid straight to them instead of their landlord
- 22% felt that their landlord cared about them and their family

Source: www.housingpartners.co.uk; numbers rounded up
was more dramatic for those recipients who lived in the areas of Central London affected by a new national cap on how much rent housing benefit could cover. The moving rate (per month) for this group increased by around one percentage point and they became more likely to move out of the affected areas.

Who feels the cuts the most?
As well as making recipients more likely to move house, the reforms had an impact on the kind of accommodation they chose to live in, particularly for two small groups that saw larger cuts than average. First, most single childless 25- to 34-year-olds are now eligible for housing benefit amounts based only on local rents for a room in a shared house or flat (rather than one-bedroom self-contained accommodation). This change led to an estimated increase of 13 percentage points in the proportion of this group living in shared accommodation. Second, those large families who were previously entitled to housing benefit amounts based on local rents for five-bedroom properties are now entitled to a rate based on local rents for four-bedroom properties. There is evidence that this group responded to the large cuts to their housing benefit entitlement by moving to cheaper properties with fewer bedrooms. Neither group of tenants felt the full impact of the cuts; in both cases about a third of the cut in housing benefit entitlement was passed on to their landlords through reduced rental values.

Governments across the developed world help low-income households pay their rent. An important question is whether this support ends up benefiting tenants or their landlords. To the extent that such transfers allow landlords to charge higher rents than would otherwise be the case, the government is not transferring resources to the intended recipients. But looking at the package of cuts to housing benefit rolled out in Great Britain in 2011 and 2012, it seems that changes in government support had little effect on market rents, except for some small groups. Tenants either bore almost all of the cuts themselves, or moved to cheaper homes.

The amount of housing benefit larger families are entitled to has been reduced.

LOCAL HOUSING ALLOWANCE

If you rent in the private sector and your tenancy began after 7 April 2008, the maximum amount of Housing Benefit you can get is decided under a scheme known as Local Housing Allowance (LHA).

LHA depends on the area where you live and the number of people who live in your home. The maximum LHA weekly amount is:

- £250 for a one-bedroom property
- £290 for two bedrooms
- £340 for three bedrooms
- £400 for four bedrooms

The maximum rate of LHA you can get is for a four-bedroom property. The maximum benefit you can get is decided by allocating one bedroom in a property for:

- every adult couple
- any other adult aged 16 or over
- any two children aged under ten regardless of sex
- any two children of the same sex up to the age of 16

Source: www.housingpartners.co.uk; www.nhs.uk

www.ifso.org.uk/publications/7277

This article is based on a report by Mike Brewer, Carl Emmerson, Andrew Hood and Robert Joyce. For more information email andrew_h@ifs.org.uk
**WORKFORCE**

**RELOCATION, RELOCATION**

What effect does the relocation of public sector workers have on their new local labour markets?

SINCE WORLD WAR II, the government has used relocation programmes of public sector workers as a tool to boost regional development. Advocates of relocation programmes believe they help lagging regions through public investment. Opponents view relocation programmes (and the associated redundancy packages for workers who chose not to relocate) as wastes of taxpayers’ money.

Research by Giulia Faggio of the ESRC’s Spatial Economics Research Centre investigates the impact of a recent relocation programme, the 2004 Lyons Review, upon the areas that received the relocated jobs. The review proposed the dispersal of about 25,000 civil service jobs (that require little or no face-to-face contact with the public) out of London and the South East to less prosperous areas.

The study finds that 100 extra civil service jobs in a local economy ‘create’ 50 private sector jobs in finance, insurance and real estate (FIRE) as well as 30 additional jobs in catering. But those same 100 civil service jobs ‘destroy’ 20 jobs in manufacturing.

The positive effects of money spent by public sector staff on local restaurants and pubs, and estate agencies, insurance companies and local consultancies are easily understood: civil servants relocating in an area are likely to eat out, search for accommodation, open bank accounts, buy insurance products, and so on. Local consultancies and auditing offices might also be positively affected by intermediate demand from public sector organisations.

**NEIGHBOURHOOD IMPACT**

Why is the manufacturing sector negatively affected? First, the inflow of additional public sector workers into a small geographical area is likely to raise housing costs. Second, manufacturing products are tradable: they can be produced anywhere and shipped at relatively low cost. Because of higher housing costs and the nature of manufacturing goods, manufacturing employers may decide to relocate themselves to less costly areas.

When analysing relocation programmes, it is hard to know a priori the geographical spread of the policy. Evidence suggests that effects are highly localised: they are concentrated in the areas receiving the relocated jobs and they drop sharply beyond 2km from a relocation site. There is also evidence of moderate displacement: 100 additional civil service jobs ‘create’ eight additional local service jobs in areas within a 0-1km distance from a relocation site and ‘destroy’ two local service jobs in areas within a 1-2km distance.

Was the policy beneficial for local labour markets? It raised total private sector employment in the receiving areas but had little impact on neighbouring areas. It also changed the sectoral distribution of local employment towards services and away from manufacturing. Was the policy designed to differentially stimulate the provision of locally-produced goods and services? Probably not, but it did.

[Source: eprints.lse.ac.uk/58530](http://eprints.lse.ac.uk/58530)

---

**HEALTHCARE**

**SIZE MATTERS**

How GP practice size affects emergency admissions

GPS regularly provide the first point of patient contact with the NHS. They offer a wide range of primary care services and regulate the use of hospital care by deciding who to refer to a specialist. Over the past decade, there has been a big change in the organisation of GP practices in England. A growing number of patients are now registered at practices with more than three full-time equivalent GPs (FTEs), while the number of single-handed GP practices has declined.

Given the important role of GPs, such changes may affect patient health and how the rest of the health service is used.

Researchers Elaine Kelly and George Stoye at the Institute for Fiscal Studies have examined the relationship between practice size and the number of potentially avoidable emergency hospital inpatient admissions in 2010/11. Such hospitalisations are distressing for patients and lead to unnecessary costs for the NHS that could often have been prevented by more effective primary care, so understanding the determinants of these admissions is a key policy issue.

After controlling for differences in the socioeconomic and demographic characteristics of the populations that practices serve, there is little difference between the average outcomes of large and small practices. But there is greater variance in the performance of smaller practices than larger practices. In particular, smaller practices are found to be significantly more likely (and large practices significantly less likely) to be among the 20 per cent of practices with the highest avoidable emergency admissions rates. This relationship holds even when taking account of the other characteristics of the practice and their registered patients.

This relationship is strongest when examining the case of chronic conditions, such as asthma and diabetes. Single-handed practices are 3.7 per cent more likely to appear in the worst performing group for admissions related to these types of condition relative to practices with six or more FTEs. The number of registered patients per FTE is typically greater for smaller GP practices, and the differences in admissions are likely to reflect the difficulties that smaller practices face in regularly monitoring patients with chronic conditions.

These findings suggest that small GP practices are - all other things being equal - more likely to provide worse health outcomes for their registered population. But it is worth noting that there are many factors that affect such outcomes, including the other characteristics of GPs, which may also differ between single-handed and larger practices. Further research is required to understand more fully the role of GPs in determining patient health.

[Source: www.ifs.org.uk](http://www.ifs.org.uk)

**www.ifs.org.uk/research_areas/62/65**
THE GRAMMAR DIFFERENCE

What difference do grammar schools make to continuing education, jobs, income and fertility?

THE INSTITUTE FOR Social and Economic Research’s new study of the long-run impacts of the grammar school system on borderline 11-plus passers has found grammar school girls go on to earn 20 per cent more and have significantly fewer children. Grammar-educated boys were more likely to reach A-levels but otherwise saw no real advantage in wages by the age of 50. The Long Term Effects of Attending an Elite School: Evidence from the UK is the first study to track the impact of selective schools on a generation of children across their lives in the long-term. Previous studies only account for levels of qualifications gained.

Dr Emilia Del Bono and Professor Damon Clark set out to examine the long-run impacts of attending a grammar school on continuing education, jobs, income and fertility. Using the cohort study Aberdeen children in the 1950s, which followed 12,500 children born in Aberdeen from ante-natal care through to the age of 50, they looked at a generation of children in a district of state selective schooling. The results support claims made by opponents of the grammar school system that performance in a single test at age 11 can determine the whole future for that child. The research found that for girls, grammar school led to an average of almost one whole additional year of full-time education, increasing their chances of getting A-levels by almost 25 per cent. Grammar school education led to a 20 per cent increase in gross income, a ten per cent increase in wages and a significantly decreased fertility rate, by an average of 0.5 children per family.

INCREASING SOCIAL MOBILITY

Author Dr Emilia Del Bono said: “This is the first study of its kind to reveal the long-term impacts of success or failure at 11-plus examination on borderline students. Even though the UK has changed a lot since those children left school, particularly with the expansion of higher education, the results will be of interest to policymakers looking at the organisation of school resources and to all those who are searching for ways to increase social mobility. Current statistics prove children from lower-income families are still struggling to reach the levels of achievement of their middle-class peers.”

One really positive result is the pronounced effect of continuing education on lifetime outcomes. Current policies extending compulsory schooling to all children in the UK until the age of 18 should therefore help to reduce the educational advantages enjoyed by grammar school students in the few areas that still operate the selective system.


A BRIEF HISTORY

Modern grammar schools

Today such a school refers to one of the 164 fully-selective state-funded schools in England and the 69 remaining in Northern Ireland.

Early years Early grammar schools, often attached to churches, helped educate intelligent but poor boys in Latin and later Greek and English grammar. A few such schools date back to Anglo-Saxon times – such as King’s School, Canterbury (founded 597AD).

The Golden Age In the 16th and 17th centuries Queen Elizabeth, King Edward and many a rich merchant ended up titling a school.

Victorian era By now some great public schools had emerged, but education standards had dropped in many of the schools. Late in the 19th century girls’ grammar schools appeared.

Tripartite system In 1944, this system put schools into three types: grammar, technical and secondary modern. Pupils were allocated on performance in the 11-plus, held in the final year of a child’s primary school education.

Decline In the 1970s when Comprehensive schools were introduced, the number of grammar schools dwindled, but continue to exist in pockets across the UK, and are still considered to offer a good quality of education, as we see here.

Source: thehistorypressuk.wordpress.com
SUPPORT FOR FORCES
Eight out of ten people in Britain have a high or very high opinion of the UK Armed Forces, according to responses from 3,300 UK adults, surveyed as part of the 2011 British Social Attitudes Survey. But the study, by the King’s Centre for Military Health Research (KCMHR), King’s College London, along with the Aberdeen Centre for Trauma Research, Robert Gordon University, and NatCen Social Research, found 56 per cent of the British public opposed to the mission in Iraq (started in 2003) and 48 per cent opposed to the one in Afghanistan. Despite this, there is huge public support for veterans of these missions – over 90 per cent support those returning from these missions regardless of their opinions of the campaign. But over half of those surveyed felt, wrongly, that members of the Armed Forces were more likely than civilians to have a mental illness and be suicidal.

bsa-29.natcen.ac.uk

Professor Christopher Dandeker,
King’s College London

STUDYING FAITH
Many UK teachers are unaware of the amount of out-of-school learning that takes place in faith settings, says a new study. Researchers suggest that mainstream schoolteachers need to know more about the knowledge and skills learned by children in their faith settings so they can support the whole child. Researchers set out to investigate how 16 children aged between four and 12 from the Bangladeshi Muslim, Ghanaian Pentecostal, Polish Catholic and Tamil Hindu communities became literate through faith activities in London from 2009-2013. Findings show that the scope and nature of learning through faith-related activities in children’s lives is remarkable, underpinning language and literacy activities, fostering bilingualism and biliteracy and creative skills and more.

www.gold.ac.uk/cci/beliefs

Professor Eve Gregory,
Goldsmiths, University of London

TOPIC: POLICING

TODAY’S CLIMATE OF economic austerity has exacerbated the occupational hazard among Britain’s police inspectors of working long hours. But researchers at Cardiff Business School have provided evidence and supported inspectors’ professional associations, helping them to negotiate new strategies for avoiding excessively long working hours and the risks to health and service that they pose.

It was for good reason that the 1998 Working Time Regulations (WTR) set a maximum of 48 hours per working week, over a rolling 17-week period. Adverse effects of excessive working time range from ‘incivility’ towards customers to greater risk of chronic ill-health and heart attacks. Long working hours that are neither freely chosen nor fairly remunerated risk triggering ‘occupational burnout’ and emergency service workers could end up compromising community safety and wellbeing, with these risks further exacerbated during times of austerity and the demands of ‘more for less’.

Research by Dr Victoria Wäs and Professor Peter Turnbull, from Cardiff Business School, revealed that one in four inspectors work more than 49 hours a week in England and Wales, and one in four work more than 54 hours a week in Scotland. The burnout risk is high as inspectors are not now paid ‘overtime’ hours beyond the 40-hour week. Moreover, long hours are often dictated by the ‘exigencies of duty’ and commanded by senior officers and chief constables as a mechanism to maintain services with reduced budgets. Ironically, inspectors’ professional commitment to ‘see the job through’ and provide the service that citizens and communities expect compounds the burnout risk.

SIGNSIFICANT CHANGES
An awareness-raising project within the ESRC’s Knowledge Exchange Opportunities scheme, with matched funding from the Inspectors’ Central Committee of the Police Federations of England & Wales (PFEW) and Scotland (SPF), identified practical steps to monitor, manage and better balance the working lives of police inspectors.

Capturing chief constables’ attention is critical: policy-change and example-setting come from the top. Starting with individual Police Force Reports detailing hours of work and adverse health effects, Federation representatives initiated evidence-based negotiations with chief officers towards monitoring and managing inspectors’ working hours. Careful use of evidence has enabled Federation representatives to represent the interests of their members more effectively. Several forces have introduced significant changes to working arrangements and hours-recording.

A strong ‘can-do’ organisational culture can inhibit individual inspectors from admitting to any ‘failure’ in shouldering workload. Long working hours and associated ill-health effects then remain hidden from colleagues, supervisors and HR managers. Since debate has raised these issues inspectors are more willing to confide in colleagues and challenge requests to overwork. In subsequent surveys, jointly undertaken by Federation representatives and Cardiff Business School, more inspectors have been willing to recognise their hours-related ill-health problems and report their concerns.

Recording of hours worked was identified as a first step to their effective management. An hours-recording app, accessed via the PFEW app, was developed, which logs hours of work whenever and wherever they are undertaken. The data can be downloaded and recorded to a spreadsheet to produce a working-time log and statistics relevant to the WTR. Download the app from polfed.org/app/Default.aspx.
IN THE WAKE OF MULTIPLE SCANDALS, THE POLICE NEED TO ONCE MORE EARN THE PUBLIC’S ACCEPTANCE OF THEIR AUTHORITY

POLICING IN BRITAIN is rather special. The UK police are almost unique in being unarmed; they rely upon ‘policing by consent’. In other words, the style of policing traditionally adopted by the British bobby is based upon the idea that the police are part of the public and the public part of the police. The task of maintaining order is a shared one.

The extent to which this is both sensible and sustainable depends on the ability of the police to maintain public confidence, particularly, as research has shown, in their perceived legitimacy. Legitimacy is defined as the right to govern and the recognition by the governed of that right. As such it is crucial to our acceptance of police authority and thus to the maintenance of public order in the broadest sense.

One element of legitimacy is measured by the extent to which those in authority apply the same legal framework to their own actions as they do to those over whom they exercise that authority, and this is where the problem can arise. The scandals surrounding the death of Stephen Lawrence, the highly questionable behaviour of undercover police and the historical investigations associated with Hillsborough make it clear why there has been a shift from a golden age when the police held iconic status, as police research pioneer Robert Reiner has described it, to the much more fragile position in the present day, when police legitimacy has to be earned and can be challenged.

The recent ‘plebgate’ affair highlights a number of issues. This began with a ‘trivial’ request by the government’s Chief Whip to ride his bike out of the pedestrian access gate to Downing Street and went on to expose lying amounting to institutionalised corruption within the Metropolitan Police Service with the Police Federation appearing to take the line ‘our officers right or wrong’.

Importantly it left the question that if the police can behave like this toward a member of the government over a minor incident, what chance does the regular chap have if he manages to get up the nose of an officer while going about his lawful business?

SERVING THE PUBLIC

Social research has highlighted the importance of legitimacy to the police task; it has shown that it is not simply that the police force needs legitimacy for its own sake but that it is vital to the process of successful policing. Without it the public will not report crime to the police, or provide information or intelligence; they will not appear in court, or support the criminal justice system to which the police are seen as the gatekeepers and, importantly, they will not admit to having broken the law.

But if, on the other hand, the police are seen to be exercising their powers for the good of the people and the rightful maintenance of the law, even members of the public who have been arrested or fined are able to report that they think the police are fair.

Perceived police legitimacy, of which trust and shared values are seen to be an important part, appears from research to be more important than police effectiveness (as measured by dealing with crime and calls for service) in the eyes of the public. As police budgets are reduced while public confidence is required to be maintained, these are important lessons. It costs nothing in cash terms for the police to behave fairly, to interact positively with the public or to see themselves as part of the public they serve.

OPINION
TO TRUST A POLICEMAN

By Professor Gloria Laycock

It costs nothing in cash terms for the police to behave fairly.

PROFESSOR GLORIA LAYCOCK
Professor of Crime Science, University College London, Director of the What Works Centre for Crime Reduction’s Commissioned Partnership Programme

www.college.police.uk/en/20825.htm
**BEHIND CLOSED DOORS**

*What does the state of our prisons say about the British penal system?*

**SOME FACTS ABOUT BRITISH PRISONS**

84,305

Between June 1993 and June 2012 the prison population in England and Wales increased by 41,800 prisoners to over 86,000. In May 2014 it hit 84,305.

£36,808

The average annual overall cost of a prison place in England and Wales for 2012-13 was £36,808. This has fallen since 2008-09 from £45,000.

4.8

The ratio of prison officers to prisoners in 2000 was 1.29. By the end of September 2013 this had increased to 4.8 prisoners for each prison officer.

215 DEATHS

In 2013 there were 215 deaths in custody, the highest number on record.

200,000

Around 200,000 children in England and Wales had a parent in prison at some point in 2009 – more than double the number of children affected in the same year by divorce in the family.

17 YEARS

The average time spent in custody for people serving mandatory life sentences for murder increased from 13 years in 2001 to 17 years in 2013.

46%

of adults are reconvicted within one year of release.

**WORMWOOD SCRUBS**

**TIMELINE**

1875-1891

The prison was built

1902

The last female prisoner was transferred to HMP Holloway

1922

One wing became a borstal

1939-45

During World War II the prison was used by the War Department

1979

IRA prisoners staged a rooftop protest over visiting rights. Sixty inmates and some prison officers were injured

1994

A new hospital wing was completed

1996

Two of four wings were refurbished to modern standards, and a fifth wing completed

1990s

An investigation into alleged staff brutality was conducted, resulting in staff suspensions and millions in compensation to prisoners

An HMP report called the prison ‘filthy’, ‘overcrowded’ and ‘illipiloted’

2009

The prison, by virtue of its iconic gate, was Grade II listed

2004

An HMP report stated that prison conditions were improved after fundamental changes

2014


**FAMOUS FORMER INMATES**

1. **George Blake**
   The former British spy and double agent was discovered in 1961 and sentenced to 42 years in prison. He escaped from the prison in 1966 to flee to the USSR.

2. **Pete Doherty**
   The pop star was jailed in April 2008 for 14 weeks for breaching a probation order after a string of drugs and driving offences.

3. **Keith Richards**
   In 1967 the Rolling Stones legend was sentenced to a year in prison for drug offences. He only spent one night in jail before being released on bail.

4. **John Stonehouse**
   After faking his own death in 1974 to avoid recriminations over financial irregularities, in 1976 the Labour Minister was sentenced to seven years for fraud.

5. **Charlie Croker**
   Whether master criminal or over-ambitious small-time crook, Michael Caine’s cockney character spends a spell in the Scrubs in the iconic Sixties film, *The Italian Job.*

**MELTDOWN**

After a recent report*, The Howard League for Penal Reform made the following comments:

- There were five suicides at the prison in 2013 alone.
- Almost half of prisoners surveyed said they had felt unsafe at some point in the prison.
- Many windows were broken with some exposed shards, graffiti was widespread and many toilets were filthy.
- Vicimization by staff was reported by more than 1/3 of inmates.
- The number of prison officers in the Scrubs was cut from 310 at the end of August 2010 to 200 by the end of June 2014.
- Many prisoners had only two hours out of their cells a day.
- Only one in ten prisoners said they had been helped to prepare for release.

**Sources:** *Her Majesty’s Inspectorate of Prisons’ report on Wormwood Scrubs, September 2014; The Howard League for Penal Reform*