Social Care in the UK's Four Nations

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RQs and method

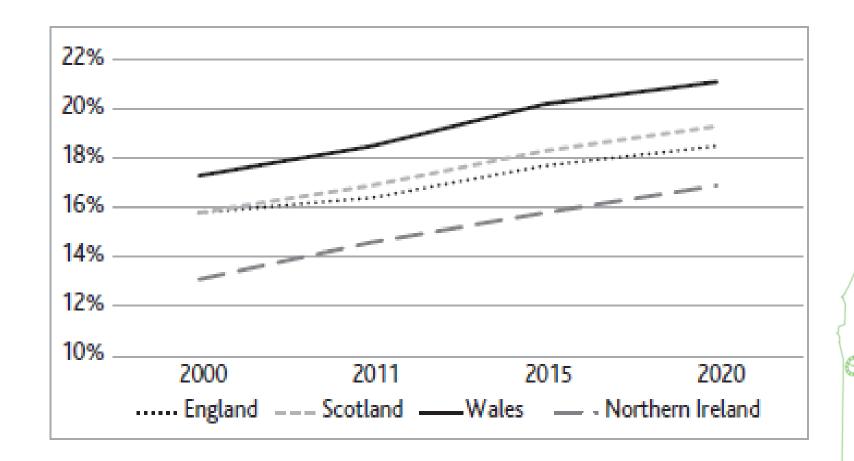
- □ Eng, Scot, Wales, NI: comparison from 1997-2022 (recognizing the asymmetries in size, jurisdiction)
- Interview and document based (65 interviews; 31 docs) with some secondary statistics
- Realist lens: interpretations of policy actors approximate real social phenomena with real consequences

Context: five care crises

- □ a crisis of *demand*, created by population ageing;
- a crisis of <u>family</u>, created by changing family structures and/or overloading of unpaid carers;
- a crisis of <u>the state</u>, with historic failings exacerbated by underfunding and inadequate policy;
- □ a crisis of *the market*, with unstable or inadequate provision due to underfunding and/or profit extraction;
- a crisis of <u>community</u>, with not-for-profit providers struggling to stay afloat and broader community resources undervalued.
- Family, state and market are all critiqued for doing both <u>too little</u> and <u>too much</u>

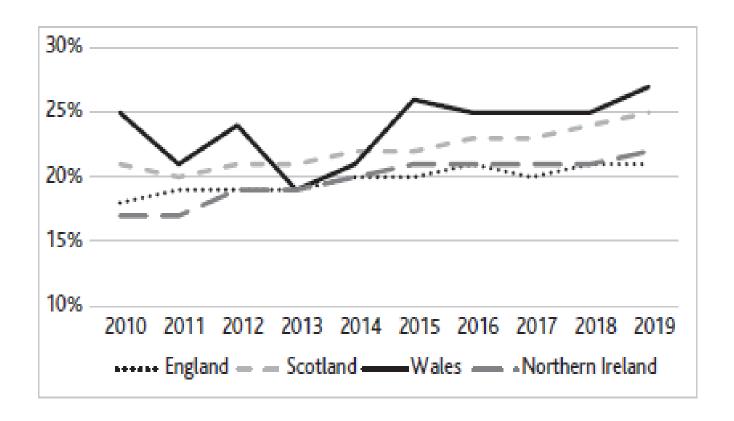


Ageing populations



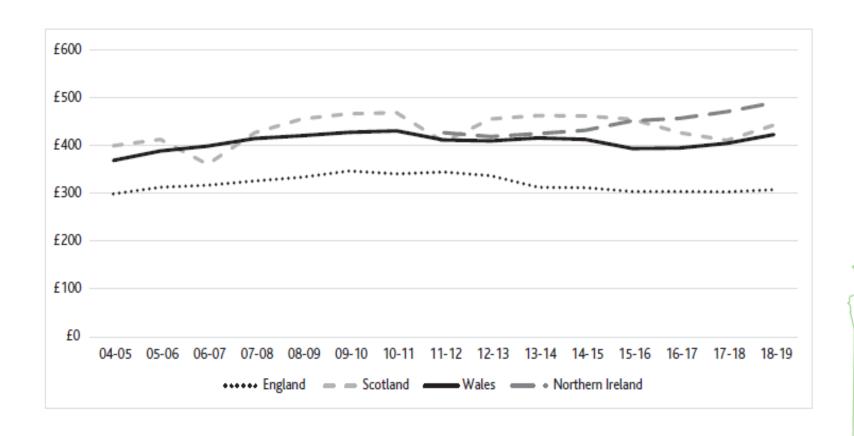
Source: ONS (2021) Mid-year population estimates

Disability prevalence



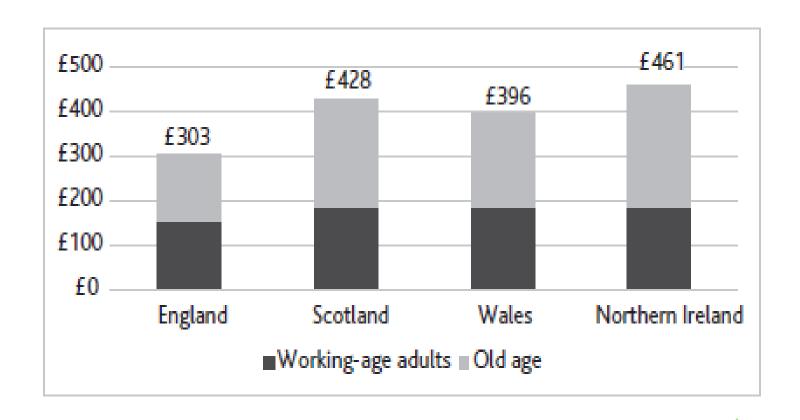


Public spending on adult social care per person 2004/05 to 2018-19 (at 2019/20 prices)



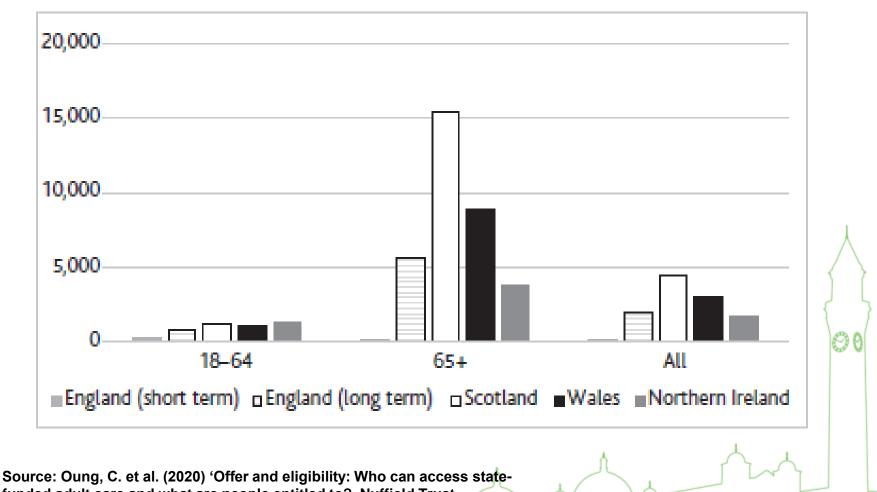


Total public expenditure on social care 2017/18, per head



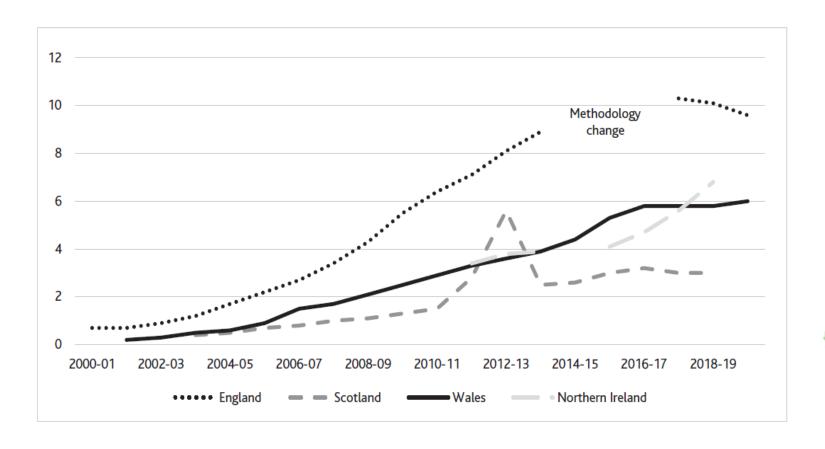


Number of state-funded clients (as organised by Local Authority or HSCT) per 100,000 population (2017)



funded adult care and what are people entitled to?, Nuffield Trust

Spending on direct payments as a percentage of total care spending, 2000/02 to 20178/19



Source: Atkins, G. et al. (2021) Devolved Public Services,

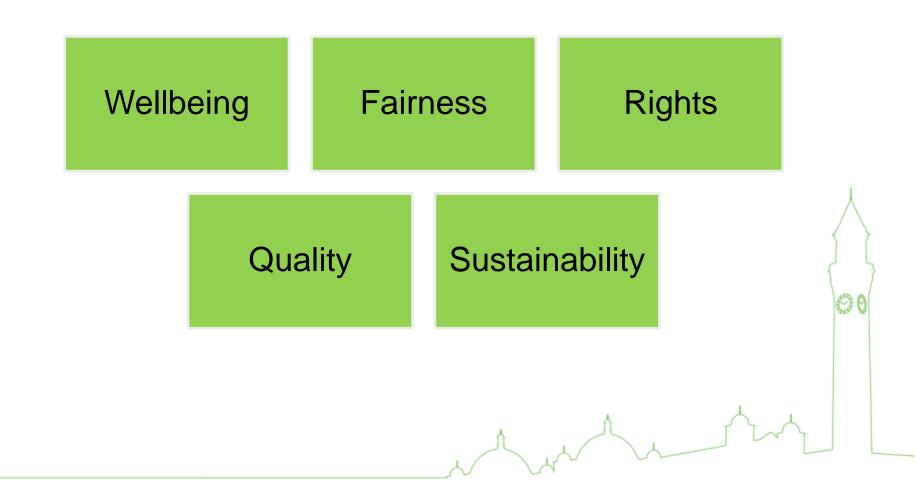
London: Institute for Government



Differential crises

- Crisis in England is often portrayed as a crisis of public service austerity, exacerbated by Covid and Brexit.
- Crisis in Scotland and Wales relates more to rising demand.
- NI: crisis has partly been one of policy inactivity as political stasis has hampered important legislative changes.
- Different responses to crisis from policy makers, e.g. in how much is expected of the state versus the market

What is care policy trying to achieve?



Mechanisms to achieve this

Redistribute the costs

Personalise support

Support carers

Invest in prevention

Integrate with health

Professionalise the workforce

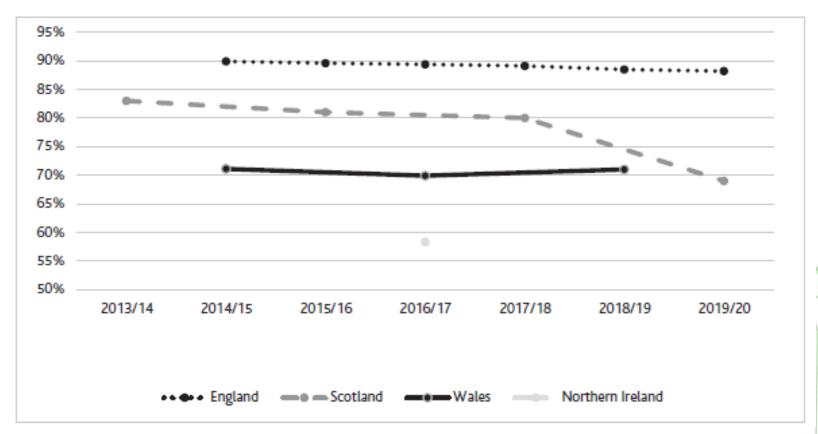


Outcomes

- All four nations of the UK have made strong policy commitments to becoming more outcomes-focused
- BUT Institute for Government concluded: 'The four Governments measure very few social care outcomes, and those that they do measure are difficult to compare.' (Atkins et al, 2021, p. 38).
- □ Ed Humpherson, Director-General of the Office for Statistics Regulation: 'As data issues go...there is not so much a gap as a chasm, with consequences to our understanding of social care delivery and outcomes' (Humpherson, 2021).

on, 2021).

Satisfaction with social care services, 2013/14 to 2019/20



Source: Reed, S. et al. (2021) Integrating Health and Social Care: A comparison of policy and progress across the four countries of the UK

Summative assessment

- Scotland = active
- Wales = emergent
- England = symbolic
- Northern Ireland = stalled

□ Even in Scotland, key system weaknesses remain: Veto and partisanship are returning

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Explaining the findings 1: scale, style and scope

- Scotland has had the most conducive policy environment, which has enabled coalition building and momentum although recent events have seen this begin to unravel
- Wales and NI have not been able to make so much of their smallness dividend due to institutional instability
- □ England has struggled with overload, scale and adversarialism.
- Some policy learning between the four, but different parties in power in each introduces a competitive element:

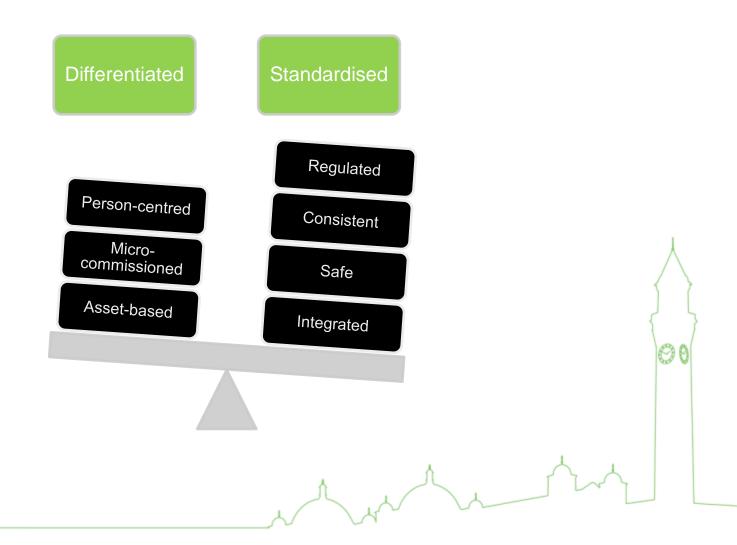
"it's much easier to go and speak to your Swedish counterpart who you are not in competition with than to have an open conversation with UK colleagues." (Paun et al, 2016: 15)

Explaining the finding 2: the policy mix

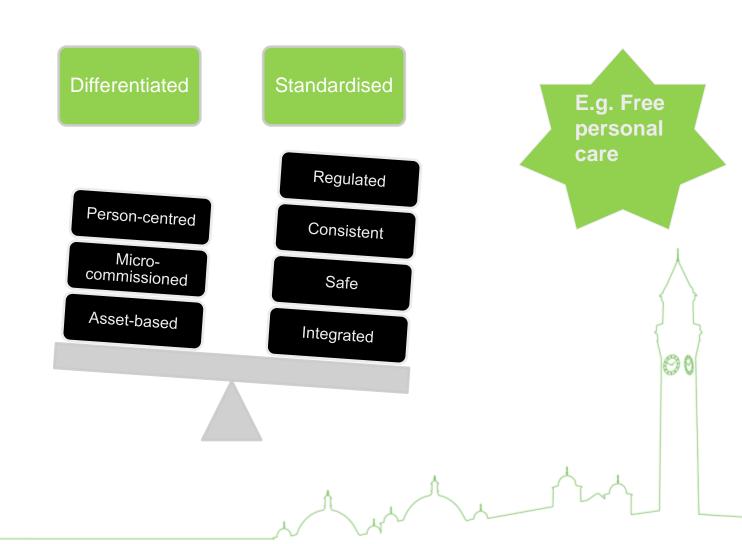
- □ More attention needs to be given to the 'policy mix'.
 - '[T]hese relations between different parts of policy over time are not simple additive ones; rather they are dynamic and complex, and typically have emergent, self-organizing properties' (Carey et al, 2019, p. 494).
- Scotland's incremental approach has got more done than the 'big bang' of the Care Act.
- But policy makers in all four nations fail to acknowledge the tensions of calling for fluidity, differentiation, informality and coproduction whilst also arguing for standardisation, regulation, formality and risk avoidance

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Two paradigms



Two paradigms



E.g. Direct payments In 2021, Professor Nick Watson from Glasgow University gave evidence to the Scottish Parliament about the Feeley report proposals for a National Care Service:

On the one hand, it suggests that good social care is the product of ...a diversity of approaches that are adapted to meet the needs of the locality and the needs of each service *user*. On the other hand, it calls for centralisation and standardisation, and institutional power...

Taking stock

- All four nations have reformed their care systems and are on the brink of further reform
- Scotland has gone 'furthest' in the period studied, although this may have led to overload, and a lack of attention to tensions in the policy mix
- None of the four are clear on how to combine being more standardised and centralised with more differentiated and localised
- Findings suggest we should be wary of 'once and for all' settlements which finesse these tensions.
- Better are 'clumsy' or 'good enough' solutions that acknowledge tensions and encourage learning and feedback

Looking forward

How can policymakers be attentive to breaking down the institutional barriers to reform?

What should the political process look like to negotiate between the proponents of the two paradigms?