

# Dan Taylor, “Gateshead, a Fraying Social Fabric: Care, Public Health and the Effects of Austerity”

*Work in progress paper, produced for a public talk. Not to be quoted/reproduced without citation. Please contact me for details on references.*

I am going to be talking about some of the impacts of UK government austerity on unpaid caregivers, based on my research in the North-East of England. I'll first introduce austerity and explore the impact of inequality on public health. In part two, I'll then discuss my research so far with carers in Gateshead. In part three, I'll present two arguments from my work so far: that we need a new social care deal, and that we should conceive of care in terms of ecology.

Welcome to Gateshead, a town of around 200,000 in the North-East of England. It sits south of the River Tyne, right opposite Newcastle. You may already know it: the Angel of the North, built over an old coal pit; the Baltic arts centre and the Sage Venue; or the concrete Trinity car-park that featured in the film *Get Carter* (Marmite: love/loathed).

Like much of the North, Gateshead rapidly developed over the 19<sup>th</sup> and 20<sup>th</sup> centuries as an industrial centre, with collieries and heavy industry in the town, and shipbuilding further along the Tyne.

In the 1930s the first modern trading estate was built in the Teams Valley, which is where the National Coal Board were once headquartered, reflecting the significance of coal for this area. By the 1980s the area was particularly impacted by deindustrialisation. By the 1990s, some now-familiar attempts were made to revive Gateshead: the Metro-Centre, for a time Europe's largest shopping mall. More recently, New Labour-associated developments like arts investment, the Angel of the North, and the replacement of the old, Brutalist shopping centre with a new Tesco and cinema. Where the Coal Board once stood, there is now a massive retail park. For many, low-paid and less secure work has become the norm, but the area doesn't have the unemployment of the 1980s-90s.

As you might expect then, Gateshead generally has higher rates of poverty and deprivation than other parts of the UK. Gateshead is ranked 47<sup>th</sup> most deprived out of 317 local authorities in England. 16% of its population live in the 10% most deprived areas in England. The area has generally higher rates of unemployment and lower incomes than the national average, but it is not exceptional by any means. That, and an abundance of good data collected by the local authority, make it useful for researchers.

Now, let's talk about health and life expectancy. In recent years, Danny Dorling, Michael Marmot and others have observed a stalling of average life expectancy in England and Wales after decades of growth. Dorling and Marmot have both separately argued that it has declined in places overall, particularly for women in deprived communities and the North. For Dorling, writing in the *British Medical Journal* in 2017, the cause of this was ultimately but indirectly central government austerity policies which, enacted by then-Chancellor George Osborne from 2010 and continuing up until Covid-19, substantially reduced local government spending, impacting local support services like meals-on-wheels and elderly care.

Let's consider averages first. Overall in Gateshead, life expectancy is a little lower than England-wide rates: to the English average of 79 for men and 83 for women, the average Gateshead man lives to 77 and average woman to 81. But it gets more interesting when we look at differences between parts of Gateshead.

In 2017, the Director for Public Health found that two babies born in different parts of Gateshead could expect a ten year difference in life expectancy. This increases to a fifteen year gap, when compared to the most affluent part of England (Inner West London, predictably).

When we look at healthy life expectancy, which is a measure of years of good physical health, a Gateshead man can expect 57 years of life in good health compared to the England average of 63. For women, 59 years of good health in Gateshead compared to 64 on average. So in both, a gap of five years. But these statistics raise as many questions as answers. Particularly when we apply the metric of poverty. A man living in Gateshead most deprived community will live on average nearly 14 years less in good health than a man in the most affluent; for woman, the difference is just under 13 years. We will consider what that means in human terms in a moment.

While the Director of Public Health highlights particular local problems around smoking and drinking, this gloomy picture of the relation between poverty, inequality and health determinants has been observed nationally. The 2010 Report of Sir Michael Marmot is a landmark in this regard. It focused on the social determinants of ill-health, and concluded that 'Health inequalities are not inevitable and can be significantly reduced. They stem from avoidable inequalities in society'. Marmot's solutions focused on increased public expenditure particularly on children and young people, taking a holistic view of education, employment, housing gender and the built environment. Ten years on in a follow-up report last year, Marmot has argued that things have got substantially worse. Welfare for families has been cut by around 40% since 2010; local government expenditure in the poorest 10% areas has been cut by 31%, twice as much as in the least deprived areas (Marmot). Between 2010 and 2020, local authority funding had been cut overall by 60%. A 2020 IPPR report found that local government spending per head in the North-East has been cut by 23% on average since 2010 – the highest among the regions. We find similar observations in the work of Clare Bambra and Kirsty Garthwaite, doing place-based health and inequality studies in nearby Stockton. Lastly Philip Alston, UN Rapporteur on Human Rights, visited the North-East as part of his study of poverty in the UK. Austerity has inflicted 'great misery' on citizens, he found. Levels of child poverty are 'not just a disgrace, but a social calamity and an economic disaster'.

Now, my interest is in the impact of austerity on care. My view is that there has been a systematic complacency and undervaluing of care and caregivers, something which has in many cases maintained some social cohesion during an unprecedented war against the poor. I'll now talk about care.

By care, I mean when one person looks after another who needs help because of their disability, illness or condition. An elderly parent, a sick friend or neighbour, a disabled child. It's something most of us either have done, will do or are doing right now. In fact since the Covid-19 lockdown, according to a report by Carers UK, 1 in 4 people have become caregivers across the UK, giving up their time, energy and some cases jobs to provide unpaid care for their loved ones.

Caring is not easy. Most carers worry a lot about the person they care for. They worry that they haven't got enough social security income to pay for their needs or housing. They worry that there aren't many local services to help them. We heard about local government cuts earlier. Between 2011-2019, the number of unpaid carers over the age of 65 has increased by up to 43%. Day centres and charities have closed, and care packages shrunk. Nearly two thirds of carers have to balance jobs alongside caring (Carers UK). About 1 in 25 carers have to give up their jobs altogether. Yet Carers Allowance, the benefit paid to full-time carers is £67.25 per week, or about £1.90 per hour. Among carers there is a hidden epidemic of anxiety, depression and ill-health from not having time and space to look after themselves.

And it is not just adults. A 2018 BBC survey estimates there are 800,000 young carers in this country, or about 1 in 5 children, usually caring for unwell parents. If these young people and their cared for persons do not get enough support, then many fall behind with school work and have little time to play with their friends. The consequences are lifelong.

These figures can feel a bit abstract. They are likely to be underestimates, as many do not recognise or self-report the caring that they do. So let's go back to Gateshead. I've been doing research on carers in Gateshead in the North-East of England for the last couple of years, undertaking qualitative interviews with caregivers as well as professionals. My project was disrupted by covid-19 and will be resumed this summer.

Let me tell you about one family.

Meet Jane. Jane is a bright 61 year old woman with a contagious smile. She's been a nurse in the local hospital the last forty-odd years, but had to give it up last year to look after her Mam Eileen. She worries a lot about her Mam. Eileen is now frail at 90 years old. Two local nursing homes closed down because of government cuts and there are little local support around. She is worn down by what she and many carers describe as the fight, a fight to get basic home adaptations from the council, the fight for the right benefits, the fight for recognition. 'I worry about those who don't have anyone'. Jane's daughter, Louise, a cheerful but tired-looking 30-something who works in a government call centre, would help her Mam but she's a single parent with a toddler, working full-time. Jane steps in to look after their giggling boy Alfie when she can, because the cost of nursery adds up. Louise tells me she worries a lot about the future. Jane has her health problems too, and she worries what Alfie's world will be like. In the years of Louise's life, Gateshead has had a sparkling new shopping centre but the deeper problems of poverty, job insecurity, closure of local lifeline services and inequality have got worse and worse.

Now, in this case no-one is in contact with local carers services and no-one is claiming carers' allowance. This is just one example of the invisibility of caring, which so often falls on women. House of Commons Library research from 2017 for the Labour Party found that 86% of the burden of austerity since 2010 has fallen on women. We should also note, on a wider level, the intersections of race alongside that of class, something demonstrated by the impact of covid-19 mortality. In Michael Marmot's 2020 report on health inequalities, he notes that routine reports on life expectancy do not include race or ethnicity. If they did, he supposes, we would expect to see a difference. 'The figures that we do have point to half of minority ethnic groups—mostly black, Asian, and mixed—having significantly lower disability free life expectancy than white British men and women.'

The uncosted value of this kind of care work to society and social cohesion is enormous – reduced hospital admissions, reduced demand on emergency services or local authority provision, longer and healthier lives in many cases, and above all, greater social cohesion. Yet someone pays this cost. Christa Wichterich calls this 'care extractivism' – the ways in which capitalism indirectly relies on unpaid and underpaid care work.

For decades, politicians and policymakers have kicked the problem of care down the road. Last month's government white paper on the future of the NHS made no mention of social care whatsoever. As we rebuild the country after the lockdown, there is now have a once-in-a-generation opportunity to put care back at the heart of our societies. But, if we do nothing, we will condemn tens of millions of carers to continued financial uncertainty and a generation of young carers to lifelong poor job prospects.

Out of my conversations with carers like Jane, there are three things at a policy-level that we can do today.

1. Increase how much carers are paid, and how much people with a disability or health condition are paid, to reduce the effects of poverty.
2. Create a national social recovery fund, using a tax on the highest earners, to put millions back into local government support services, care homes, disability charities and high streets
3. Start talking about care and valuing it properly. We have heard for decades about economic growth. That has its place but the economy is just one part of what holds our societies together. Care, from cradle to grave, is a glue that holds together societies like ours at the best of times and the worst.

I now want to draw out a couple of more speculative arguments and tell you a bit about where this research is going. In itself, my work on carers is not likely to advance the issue that far forwards among policymakers. Social care is a political football that every incoming government kicks into the long-grass. Theresa May found this out to her cost in 2017 with the so-called 'dementia tax'. There are occasionally signs of something – Jeremy Hunt rebranded the Department of Health to include 'and Social Care' in 2018. But no Conservative government is likely to take up any policy that requires serious investment in any kind of publicly-owned entity unless they can be assured of its short-term electoral success. The Chancellor's recent budget made no provision for care.

Instead I am interested in care because I want us to rethink our underlying understanding of what society *is* and what our participation in society is *for*. In the last few decades, successive British governments have championed economic growth and being in work as the solution to poverty and wider social problems. While having fairly-paid and secure employment is fundamental in any society, towns like Gateshead are typical in demonstrating high levels of in-work poverty with declining town centres, communal services and infrastructure. Margaret Thatcher's famous remark about society becomes self-fulfilling: except it does not, because what I have found in my research are these webs of relationships between families, friends and loved ones that hold together a fraying social fabric through care and concern. I am not saying this should be all that holds it together; the opposite in fact. What we really need is far more support, socially and politically, and far more recognition from employers, for the bondings of care.

What would it mean to put not just care, but caregivers, at the centre of policy? To put control of local and national government care spending directly into the hands of caregivers and frontline professionals? What I'm proposing is that instead of thinking of caregiving as something within the private household, as something detached from wider society or the economy, we instead recognise its value and cost within our communities, and underpinning our communities. The political theorist Nancy Fraser says that the care crisis is 'externalizing care work onto families and communities while diminishing their capacity to perform it'. Because care has this social and economic value, and because it is grounded in our relationships to each other, care therefore becomes a political matter. In this, I'm agreeing with some recent left-wing work on care, for instance *The Care Manifesto* by the Care Collective. Where I disagree is how, in this work, the authors attack the nuclear family as a site of care, what they call a 'careless' family, whereas it is within families that most care work takes place. They only associate a kind of authentic and cosmopolitan 'universal care' with radical historical struggles like Women's Liberation creches from the 1970s. There's some value in that but it says nothing about places like Gateshead, where social cohesion is often founded on intergenerational families living near

each other. What I dislike about this approach is how it depoliticises most care-work and caregiving that takes place. But works like this, and another brilliant book, *The Care Crisis* by Emma Dowling, rightly tell us that we cannot understand care without understanding its place within wider capitalism.

We are faced with three challenges that put the value of care into perspective. The climate crisis, with its projected impact on food and water supply, flooding, and the forced movements of million. Automation, which will increasingly be of white-collar jobs, creating vast unemployment without mitigation. And an increasingly ageing population that will live for years longer in ill health, with significant numbers of people without sufficient pensions or savings. All will demand care of different kinds. We need to approach this now, because this care is going to fall on us, just as poor mental and physical health will fall on us. Care should not necessary be something traumatic, an ordeal, but also part of our love and service to the people we care about. As we re-examine and regenerate new relationships to the natural world in response to the Anthropocene in the coming decades, so we should apply this same ecological approach to our relationships with our loved ones and our communities.

What we need then, all of us, is to put care back on our mental maps. Support policies and parties that really seek to transform the material lives of carers and the people they care for. And to recognise in ourselves and in our friends, when or if right now they are caring for someone else, that caring is both a political and a fundamentally human act. It's time to care about care.

## Extra

Now Gateshead was once a centre of coal-mining, as was the wider North-East. The "Black Indies" some called it, a name with obvious associations to colonialism. In accounts of the Anthropocene or Capitalocene era, the steam-powered industrial revolution of Britain in the 18<sup>th</sup> to 19<sup>th</sup> centuries is usually highlighted as a landmark development. Steam-power was created through the burning of coal. This area is heavily linked then with the emergence of laissez-faire capitalism and ecological degradation.

It's common, nowadays, to hear the metaphor of the social contract being used – the need for a 'new social contract' after Covid-19, or between the generations in relation to the climate crisis, and so on. I'm suspicious of it, it neither reflects what it means to be a citizen in theory or practice. But it's a useful metaphor or narrative for thinking about our obligations we have to each other, and to the State, in our communities. The concept of the social contract emerged in England during the 17<sup>th</sup> century. Figures like Thomas Hobbes and John Locke redefined our social obligations in terms of the protection of private property and the somewhat-restrained pursuit of people's naturally selfish ambitions. As many feminists have observed, there's something very masculine here, as societies are founded out of fear, war and private property and not care, interdependence and mutual obligation. This had a profound influence on the development of the classical economics of Adam Smith and others, in which ambition and competition are encouraged, and in which unregulated free trade and the possessors of huge amounts of capital are trusted with the keys for driving society's wellbeing and prosperity. The consequences, in terms of inequality, climate crisis and a lack of support for care are plain to see in places like Gateshead.

