

national information forum

Working for the inclusion of disabled and other disadvantaged people
by encouraging better information provision

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For members of the National Information Forum*

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THE ARCHER INQUIRY

Derek Kinrade

In my biography of Alf Morris (The Rt Hon Lord Morris of Manchester), and with his help, I devoted a long chapter to the circumstances surrounding the supply of contaminated NHS blood and blood products to patients with haemophilia, and its dreadful consequences. My account necessarily ended before the Archer Inquiry had reported; thus the story had not reached its denouement. That defect has now been remedied: I have the report of The Rt. Hon. Lord Archer of Sandwell QC, formerly Solicitor General, before me. The other members of the Tribunal were Dr Norman Jones FRCP, Emeritus Consultant Physician at St Thomas's Hospital, and Judith Willetts, Chief Executive of the British Society for Immunology. All served without remuneration. It would be difficult to imagine a better chosen or well qualified team to inquire into what Lord Robert Winston describes as the worst treatment disaster in the history of the NHS.

During the course of the Inquiry, the Scottish Executive announced a statutory Public Inquiry into the transmission of Hepatitis C and HIV through blood and blood products, which has worked in close rapport with the Archer Inquiry. Therefore, although Lord Archer received evidence about events in Scotland, he refrained from making judgements on them, except where they impinge on situations throughout the United Kingdom.

I must, of course, heavily condense an exceptionally thorough report, but have taken the view that the subject is of such importance as to deserve at least 'edited highlights'.

Through the 1970s and the first half of the 1980s many people with haemophilia were treated with blood and blood products which carried Hepatitis C and some 4,670 patients became infected. In addition, between 1983 and the early 1990s some 1,200 patients were infected with HIV, also through blood products. By February 2007, these infections had caused 1,757 deaths in the haemophilia community, and at least 200 more have occurred since then. Thus the seriousness of this medical disaster can hardly be exaggerated. The report points out that many of the victims were deprived of their livelihoods and families of their principal earners, while other financial consequences were far reaching. And what makes the tragedy so intense, so controversial, is that by the mid-1970s "it was known in medical

and Government circles that blood products carried a danger of infection with Hepatitis and that commercially manufactured products from the USA were particularly suspect". By the mid-1980s it was known too that "there were warnings of a similar situation in respect of HIV". Yet the products continued to be imported and used. Lord Morris has over many years repeatedly raised the issue, successively in the House of Commons and the House of Lords, with support from parliamentarians of all parties, but with limited success. Demands for a government-sponsored public inquiry were strongly and persistently resisted. Now this privately-funded inquiry – appointed by Lord Morris, but truly independent – has laid the facts bare. It had no statutory power to compel anyone to give evidence or to produce documents. Nevertheless over 300 witnesses submitted statements, 64 of whom gave oral evidence, and 20,000 documents were presented. Some key documents were not available to the Inquiry, having been destroyed by the Department of Health. The tribunal discovered no evidence that the destruction was malicious, but commented that had an official public inquiry been established while recollections were fresh, suspicions might have been addressed.

The report records that from the early 1970s, Factors VIII and IX became available in a concentrated form capable of being stored in domestic refrigerators. People with haemophilia could carry them conveniently on journeys and inject them when and where required. They promised "a new dawn". But there were problems. The first was that the requirement for Factor VIII - needed for the more common form of haemophilia - rose at a rate that had not been anticipated; with the result that availability did not match demand. The second problem was more sinister. To process Factor VIII economically required a substantial amount of plasma, pooled from a large number of donors, thus increasing risk of transmission of infection from any one donor. And the report is clear that this was a very real risk while blood products continued to be imported from commercial suppliers, predominantly located in the United States. At this time the blood industry in the USA was not controlled under statutory or other forms of regulation. "It was the practice for entrepreneurs to collect blood from donors who were induced to donate by payment". This meant that a large proportion of donated blood "came from those most in need of money, and there was a high correlation between that group and those whose lifestyles made them particularly susceptible to infections and least likely to have received treatment". A substantial portion came from prisoners.

The question that follows is whether and to what extent our own NHS and Department of Health knew of this substantial risk. The report factually spells out a growing recognition among academics that the incidence of Hepatitis among haemophilia patients was related to the increase in the use of prison plasma. It concludes that by the mid 1970s "the danger of contamination from blood products was widely known in medical circles within the United Kingdom, and the particular dangers attendant on US commercial products were recognised". That recognition leads us to a consideration of why our NHS continued to rely on imported products. The explanation appears to be that the UK "was unable to meet the rising need for plasma from its own blood donors" and that "even had the plasma been available, processing facilities for blood products were inadequate to meet the demand". The Department of Health evidently felt that, despite the risk, continued imports from the USA were essential if treatment was to be maintained. This view persisted even when, in the early 1980s, cases of a new disease, given the name Auto Immune Deficiency Syndrome (AIDS), began to occur, with suggestions that it might be transmitted through blood. The Government's view, enunciated by Lord Glenarthur in December 1983, was that: "The cause of AIDS is as yet unknown and there is no conclusive proof that the disease has been transmitted by American blood products". He indicated that steps were being taken to improve our own production facilities to meet the demands of England and Wales for blood products. "Meanwhile, in the absence of a satisfactory alternative, we shall be dependent upon imports from the USA for an adequate supply of Factor VIII". However, such imports would be subject to new regulations initiated by the US Food and Drug Administration, designed to exclude donors from high-risk groups, such

as people with symptoms and signs suggestive of AIDS; sexually active homosexual or bi-sexual men with multiple partners; and intravenous drug abusers. But, said Lord Glenarthur, there was still a quantity of stock of plasma collected before the new regulations. Neither in the USA nor in the UK would the use of such stocks be banned, because to do so “would cause a crisis of supply”, a decision which Lord Archer’s report finds “surprising”.

Eventually, the plan to meet demand exclusively from UK sources proved illusory. It had been agreed as early as 1973 that the UK should aim to become self-sufficient in blood products as soon as possible. The report devotes a long chapter to this issue, noticing that the original estimate of required blood donations was “surprisingly low”, and that thereafter as production increased “it was constantly chasing the increasing requirement, which continued to disappear around the next corner”. That increasing demand, of course, might have been different if the risk had been made more generally known among patients. But thankfully by the mid-1980s heat-treated products were becoming available “and it was considered safe to use commercial concentrates from the USA”. Then, in the 1990s, a new blood-borne infection appeared. Variant Creutzfeldt-Jacob Disease was identified in blood donated within the UK, as a result of which UK-donated plasma ceased to be used. The quest for self-sufficiency had been overtaken. By then, however, “a substantial number of haemophilia patients had been infected”.

The next two chapters of the report are relatively uncontroversial, though not free from criticism. Chapter 6 of the report looks at the efforts made to reduce the risk of infection. Firstly, taking care to select only donors likely to be free from infection (as noted above). Secondly, applying tests to the plasma or resulting product. Thirdly, developing procedures to de-activate any infective agents. Chapter 7 discusses concerns that during the 1970s and 1980s “patients were often not given adequate information about the options for their treatment and the associated risks”. This is seen in the context of the medical professional mores of that time, essentially paternalistic and very different from those of today. The flood of medical information and opinion now provided by the media was then a mere trickle, and patients had no access to computer information. Patient associations and similar organisations, representing consumer interests were then in their infancy. Patients had to rely on their doctors for information and advice, and the inquiry heard from “a number of patients who, without consultation or informed advice, were given the American products, sometimes for relatively minor bleeds”. The inquiry was left in no doubt that “a significant number of patients with haemophilia received advice and information from their doctors in ways that today would be unacceptable”.

Two further chapters are devoted to the Government’s [limited] response by way of financial relief and additional measures. It is impractical to summarise this detailed information here, but important to record the Inquiry’s view that it was not part of its function to decide issues of legal liability. Indeed it felt that “legal argument addresses the wrong questions” and failed to address the real issue, that of human need. The Inquiry had been impressed by the arguments it had heard for more generous assistance to mitigate the financial hardship endured by many victims. While it had made criticisms of past acts and omissions that may have contributed to the disasters and the consequences, and which continued to blight the lives of victims and their families, it did not rely on such observations, but rather a view that “the very purpose of Government is to protect its citizens, so far as possible, from life’s vicissitudes, and to afford them the best achievable quality of life”. The Inquiry observed that certain categories of people “are more likely than the average to be in financial need,” and recommended “that membership of any of those categories should be the criterion for receiving substantial assistance”. This was not to be construed as an admission of fault, but was based on a belief that “where poverty is widespread, even though not universal, among a limited and readily refined category of citizens, and particularly where it is attributable to a specific misfortune...they are entitled to look to the Government for redress. Moreover, the Inquiry took

the view that since a means-tested solution would be “an undeserved affront to their dignity”, such redress “should take the form of a standard payment or payments adequate for the purpose”.

In its penultimate chapter, the report attempts to draw together conclusions from the mass of evidence presented to the Inquiry. Its work had been hindered by the long time that had elapsed from the tragic events that had led to this “horrific human tragedy”, and the failure to hold a timely official inquiry was regrettable. This belated, privately funded, inquiry had been made aware that the haemophilia community had been left with a feeling that their plight had never been fully acknowledged or addressed, but the intent of the Inquiry was to suggest ways in which this sense of injustice might now be eased rather than to apportion blame. Nevertheless, there were grounds for sharp criticism:

- The Inquiry had been “dismayed at the time taken by Government and scientific agencies to become fully alive to the dangers of Hepatitis C and HIV infections, and also by the lethargic progress towards self-sufficiency in blood products in England and Wales.
- A common cause for resentment in the haemophilia community was “the inadequacy of information presented to patients by their doctors”.
- The Inquiry was satisfied “that some patients were subjected to tests without knowledge of their purpose and without their consent”.
- The Inquiry held that “a significant burden of responsibility rests on American suppliers of Factor VIII concentrate at the time of this tragedy”. They had continued to obtain paid-for blood donations from donors with an increased incidence of relevant infections long after alarms about the practice had been sounded.

The Inquiry concluded: “We must look to the future. We cannot undo the damage done, nor turn back the clock to take a closer view of those past events and decisions. We must address the ongoing needs of those affected and consider how the state can ensure these citizens are recompensed”.

Specific recommendations follow from this view. These include:

- the setting up of a committee to advise Government on the management of haemophilia (its responsibilities, composition and basic powers are spelled out).
- testing of patients with haemophilia who have received blood or blood products for any condition identified by that committee.
- similar testing of every blood donor following donation.
- taking steps to entitle those who have been infected to benefits not freely available under the NHS, including free prescription drugs, GP visits, counselling, physiotherapy, home nursing, support services and NHS hospital bed and specialist services.
- urgently securing the future of the UK Haemophilia Society by adequate Government funding
- providing direct financial relief for those infected and for carers who have been prevented from working (the characteristics of the scheme to achieve this are spelled out).
- making provision to allow patients access to insurance.
- a retrospective exercise to identify, as far as possible, individuals who may have been unknowingly infected and who might still be unaware of this.

Note: An organisation known as ‘Am I No 88?', while accepting that Lord Archer has covered haemophilia infections “excellently”, argues that many more patients outside the haemophilia community have also been infected with hepatitis c. The causes, they say, include blood transfusions, dialysis or major surgery, caesarean sections and transplants. They point out that most people infected with hepatitis c have no symptoms until real damage has been done, and that even today the condition remains undiagnosed in many cases. They wish to supplement Lord Archer’s report with additional data that can be found on the website www.thetruthabouthep.co.uk.

NEW RIGHTS FOR AIRLINE PASSENGERS WITH REDUCED MOBILITY

In July 2008 a new EU law came into force which means that anyone who is disabled or has difficulty in moving around can now ask the travel agent or tour operator, airline or airport for the right service when it is needed: for example, help to find the most suitable seat or board the aircraft.

The Equality and Human Rights Commission has published a free guide, *Your rights to fly*, explaining the available services. It can be downloaded from www.equalityhumanrights.com/airtravel.

NATIONAL TRUST ACCESS GUIDE 2009

This admirable free guide, in A5 format, is available from the Trust's Access for All Office, Heelis, Kemble Drive, Swindon SN2 2NA; tel: 01793 817634; e.mail: accessforall@nationaltrust.org.uk. As well as the print version, it is available on audio tape. Sections can be brailled on request.

NEW MEASURES TO HELP PEOPLE WITH DEPRESSION AND ANXIETY BACK TO WORK

The Departments of Health and Work & Pensions have announced a £13 million package to fund provisions to support a return to work for incapacity benefit claimants currently affected by depressive illnesses. These will include health advisers on a dedicated NHS Direct phone and a faster roll-out of talking therapy services with linked employment support workers.

CHOOSING A DAB RADIO

(if you are disabled)

Ricability, the independent charity that researches and publishes information on products and services for older and disabled people, was commissioned by the RNIB to test DAB (digital) radios. They looked across the range of DAB radios and chose for testing those that had features likely to be helpful to blind, partially sighted and dexterity impaired people.

Of the 15 radios tested only one stood out as easy to use for all three groups, with good sound. Another that was reasonably easy to use with good sound, and three that, although possibly suitable for people with dexterity impairments, offered poorer sound.

Ricability has put its findings into a free booklet, explaining digital radio, how to check the strength of signal in your locality and the stations you are likely to be able to receive. The guide goes on to compare the advantages and disadvantages of digital reception against analogue (pointing out that over a quarter of UK homes already have at least one DAB radio), before setting out its recommendations.

There is advice on tuning, a shopping checklist, what to look for by way of performance and features, both summary and detailed test reports on all 15 radios, useful organisations and contact details for manufacturers. Nothing, in fact, seems to be missing, except perhaps to mention that Radio 5 Live's Sports Extra, uninterrupted by shipping forecasts, is a great bonus.

The guide is available in print, on tape or CD and in Braille from Ricability, 30 Angel Gate, City Road, London EC1V 2PT; tel: 020 7427 2460 (voice); 020 7427 2469 (text), e.mail: mail@ricability.org.uk; website: www.ricability.org.uk.

SEX EDUCATION AND YOUNG PEOPLE

There is currently much concern about the incidence of teenage pregnancies in this country. We thought it would be interesting to look back at what Ann Darnbrough and I wrote back in 1988 in our guide to sexual problems, unwisely published as *The Sex Directory*. Was nobody listening?

“In recent years, there has been a substantial rise in teenage sexual activity in the UK. It is estimated that about 70 per cent of girls will have had intercourse before their 18th birthday and many of them will have had sex before reaching the legal age of consent. A fascinating survey by the magazine *19* (April/May 1982) among its female readers concluded that:

‘Women are increasingly rejecting the idea of saving themselves for their husband, and are acquiring an amount and variety of sexual experience nearer to levels that were once the prerogative of men.’

“Although the effects are often exaggerated, this burgeoning of sexual activity implies a higher risk of catching a sexually transmitted disease and has certainly resulted in some increase in unwanted pregnancies, measured in the main by a rise in the level of abortions.

“There are some who see sex education as actively contributing to these trends. A small but vocal minority reinforces the fears and prejudices which have so strongly characterised British society in the past and which continue to stand in the way of enlightenment and progress. They believe that sex education gives young people ‘ideas’, which are further encouraged by making contraception readily available.

“We are convinced, on the contrary, that the darker side of the sexual revolution points to a lack of, rather than the influence of, responsible sex education. Available data points to British young people being well down the league of sexual awareness. All too few receive even a fraction of the knowledge they need. The indications are that the great majority of youngsters are given only minimal information about sex while at school and negligible advice from their parents. Abortion and ‘special’ clinics are full of people who know next to nothing about birth control and sexually transmitted diseases. Whatever limited knowledge such people do have seems mostly to have been acquired from friends and ‘informal’ sources and is often unreliable. Indeed it is frequently necessary later in life, when relationships have gone wrong, to expend enormous effort in helping people to unlearn misconceived behaviour patterns and family ideas about love and sex which have become ingrained and habitual. Anyone with practical experience knows that lack of sexual knowledge or incorrect learning is responsible for extensive and profound unhappiness. It can corrode self-confidence, destroy marital harmony, blight development and spill over into anti-social behaviour. It leads inevitably to unwanted pregnancies, a sorry state of affairs reflected in the continuing high level of abortions. Most teenage suicides are attributed to sexual or relationship crises,

“The survey by *19* confirmed the view that while pressures on young people to be sexually active have dramatically increased, this has not been matched by the ability to cope with sexual freedom – either emotionally or on a practical level. Guilt, anxiety and dissatisfaction persist and, notwithstanding that the general educational standard of those who responded was above average, it was found that 12 per cent of single girls under 18 had sex without using any contraceptive method at all, while a further 12 per cent used risky withdrawal or rhythm methods.

“Parents who are antagonistic to or doubtful about their offspring receiving sex education should reflect that the alternative is not an unsullied vacuum. Ignorance does not equate with innocence. Children will instead rely on the half-baked ideas of their peers and the misleading fiction of smuggled magazines. And sex will begin to be a furtive activity, a secret subject, hidden from family and associated with guilt.

“Sexual intercourse, like eating, is at the most basic level an instinctive activity, but its full expression for mutual pleasure is, like cooking, a learned skill. Along with that learning, young

people need to be helped to take responsibility for themselves. They should, perhaps above all, be helped to understand the importance of not going overboard too early in life, either into unplanned parenthood or a marriage for which they are not ready.

“You can argue about when sex education should begin, how fast it should progress and how far it should go ...but the need for adequate sex education, about values and emotions as well as biology, seems to us beyond any question or doubt.”

That remains our view.

LIVING MADE EASY (www.livingmadeeasy.org.uk)

This is a new website from the Disabled Living Foundation. Here can be found:

- independent and clear practical information on daily living equipment for bathing, use on the stairs, in the bedroom and in telecare, with more to follow
- expert advice written by the DLF's team of occupational therapists
- personal stories to show the help that different equipment can provide
- the chance to chat on line, make friends and share your experiences.

CHANGES TO THE STATE PENSION AGE

The Department for Work and Pensions advises that the state pension age for women is changing. Between April 2009 and January 2012, those women affected will receive a letter telling them when they will be entitled to receive their state pension, and a leaflet with additional information about further changes that will make state pensions more generous and widely available. They will receive this letter between 12 and 39 months prior to their 60th birthday. These are the key facts:

- from 2010, the state pension age for women will increase gradually to 65, to bring it into line with the state pension age for men
- the state pension age for women born after 5 April 1955 will be 65
- the age up to which benefits such as jobseeker's allowance, income support or employment and support allowance can be received will increase in line with the state pension age
- the minimum age for claiming benefits such as pension credit and winter fuel allowance will also increase in line with the state pension age.

All this, of course, subject to a continuing need to meet the necessary conditions to claim any benefits.

More information and a calculator that can be used to work out an individual's exact state pension age can be found at www.thepensionservice.gov.uk.

Further changes will be introduced from April 2024, when the state pension age for everyone born after 5 April 1958 will increase gradually to 68 by April 2046. More information about this wider programme of pension reform can be found at www.dwp.gov.uk/pensionreform.

EXCESSIVE EXECUTIVE EXPECTATIONS

Since our rant in News Briefing no.8, further disturbing evidence has come to light. A feature of the scandal at Mid Staffordshire NHS Foundation Trust, revealed by Sam Lister in the *Sunday Times*, is that a few months after the award of Foundation Trust status in February 2008 the Trust's governors approved a doubling of salary for the part-time chair and non-executive directors. These huge enhancements are strongly suggestive of a pattern of inflationary rewards and mirror similar aggrandisements in a London foundation trust to which we referred in our previous article.

Sam Lister has now provided further details on *The Times* website. He reveals that top managers in the NHS have seen their pay rise by more than three times the average for the rest of the public

sector, and that the number of people in management roles in the health service – 39,900 – now exceeds the number of senior doctors. The escalation of pay is most marked in NHS foundation trusts, where the median salary for a chief executive in the year to March 2008 stood at £157,000, compared to £132,600 in an NHS non-foundation trust.

Lister quotes Stephen O'Brien MP, a Conservative health spokesman: "Why is it that NHS bosses think it is acceptable to award themselves generous perks and inflation-busting pay rises while hard working nurses are being forced to take what is effectively a pay cut of 1.9 per cent?"

Our view is clear. Whatever may be said about executives carrying heavier responsibilities and the supposed need to attract the best people, inordinate salary increases inevitably stoke up inequality in our society. To make matters worse, even though the overall rate of inflation is coming down, people in or on the edge of poverty face a disproportionate burden simply because most of their money is spent on those essentials, especially food, which continue to be subject to (often unexplained) price increases. Fuel bills have also gone up sharply (and to some extent unreasonably); even higher for those obliged to rely on pre-payment meters. The problems are particularly acute for impoverished pensioners. Gordon Lishman, Director General of Age Concern, has argued that pensioners face inflation rates that are 10 times higher than those faced by the rest of the population. Mervyn Kohler, Special Adviser for Help the Aged, reinforces the point. He has said that currently 2.5 million pensioners live in poverty, of whom 1.4 million live in deep poverty.

We feel that a step in the right direction would be to shift the burden of taxation, with income tax rates that rise as income rises and National Insurance contributions that apply consistently above the upper earnings limit. We await the budget, but, for reasons that are unclear, we fear that this is a choice that the government will reject.

FAILURE OF THE UK GOVERNMENT TO RATIFY THE UN CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES TREATY

In 'News Briefing no.8' we criticised the UK government for dragging its feet in ratifying the Convention and asked, if there were serious reservations, whether we might know what they are. Now Mick Hutchins, Public Affairs Officer at the Spinal Injuries Association, has thrown some light on the problem in the February issue of *Forward*. He reveals that in a letter to Scope, one of 31 member organisations of the UN Convention Campaign Coalition, Jonathan Shaw, the UK's Minister for Disabled People, has sought to explain the Government's position. He said that the Ministry of Defence, the Home Office and the Department for Children, Schools and Families were all finalising the terms of reservations and declarations in respect of service in the armed forces, immigration and citizenship. It is also possible that the Department of Work and Pensions may want a reservation concerning benefits and guardianship. And this after more than eight years!

On 18 November 2008, Hutchins reveals, Shaw defended the Government's position before the Joint Committee on Human Rights. The Chairman, Andrew Dismore MP, condemned the Government for stalling on ratification of the Treaty and not consulting fully with disabled people and their representative organisations. Shaw argues that "entering reservations does not of itself imply any fundamental lack of respect for human rights". But, as Hutchins points out, 43 countries have already ratified the Treaty, with only a total of three reservations between them, yet the UK may be intending to lodge four! We think that disabled people will have reservations of their own about this procrastination!

Further information is at www.timetogetequal.org.uk/un

SPEAKER'S CONFERENCE

On 12 November 2008 the House of Commons agreed to establish a new committee, to be chaired by the Speaker, Rt.Hon. Michael Martin MP, and known as a Speaker's Conference – the first since 1977/78. The Conference has been asked to consider, and make recommendations for rectifying the disparity between the representation of women, ethnic minorities and disabled people in the House of Commons and their representation in the UK population at large. It may also agree to consider other associated matters.

The Conference will bring together MPs from both the major and minority parties and will have until the end of the Parliamentary session to conduct its inquiries. It will report to the House, rather than to the Prime Minister as has been previous practice. The Speaker has appointed 17 other members to serve on the Conference, with Anne Begg MP as vice-chair.

CROSSROADS CARING FOR CARERS

A digest of information from *'New Directions'*, Spring 2009.

Crossroads is 35 this year. When it first began in 1974 Crossroads supported just 28 families. Since then it has grown to some 112 member schemes, providing care to around 37,000 carers. Every scheme offers practical support, usually in the home, by supplying a trained carer support worker to relieve the main carer for periods of time. The frequency and length of visits and when they would be most appreciated is discussed with the carer. Once the support arrives the carer is free to do as they wish.

Many of the local schemes provide additional services, such as young carers' projects, holiday play groups for disabled children and care for people who are terminally ill.

But times are changing. Bulk services are now put out to tender and with the moves towards self-directed care, clients are increasingly in control of deciding what services they want and who they want to provide them. Local schemes have gone from having a modest annual grant to being large professional organisations with, in some cases, a turnover of several million pounds. Faced with these new challenges, Crossroads is undertaking a strategic review in consultation with its network. It wants to continue to meet the needs of carers for the foreseeable future, in a way that can be adapted to the revolution in health and social care.

One item of good news is that, following months of campaigning by Crossroads and other carers' charities, the Government has abandoned its proposal to move carers who receive Income Support onto Jobseeker's Allowance. With benefit reform on the governmental agenda, Crossroads will now be pushing for greater support for carers.

Crossroads can be contacted at 10 Regent Place, Rugby CV21 2PN; helpline 0845 450 0350; website: www.crossroads.org.uk.

NEW LIBRARIES

We have always championed the role of libraries as information hubs. It is good, therefore, in these hard times to learn of three new and important libraries reported in CILIP's *'Library and Information Gazette'* (13/26 March 2009). One, in Cardiff, is housed in a five-storey building described as "the most sustainable building in the Welsh capital". As well as 90,000 books, the library has music listening hubs and more than 90 public access PCs. A second facility, at South Lanarkshire College, combines a library and learning centre. It stands on the first-floor atrium of a glass-fronted sustainable building and is said to have "considerable amounts of flair and style". Thirdly, Newcastle on Tyne will have a new city centre library, one of the biggest in the country, due to open in June and said to be "a beacon of inspiration for library services across England.

REFUGEE WEEK SIMPLE ACTS CAMPAIGN

<http://www.refugeeweek.org.uk/simple-acts/about-simple-acts.htm>

(Source: *Refugee Council Newsletter* 30 March)

As part of this year's Refugee Week, there is a new campaign:

"It consists of 20 actions that can be done by anyone and that encourage us to learn and do more with refugees. With every person who joins the campaign and does a small thing with and for refugees, we get a little closer to removing barriers between communities and to creating the kind of world we all want to live in."

From John Vincent's *Network E.Bulletin*, no.19 (john@nadder.org.uk)

SIX LIVES: THE PROVISION OF PUBLIC SERVICES TO PEOPLE WITH LEARNING DISABILITIES

http://www.ombudsman.org.uk/improving_services/special_reports/hsc/six_lives/index.html

This webpage links to the full report (and summaries) of the investigation carried out by the Health Service and Local Government Ombudsmen, and widely covered by the media.

From John Vincent's *Network E.Bulletin*, no.19 (john@nadder.org.uk)

ASSOCIATION OF LEARNING PROVIDERS

The change in national economic circumstances and the massive and rapid growth in the number of clients that need to be supported by DWP programmes demand a radical change in the way provision is both positioned and contracted.

Specifically:

Eligibility for re-training support must be available for all at the six month stage or earlier.

The number of prime contractors (and possibly contracts) must be significantly increased to respond to the immediate rise in demand.

The output related funding element must be revisited, redefined and lowered to reflect challenging but realistic expectations.

Core contractors should be comprised firstly of providers with a successful track record in delivery of skill programmes for the LSC and employability/job finding programmes for JCP (aspiring contractors with expertise in only one of these specialisms must indicate how they are going to cover the new waterfront).

Create a new, 21st century employment based programme using adult Apprenticeship frameworks focused on but not exclusively limited to the development of environmentally friendly industries of the future.

The LTU should not be simply parked whilst the newly unemployed are dealt with. All six months plus unemployed should be systematically referred to New Deal providers for immediate and ongoing action.

Graham Hoyle OBE

Chief Executive

Association of Learning Providers

WE HATE NO.17: BLOOD SPORTS

"We have enslaved the rest of the animal creation, and have treated our distant cousins in fur and feathers so badly that beyond doubt, if they were able to formulate a religion, they would depict the Devil in human form."

William Ralph Inge, 'The Idea of Progress' (1922)

Truth to tell we hate animals being killed at all, but reserve our supreme loathing for when it is done for pleasure. We aren't sure why otherwise civilised people regard it as acceptable; it is as curious as it is hateful. Yet pursuits such as shooting birds out of the sky and pursuing foxes with packs of hounds have long been regarded as reasonable pastimes, even by people who ought to know better.

Here there are strange anomalies. People who feel a deep affection for certain animals show no regard for others, apparently unaware of the contradiction. Take the uninhibited remarks of the famous tenor Lauritz Melchior in that remarkable book of 1953, *This I believe*: “My greatest relaxation is nature. I mean by that to disappear into nature – to go out in the forest with my gun, my dog, or a friend.” Even Charles Darwin confessed to a “passion for shooting and for hunting” during his time at Cambridge.

How can this be explained? Well perhaps it has something to do with what has become part of the Christian tradition. Chapter 1, verse 26 of Genesis (allegedly the first book of Moses) ascribes the following statement to God: “Let us make man in our image, after our likeness: and let them have dominion over the fish of the sea, and over the fowl of the air, and over the cattle, and over all the earth, and over every creeping thing that creepeth upon the earth”. It is but a small step from ‘dominion’ to ‘licence’, closely followed by ‘arrogance’. For it is inescapable that a feature of blood sports is that you can do whatever you like to animals.

It is entirely in keeping with this view of nature that whenever legislation is put forward to combat cruelty to non-human animals there are always some people who dissent. Thus when the Cruelty to Animals Bill of 1835 had its second reading it did not pass unopposed. This was a bill of conspicuously good intent. Among other things, it consolidated and amended protection for cattle when being driven or impounded, and extended provisions against keeping or using premises for “running, baiting or fighting” bulls, bears, badgers, dogs or other animals or for cock-fighting. It was calculated, said Mr Pease, in moving the bill, “to prevent the dreadful cruelties which were daily practiced towards animals”. Yet 16 of 46 members opposed it. Class was an issue. Sir Matthew White Ridley noticed that while the bill left coursing, shooting, fishing etc., “the amusements of the higher classes”, untouched, it infringed too much on “those of the humbler classes”.

Fortunately, over the years, there have been some notable voices ready to express a contrary view. Mahatma Gandhi said “The greatness of a nation and its moral progress can be judged by the way its animals are treated”. Schweitzer recognised the same principle: “Compassion, in which all ethics must take root, can only attain its full breadth and depth if it embraces all living creatures and does not limit itself to mankind.” And, in an earlier age, Thomas Paine wrote: “Everything of persecution and revenge between man and man, and everything of cruelty to animals, is a violation of moral duty”. Today, in our own country, one of the leading opponents of blood sports is the League Against Cruel Sports. Its magazine, *Campaign Update*, campaigns for fairer treatment of greyhounds ‘surplus’ to the needs of the racing industry, and presses the case for continuing action to outlaw those barbaric activities which persist in this supposedly sceptred isle: the need for stronger enforcement of the Hunting Act; a ban on the use of snares; an end to the promotion of tourism to watch bullfights; and a stop to the mass shooting of birds for entertainment. The League, along with the International Fund for Animal Welfare and the RSPCA has recently launched a website www.huntingact.org, devoted to providing information about the legislation, with clear guidelines as to what is legal and what is illegal hunting.

But what we need above all is for the great mass of our fair-minded population to hate blood sports, so that killing animals for fun is finally relegated to a condition of abnormality.

This information sheet has been compiled by Derek Kinrade. The views expressed do not necessarily represent those of the National Information Forum.