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The Rise of the Enabling State:

A review of policy and evidence across the UK and Ireland

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Foreword

It is almost becoming a cliché to report that public services, and indeed the expectations of citizens, across the UK are undergoing a period of intense change and challenge. While some see this as a reaction only to reduced budgets and drastic post-crash austerity programmes, the reality is far more profound.

The broad structures of our health, education and other public services were bold and mostly successful measures (for the majority) to address the needs and rising expectations of a post WW2 generation. These structures now have to adapt to address the needs and expectations of 21st Century citizens.

Our analysis is that a fundamental shift is taking place. This shift is moving us, and moving us much more quickly than many are comfortable with, from a welfare state to what we have called the 'enabling state'. This fundamental change is creating a challenging new relationship between citizens, communities and the state. In the enabling state more is expected, and indeed demanded of citizens, families and communities to contribute to their own welfare and wellbeing.

We come to two conclusions on the development of this emerging enabling state. Firstly, the academic and 'grey' literature too often focuses on a single one aspect of an enabling state – be it integration, prevention or coproduction. However it is clear that each aspect relies on the other to ensure change moves from the margins to the mainstream.

Secondly, governments and public policy thinkers across the UK (and to some extent in Ireland with its different history and tradition of public service) are moving us towards this enabling state in a piece-meal, sporadic and often non-explicit way.

What is lacking is a public narrative, an overarching vision, for what could be different if the enabling state was promoted as an as an explicit goal of public policy. The shift is profound and gathering pace. The result might be to improve our overall welfare and wellbeing. The real danger is that change benefits the majority and inequalities are further increased, with society further divided so that those with 'fat wallets and sharp elbows' are better able to protect themselves, their families and their communities.

Martyn Evans
Chief Executive

1. The Enabling State: Paradigm shifts, frames and tipping points

During 2012 and 2013, the Carnegie UK Trust has been working with stakeholders across the UK and Republic of Ireland to explore a range of developments in public services, referred to collectively as 'the enabling state'.

The Trust is not the first organisation to report on this transition and notable organisations and individuals have commented that we appear to be in the middle of a fundamental move away from the state and towards voluntary and community activity (see for example, Leadbeater, 2012, Benington 2011 or Bowen et al, 2012). In 2010, the influential UK Commission on 2020 Public Services concluded:

> *'We need a new deal between citizen, society and the state. This rejects both old statist models of universal service delivery and the new public management models of consumerism. Instead, a new settlement for public services should be based on the principle of social citizenship. As citizens we should have a duty to contribute as well as a right to receive support – responsibility and reciprocity are essential characteristics of a more resilient society.'*
>
> **(2020 Public Services Trust, 2010)**

While the concept is intrinsically compelling, the language used to describe this shift has not been settled. Stakeholders are wary of using Big Society language, but terminology such as 'co-production' and 'prevention' does not encompass the magnitude of the potential shift. Nor is that language itself particularly well understood, with different conceptions of these terms in use at any given time and a tendency observable that powerful interest groups, such as sectors and professions, internalise the language and redefine it as unthreatening.

We have come across examples of the exact phrase 'the enabling state' being used in the UK and the Republic of Ireland in similar contexts. We do not lay claim to having identified it, nor the trends it attempts to encapsulate. Rather, we seek to define more clearly something that is currently happening in developed welfare states.

1.1 Emerging themes in the enabling state analysis

We began our work on the enabling state with a series of roundtables around the UK and Ireland. Reports of these are available on our website. During these discussions, we identified a number of different and interlinked trends that together constitute an enabling state:

1. **Empowered citizens and communities:** Communities and individuals are empowered to use their own capacity to improve their community wellbeing and to realise their own aspirations. This could involve the community ownership of assets or delivery of services. An enabling state would use its resources to unlock and develop community and individual capacity.

2. **A co-production model for public services**: Citizens able to both shape local services provision (through community engagement or other democratic processes) and have influence over their own experience of receiving a service (through co-production).

3. **Success where the state has traditionally failed:** Communities and individuals may hold the key to improving wellbeing in areas of our lives where the state has been less successful: for example, combating loneliness and anxiety. Supporting communities and individuals to address problems where the state was unable to respond adequately.

4. **A level playing field**: An enabling state would seek to reduce rather than exacerbate inequalities. An enabling state must be effective in recognising and responding to differences in community and individual capacity so that inequalities are reduced and no community is left behind.

5. **A holistic approach to public service delivery:** A joined-up and preventative approach to service delivery seems to be a key feature of an enabling state. An enabling state would channel resources toward supporting preventative action or joined-up working, or both.

6. **Shared responsibilities:** All parts of society have a role in improving our collective and individual wellbeing. An enabling state would welcome effective partnerships between individuals, civil society (including business) and the state.

We wanted to better understand these concepts, and the policy developments underway in each of the five jurisdictions of the UK and the Republic of Ireland.

About this policy and evidence review

This review was carried out to inform the Enabling State project. It is described as a 'policy and evidence review' rather than a literature review, as many of the developments are early stage in development and academic peer-reviewed articles on the topics are few and far between.

The 180+ reports and articles reviewed for this report were identified through the Idox Information Service and from review of the websites of the five governments and parliaments themselves. Few reports were included from prior to 2008 due to the magnitude of the change during the years since the fiscal crisis, and as all but one of the jurisdictions experienced changes in government during this time (the Northern Ireland Executive is a permanent coalition).

1.2 Paradigm shifts, frames and tipping points

In understanding the move from the welfare state to the enabling state, it is useful to employ the concept of a paradigm shift. A paradigm is largely a scientific term meaning '*a world view underlying the theories and methodology of a particular scientific subject*' (Oxford English Dictionary, online). The concept of a 'paradigm shift' was developed by an American philosopher, Thomas S. Kuhn, to describe what happens when there is a fundamental change in approach or underlying assumptions. It happens when there are sufficiently numerous and overwhelming anomalies to throw the existing paradigm into question and create a crisis within the scientific discipline. What follows is a battle of ideas out of which a new dominant paradigm emerges.

The Carnegie UK Trust believes that social policy is in the process of just such a paradigm shift. In our initial discussion paper on the enabling state (Elvidge, 2012), we argued that while the welfare state in the UK had served many of us well in the preceding 70 years, it is increasingly suffering from the laws of diminishing returns. It is ill-equipped to deal with emerging social needs such as loneliness and anxiety. Furthermore, it has consistently failed a minority of citizens, including those on the lowest incomes and many of the most vulnerable in society such as looked after children. As Charles Leadbeater (2012) says:'*We are desperately in need of a different set of ideas through which to see our society's failings and its future.*'

The number of documents in this review from governments, academics and think tank, and the plethora of political speeches on the subject, shows that we are engaged in this 'battle of ideas', but it is not yet clear what will emerge. The Institute of Public Policy Research (2012) notes that creating a new paradigm is particularly challenging in social sciences. Here, change occurs slowly and is negotiated through complex networks of actors including governments, professionals, service delivery organisations, the third and private sectors and citizens.

The concept of 'frames' can be helpful in understanding the paradigm shift further. WWF UK (2010) set out the importance of framing, as deep values that help us understand the world around us. They set out three pairs of frames in tension with one another:

- Self-interest versus common interest. While self-interest is usually calculated in economic terms, common-interest frames see people and place as having intrinsic value not reducible to economic values.
- Strict father versus nurturing parent. This pair of frames sets out two conflicting views on the role of governments and individual freedoms. The first emphasises the role of the state in exercising authority and control, the second stresses the role of the government in ensuring social justice.
- Elite governance versus participatory democracy. While elite governance places political power in the hands of the few, participatory democracy holds that citizens have the power and must exert their influence more effectively.

In each of these pairs of competing frames, we can see elements of the shift from the welfare state to the enabling state.

But what is also clear is that this change has not yet been mainstreamed in the thinking of public service professionals. It has not yet become embedded to the point that it is just 'the way we do things here'. One final theory is helpful here and that is Malcolm Gladwells's 'tipping point'. The tipping point is *'the moment of critical mass, the threshold, the boiling point'* (Gladwell, 2000). In his analysis, ideas and theories can spread in the same way that epidemics do and are reliant on three factors:

- The Law of the Few – where ideas and innovations are promoted by a small number of people. They work as 'connectors', who make links between different actors, 'mavens' who have detailed information on concepts and persuaders, who bring others on board. Many of the organisations and individuals who produced papers contained within this review could be classed in this way.

- The Stickiness Factor – where the content of the message makes its impact memorable. This makes the search for language to describe the paradigm shift essential to its success – without a clear message it will be unlikely to 'stick' in the minds of the large number of actors required to implement changes.

- The Power of Context – where human behaviour is influenced heavily by its

environment. A fundamental shift in practice will only be possible if the incentives that underpin public services are also altered to support the change, otherwise actors will remain within a 'business as usual' mindset.

1.3 Structure of this review

Using concepts such as paradigm shifts, frames and tipping points can help us understand the nature of the activity surrounding the welfare state in the early 21st century. But in order to explore this fully, we must articulate the shift more clearly – which elements of the current system are moving, and what are they transforming into?

The literature and policy review has helped identify these shifts more clearly. They are:

- From new public management to public value
- From centralised to local states
- From representative to participative democracy
- From silos to integration
- From crisis intervention to prevention
- From recipients to co-producers
- From state provision to the third sector

Each is discussed in detail in chapter four, exploring the concepts, advantages, barriers to implementation and contemporary policy developments.

In the next chapter, we explore the nature of the state itself, and the cross-jurisdictional context in which we are working before exploring briefly the scale of the challenges facing contemporary public services in Chapter 3. In Chapter 5 we explore in more detail the common counterarguments to an enabling state approach.

2. The 'state' in five jurisdictions

2.1 What is the 'state'?

In order to explore the concept of the 'enabling state', it is first necessary to explore what the 'state' itself is. In a collection of essays on the 'relational state', Professor Marc Stears (Cooke and Muir (eds), 2012) questions the assumption that the state is benign. While usually an unstated assumption in England, Scotland and Wales, our experiences in discussing the enabling state in the Republic of Ireland and Northern Ireland chime with the view that the state itself is not uncontested, nor necessarily a force for good.

Part of the reason for this disconnect is that the recent history of the role of the state is quite different across our jurisdictions. The state has a monopoly on coercive power, through the army and the police. Experiences in the 20th century in both the Republic of Ireland and Northern Ireland have left scars where this power has been used against the citizenry. Commenting on the state in Ireland, Peter Mair explains:

> *'We have never had a sense of belonging for our state. If anything, we have viewed the state as the enemy, as an oppressor, as something not to be trusted but to be taken advantage of.'*
>
> **(in Mulholland (ed), 2011)**

The focus on the coercive power of the state is a reductionist definition of the state, too narrow for most modern commentators. Taking his lead from the American academic, James Scott, Stears argues that standardisation is a defining function of the state. He argues that: '*unlike any other agency, states have the capacity to ensure that certain things are experienced in the same way by everyone: no matter who they are, where they live or what they aspire to.*' (Stears, 2011).

The argument Stears makes is that the state is an agent of standardisation, it excels at providing a 'one size fits all' model of public services and therefore '*. . . although states are very well-placed to do some things about things like material inequality, they are not so straightforwardly well-placed to take on the problems posed by the cultural challenges of capitalism. Putting it another way, if we decide that we need to secure a fundamental change in our nation's spirit, rather than just in its patterns of distribution, then we might quickly realise that state action is not going to be able to do that by itself.*' (Stears, 2011).

This argument for the state as a standardisation agent can be seen throughout the post-war welfare state in the UK. Similarly, in the 1990s and 2000s, in a period of dramatic growth of public spending in all our jurisdictions, governments sought repeatedly to standardise both inputs and outputs of public services. The use of targets was widespread, but particularly embraced in the governance of public services in England. The burgeoning audit culture over this period is another powerful example of the state as standardising agent.

Stears concludes his argument by stating that the inherent standardising role of the state does not mean that it has no role in the development of a more relational state, rather that it needs to focus on building the standardised background conditions in which relationships can flourish and, importantly for our concept of the enabling state, to then stand back.

In an Irish context, with less of a cultural predisposition towards state action, the role of other actors in creating social wellbeing is more

pronounced. As the National Economic and Social Development Office note:

'Most social protection in advanced industrial societies is organised through the state. However, the nature and manner of state interventions have always to be viewed in the context of how other, non-state pillars of social protection are performing and developing, viz the family, not-for-profit associations in civil society, and the market. Seeking to chart a course for the welfare state, therefore, is also, in part, an exercise trying to understand what is happening to the family, to civil society and the extent to which the market is being led by regulation, incentives and voluntary codes to deliver social protection.'

(National Economic and Social Development Office, 2005).

On this analysis, the state may have a monopoly on coercive power, but in creating social outcomes, it has always relied on other actors. Part of the trend towards an enabling state may therefore be the assertion of this symbiosis following a period of strong belief in the power of the state in the UK in the post-war period.

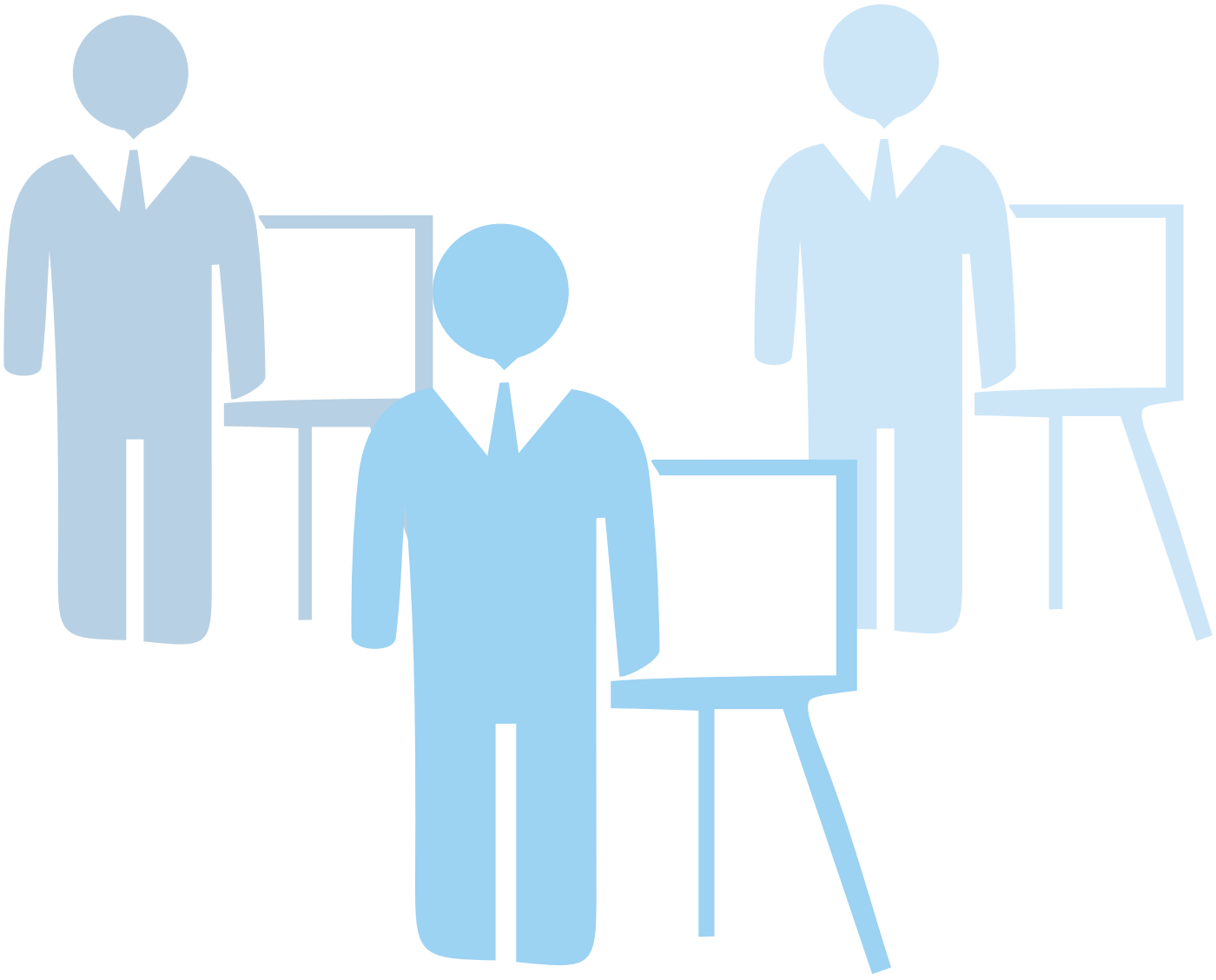
2.2 What is the devolved state?

The complexity of our work on the enabling state stems from a genuine desire to understand the concept in relation to five governments. Two fully autonomous states – England (under the UK Parliament) and the Republic of Ireland (which gained independence from the UK in 1922) – and three devolved states (Scotland, Wales and Northern Ireland) which achieved devolved status in the late 1990s under the then-Labour government and following referenda in those jurisdictions.

The three devolved states are clearly just that, exercising the functions of legislatures and governments, but they are not independent, or nation-states. They exist under the sovereignty of the United Kingdom parliament. Nor are the powers uniform. The UK constitutional settlement is best described as 'asymmetrical devolution' (see for example, Brown, 1998) with different powers granted to each of the devolved parliaments. Further, devolution is best seen as 'a process not a destination' (a phrase commonly attributed to former Secretary of State for Wales, Ron Davies) and powers have been extended in Scotland, Northern Ireland and Wales since the original settlements.

The literature on the constituent components of the enabling state is heavily focused on England. This is to some extent understandable, as England is by far the largest jurisdiction in our study. But it also reflects the significant amount of public policy analysis focused on England, both in terms of academic study and analysis prepared by think tanks. While Scotland is reasonably well served by independent policy analysts, Wales, Northern Ireland and the Republic of Ireland all suffer due to a lack of it. The literature that does exist in the smaller jurisdictions focuses on developments within their borders, and within the remits of their governments. It also points to a 'devolution blind-spot' in English think tanks and academics. It is not uncommon in reports studied for this review to find articles and reports which begin with 'in the UK', but go on to report on England-only developments. Similarly, where comparisons exist, they are usually between England and one of the other jurisdictions rather than a complete overview of policy change across the UK (Morratt et al, 2012). There is also limited literature on the role of the EU in developing the conditions for social policies.

It is our bias, and our hypothesis, that each of the constituent parts of the UK, including England, could learn from the experiences of the devolved jurisdictions, and that both the UK and the Republic of Ireland could learn from one another's experiences, capitalising on a shared history and culture to explore real-world laboratories of public policy innovation.



3. The scale of the challenges

The trend towards the enabling state was underway prior to the fiscal crisis and subsequent recession that hit the UK and Republic of Ireland in 2008. However, the scale of the recession has led to a more fundamental rethink on the role of the state than was evident prior to 2008.

3.1 The impact of the global recession on the enabling state

Prior to the recession both Ireland and the UK experienced large increases in public sector spending followed by significant decreases, for example:

- In Wales, between 2006-07 and 2010-11, identifiable expenditure on services rose by 11% in real terms, equating to a 20% increase per capita (National Assembly for Wales, 2012a). The same report shows a 12% increase over the period for Northern Ireland and 15% in England (in real terms).

- Across the UK between 2006-07 and 2010-11, identifiable expenditure on services rose by 14% in real terms, equating to a 22% increase per capita (National Assembly for Wales, 2012a). According to the Institute for Fiscal Studies, UK Departmental spending was forecast to be cut in real terms by 10.6% between 2010-11 and 2014-15. This would reduce departmental spending as a share of national income to 21.7% in 2014-15, the level it was in 2002-03 (Institute for Fiscal Studies, 2013).

- In Scotland, the block grant more than doubled in cash terms between 1999 and 2010, leading to an average growth rate of over 5% in real terms. In contrast, between 2010-11 and 2014-15 it will fall in real terms by over 11% (Commission on the Future Delivery of Public Services, 2011).

- In Ireland, from a low base, health and education spending in real terms rose substantially, however outcomes did not appear to increase in the expected, proportionate level (National Economic and Social Development Office, 2005). For example, a 330% increase per capita on health spending as accompanied by a 24% decrease in the ability for health infrastructure to meet the needs of Irish society, according to the World Competitiveness Report (Mulholland, 2010)

For a UK audience used to statements about the deficit, it is worth pausing on the scale of the challenge faced by the Republic of Ireland. Between 2008 and 2011, real GDP declined by 5.4% and following a severe banking crisis the country is a recipient of an IMF/ECB/EC bailout agreed in late 2010. Central government debt in Ireland increased from 20% of GDP in 2007 to 104% of GDP in 2011 (the comparator UK figures are from 57% in 2007 to 101% in 2011) (The World Bank, online).

The fiscal crisis in Ireland was followed swiftly by a social crisis, with the unemployment rate rising from 6.5% in July, 2008, to 14.8% by July, 2012 (Central Statistics Office, 2013). The banking crisis in Ireland was, in part, caused by a property bubble in the 2000s. Following the recession, the Irish property sector collapsed, with prices of residential properties falling by 51% from their peak in September 2007 to March 2013 (Economic Social Research Institute, 2013).

3.2 Contributing factors to the rise of the enabling state

While the scale of the current fiscal challenge is clear, a number of commentators argue against seeing the current restrictions as short-term with a return to 'business as usual' in the future. As Denham points out:

> *'Looking at the longer term, no one here thinks the public spending tap will open wide again once 'austerity is over'. A declining tax base, the need to restrain tax pressures on the 'squeezed middle', the rising costs of an ageing society and the need to prioritise investment in research and infrastructure will all restrict many other areas of spending.'*
>
> **(Denham, 2012)**

As Reynolds et al (2010) note, in relation to Ireland, we need to be able to '*distinguish between short-term changes during recessions . . . and longer-term structural changes which might alter the underlying nature and role of the welfare state.*'

Chief amongst these longer term concerns for the UK is the impact of an **ageing** population. Concerns have been raised for a number of years over the impact of ageing population on advanced western democracies (Wallace, Brotchie and Mathia, 2013). By 2035, the projected dependency ratio in the UK (the number of those younger than 15 and older than 64 per 100 working age persons) is set to rise from a current rate of 51.4 per 100 working age persons to 64.7 per 100 working age persons (World Bank, 2011).

The ageing population is not experienced uniformly across the UK, with London and the South-East a relatively young population (fuelled by in-migration), while more rural areas experience higher levels of older populations: approximately 50% of those living in rural areas in England are aged over 45 years, 10% higher than in urban areas (Defra, 2012). Of the four constituent parts of the UK, Wales currently has the highest median age and the highest proportion of people aged 65 and over in its population. Northern Ireland is the least aged at present, with the lowest median age and the smallest proportion of older people in its population.

By 2035, England is projected to be the least aged of the four UK countries, with the lowest median age and the joint lowest proportion of persons aged 65 and over in its population. Scotland is projected to have the highest median age by that time, but Wales is projected to have a slightly larger proportion of older people in its population than Scotland (Office for National Statistics, 2012). Northern Ireland, on the other hand, has a relatively young population with higher fertility rates contributing to a lower median age (Russell, 2011).

In an article for Prospect in 2012, Paul Johnson, Director of the Institute of Fiscal Studies, set out the key fiscal challenges facing the UK in light of the aging population:

'The Office for Budget Responsibility predicts that state pension spending will rise from 5.5% to 7.9% of national income between 2015 and 2060 – despite a planned increase in the state pension age to 68 over that period. Health spending is less predictable. But demographic change alone is expected to push it from 7.4% of national income in 2015 to 9.8% by 2060. If, as may be more likely given past experience, health spending (other than that caused by the ageing of the population) rose by 1% a year faster than national income, then by 2060, Britain would be spending 15% of national income on health.

(Johnson, 2012).

The Republic of Ireland is not experiencing the same ageing of the population, Ireland has the lowest proportion of those aged over 65 in the 27 European countries, at just 11% (compared with 17% for the UK as a whole) (Office for National Statistics, 2012).

Other commentators focus on the **intergenerational** tensions exacerbated by the recession. Mansfield (2013) refers to the 'expectation gap' where the *'youth of today have not, and cannot achieve their hopes and expectations. There is a danger that this 'expectation gap' may lead to resistance, withdrawal or disengagement from society'*. In prioritising public spending in the UK, politicians have to make decisions between supporting working-age families or older people (Lawton and Silim, 2012). One of the indicators of this is the decreasing support for public financing of public services, with only a third of UK young people reporting support for higher taxes and higher spending on public services, in particular a hardening of attitudes towards pensions and welfare (Mansfield, 2013).

New economists and **environmentalists** focus on the limits of growth, seeing the financial crisis of 2008 as an indication that we were living beyond our means. These discussions centre on the nature of market economies like the UK and Ireland which have become dependent on retail consumption and service industries. Despite discussions, prompted for example by the New Economics Foundation's recommendation of shorter working weeks to focus on improving wellbeing rather than fuelling conspicuous consumption, full-time employees in the UK have some of the longest working hours in Europe (ONS, 2011).

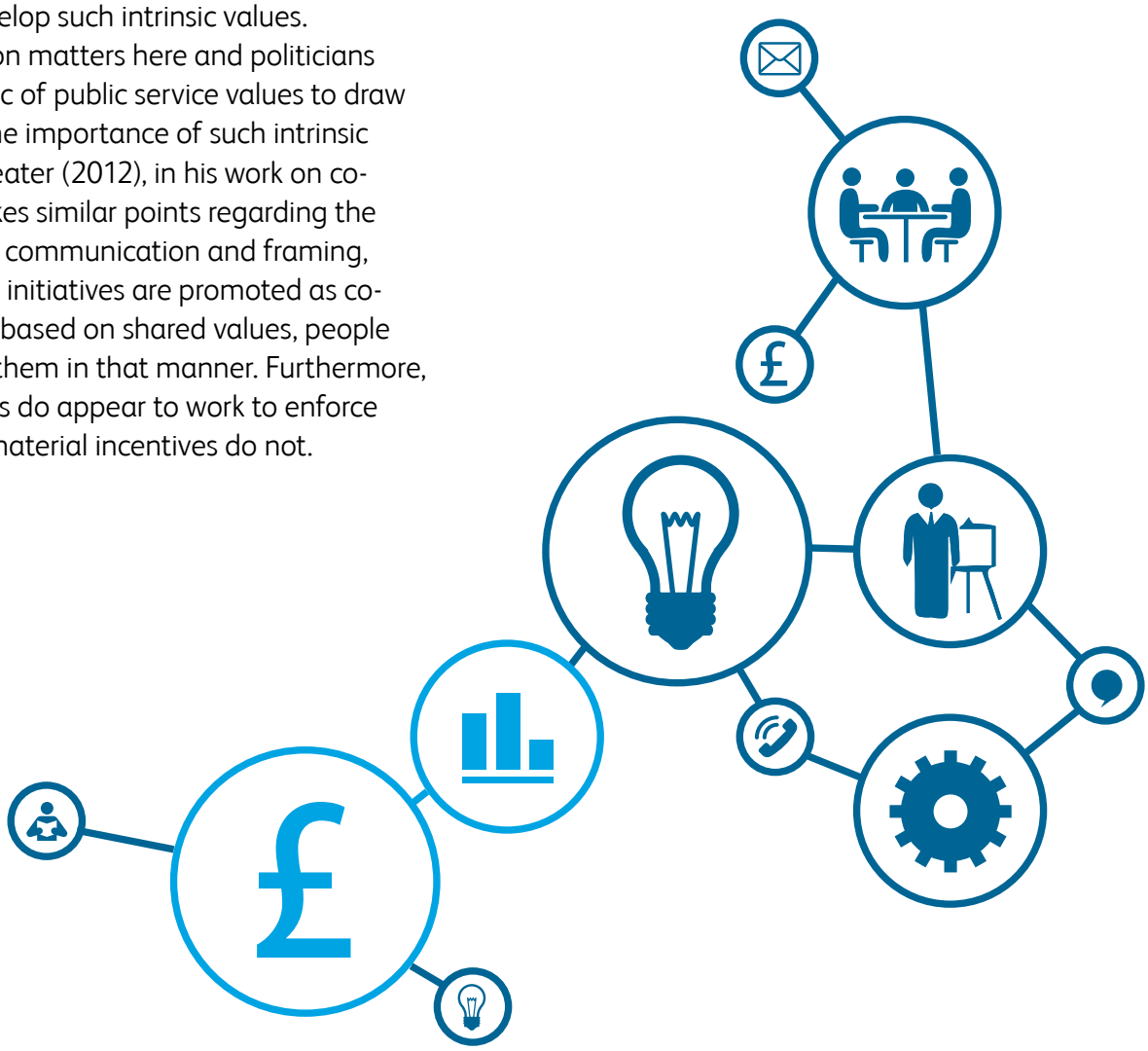
Part of the analysis on the need for change in public services focuses on **culture and values**. The work carried out by the WWF on value frames is instructive here. It argues that as individuals, we are far more likely to act in accordance with dominant values than new information. They argue that there are both intrinsic human values (such as community and caring for each other) and extrinsic ones (such as social status and material wealth). Academics such as Jordan and Drakeford (2013) have argued that the search for efficiency and profitability in public services

through increasing competition is in tension with such intrinsic values such as empathy. In their discussion of high profile failures such as Southern Cross Care Homes and Mid-Staffordshire NHS Trust, they argue:

> *'. . . it is not choice for service users that flourishes under these conditions, but business owner among suppliers; and for the citizens unlucky enough to be cared for by the most ruthless or the least competent of such organisations the consequences are grim.'*
>
> **(Jordan and Drakeford, 2013)**

In public services, the challenge is therefore on how to develop such intrinsic values. Communication matters here and politicians use the rhetoric of public service values to draw attention to the importance of such intrinsic values. Leadbeater (2012), in his work on co-operation makes similar points regarding the importance of communication and framing, arguing that if initiatives are promoted as co-operative and based on shared values, people will approach them in that manner. Furthermore, while sanctions do appear to work to enforce cooperation, material incentives do not.

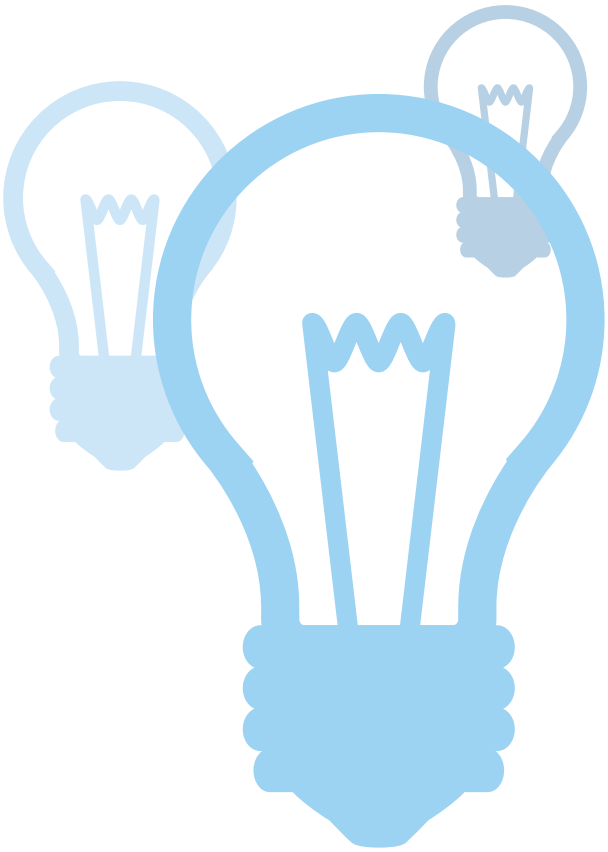
The final set of analysis of the long-term changes affecting the welfare state is based on **feminist** analysis. As the National Economic and Social Development Office in Ireland noted in 2005, social policies are always based on the extent of available care and provision from within the family and the community. Harrop, writing for the Fabians on the 70th anniversary of the Beveridge report, noted that the Beveridge report was *'grounded in the assumption that unpaid care was the role of married women: in the 21st century that thought it a historic relic'* (Fabians, 2012). On this analysis, it is not just the ageing population that is causing increased pressure on public services – it is the lack of an army of unpaid carers willing and able to take up the slack that is problematic.



4. Emerging thinking on an enabling state

The enabling state is best described as a paradigm shift from one model of public services to another. This review has helped identify more clearly these shifts. They are:

- From new public management to public value
- From centralised to local states
- From representative to participative democracy
- From silos to integration
- From crisis intervention to prevention
- From recipients to co-producers
- From state delivery to the third sector



This chapter takes each of these in turn to explore what existing literature and policy developments can tell us about these changes. The majority of the literature, academic and 'grey', deals with only one of these themes, but in some cases, they point to others as contributing factors to success or as barriers to progress.

In understanding the different approaches across the jurisdictions, it is necessary to understand their differences as well as their similarities. While we believe there is much the UK and Ireland share, it is important to note that Ireland did not have a Beveridge plan, and public services have developed in a rather ad-hoc fashion as a result of interventions by the state, the Church and other voluntary organisations (National Economic and Social Development Office, 2005). It is, in many ways, the logical outcome of a state that allows and encourages charitable delivery of public services. The outcome is a patchwork of provision and gaps which are unlikely to be tolerated in the UK with its strong tradition of standardisation within, though not between, the constituent nations.

Discerning the rise of the enabling state is easier in some jurisdictions than others. Scotland, in particular, has a strong core narrative, set out in the Commission on the Future Delivery of Public Services (the Christie Commission). Here, the logic of user focus, outcomes, prevention and improved performance of public services are intertwined to tackle the challenges of fiscal restraint and the ageing population (Commission on the Future Delivery of Public Services, 2010). In England, the core narrative is also easy to discern, through the language of the Big Society, though other elements are less clearly linked to this strategy (it is worth noting that in our discussions with stakeholders across the UK and Ireland the language of the Big Society was familiar in each of the jurisdictions but there was little support for it). In Wales, Northern Ireland and the Republic of Ireland, policies have to be traced through a series of government statements and papers, making it difficult to discern a 'golden thread' that links the different interventions.

4.1 From New Public Management to Public Value

Key points

- There is widespread support for a move towards measurement by outcomes rather than inputs or processes.
- There are recognised difficulties in measuring outcomes.
- Knowledge and awareness amongst practitioners continues to be an issue.
- As outcomes are based on inputs from a range of stakeholders, including citizens, attribution is complex and accountability is fragmented.
- Scotland has made the most progress in the five jurisdictions, but there is limited information on impacts.

4.1.1 The origins of the shift to public value

New Public Management began during the early 1990s, but rose to dominance in the UK during New Labour years of 1997-2010. A key aspect of new public management was its focus on measurement (the other elements included management and markets). During this time, the approach of the UK government was to set targets to be reached, for example, improving waiting-list times or increasing the proportion of young people going into higher education.

Professor Christopher Hood, an international expert on public service management, identified a number of problems with this approach:

- The ratchet effect: whereby the tendency of target setters to fix next years' targets as an incremental advance over last years' results causes managers of services to restrict performance to well below their potential productivity;
- The threshold effect: whereby a uniform output target applying to all services gives no incentive to excellence and may encourage top performers to reduce the quality or quantity of their performance to just what the target requires.
- 'Hitting the target and missing the point': where there is output distortion or the manipulation of reported results (Hood, 2006).

The final point is often referred to as 'gaming' behaviour, where public services act to meet the target in a way which is not beneficial to service users. The literature includes a number of examples of gaming behaviour, particularly following the introduction of star ratings for English health and social care services. The ratings were based heavily on targets and examples of 'gaming' behaviour include situations where patients were refused admittance to accident departments until a four hour waiting time target was achievable (Smith, 2005).

By the mid-2000s, the literature was shifting from support for new public management towards public value. Academics and public sector leaders were attempting to find a new, post-New Public Management approach. Public Value consists of three distinct but interrelated processes: clarifying and specifying strategic goals and public value outcomes; creating the environment necessary to achieve these outcomes; and utilising the required operational resources, such as staff, skills and technology (Benington and Moore, 2011).

The first review by the Organisation for Economic Co-operation and Development on outcomes was carried out in 2005 and highlighted the international trend towards measuring outcomes in public services (OECD, 2005). For example, New Zealand was the first country in the OECD to introduce performance-oriented budgeting and performance management and more recently has moved from output focuses to outcome focuses within its system of public performance measurement.

The argument in favour of a shift from New Public Management to outcomes-based performance management is based on the notion that managing performance on outcomes, rather than inputs and processes, will avoid gaming behaviour and more closely align assessments on performance to the experiences of the public. It is particularly important within the concept of an enabling state as new public management was

accused of moving public services towards targets and box-ticking rather than a focus on the needs of users (see for example, Wallace, 2007).

Measuring outcomes is seen as an essential prerequisite to other elements of the enabling state. As Russell and Hayes (2012) point out, in advocating for co-production, the theory is up against *'the paradox of not measuring that which we do not invest in and not investing in that which we do not measure most often than not places a gravitational pull on such paradigmatic shifts.'*

Boyne and Law (2005) identified three separate types of outcome measurement:

- Customer satisfaction outcomes. For example, the number of parents saying that services for children with disabilities are acceptable.
- Tangible outcomes. For example, the damage caused by preventable fires in dwellings.
- Equity outcomes. For example, the difference between the percentages of White and Pakistani children attaining five or more GCSEs at grades A* to C.

As outcomes-based performance management has developed, a plethora of toolkits and guides have been published to help service providers understand and measure outcomes (see for example, Adult Social Care Outcomes Toolkit, online).

Governments around the world (for example in Canada and Australia) have begun to focus on how to link these outcomes to the budget process (Pidgeon, 2012). The OECD refers to this trend as performance-informed budgeting which '*links the funds allocated to measurable results*' (OECD, 2008b). The literature reviewed by Pidgeon suggests three reasons for the link between outcomes and budgets:

- it supports accountability and transparency and facilitates proper scrutiny of the budgets presented to parliaments and assemblies.
- It aids efficiency by improving allocation of monies and;
- It improves public sector performance.

However, there appears to be no clear approach to budgeting for outcomes. The link between resources allocated and outcomes achieved appears to be opaque, even where information is presented as part of the budgetary process. And of course, there is not necessarily a clear link between more resources and improved outcomes.

Not all analysis of outcomes-based performance management has been positive, however. In his analysis, Toby Lowe (2013) points out that in many cases, the actual outcomes sought are not measurable, as a result intermediate outcomes, or proxies, are used:

> *'Our desire for outcome information outstrips our ability to provide it. Information about outcomes can either be simple, comparable and efficient to collect, or it can be a meaningful picture of how outcomes are experienced by people. It cannot be both.'*
>
> **(Lowe, 2013)**

A second problem is that of attribution, outcomes are, by their nature, a result of a range of factors and actors (see also McGuire, 2002, Pidgeon, 2012). Lowe is not convinced that statistical techniques, such as regression analysis, which isolate the effect, are rigorous enough to 'prove' effectiveness of interventions which are unlikely, in the real world, to be the result of a linear process.

Finally, Lowe does not agree with earlier commentators that outcomes-based performance management can avoid the 'gaming' common in input and process measurement systems. Managers, he argues, will continue to find ways of manipulating the outcomes to show positive impacts. This is particularly the case where services and participants are able to select outcomes for themselves rather than strictly imposed government outcomes.

4.1.2 Implementation in the five jurisdictions

Table 4.1: Key policy developments in the 5 jurisdictions on outcome based performance management

England	• General trend but appears fragmented • Payment by results (esp. work programme)
Wales	• Priority outcomes agreed in the Programme for Government • Outcomes-based commissioning included in statutory guidance for social services • Results-Based Accountability [RBA] used for Families First programme and by many councils
Scotland	• National Performance Framework • SHANARRI outcomes for children and young people
Northern Ireland	• Move towards outcomes in Programme for Government • Commitment to developing 'wellbeing index'
Ireland	• No discernible trend

There are contemporary examples of the use of outcomes in four of our jurisdictions. In some cases, these are strategic approaches led by central governments. In others, they are approaches to specific government programmes and interventions.

In relation to strategic approaches, Scotland has established a National Performance Framework, supported by a public-facing website (Scotland Performs) providing up-to-date information on the progress of the Scottish Government towards 16 national outcomes measured through 50 national indicators and a further 11 purpose targets (Wallace, 2013). As the Scottish Government state:

> *'We are committed to embedding an open and rigorous performance culture within Scotland's public services; ensuring greater clarity around the objectives of public organisations; and establishing clearer lines of accountability that help to bolster standards of service and improve outcomes.'*
>
> **(Scottish Government, 2011a)**

The work of the Scottish Government on outcomes has placed it in the lead three initiatives in the world on measuring wellbeing, according to international expert Professor Stiglitz (alongside Bhutan and Canada) (OECD, 2013a). Despite international recognition, and a reasonable length of operation (established in 2007 it is now in its second iteration) there is no evaluation of the impact of the Scottish outcomes-based performance management system. Two parliamentary committees, the Finance Committee and the Economic, Environment and Tourism Committee have recently issued calls for evidence linking the National Performance Framework to the budget process.

In Northern Ireland, there has been interest in using the Programme for Government as the key tool in promoting an outcome-based approach and linking it directly to the budgeting process (Pidgeon, 2012). The new Minister of Finance, Simon Hamilton, recently spoke of his commitment to exploring the development of a new wellbeing index for Northern Ireland based on the initiative in Scotland (Northern Ireland Assembly, 2013).

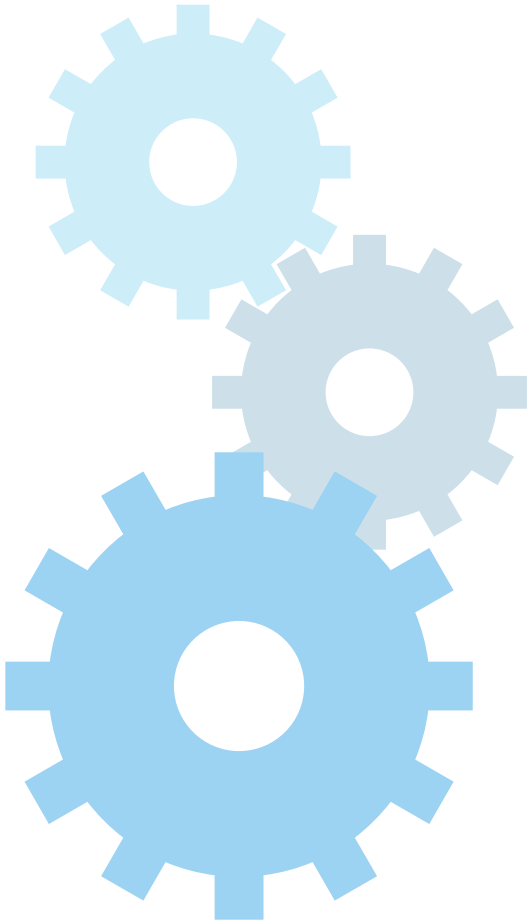
The Welsh model owes more to the New Zealand approach of selecting a number of high priority outcomes (as opposed to a comprehensive dashboard). The Programme for Government outlines these outcomes and the actions intended to contribute to them (Welsh Government, 2013a). There have been recent calls to move to a model more similar to the Scottish Government's in providing a comprehensive overview of outcomes rather than selecting a small number (Wellbeing Wales, 2013).

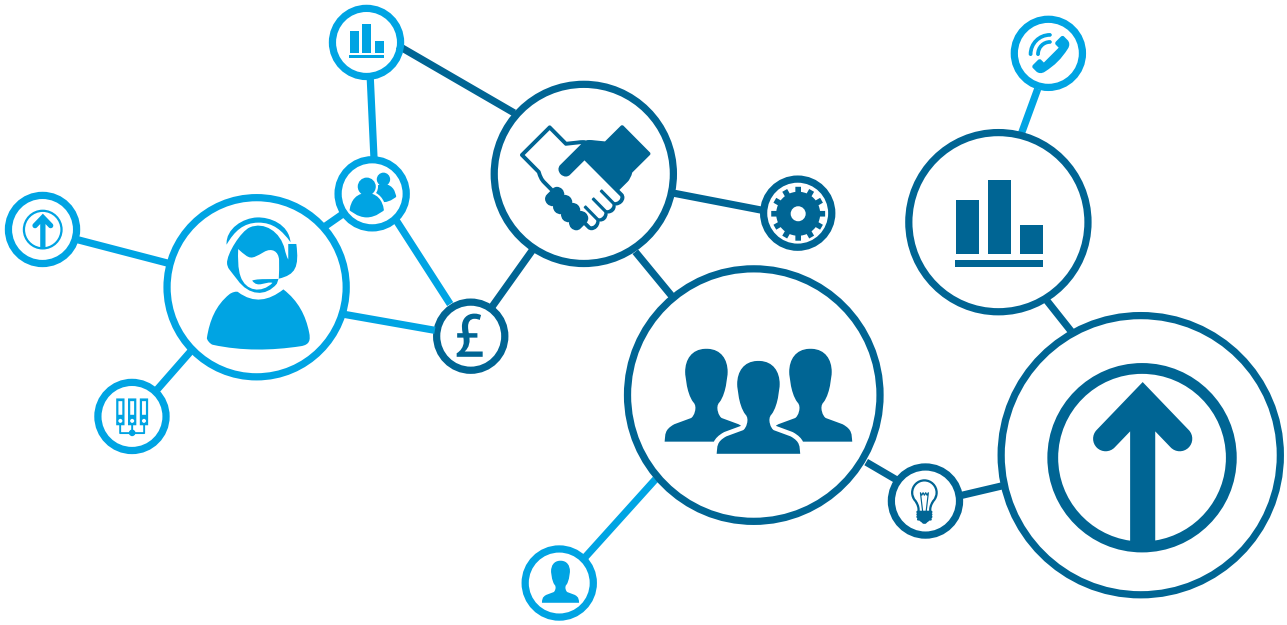
The UK government, covering English public services, has taken a different approach to outcomes-based performance management, preferring to allow departments to set outcomes for specific services rather than a government-wide approach. For example, Public Health England publishes regular outcomes data on public health, though these are, in practice, a mix of inputs, processes and outcomes (Department of Health, online). Similarly, the NHS in England has an outcomes framework with five domains comprising 10 overarching indicators, 31 improvement areas and 51 indicators (Department of Health, 2010). Unlike the Scottish and Welsh Government approaches where outcomes have been embraced without a focus on targets, the UK Government continues to use targets as part of the approach (The Independent, September 19, 2013).

At the level of service management, results-based accountability, a particular outcomes management methodology, has grown in popularity across central and local government in Wales – for example it has now been adopted by the government's Families First programme which aims to improve the wellbeing of targeted families facing disadvantage (Welsh Government, online).

In Scotland, service specific programmes have focused on children and young people where consultation and engagement with children's services led to the development of an outcomes-based wellbeing approach, referred to as SHANARRI (safe, healthy, achieving, nurtured, active, respected, responsible and included). These outcomes are used by professionals to assess children and co-ordinate multi-agency planning (Scottish Government, 2008).

In England, Claudia Wood found that third sector organisations delivering social care were experiencing pressure to measure outcomes, but that this was perceived as a trend towards measuring soft outcomes, such as confidence in participants, which was welcomed. In this way, outcomes were seen as supporting personalisation by focusing on whether participants had reached their own goals, rather than government-set outcomes (Wood, 2011). Similar comments were made in research with a wider range of third sector organisations in Scotland (Osborne et al, 2012).





The more innovative approach in England is the use of outcomes as a contract management tool for services delivered by the private and voluntary sectors. 'Payment by results' or 'Social Impact Bonds' are used extensively by the UK Government and in particular in the work programme where job support services are paid in relation to the number of people successfully placed in employment. Due to the reserved nature of employment services, this programme is also implemented in Scotland and Wales (but not Northern Ireland where employment and skills are devolved). The sustainability and design of the UK Government's work programme is under scrutiny following a highly critical report by the Public Accounts Committee in February, 2013 (UK Parliament, 2013)

There is no discernible shift to outcomes-based performance management in the Republic of Ireland. However, there is interest from academics and the community and voluntary sector in developing a dashboard of wellbeing indicators to monitor Ireland's progress (see, for example, Mulholland, 2010). Here, commentators are particularly concerned to develop approaches that support public participation and encourage debate about the future of Ireland:

'All actors should be involved in developing a shared vision of the future based on some shared values and developing pathways towards that vision at a wide range of levels. For this to happen, a genuinely participatory process is required.'

(Reynolds, Healy and Collins, 2010)

While advocated by Will Hutton (in Denman, 2012), none of the governments in this study have gone as far at New Zealand in having senior executives in the public sector held responsible for achieving outcomes:

'All senior executives in the public sector should place a significant part of their pay at risk to be earned back by meeting a broad set of objectives. This aim is not only to introduce a stronger performance ethic; it is to show to the public at large that the public sector is committed to performance.'

(Will Hutton, in Denham, 2012)

4.2 From centralised to local states

Key points

- Localism stems from concerns about 'command and control' models of public sector management.
- Locally designed and delivered services are considered to be 'better' at meeting the needs of communities, though this is often asserted rather than proven.
- Localism is most prominent in England, but the narrative is confusing and there are strong views that the rhetoric is not being followed through.
- Scotland, Wales and the Republic of Ireland have all reaffirmed the relationship between central and local government with a focus on mature relationships and strengthening local roles.

'National policy is often largely irrelevant to those working, living and practising in neighbourhoods . . . aside from dealing with reductions in public spending, life went on at neighbourhood level, relatively untouched by the dilemmas of central government policy, direction and implementation.'

(Richardson, 2012)

The second thread in our analysis of the enabling state is a move from centralised decision-making to local control. Localism, despite its use in political rhetoric, is not well defined (Padley, 2013). It can refer to improving local democracy through increased participation and engagement of citizens, greater powers for the local state to respond to local needs, and the 'double devolution' to communities and citizens. Section 4.3 discusses the development of participatory democracy and this section therefore focuses on the role of local government in an enabling state.

4.2.1 Origins of the shift to localism

The rise of localism can be seen as a reaction against the standardisation of the post-war UK state. Centralised systems of delivery are able to provide 'one size fits all' services; their focus is equity of process rather than equity of outcome. As public services move away from this approach to more flexible systems, it stands to reason that these will require to be locally-determined, based on local needs and assets. Some commentators suggest that this is merely recognition of the local nature of much public policy. As Richardson points out:

There is a significant amount of support for the trend towards localism (see for example LGIU, 2013). Reflecting on their experiences of working in local government, Jones and Stewart (2013) highlight seven advantages of local over central states:

- It releases local initiatives and innovations that are stifled by centralism
- Local choice can better match resources to local needs in a way not possible in the uniformities of centralism
- It focuses on local needs and problems in a way impossible for central choice
- Local choice involved people in the process of government, while central government remains remote
- Its ways of working can take account of local ideas based on local understanding in a way impossible with central prescription
- Local choice can enhance a sense of place, with local people determining the futures of their villages, towns and cities that should be welcomed by the centre
- It enables the learning that comes from the diversity of local choices, while little is learned from the sterility of central uniformity.

4.2.2 Implementation across the five jurisdictions

Table 4.2 Key policy developments in the 5 jurisdictions on localism

England	• Localism Act 2012 • Devolution of public health to local government • Local government granted General Power of Competence
Wales	• Compact between Welsh Government and Local Government in Wales • Local government granted Power of Wellbeing • Communities First programme • Local government 'community leadership' role
Scotland	• Concordat between Scottish Government and local government through Single Outcome Agreements • Local government granted Power of Wellbeing
Northern Ireland	• Local government reform with increased powers but reduced number of councils
Ireland	• Putting People First • Action Programme for Effective Local Government

As the largest state in our study, it is perhaps understandable that the language of localism is most clearly discerned in England. But it is not size alone that dictates this. As experience from Europe shows, England has a centralising culture and is the most centralised of the UK jurisdictions (House of Commons, Political and Constitutional Reform Committee, 2013). A number of high-profile UK government statements have stressed the coalition's desire to move away from the New Labour, centralised command and control model, towards localism. For example, the Heseltine Review stated:

> *'Not only have we disempowered local government by centralising power and funding, but the English system of local government remains overly complex and inefficient.'*
>
> **(Department for Business Innovation and Skills, 2012)**

A significant area of devolution to local government is the transfer of responsibility for public health from the Department of Health to local councils. But despite rhetoric around the need to avoid more ring-fencing, public health funds are themselves ring-fenced (Jones and Stewart, 2012).

The Localism Act 2011 replaces the previous 'power of wellbeing' with a 'general power of competence' which allows authorities in England to act in their own financial interests and 'do anything that an individual might'. In particular, they can generate efficiencies and raise money by charging for discretionary services (LGIU, 2012). The Localism Act (covering England and, in some sections, Wales) also introduces new rights for communities to make it easier for them to run public services and local assets (see section 4.7).

This mixing of concepts of local democracy and community ownership in localism has generated confusion over whether localism refers to greater powers for local authorities in England, or 'double devolution' to communities themselves:

> *'Localism is the decentralisation of government authority to local government; that is, to many elected local authorities. But the government abuses localism by extending it beyond local elected institutions. The result is a tension between devolution to local authorities and devolution to communities . . . Unless this relationship is clear and understood at the local level and at the centre, confusion and conflict between communities and local authorities will undermines aspirations for localism, whether to local government or to communities.'*
>
> **(Jones and Stewart, 2012)**

At the same time, the commentary and analysis on localism in England notes the juxtaposition of rhetoric and reality. The coalition government vocally supports localism, but central revenues for local government will fall from £28.5 billion in 2010/11 to £22.9 billion in 2014/15 – a reduction of almost 20%. Furthermore, Whitehall still directly determines almost 60% of local government budgets, while national rules and regulations mean there are central government controls over much of the remaining 40%. (Wilcox and Sarling, 2013).

The Commission on 2020 Public Services argued for the negotiated removal of ring-fencing for local authority partnerships (2020 Public Services Trust, 2010). This is precisely the approach taken in Scotland where the concordat between Scottish and local government set out a new, mature relationship between Scottish and local government (Scottish Government/COSLA, 2007). It secured a reduction in ring-fencing, monitoring and scrutiny for local government in return for Single Outcome Agreements which bind local authorities (originally local councils but now through joint Community Planning Partnerships) to deliver outcomes within overall government outcomes (through the National Performance Framework) but also taking account

of local priorities (Osborne et al, 2012). While the relationship between Scottish and local government is perceived positively in Scotland, some commentators have drawn attention to the concordat's limitations and the lack of willingness of the Scottish Government to tackle some of the more difficult issues around localism, such as a lack of community engagement and wider society in localism (Blackburn and Keating, 2012).

The 'Compact for Change' is the underpinning partnership agreement between the Welsh Government and local government which outlines not only the joint commitment to public service reform in Wales, but also identifies a number of priority service projects where collaborative progress should be achieved, such as education and social services (Welsh Government, 2011a). It should be noted that until 2013, the settlement between the Welsh Government and local government was not reduced as much as previously expected (National Assembly for Wales, 2012b) leading to a more positive relationship between local and Welsh government. Further, while cross-agency partnerships are a core feature of the local public service landscape in Wales, local government's role as partnership convenor is recognised by the Welsh government, as is its centrality to community leadership (see for example, Welsh Local Government Association, online).

Localism in Wales is, however, more nuanced when it comes to the practical provision of services. In a country with a population roughly equal to Birmingham, the balance between localised services and economies of scale is regularly revisited. In 2012, following the independent Simpson report (Welsh Government, 2011b), the Welsh Government confirmed the creation of a 'common footprint' of six collaborative areas across Wales' 22 local authority areas (National Assembly for Wales, 2012c). This footprint is intended to provide a consistent pattern for 'regional' service integration across the country, and is today the framework for collaboration on social services commissioning, safeguarding boards and education management.

A similar approach to codifying the relationship between local and central government in the UK

has recently been considered by the House of Commons Political and Constitutional Reform Committee (2013). A previous concordat between central and local government in England in 2007 had failed to deliver due to a lack of implementation mechanism. The new proposal would create a statutory code and was supported during the Committees consultation, as it would allow for greater clarity on the roles of different layers of government and arguably would allow for greater autonomy by local government.

The experience in Northern Ireland is significantly different to that of the rest of the UK. In NI, local government was reformed in the 1970s with responsibility for health, personal social services removed from councils and transferred to health and social care boards (Ham et al, 2013). This led to a 'hollow' local state more similar to Ireland than the rest of the UK (see below). In the 2000s, the government began a review of public administration (including local government). The Review of Public Administration recommended that the local tier of public services bring together all organisations on a coterminous basis with a presumption in favour of delivery at the local tier. This process was delayed due to the suspension of the Northern Ireland Assembly and then subsequently by disputes over boundaries for electoral areas. In 2012, the programme for government confirmed the intention to move to create 11 new councils from the original 26 and the development of a new council-led community planning process with a complementary power of wellbeing (Cave, 2012). As with equivalent powers elsewhere in the UK, this will allow councils to do anything that they consider is likely to promote or improve the wellbeing of their areas and the people living there, whilst arguably increasing the powers and status of local government in Northern Ireland.

While the literature in the UK on localism is largely positive, a cautionary note is sounded by the Irish experience. In the Republic of Ireland, a highly centralised state and a large social economy of delivery by church and voluntary groups coexists with 'extreme localism' where the local state is essentially hollow and delivers only a small number of services. Local elected representatives (TDs) act as constituency representatives, spending a large proportion of their time dealing with individual requests for medicards, planning permissions and so on (Mulholland, 2010). In this hollow local state, elected members wield power at national level to advocate for individual and community benefits, leading to a patchwork of provision.

To tackle this, a recent Action Plan for Effective Local Government in Ireland will, on implementation, strengthen the role of local elected members, in particular on issues relating to economic growth:

> *'Local government will be the main vehicle of governance and public service at local level – leading economic, social and community development, delivering efficient and good value services, and representing citizens and local communities effectively and accountably.'*
>
> **(Department of the Environment, Community and Local Government, 2012).**

Local elected members will now perform a substantial range of functions at district level on a fully devolved basis, including: a local policy/regulatory role in areas such as planning, roads, traffic, housing, environmental services, recreation, amenity and community development; formal civic functions; a general representational and oversight role; and citizen/community engagement. The scope for further devolution of functions to local government will be pursued through ongoing engagement with relevant Departments. Crucially, for an enabling state analysis, local government in Ireland will now have a central role in the oversight and planning of local and community development programmes (Department of the Environment, Community and Local Government, 2012).

4.3 From representative to participatory democracy

Key points

- Participatory democracy aims to overcome the challenges of legitimacy posed by falling voter numbers and low engagement with the political system.
- Some argue that participatory democracy strengthens representative democracy, others that it is in conflict.
- There are concerns that participatory democracy favours the most educated and articulate in society.
- Participatory budgeting is one of the key tools for improving participatory democracy, although implementation is modest.
- The financial crisis in Ireland has led to greater citizen voice and a Constitutional Convention.

Participatory democracy strives to create opportunities for all members of a population to make meaningful contributions to decision-making, and seeks to broaden the range of people who have access to such opportunities.

4.3.1 The origins of the shift to participatory democracy

Participatory democracy is a reaction to concerns about democratic participation and engagement. The decline in voter turnout in the UK is well documented and particularly acute in local government elections. Post-war in the UK, local election average turnouts have been shrinking – from 76% in 1979, to 31.3% in 2012, with the lowest ever being 1998 at 28.8% (Guardian, online). The Hansard Society (2012) audit of political engagement found:

- The proportion of the public that say they are 'very' or 'fairly' interested in politics has plummeted and now stands at just 42%.
- Less than a quarter of the public think the system of governing works reasonably well (24%).
- Almost three-fifths of the public (56%) agree that 'when people like me get involved in their local community, they really can change the way that their area is run'. Only 32% say the same about influencing the country as a whole.
- But only two-fifths say that they are willing to actually get involved in local decision-making (38%).

The Power Inquiry (2006) argued that the reduction in traditional politics is due not to changes in the political system itself, but to changes amongst the population. We are less clearly defined as working class or middle class, more and more of us are well educated and we have developed a sense of cynicism about authority that leads to questioning of those in power. These are not negative developments, rather important elements of a post-industrial state. Our political system, however, has not evolved to respond to the changing needs of citizens:

> *'One of the recurring themes of the evidence taken by Power . . . is that today's citizens feel they have a right to be listened to and taken account of but that the formal processes and institutions of democracy – voting and parties – do not offer a genuine opportunity for that.'*
>
> **(The Power Inquiry, 2006)**

This disconnect explains the rise of other types of participation at the same time as lower voter turnout. However, despite consensus that the political system is not meeting the needs of modern voters and some small-scale developments '*none of these responses is good enough and none engages sufficiently with the citizen. There has been no significant rethink of how citizens might engage with the political decision-making done in his or her name.*' (The Power Inquiry, 2006)

Advantages of participatory democracy are said to include:

- Increase in skills and knowledge of citizens.
- Contributing to a sense of community cohesion.
- Improved legitimacy of decisions (Michels and de Graaf, 2010).

These arguments found popular support following the work of Robert Putnam whose book, Bowling Alone (2000), articulated a sense that Americans have become isolated from social structures.

One mechanism for greater participative democracy is Participatory Budgeting which originated in Porto Alegre, in Brazil, and was borne out of a desire to distribute public money locally and democratically (Harkins and Egan, 2012). A 2011 study 'Communities in the Driving Seat' commissioned by the UK Department for Communities and Local Government concluded that:

- Participatory Budgeting was most effective when used in conjunction with other community engagement processes.
- Overall confidence in Participatory Budgeting can only be increased by decision-making processes which are followed up by the delivery of high quality projects.
- Participatory Budgeting can improve the transparency and quality of information available to service providers and communities, thereby enabling them to meet local priorities more effectively.
- Demonstrated the need for greater public co-ordination and partnerships working between Community Planning partners in order to meet complex local need.
- Participatory Budgeting can help to attract additional funds into deprived neighbourhoods.
- A range of social and human capital outputs were evidenced in the evaluation, including self-confidence and increasing community group membership (Department for Communities and Local Government, 2011).

However, the argument in favour of participatory democracy is not endorsed by all, and is a key area of deliberation by political philosophers. Key issues include:

- the size and complexity of modern societies is such, the idea that every citizen can or should be involved in political decision-making is arguably impossible to implement.
- there is an element of self-selection which introduces a bias towards those who are already well-served by the political system but have the most capacity to engage in participatory democracy (Geissel, 2009, Michels and de Graff, 2010).
- initiatives to promote participatory democracy have been criticised for a lack of impact and can be seen as tokenistic (Michels and de Graff, 2010).
- such active participation places unrealistic and unwanted demands on citizens (Mutz, 2006).

Some commentators argue that setting up participative and representative democracy as a binary choice is unhelpful and that instead we should strive for a better balance between the two. Experiences at local level in the Netherlands support the development of 'connecting arrangements' that bridge the gap between participative and representative structures (Geurtz and van de Wijdeven, 2010). In this case, the responsibility remained with the state to support participatory mechanisms and respect the voluntary nature of citizens engagement.

4.3.2 Implementation across the five jurisdictions

Table 4.3 Key policy developments in the five jurisdictions on participatory democracy

England	• Participatory budgeting • Review of Town and Parish Councils • Community organisers
Wales	• Participatory budgeting piloted • Community First
Scotland	• Participatory budgeting • Review of Community Councils • Proposed Community Empowerment Bill
Northern Ireland	• Politics Plus
Ireland	• Constitutional convention

In the years since The Power Inquiry, there have been further developments in promoting participatory democracy. Consultation is widespread in all jurisdictions, but the extent to which politicians are actively listening to the voices of citizens is unclear. The previous accepted standard of a 12-week consultation period has been diluted recently in both Scotland and by the UK Government.

Potentially more transformative is the growing use of participatory budgeting by local authorities across the UK. At present, much Participatory Budgeting in the UK is focused on the allocation of community grants, which arguably do not meet the criteria for transformative coproduction. In 2012, Harkins and Egan found that only £28m had been allocated in England (through 140 projects, giving an average spend per project of £200,000 but ranging from £500 to £2.5m). Wales has an estimated 20 projects funded by participatory budgeting, while Scotland only has eight to date. While there are real opportunities presented by participatory budgeting, it does not appear to be sufficiently mainstreamed in the UK, nor does it challenge the dominant model of public services. The UK Government Participatory Budget Unit has a target of 1% of public spend to be allocated by use of Participatory Budgeting.

In England and Scotland, recent reviews have been carried out on local participation at the 'lowest' tier of democracy. In England, Town and Parish Councils are statutory bodies with elections in line with local government elections. In Scotland, while Community Councils have statutory powers in relation to community planning, they exist somewhere between representative and participatory democracy. In both England and Scotland, these committees suffer from a democratic deficit with average ages well above the norm and a low local profile.

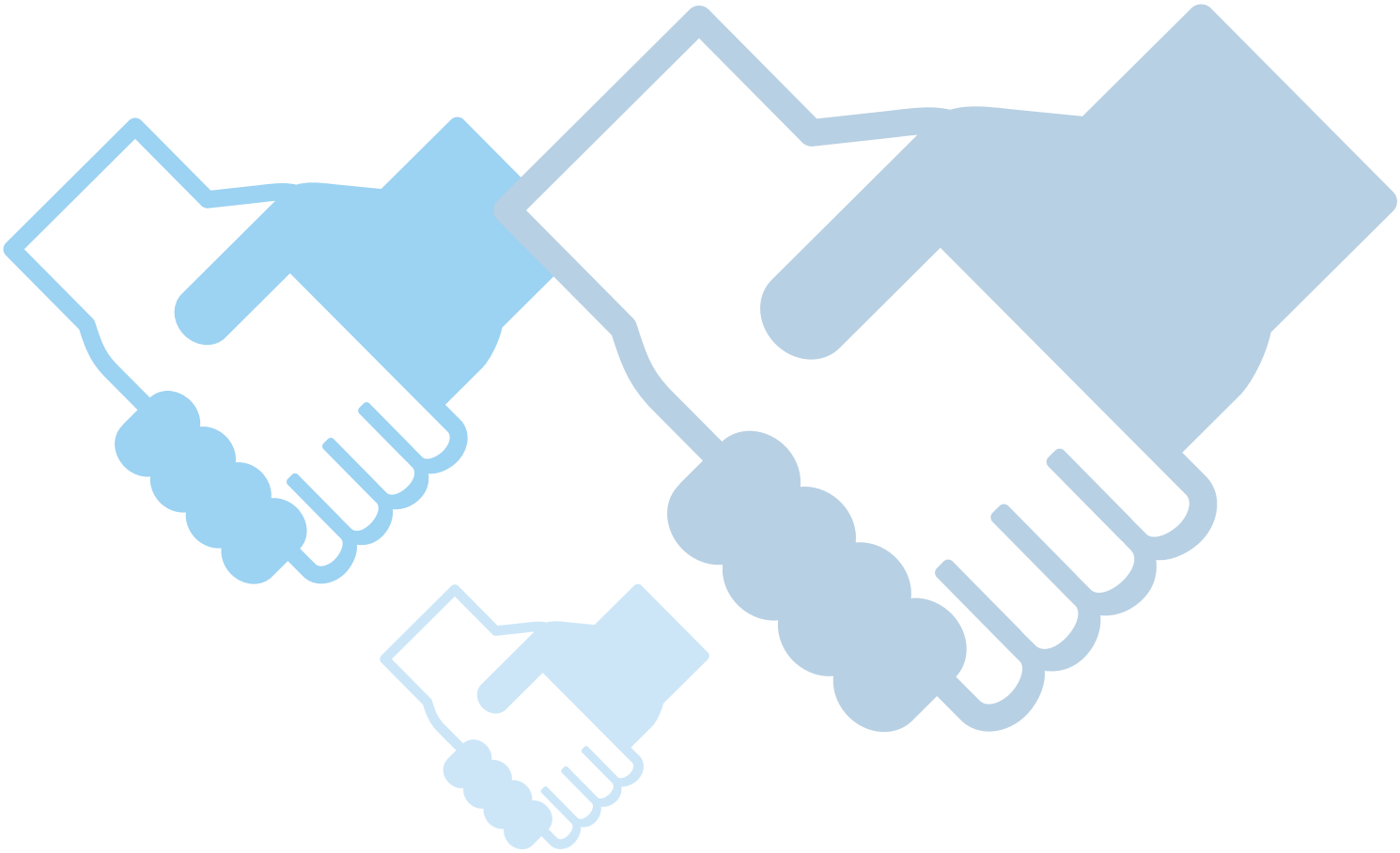
There are also models of participatory democracy which focus on building relationships between citizens to act together. Again, this is a continuation of previous activities such as the New Labour Active Learning for Active Citizenship programme. The UK Government Take Part programme continues this type of activity (though with a notable two-year funding gap). This programme aims to train 500 senior community organisers and 4,500 mid-level community organisers to take part in activities

in their communities. Mayo, Mendiwelsa-Bendek and Packham (2012) point out that evaluation of both ALACs and Take Part show that public resources are required to support these activities and that this is a continuing need. This suggests problems for the UK government programme which aims to have community organisers raising their own salaries once they are trained.

As with other elements of the enabling state, it can be difficult to assess impact of participative democracy activities. In the 2000s, the New Labour government implemented a large-scale area-based regeneration scheme (New Deal for Communities), which could be seen as an intermediate approach to participative democracy. The involvement of citizens was vital to the programme and evaluation techniques were built in to review impact using surveys of the local populations. The difficulty was that too few local people had been aware of – or involved in – the activities to make an impact on population surveys:

'Change data indicates that at the area-level there is nothing to suggest that New Deal for Communities (NDC) areas saw more change than other deprived localities, or that NDCs doing more in relation to the community development dimension saw greater change than those doing less. Data showing change for individuals, however, reveals that those involved in NDC activities saw more gains than those who were not involved. This positive individual-level change is not reflected in area-level data because absolute levels of involvement remained essentially low.'

(Lawless and Pearson, 2012)



This finding was echoed by Woodall, White and South (2013) in their review of community health champions which found that impacts on those individuals who were health champions were measurable, but the knock-on effect to the community was not measurable.

In Wales, the Community First programme has been operating since 2002 and concentrates on the direct engagement of community members in service development and delivery. The work focuses on the most deprived electoral wards in Wales. The local partnerships operate on what they call a 'three-thirds' principle, with the community making up a third, statutory bodies making up a third and the voluntary sector and private sector making up the remaining third (Adamson and Bromiley, 2013). Interestingly, here the community and the voluntary sector are separated out as individual interest groups. The focus is not on distributing funds, but rather on capacity building amongst communities to alter existing programmes and better meet their needs. An evaluation found that this type of 'programme bending' did not occur. For example, in only one of the nine local authority areas did any element of the Communities First Action Plan also appear in the Local Authority Community Plan for the same area. Community members became understandably frustrated by the lack of response from public service providers (Adamson and Bromiley, 2013). The reasons for this failure appear to stem from skills within public services, a lack of awareness of the benefits of engagement with communities and tensions over representative versus participatory democracy. In addition, the focus on capacity building within communities was not matched by a requirement on public services to respond to the recommendations of community members leading to accusations that the programme was tokenistic.

The Welsh Government has supported the trialling of participatory budgeting, but to date this has not led to any expansion of the practice.

More government attention has been given over to strengthening existing structures of local democracy, for example through the Local Government (Democracy) (Wales) Act 2013.

In the Republic of Ireland, there is a more traditional view of citizens as passive recipients of public services. Post-2008, the focus has been on raising deliberative engagement in the political process, through for example, the We the Citizens initiative (Mulholland, 2011). This has resulted in a new Constitutional Convention. President Higgins has also been associated with a programme to promote active citizenship, in his inaugural address in November, 2011, he said:

> *'We must seek to build together an active, inclusive citizenship; based on participation, equality, respect for all and the flowering of creativity in all its forms. A confident people is our hope, a people at ease with itself, a people that grasps the deep meaning of the proverb 'ní neart go cur le chéile' – our strength lies in our common weal – our social solidarity. Active citizenship requires the will and the opportunity to participate at every level and in every way – to be the arrow; not the target.'*
>
> **(Higgins, 2011)**

In Northern Ireland, in contrast, the focus has been more on building the skills of elected members to engage with constituent. The Politics Plus programme, funded by Atlantic Philanthropies, aims to improve the skills of politicians including those employed for representing their constituents and promoting citizenship.

4.4 From silos to integration

Key points

- Integrating, or joining up services, has become a key aim of public services in developed welfare states. The literature suggests is better meets the contemporary needs of users and can lead to efficiencies.
- It appears to be a pre-condition for other enabling state activities such as prevention and co-production.
- There have been moves to strategic integration across the governments we studied, and at both local and central level.
- Horizontal integration of services is also apparent but often comes into conflict with professional boundaries, and concerns regarding pooling budgets and sharing information.

The fourth element of an enabling state is the move from silos of public services to integrating public services. According to the National Audit Office in the UK, integration includes:

- Strategic measures which encourage integration or seek to apply a co-ordinated approach across government.
- Horizontal integration of activities between bodies involved or interested in a service or programme, or with a shared interest in a client group, for example between health and social care.
- Vertical integration through increased co-ordination of the delivery chain for a service or programme, for example between central and local government (see 4.2 on Localism).
- Back office integration of functions and management processes which support frontline services or programmes (also known as shared services) (National Audit Office, 2013b).

In terms of the enabling state, we have focused this analysis on the first three types of integration. While there is a body of evidence on shared services, these are usually related to efficiency measures and are not necessarily related to wider public sector reform.

4.4.1. Origins of the shift to integration

Integrating, or joining up services, has become a key aim of public services in developed welfare states:

> *'Integration in government refers to the coordination of working arrangements where multiple departments or public sector organisations are involved in delivering a public service or programme.'*
>
> **(National Audit Office, 2013)**

The literature suggests three key reasons for the drive towards integration:

- Meeting modern needs: Public services in the UK and Republic of Ireland have evolved in a piecemeal and fragmented fashion leading to a complex landscape of accountability and responsibility for service delivery (Commission on the Future Delivery of Public Services, 2011; National and Social Development Organisation, 2005). The nature of social need in the 21st century is very different from when these systems were developed. As noted in section three, a significant amount of social care is now managed or delivered by the state leaving more and more people exposed to the gaps between health and social care. These tend to cluster around childcare provision and care for older people, though those experiencing long-term conditions and disabilities also experience difficulties with the siloed system of public services (see, for example, LGA, 2013, Wood, 2011).

- Efficiency savings: their review of integration in public services, the National Audit Office in the UK found that integration of public services and programmes offers government the potential for substantial cost savings and service improvements. For example, they estimated annual savings of £650m from better integrated use of central government property and £104m potential savings from reduced use of hospital care by cancer patients as a result of better co-ordination of end-of-life health and social care (National Audit Office, 2013b).
- The impact on other reform activities: The impacts of a lack of integration are often a sub-finding of evaluation of implementation of other elements of public service reform, for example on prevention or co-production (see for example, Reeder and Aylott, 2013).

The advantages of integration identified in the literature are:

- The ability to harness expertise: by bringing in other partners, integration makes use of the skills, networks and experience of a wide range of actors (HM Government/LGA, 2013).
- Improvements to outcomes for users (HM Government/LGA, 2013), for example through improved hospital discharge systems (Ham et al, 2013).
- Reducing duplication and complexity for users (Ham et al, 2013).

However, despite compelling evidence for the importance of integration, it appears to be difficult to implement. Integration requires strong commitment on the part of all implementation bodies to realise the potential benefits:

> *'Implementing bodies need to be committed to a shared vision for integrated working, since a lack of buy-in risks those bodies failing to incorporation the integration solution into their working lives.'*
>
> **(National Audit Office, 2013)**

Some commentators suggest that issues relate not to formal structures but rather to:

- Imbalances in power between different professions and services, for example, in relation to health and social care, health is the dominant partner.
- Different performance management systems between services.
- Different funding streams and budgets.
- Cultural differences between different professions and tensions caused by differences in status and pay (Ham et al, 2013).

Similarly, others have called for adaptive leadership in public services rather than reorganisation. The risk is that reorganisation at the present time will lead to the creation of another set of rigid structures that will require to be addressed as future needs change. Hartley and Benington (2011) argue that public services need leaders who can work across boundaries and can network with others. What is required is '*public leaders to work across and beyond the boundaries between the public, private and voluntary sectors; between different levels of government; between different services and between the citizen and the state.*' Hartley and Benington (2011).

4.4.2 Implementation across the five jurisdictions

Table 4.4 Key policy developments in the five jurisdictions on integrated solutions

England	• Health and wellbeing boards • Whole place and Neighbourhood-level community budgets (pilot areas) • Reinforcing Permanent Secretaries responsibilities for co-ordinated working
Wales	• Local government (Collaboration Measure) Bill • Social Services and Wellbeing (Wales) Bill • Local Service Boards with integrated service plans
Scotland	• Removal of departments in central Scottish Government • Public Sector Leaders Forum • Community Planning Partnerships • Public Bodies (Joint Working) Scotland Bill
Northern Ireland	• Full integration of health and social care since 1973 • Single Health and Social Care Board (2009)
Ireland	• Croke Park Agreement with public servants

Strategic integration

The UK government remains heavily siloed, based on departmental boundaries. Despite reinforcing Permanent Secretaries' responsibilities for co-ordinated working, Page et al (2012) note the continued existence of barriers in joint working at central UK level including: ministerial relationships; budgetary controls; accountability and risk; a lack of impetus from the centre (Cabinet Office and Treasury), a lack of buy-in from departments and; a lack of cross-government data sharing.

As new governments, the devolved administrations in Scotland and Wales have the opportunity to redraw the boundaries between different departments and reduce the impact of professional silos. In 2007, the Scottish Government took the radical step of removing 'departments' and replacing them with a number of directorates grouped under six Director-Generals (Learning and Justice, Environment, Enterprise and Digital, Health and Social Care, Governance and Communities, Finance and Strategy and External Affairs). There are 37 directorates in total and each Director-General is responsible for delivering the strategic objectives set by the Government in their entirety with a focus on contributing to collective objectives (Elvidge, 2011).

Similar changes have been implemented in Wales where the Permanent Secretary reformed the management structure bringing in a small group of senior civil servants to form a tighter management group which is capable of working across departmental boundaries. It did not, however, tackle departmental structures themselves and as a result '*it has not produced the desired joined-up approach and high personnel turnover suggest improvements are needed.*' (Osmond and Upton, 2013).

In Wales, the Public Service Leadership Group brings national executive leadership for public service reform and collaboration. Its key responsibilities are:

- Ensuring coherence in the implementation of overall public service reform agenda.
- Sponsorship and mandating of national action

to improve the effectiveness and efficiency of public services.
- The development of effective regional leadership for collaboration (National Assembly for Wales, 2012b).

The Public Service Leadership Group works through three national programmes on Effectiveness Services for Vulnerable Groups; Asset Management and Procurement; and Organisational Development.

Northern Ireland has been unable to capitalise on devolution to redraw departmental responsibilities in the same way as Scotland and Wales. The constitutional settlement sets the number of departments at 10, though the Secretary of State can increase this by Order (McCaffrey and Moore, 2012). Departments are linked to Committees in the Northern Ireland Assembly making changes difficult to implement. Where programmes are to be delivered by two or more departments, civil servants may be accountable to more than one Minister for delivery, and the politicians themselves may well come from different political parties: *'Under the existing system there is little political reward for helping someone else achieve their objectives – either in financial terms or in terms of enhanced status or career prospects.'* (Pidgeon, 2012). The power-sharing agreement, therefore, while delivering much-needed political stability, can be seen as a barrier to strategic integration.

In Ireland, the highly centralised, but locally fragmented, delivery of public services makes integration more of a challenge. The need for greater integration was a key element of the 2008 OECD report on public services in Ireland (OECD, 2008a). The post-bail out Croke Park Agreement between the government and public servants did include a focus on greater integration, but it is not clear the extent to which this is being implemented (Mulholland, 2011). In 2010, a new Public Services Board was put in place to oversee the change process. A newly created Department of Public Expenditure and Reform was established to assist in public sector reform but, in general, changes continue the traditional balance of responsibilities between departments and services (McCaffrey and Moore, 2012).

Departmental boundaries are only one form of siloed activity. Professional boundaries can also lead to difficulties, in particular, those related to different cultures, language and values. In an attempt to overcome such siloed professionalism, the Scottish Government established the Scottish Leadership Forum in 2006, comprising around 60 leaders across the public sector (including universities and police as well as local government and health). The group were asked to agree to form a single leadership group as a coherent community with shared values (OECD, 2011). In Wales, Academi Wales is charged with cross-sector leadership development, and offers development programmes and products as well as an annual summer school. In England, the National Collaboration for Integrated Care and Support (2013) brings together a range of health and social care leaders to work together towards shared outcomes for people.

Horizontal Integration – local

The majority of horizontal integration is carried out at local level and the current focus across the jurisdictions is related to the integration of health and social care services.

Northern Ireland has had fully integrated health and social care since 1973 which coincided with reform of local government (Ham et al, 2013). In 2009, the Health and Social Care (Reform) Act (Northern Ireland) went further by creating a single Health and Social Care Board with five health and social care trusts responsible for delivering primary, secondary and community health care.

Following the 2009 reforms in Northern Ireland, a further step was taken in 2011 following the Crompton Review (Department of Health, Social

Services and Public Safety, 2011) to further develop integration. Strategic integration at national level had not, it seems, eliminated the lack of joined-up working between different services (Ham et al, 2013). The new reforms were to bring together all health and social care services at local level into integrated care partnerships (ICPs). Even prior to these reforms, it was common for programme or team manager positions in health and social care to be open to a range of professionals, breaking down professional barriers between, for example, nurses and social workers.

In Scotland, local services are planned collectively through Community Planning Partnerships, as the Scottish Government states:

> *'Effective community planning arrangements will be at the core of public service reform. They will drive the pace of service integration, increase the focus on prevention and secure continuous improvement in public service delivery, in order to achieve better outcomes for communities.'*
>
> **(Scottish Government, 2012)**

The Scottish Government is currently proposing legislation on integrated health and social care which would require local authorities and NHS Boards to integrate health and social care services for all adults through Health and Social Care Partnerships (HSCPs). These partnerships will be the joint responsibility of both local authorities and NHS Boards and work to nationally agreed outcomes (Ham et al, 2013).

In Wales, local strategic integration is the responsibility of Local Service Boards which bring together public service leaders to '*plan, work deliver and improve*' (Welsh Government, 2012c). These partnerships replace a plethora of local planning groups with a single integrated plan replacing the Community Strategy, Children and Young People's Plan, Health Social Care and Wellbeing Strategy and Community Safety Partnership Plans (this list is not exhaustive, but shows the range of plans to be incorporated). The aim is to avoid service silos and focus on prevention and early intervention to improve outcomes for citizens and communities. As with Scottish Community Planning Partnerships, Local Service Boards are not statutory bodies, leading to potential problems with accountability between different partners. In Wales, formal (though weak) accountability for delivery rests with the local authority, which is expected to take a leadership role.

The Welsh Draft Social Services and Wellbeing Bill includes a duty to 'make arrangements' to promote co-operation between local authorities, local NHS bodies, other Welsh authorities, the police and probation services, and other bodies involved in care services. In making such arrangements, partners are empowered to pool budgets and share information. Mitchell (2012) implies that this is weaker than the English Draft Care and Support Bill where agencies 'must co-operate' but questions whether it may in the end prove more successful than the English approach where co-operation is required *'to avoid legal challenge rather than to enhance the quality of care provision?'*.

A legislative approach to partnership has been taken in England where new Health and Wellbeing Boards will carry out a similar role in integrating the planning of services. From April 2013, Health and Wellbeing Boards will use strengthened collaborative partnerships to make better use of resources across sectors. However, examples of full integration between health and social care are limited. Despite legal powers to pool budgets in England, a 2009 Audit Commission report found that only £4 billion or 3.4% of the total budget for adult health and social care was pooled. The guidance on English

Health and Wellbeing Boards emphasises the need for boards to promoting integration; the new Boards and Clinical Commissioning Groups will have a duty to encourage integrated working of both commissioners and providers (Think Local, Act Personal, 2012).

The LGA would go further than this and recommend that health and wellbeing boards be strengthened to extend their leadership across local services to ensure child and adult health and wellbeing is at the top of local agendas by:

- involving the full range of health services including community, mental health and acute trusts
- signing off health and care commissioning plans to ensure alignment with democratically-mandated local services
- extending joint commissioning across core social care and health budgets (Local Government Association, 2013)

A separate, but related, initiative in England, Community Budgets, also focuses on pooling budgets to create a new model of local public services (HM Government/LGA, 2013). During 2012, four pilot areas brought together a range of partners (NHS, the police, Jobcentre Plus, councils, the voluntary and private sectors and education establishments) to work together to deliver better outcomes and make efficiency savings. The Local Government Association reports that these have the potential to generate £4.5bn savings per year due to better targeting, increased investment in prevention and better local synergies between services (Local Government Association, 2013). However, as noted in section 4.2, this initiative also suffers from top-down central management from Whitehall which limits its flexibility:

> *'While relatively modest in scope and scale at present, we believe that Community Budgets have the potential to kick-start significant local pooling of resources, joint commissioning and deeper structural and strategic integration of the local public sector. However, if they are to fulfil this longer-term potential, local authorities will need to become more financially autonomous, with Whitehall transferring departmental spend and the associated accountability to them.'*
>
> **(Crowe, 2012)**

The literature identifies the prevailing culture of public services as one of the key barriers to the development of a preventative approach to public services.

4.5 From crisis intervention to prevention

4.5.1 Origins of the shift to prevention

Key points

- Moving public service activity upstream to prevent harm arising has been recommended by a number of organisations and commentators.
- There is some conceptual confusion about what prevention is and is not.
- It has the potential to contribute to greater efficiencies in public services, but impacts are difficult to prove and quantify.
- There are moves to preventative spend in all jurisdictions, but these tend to be on the margins – moving budgets away from acute services is seen as politically risky despite long-term benefits.

For much of the post-war period, the dominant focus of intensive social policy interventions was on those identified as 'in need', classed as such through legislation such as the Children Act 1989. This approach required individuals and families to evidence problems (or for professionals to identify them as such) before being able to access support. Muir describes the current model as follows:

'If one looks across the majority of mainstream services, they are generally of this reactive kind: the police service is mainly focused on solving crimes and catching criminals, hospitals are about treating and caring for people once they have become sick and prisons effectively warehouse offenders, successfully rehabilitating only a minority.'

(Muir, 2012)

Moving from crisis intervention to prevention has been a key discussion in public policy, with efficiency concerns dominating the current narrative.

The National Audit Office (2013a) notes no standard definition for early action, but uses three broad categories:

- Prevention (upstream) – preventing or minimising risk of problems arising, often universal in nature.
- Early intervention (midstream) – targeting individuals or groups at high risk or showing early signs of a problem and trying to stop it occurring.
- Early remedial treatment (downstream) – intervening once there is a problem to stop it getting worse.

Delivering upstream preventative public services would involve, for example, shifting from:

- From acute hospitals to community-based health and social care provision and public health programmes to tackle obesity and alcohol consumption.
- From prescribing anti-depressants to supporting those things that promote mental health.
- From penal institutes to community-based programmes aimed at reducing Britain's chronically high rates of reoffending.
- From policing and antisocial behaviour interventions to whole-family support programmes to tackle problems like poor parenting at source (Muir, 2012).

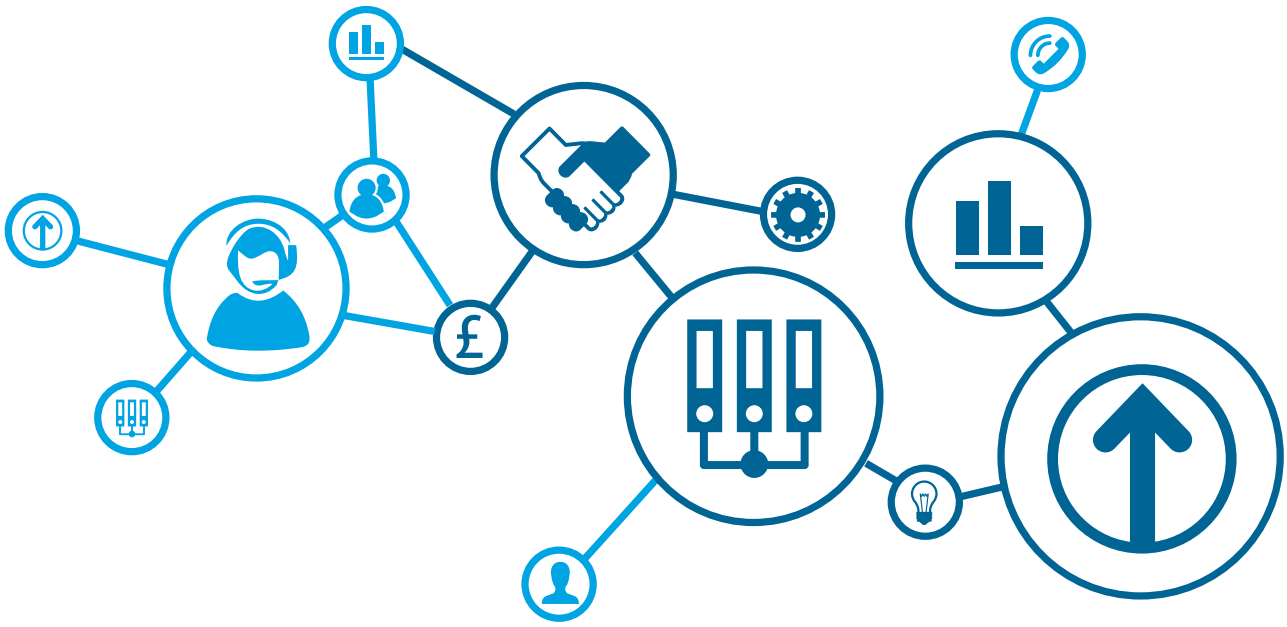
In many discussion papers, prevention becomes inextricably linked to interventions in the early years of a child's life. Indeed, the only example of contemporary public policy on prevention we could find in the Republic of Ireland was on an early intervention programme for children. Confusingly, the language jumps between prevention, preventative spend, early intervention and early action. In this discussion, we are using prevention as the wide range of interventions, at any point in the life cycle, which can reduce or remove negative outcomes for citizens.

Developed welfare states appear to be moving from alleviating the worst situations in society (for example, Beveridge's 'five giants' of want – squalor, idleness, ignorance and disease) to developing the potential for all citizens to live meaningful lives. It should be noted that this is a significant departure from what Beveridge himself imagined, his vision was that once the 'five giants' were felled, the role of the state would be to recede, no longer required to provide such assistance. In reality, the past 70 years have shown that new social needs develop due to a combination of social, environmental, economic and technological changes.

There are both efficiency and equalities arguments supporting a shift to prevention. In relation to **efficiency** arguments, the Scottish National Community Planning Group (Commission on the Future Delivery of Public Services, 2011) estimated that around 40% of public spending is on dealing with preventable demand. A later document on early years interventions highlights that spending £1 in the early years will save £9 in the future:

'We know that supporting parents to build strong attachments with babies and young children builds resilience and behaviours that will help that child do better in later life. We know that play is vital to physical, emotional and social and cognitive development... We now need to get on with doing the right things.'

(Scottish Government/COSLA/NHS, 2012).



In a different setting, the Local Government Information Unit in England quotes a London School of Economics analysis that found that for every £1 spent on the Turning Point Connected Care model of community capacity building, £4 will be saved to the public purse. Research by Barclays Wealth/New Philanthropy Capital (2011) found that the costs of preventable situations were £12bn for chaotic families, £51bn for children with conduct disorders and £45bn on mental health leading to employment difficulties.

In addition to efficiency arguments, there are strong **equalities** arguments to support a move to preventative spend. Evidence to the Scottish Commission on the Future Delivery of Public Services (2011) from the Equalities and Human Rights Commission identified that half of all young people in Scottish prisons have been in care, despite just one per cent of all Scottish children having been in care. In relation to health, 32% of adults in the most deprived areas in Scotland report a long-standing illness, disability or health problem compared to only 14% in the least deprived areas. Similar figures on young people in care are provided by Burghart (2012) in an English context, where young people who have been in care are 50 times more likely to end up in prison, seven times more likely to misuse drugs and alcohol and 60 times more likely to be homeless than their peers.

The literature identifies a number of difficulties with embedding prevention in public services:

- It requires a culture shift in both the public (who are important actors in prevention activities) as well as the state, with new skills required amongst public sector staff (Muir, 2012, National Audit Office, 2013).
- There is a strong political bias against prevention caused by the short-termism of electoral cycles (Reeder and Aylott, 2013, Muir, 2012, National Audit Office, 2013). For example, the UK Government Troubled Families initiative required councils to show an improvement in outcomes within three years (Crowe, 2012).
- There are always upfront costs and it is difficult for decision-makers to move funds from crisis interventions to preventative spend, regardless of long-term benefits (Action for Children, 2013, New Economics Foundation, 2010).
- There is a strong body of evidence linking negative outcomes to inequalities in societies (Wilkinson and Pickett, 2010). It is unclear whether preventative action focusing on reducing symptoms of inequality will be effective without tackling the underlying issues.
- Where savings do accrue, they accrue to different parts of the system. For example, many services provided by local councils lead to savings in the health service, but it is not necessarily clearly in the interests of either councils or health boards to fund these services (Thraves, 2012). The Early Action Task Force (2012) in England has argued for a 'polluter pays' principle, whereby those public services creating costs for elsewhere in the system are charged for these, examples they cite include local authorities not enforcing underage alcohol sales legislation, or mistakes in the Department for Work and Pensions that contribute to costs for advice agencies. The National Audit Office (2013a) calls for greater joined up working to support a shift to prevention.

The Early Action Task Force (2012) in England highlights the need to incentivise preventative working. They quote the example of a scheme in Cambridgeshire that reduced school exclusions so successfully, referral units were no longer needed as referrals dropped from 650 in 2007 to 120 in 2012. They did this by changing the school incentives by continuing to include excluded children in the results for the schools performance, and continuing to hold the school responsible for the financial costs of their continued education. The grades and costs of those pupils remain the responsibility of the school even if they are excluded, making many refocus on preventative support programmes rather than pay for costly alternatives.

4.5.2 Implementation across the five jurisdictions

Table 4.5: Key policy developments in the five jurisdictions on prevention

England	• Troubled families programme (Payment by Results) • Behavioural change programmes targeting violence against women and youth crime • Early years services through Sure Start • Family Nurse Partnership
Wales	• Sustainability duty to encourage preventative approach • NHS Wales' 5 year plan, Together for Health • Flying Start early years programme • Integrated Family Support Teams (IFSTs)
Scotland	• Change Funds • Early years collaborative • Reducing violence programme
Northern Ireland	• Compton Review (2011) • Health, Social Care and Public Safety Committee Report into Health Inequality
Ireland	• Prevention and early intervention programme for children (piloted then expanded in 2013)

This review found a number of examples of government commitments to preventative public services:

- The Northern Ireland review of health and social care services (the Compton Review, Department of Health, Social Services and Public Safety, 2011) articulated the need to move towards greater prevention, particularly on obesity, smoking and alcohol. In 2011, only 1% of the health budget in Northern Ireland was spent on promoting health (Brown, 2011). This was reinforced by a recent review of health inequalities by the Health, Social Services and Public Safety committee of the Northern Ireland Assembly which set an ambition of increasing preventative funding to 6% within 10 years (Northern Ireland Assembly, undated).
- The Welsh Government has brought forward legislation to embed a preventative approach. The proposals in the Future Generations Bill go further than environmental issues, placing a duty on Welsh Ministers to act in the long-term interests of Wales: 'it is proposed that the consideration of the long-term wellbeing of Wales is a requirement and that the needs of future generations, long term and preventative measures are emphasised within this approach.' (Welsh Government, 2012). This is in addition to policy statements on the importance of prevention, for example, in Together for Health (Welsh Government, 2012d) and the early years and childcare plan (Welsh Government 2013c).
- The Scottish Government are committed to 'a decisive shift towards prevention': accelerating progress in building prevention into the design and delivery of all public services, primarily through three change funds (older people's change fund, early years and early intervention change fund, and the reducing reoffending change fund). Together these funds are worth £500m over a three-year funding period (Scottish Government, 2011b).
- The UK Governments Troubled Families Initiatives will spend £440m on improving the outcomes for an estimated 120,000 'chaotic families'. Local authorities will receive 80% of the funding upfront and the remaining 20% if they achieve the outcomes agreed with the government (Crowe, 2012).

In total, the National Audit Office (2013a) estimated that £12bn is currently spent on early action interventions in health and social policy (2011-12) out of £377bn social spending (including welfare spending). In Scotland, £500m (9% of government spending) channelled into early action. While this is an important trend, it is important to note that this spending has remained relatively constant and it is still marginal compared to the majority of activity in public services across the UK.

One of the barriers to preventative working identified by the National Audit Office (2013a) in England is a lack of awareness and understanding of what works. The Cabinet Office is working with NESTA to develop What Works centres to better understand the impact of social policy interventions, including preventative spend.

One tension in the preventative spend literature and policy developments is whether prevention is by its nature universal, or whether early interventions should be focused on targeting those identified as likely to be in need. The Scottish Early Years Taskforce, for example, aims to use existing universal services to deliver prevention, suggesting wide-spread coverage.

The UK coalition government has linked prevention to service commissioning through social impact bonds, where payments are made to private or voluntary sector organisations on the basis of the savings to the public purse from successful interventions. Current UK experiments in social impact bonds are in their infancy and it remains to be seen whether there will be enough investors to this fledgling market (Muir, 2012). The difficulty with this approach for many commentators is the difficulty in assessing impacts and accruing them to real savings (see for example, Reeder and Aylott, 2013). As Lawton and Silim (2012) note: *'. . . there continues to be great interest in preventative public services, but significant challenges in delivery: it requires a shift in attitudes and skills in the public sector, and the payoffs tend to be less tangible than for acute interventions and only to emerge over many years'.* It is unclear whether current experiments with contracting on preventative goals will be able to avoid 'gaming' and other unanticipated outcomes associated with previous approaches to targeting support. And furthermore, Charlesworth and Thorlby (2012) note that,*'the evidence is not clear-cut: attempts to invest in enhanced, preventative social services at the patient or community level have often not delivered the anticipated level of savings'.* The question, therefore, remains as to whether preventative spending can deliver measurable efficiencies.

There are also debates regarding the correct role of the state in prevention, for example in relation to the controversial 'nudge' unit in the UK Cabinet Office. 'Nudging' is a theory of behavioural economics which posits that people do not always act in their own best interests, but can be encouraged to do so. Sunstein and Thaler (2008) argue that people make many decisions automatically, but by arranging choices in a different way, people can be 'nudged' towards making better decisions without impeding their freedom of choice. Classic examples include making healthy eating choices easier to access than unhealthy ones, similarly changing opt-in systems for pensions and organ donation to opt-out systems dramatically increases coverage. Some commentators disapprove of 'nudge' due to its paternalistic overtones (Bowman, 2012), others argue that outside a few high-profile cases, there are limited examples of it being used successfully (UK House of Lords Science and Technology Committee, 2011).

4.6 From recipients to co-producers

Key points

- Of all our elements on the enabling state, co-production experiences the greatest conceptual confusion. We have defined it as the direct involvement of users in the production of their own services, distinct from participatory democracy and third sector delivery of public services.
- The literature suggests strong benefits to co-production of public services, including efficiency and effectiveness.
- There are, however, a large number of barriers, including skills and knowledge of both the public and staff.
- There are initiatives in all jurisdictions, but these focus heavily on social care. Co-production in other areas of public services appears less developed.

In 2011, the OECD defined co-production as: *'A way of planning, designing, delivering and evaluating public services which draws on direct input from citizens, service users and civil society organisations.'* It was developed in contrast to competition-based interventions as a key way of making service improvements by understanding and respecting the role of citizens and users in co-creating outcomes from public services.

4.6.1 Origins of the shift to co-production

As with many of the elements of the enabling state, co-production is a contested concept. Prestoff (2008) explores the different role of citizens and the third sector in co-production and argues it consists of:

- Co-governance – third sector participates in the planning of public services
- Co-management – third sector produces services in collaboration with the state
- Co-production – the citizens produce, at least in part, their own services

This blending of joint working between public and third sector organisations with the concept of co-production with citizens introduces an element of conceptual confusion. There is a recognised tension in the literature about whether co-production should involve only individuals or whether it can be used to refer to third sector organisations (OECD, 2011). Originally it referred only to the active involvement of citizens but, in the UK, it has been used more widely to mean the role of the third sector in service delivery. This risks the situation where the radical element of co-production – a paradigm shift in the relationship between service providers and citizens – is obscured in debates about joint working. In this section, we are referring specifically to co-production with citizens. Section 4.7 refers to joint working with the third sector through the development of the social economy.

In their review of co-production in 22 countries, the OECD charts the history of co-production in three phases:

- 1970s and 80s – referred originally to the direct involvement of citizens and users in public and private sectors. Attracted interest but did not proceed as focus on volunteers did not 'mesh well' with market policies.
- 1990s – saw a resurgence of interest as an additive approach alongside market based public service models.
- In the 2000s, it is an international direction of travel with co-production part of the policy narrative in the UK, Australia and Japan. At the core of this new model is the shifting focus from activities and outputs to outcomes as they are, by their nature, co-produced.

Co-production is inextricably linked to the previously explored theme of prevention in the enabling state. While public services can deliver services to people, many preventative approaches require the active involvement of citizens to achieve beneficial change. The 2020 Public Services Trust (2010) refers to Professor Amartya

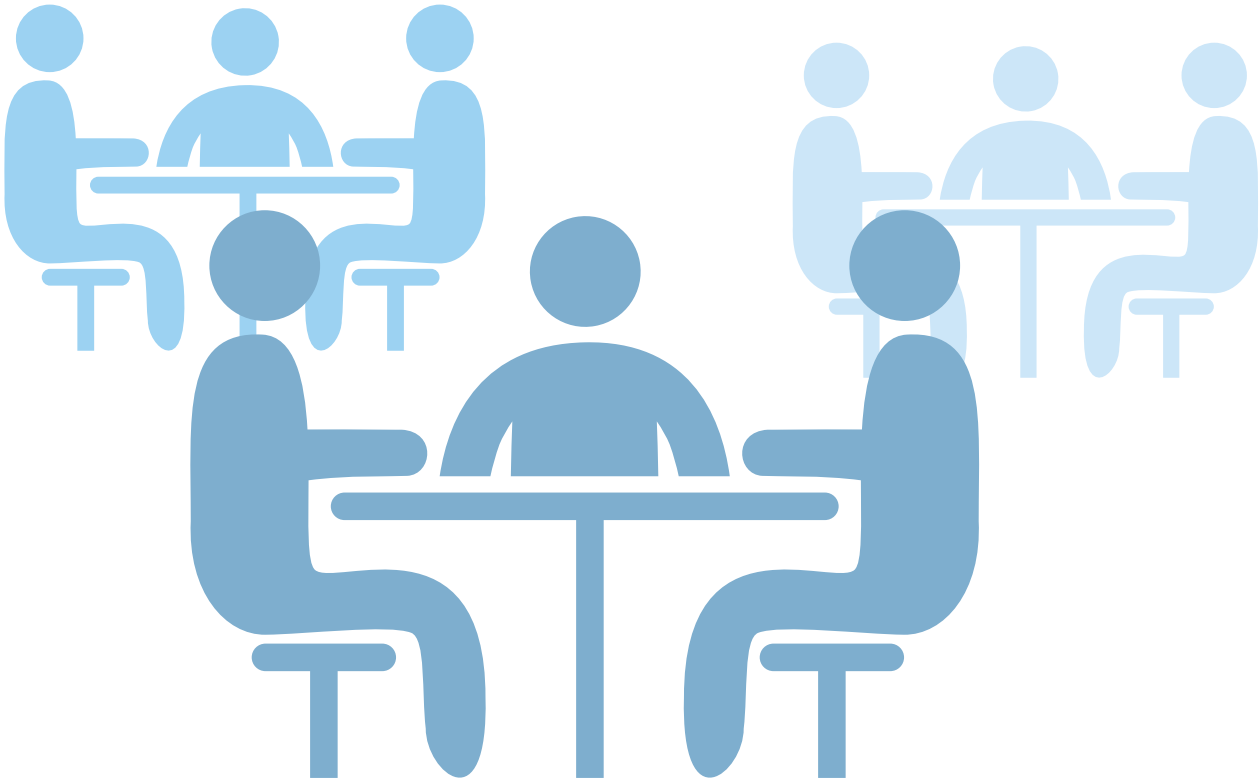
Sen's work on capacities and the freedom to act to explore concepts of personal responsibility: '*In this model, as long as individuals have freedom a real opportunity, their functionings in practice would not be a public policy concern.*' Similarly, the concept appears to have found favour in the left-wing of UK politics with Reed and Usher (2012) noting that: *'there is nothing socialist or socially just about locking poorer and vulnerable people into a life of dependency on the decisions of others.'*

While this can be seen as a progressive trend, it also relates to a hardening of attitudes in the UK. Reflecting on polling by YouGov, Wind-Cowie (2012) notes that:'*there is a growing perception that individuals and families who take risks such as smoking are less welcome in our shared risk pool because they have refused to take responsible steps to protect themselves.*' Polly Vizard of the London School of Economics 2020 similarly has concerns about the impact of this logic: '*. . . the question of personal responsibilities of public service users' raises difficult issues regarding the possibility of conditionality, penalties and sanctions in a range of contexts.*' (Public Services Trust, 2010).

The literature review reviewed by the OECD (2011) highlights differences in the extent of co-production:

- Least transformative – just the description of a service as reliant on some form of input from users ie education.
- Intermediate (additive) – recognises the importance of input from users and citizens and builds relationships between users and professionals, but does not fundamentally change public service delivery.
- Most transformative (substitutive) – a relocation of power and control through the development of new user-led mechanisms in planning, delivery management and governance. Includes structures for delivery, not ad hoc.

As with concepts of prevention, conceptual confusion allows public services to focus attention on the least transformative elements of co-production, but use its rhetoric. For example, the OECD survey of 22 countries found little evidence of mainstreaming the approach with many examples provided referring only to 'voice' mechanisms (consultation, planning, and evaluation) rather than 'control' mechanisms.



There are few international examples of citizens delivering public services. The UK can therefore be seen at the forefront of international developments on co-production.

The **benefits** of co-production are well documented in the literature:

- Making better use of resources by tapping into individual / community capacity.
- Increasing service effectiveness by increasing user satisfaction.
- Tackle service failures.
- Identify solutions to complex problems.
- Strengthen existing reform approaches (ie e-government).
- Improve democratic governance and build public trust.
- Strengthen communities and build social capital.

Despite compelling arguments, co-production appears to be marginal across the UK and in Ireland, with most examples focusing on additive co-production. Transformative co-production has implications for how services are funded, managed and monitored. In summary, barriers to transformative co-production include:

- Awareness and skills: both in government and citizens (Wood, 2011).
- Interest from the public: who do not necessarily seek a transformative relationship with the state (Hothi, 2012)
- Resources: additional resources may be required to fund initiatives (Mendiwelsa-Bendek and Packham (2012); Wood, 2011), though some point to the very low level of investment that is required for some co-production schemes to flourish (Bacon, 2013);
- Accountability: there are both concerns about loss of government accountability and the potential for fraud (OECD, 2011) and examples where co-production activities have been stifled by bureaucracy (Lawless and Pearson, 2012);
- Organisational culture: the values and practices of professionals can work against the need for informal, flexible support (Wood, 2011; Brenton, 2013; Mguni and Caistor-Arendar, 2012), similarly a risk-averse culture can make it difficult to connect citizens and facilitate networks (Bacon, 2013);
- Equity and inclusion (differing capacities to get involved leading to less vocal people losing out and capture by more vocal groups); and
- Multi-level governance: a lack of co-ordination and collaboration across different levels of government (Wood, 2011).

4.6.3 Implementation across the five jurisdictions

Table 4.6: Key policy developments in the 5 jurisdictions on coproduction

England	• Social Care Direct Payments (to be a right in the Care and Support Bill)
Wales	• Social Care Direct Payments • Social Services and Well-being (Wales) Bill • Co-production Network supported by ministers • Integrated Family Support Teams
Scotland	• Self management funds • Social Care Direct Payments (target 100% coverage 2013)
Northern Ireland	• Limited development
Ireland	• Person centred services

In relation to **social care and health interventions**, the clearest example of transformative co-production in the UK is social care where direct payments are a radical change. The scheme is popular, with use of direct payments increasing by 9.5% since 2010/11, though the LGA caution that most of these are 'arranged' rather than self-managed (Local Government Association, 2012). Despite positive support for direct payments, Wood (2011) argues that personal budgets do not guarantee personalisation and risks excluding those less able or willing to engage with the personal budget process from other personalisation policies. Osborne et al (2012) echo these concerns in a Scottish context. Moffat et al (2012) point to differential take-up of the scheme across the nations and local authorities of the UK, with Wales and Scotland less proactive in promoting the scheme than England. They suggest some of this is due to resistance from local authority staff.

In addition, programmes for self-management of long-term conditions have been developed where the people affected are encouraged to learn more about managing their conditions and become partners in their own care (Scottish Government, 2011b). The Social Care (Self-directed) Support (Scotland) Act 2013 requires local authorities to provide users with information and a range of options on how their care is delivered, going further than just direct payments (Ham et al, 2013). Similar arrangements are in place in Wales for people with a range of long-term conditions.

Wales enjoys a particularly active co-production network which supports practitioners to develop and grow front-line co-production, as well as lobbying for government action. This energy keeps co-production on the agenda for both politicians and senior officials. The landscape on co-production appears least developed in Northern Ireland, where little attention has been paid to developments in the rest of the UK (Ham et al, 2013). While references were made in the Crompton Review (Department of Health, Social Services and Public Safety, 2011) there appear to be no plans for implementation.

4.7 From state provision to the third sector

Key points

- All UK Governments aspire to increasing the use of a range of not-for-profit organisations in the delivery of public services, including the traditional voluntary and community sector.
- It is unclear the extent to which this is a growing area, or merely a rebranding of existing relationships between the state and the third sector. Recent developments in asset transfer may increase the overall size of the sector.
- There are a number of advantages, including efficiency through the use of volunteers and effectiveness, due to the ability of the sector to work in areas where the state finds it difficult to operate.
- Support for the third sector delivery of public services is evident in policy narratives in each jurisdiction, but barriers include models of commissioning and lack of understanding amongst commissioners on the social value generated.

The third sector refers to a wide range of not-for-profit organisations, be they mutuals, co-operatives, charities or voluntary organisations. We have used the term 'third' sector rather than 'voluntary' and 'community' sector, to bring in a wider range of organisations. Internationally, these are often collectively referred to as the 'social economy' but this phrase is not well used in a UK or Irish context.

In their review of third sector organisations in Scotland, Osborne et al (2012) conclude that: '*there was agreement both that there was increasing 'blurring of the lines' between TSOs, business, social enterprise and the public sector and the growth of 'hybrid organisations.'* Hybrid organisations are what is often loosely referred to as social enterprises (OECD, 2013b). This blurring makes it increasingly difficult to define the sector.

4.7.1 Origins of the shift to the third sector

A number of the papers reviewed refer to the symbiotic relationship between the public sector and the social economy and reflect on the 'ebb and flow' between the two. For example, in his review of Beveridge at 70, Barry Knight focuses on the third and least-known Beveridge report *Voluntary Action* which was published in 1948. He argues that Beveridge himself was furious that the Labour government implemented the welfare state through state agencies rather than through friendly societies: *'he foresaw that cold bureaucracies would dominate the system.'* (Fabians, 2012).

As discussed in the previous section, there is some conceptual confusion between co-production and the third sector is not always easy to discern when the literature is talking specifically about users or about the third sector. In this review we have restricted co-production to the involvement of citizens directly in the public services that they receive. The third sector then refers to all other kinds of associational life where people may come together to improve community wellbeing by delivering services that are not solely for those individuals themselves. The state may or may not be involved in this activity.

The literature shows a number of arguments for the greater use of the social economy in the delivery of public services. For some, the issue relates to **quality** of provision, with some studies showing greater satisfaction amongst users of non-public sector services compared to public sector offerings (Marie Curie Cancer Care, 2013).

Other arguments focus on the ability of the third sector to work with groups that the public sector might find **difficult to engage**. Currently, much

prevention is carried out by the third sector, for example in food and healthy eating initiatives, active living projects, and support for early years and older people (Scottish Government, 2011b). The Scottish Government has specifically highlighted the role of the third sector in preventative action: *'because of its specialist expertise, ability to engage with vulnerable groups and flexible and innovative approach.'* (Scottish Government, 2011b).

There are also **efficiency** arguments, employed to suggest that we use volunteers to provide caring roles that the state either can no longer fund or finds difficult to provide, such as befriending services (see, for example, Wood, 2012). The logic of harnessing the energy of those with time to spare to help those in social need is compelling. As Rick Muir suggests: *'We rightly worry about the quality of relationships in private care homes or in meagrely funded home care, and we also know that people are willing to help and look out for elderly neighbours and relatives. Could community-owned care trusts be established to provide home care, for example, mobilising local people to offer some voluntary time to help older people with day-to-day problems, like doing their shopping or cutting their grass?'* (in Denmah, 2012).

Knapp et al (2013) have carried out tentative research into the **social return on investment** of a range of projects: time banks, befriending services and community navigators (signposting services). They found that the typical timebank has a return of £670 per member; befriending services had a smaller 'cashable' saving to the public purse. The biggest return was for community navigators, relating largely to debt advice, where cashable economic benefits of £380 per navigator were identified. In other analyses, efficiency arguments are given a much harder edge, focusing on the explicit savings to be made using volunteers as opposed to paid workers (House of Commons Public Administration Select Committee, 2011).

There are also **personal benefits** to volunteering. Recent analysis by the Cabinet Office and Department for Work and Pensions put the wellbeing value of volunteering to individuals at around £13,500 per year – or in other words that the benefit to wellbeing derived from volunteering is the same as that generated from an increase in income of £13,500 (Fujiwara, Oroyemi and McKinnon, 2013). Similarly, not being able to volunteer impacts on individuals by reducing their life satisfaction by 1.9%.

Barriers to greater use of the third sector in delivering public services include:

- A lack of trust in the community and voluntary sector (SURF, 2012).
- The prevailing culture in the public sector which seeks to manage risk and can over-burden the voluntary and community sector with regulations. (Wind-Cowie, 2012).
- Insufficient numbers of volunteers to meet demand (Cabinet Office, 2011).
- Concerns that volunteers are more likely to come from prosperous areas, creating a bias in favour of middle-class areas and issues (Third Sector Research Centre, 2011).

4.7.2 Implementation across the five jurisdictions

Table 4.7 Key policy developments in the five jurisdictions on the third sector

England	• Community Right to Challenge • Community Right to Buy • Free schools • Open Public Services • Social Value Act • Work Programme • Promotion of mutuals • Big Society Capital (£600m investment) • Giving White Paper and investment in volunteering
Wales	• Social Enterprise Strategy for Wales • Community Asset Transfer Fund • Community Right to Buy (Localism Act applies in Wales as well as England) • Third Sector Partnership Council
Scotland	• UK Work Programme • Public Social Partnerships • Land Reform Scotland Act 2003 • Proposed Community Empowerment and Renewal Bill
Northern Ireland	• Concordat with Voluntary and Community Sector • Social clauses in public services contracts.
Ireland	• Encouraging philanthropy and active citizenship • Expansions of social enterprise but move away from formal social partnership framework

Each of our UK jurisdictions shows a move towards a better recognition of the role played by the third sector. For example, in Scotland the Christie Commission concluded that: *'. . . government remains the dominant architect and provider of public services. This often results in 'top-down', producer and institution-focused approaches where the interests of organisations and [professional groups come before the public.'* (Commission on the Future Delivery of Public Services, 2011).

In Wales, policy frameworks are in place, but the transition towards greater third sector provision has been slow. The reality is that the scale of third sector provision of public services remains relatively low. The Wales Council for Voluntary Action, for example, estimates that in 2010-11, the Welsh Government spent 2.4% of reported expenditure in the third sector, Welsh unitary authorities spent 2.6% and Welsh health boards just 0.4% (Wales Council for Voluntary Associations, 2013).

The clearest example of a transformative shift towards the third sector is in the development of **community ownership** of previously public or private assets. In Scotland, the community ownership movement has been particularly successful. There has been a long history of community ownership of housing assets, while the 2003 Land Reform Act provided communities with

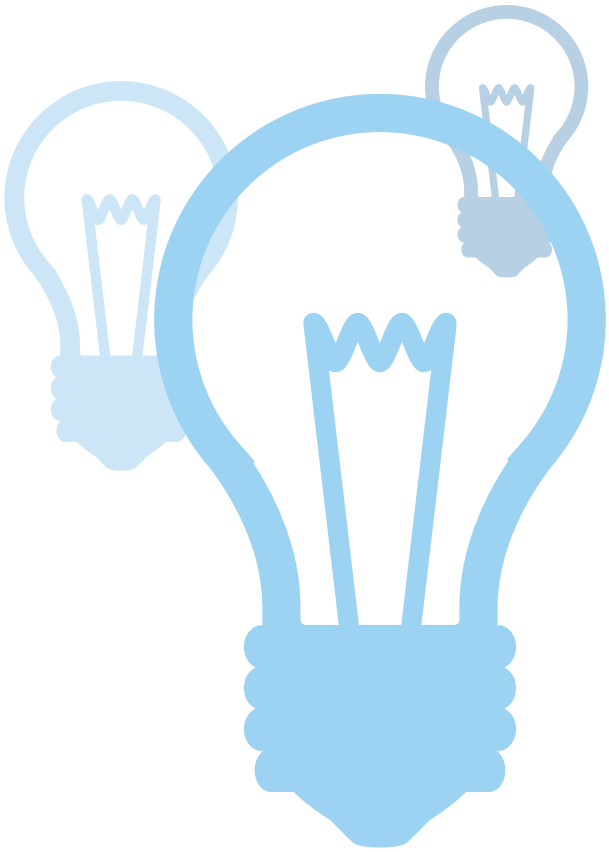
the opportunity to purchase land and buildings in rural locations. The legislation was supported by the Community Land Unit at Highlands and Islands Enterprise which provided funding to a number of local communities to purchase land, the Big Lottery Growing Community Assets Fund also provided much needed financial support.

The Development Trusts Association Scotland (2012) estimates that 75,891 assets are owned by a total of 2,718 community-controlled organisations in Scotland, with an estimated combined value of just over £1.45bn. Collectively, these assets comprise 463, 006 acres in area, equivalent to 2.38% of Scotland's land area:

- The vast majority of this area (95%) comprises 17 large rural estates under community ownership. The largest type of community ownership is in units of housing with 73, 151 assets units of housing owned by 84 community-controlled housing associations, housing co-operatives and rural development trusts.
- A total of 2,740 assets are what can rightly be called 'community assets' that bring benefits to, or can be accessed by, the whole community they are intended to serve. They have a combined worth of just over £0.65bn. They are used for a vast array of purposes, including community halls, amenity use (greenspace), business lets, cafes or restaurants, educational uses, grocery retail, heritage preservation and interpretation, renewable energy and sports facilities.

Most community owned assets are in remote rural areas (over two-thirds) with one in 20 in large urban areas. Over 90% are located in the 80% least deprived neighbourhoods in Scotland and just 3% in the most deprived neighbourhoods. Experience in England also suggests that community ownership may be more suited to affluent communities but that this can be overcome in programme design and development. Out of the 38 Community Asset Transfer projects in England, 24 were located in the 20% most deprived areas (Crowe, 2012).

There are moves towards greater community ownership in Northern Ireland, where they have recently set up an Asset Management Unit. The Joseph Rowntree Foundation has noted a 'significant lag' in Northern Ireland compared to developments elsewhere in the UK (JRF, 2012). Developments in Northern Ireland have been hindered by concerns about the role of the community and voluntary sector and the potential to introduce competition between different elements of the third sector. Here, community asset transfer has to be carried out in such a way that it supports community cohesion rather than leads to greater segregation. The Department of Social Development has recently been consulting on a framework for community asset transfer (Northern Ireland Executive, 2013). In terms of wider developments, the Northern Ireland Executive's Programme for Government 2011-15 contains commitments to including social clauses in public services contracts and promoting the work and growth of social enterprises (Harper, 2012). Guidelines on public procurement only apply to the Northern Ireland Government and its agencies, and as such, the guidance on social clauses does not apply to District Councils, though they can follow it voluntarily (Harper, 2012).



In England, interest in community ownership stemmed from the 2007 Quirk Review (Department for Communities and Local Government, 2007). The subsequent Localism Act 2011 has included a Community Right to Buy (which also extends to Wales) and Community Right to Challenge, enabling the growth of community ownership of assets. While this has had some success, the more profound change is in the commissioning of public services. **Open public services** is an approach to encouraging both voluntary and private sector services to deliver public services under contract. There is significant support for this approach in England; a survey for LOCALIS found that more than a third of council leaders said that there were no services that would have to remain in-house under any circumstances (Crowe, 2012).

In the implementation of this policy, commentators have expressed concerns about the ability of smaller voluntary and community organisations to compete with companies to secure these contracts and whether voluntary organisations would wish to deliver public services specified in this way by the government, limiting their own flexibility to respond to local need as they see it (Unison/Newcastle Council for Voluntary Service, 2012; House of Commons Public Administration Select Committee, 2011). The work programme is often cited as an example of this trend, with a small number of large prime contractors contracted to deliver services in specific regions (including Wales and Scotland where employment is not devolved), both the Scottish providers are private sector organisations and there is a concern that the third sector has been sidelined (Osborne et al, 2012). The fear is that the arguments in favour of open public services, both in terms of efficiency and quality, are being used to essentially privatise large sections of the public sector in England.

In a comprehensive review, the House of Commons Public Administration Select Committee found that many third sector organisations are simply too small to contract for public services and the policy was leading to a polarisation between very large charities which had the economies of scale to tender for public services and the many small, local charities that do not: *in essence this is the challenge: to build the 'little society' rather than the 'Tesco' charities that are skilled at tendering.'* (House of Commons Public Administration Select Committee, 2011). They reject the argument that large charities or private sector organisations will subcontract to smaller charities, finding little evidence to support the 'trickle down' argument.

A further difficulty in matching public sector commissioning to the approach of voluntary and community organisations is again the siloed mentality of the public sector:

'Attempts to open up public services to charities and voluntary groups may encounter difficulty that services provided by such organisations do not

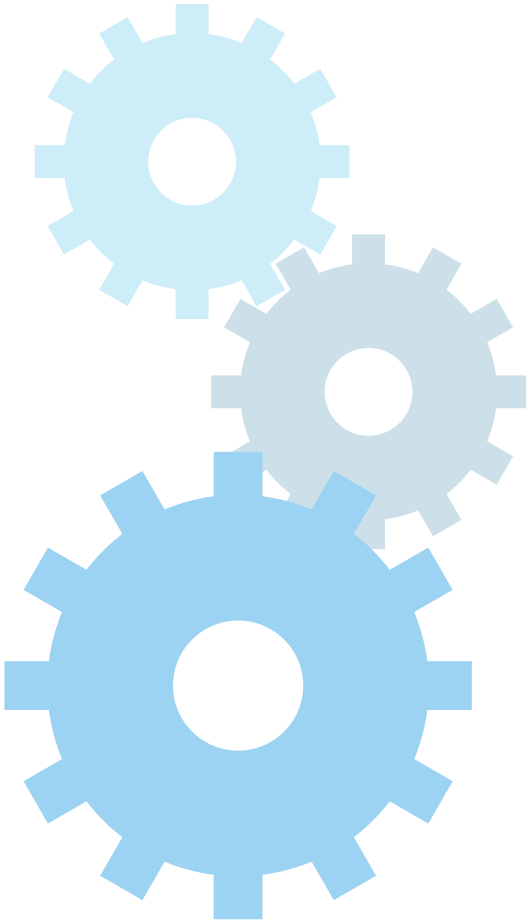
fit easily into the siloed mentality of Whitehall departments, who are unable to address the multiple needs of the service user – even where this approach is the very key to the success of voluntary organisations... We believe that joint funds, managed by local authorities and financed by separate departments, may be the answer.'

(House of Commons Public Administration Select Committee, 2011)

Increasing **voluntary** activity is one of the key activities progressed by the UK governments. The Big Society narrative includes a focus on voluntarism and a National Citizens Scheme is working with young people to encourage volunteering. In Scotland, volunteering is perceived to be low on the government's agenda (Osborne at al, 2012). Similarly, Wales appears to have an *'institutional lethargy'* towards engaging with civil society and provides limited information on how citizens could get involved in policy development and delivery (Osmond and Upton, 2013).

For those commentators in the third sector, the answer is often for government to simply get out of the way. It is useful here to reflect on the experience of the Republic of Ireland where the Church and voluntary organisations have a much stronger history in the direct provision of core public services such as schools and hospitals (Futures Ireland, 2009), though the state is still the main provider (National Economic and Social Development Office, 2005).

In Ireland, it is more accurate to refer to a rebalancing between the social economy and state provision. The reduction in church personnel and the increasing professionalisation required of public servants has moved them away from the involvement of voluntary and community groups in recent years. At the same time, higher levels of female workforce participation in recent years have reduced the number of volunteers about to support not-for-profit activities (National Economic and Social Development Office, 2005). The plethora of providers in Ireland has led to detailed discussions on the future of public services in the republic, with the National Economic and Social Development Office arguing: *'Government today faces an increasing challenge in activating, orchestrating and modulating the activities of a wide variety of actors to ensure that services of different types are delivered comprehensively and fairly to the Irish population.'* (2005). Therefore, rather than casting the role of the state as 'stepping back', the Irish experience points to a changed relationship with the social economy. The skills involved in this type of management are quite different to traditional command and control approaches, requiring management of complex networks of providers, adapting to changing patterns of provision and working in partnership.



5. Counterarguments

5.1 Universalism and postcode lotteries

A number of commentators and academics have pointed to the inherent risk of 'postcode lotteries' in the delivery of public services if the model embraces localism, third sector delivery and co-production more fully. It should be noted that variability in service delivery and outcomes is a function of the current system as well as a potential outcome of an enabling state. For example, Marie Curie Cancer Care report that: '. . . *no matter whether one looks at experiences, perceptions, expenditure or outcomes, it is clear that there is significant variation in experiences for people at the end of life across England.*' (Marie Curie Cancer Care, 2013). Charities, trade unions and advocacy bodies spend a significant amount of effort in identifying such differences and seeking to reduce them.

There are also important differences in the level at which postcode lotteries take place. Differences in services are a natural and accepted outcome of devolution in the UK. But at local level the public may be more accepting of variation between local authorities than within their boundaries:

> *'People may accept differences between local authority services because they have voted for their local authority, although even those differences are being challenged. Differences within a local authority area, due to a multiplicity of providers, is a different matter, requiring justification on ethical, as well as legal, grounds.'*
>
> **(House of Commons Public Administration Select Committee, 2011)**

For core public services, the 2020 Public Services Trust recommended setting national minimum standards below which services are not allowed to fall, allowing for both a level of consistency and local flexibility:

> *'Local accountability should be encouraged so that reform has genuine local ownership and control, and so that responsibility isn't simply passed up to ministers when the going gets tough. If this doesn't happen then we will remain stuck with the contradiction that whilst people support greater local control, at the same time the vast majority want services like the NHS to be the same everywhere.'*
>
> **(2020 Public Services Trust, 2010a).**

This approach was also referred to in a House of Commons Public Administration Select Committee report (2011). However, it would not work in non-statutory public services, where local authorities have flexibility in relation to whether to deliver such services at all. It is these services which are usually the focus of moves to more community ownership, services such as community halls, leisure centres and libraries where there is no stipulation of how many should exist in a certain area (unlike for example, schools). The slow uptake of community ownership in Northern Ireland, compared with the rest of the UK, is a reminder of the potential of implementing well-intentioned policies that may have significant unintended consequences (JRF, 2012). Similar concerns were raised by the House of Commons Public Administration Select Committee (2011) in relation to faith communities in the UK and by Leadbeater (2012) in relation to co-operative efforts:

'The tension between open and closed aspects of cooperation is one reason why it is not an unambiguous good. Gated communities, religious and selective schools, corrupt bankers and phone-hacking journalists could each claim, in their way, to be co-operative. Even if we are hardwired to co-operate, we still need to debate whether we are co-operative for the right reasons and with the right people.'

As Stears concludes: '. . . *the challenge facing those committed to developing deeper cross-community democratic relationships is to develop organisational arrangements that involve people who would otherwise not take the time to work together.* (Stears, 2011).

5.2 Unequal capacity to engage

A second set of equality concerns relate to the reliance of localism, the social economy and coproduction on existing capacity within communities. It is notable that community ownership in Scotland has taken root in relatively affluent communities and steps in England to overcome this have had to be built into the Community Right to Buy programme.

The argument is not that such bias towards the middle-classes is absent from the current system. Taylor-Gooby notes that, '. . . *middle-class groups have always done relatively well out of the welfare state. Public service reforms that give greater power to service users risk exacerbating the inequality between advantaged and more vulnerable groups.'* (in 2020 Public Services Trust, 2010b).

Hastings and Matthews (2012) carried out a review of middle-class advantage by analysing 65 academic papers across different disciplines. They found evidence that the middle-class bias does exist, especially relating to education, health and planning, though it is not possible to determine the scale of the impact. For example, middle-class people are found to have longer doctor's appointments, are more likely to make use of school choice policies and appear able to exert influence to receive more street cleaning services. They found four types of middle-class bias:

- The level and nature of middle-class interest group formation allows for the collective articulation of their needs and demands, and that service users respond to this. ie middle classes get organised.
- The level and nature of middle-class engagement with public services on an individualised basis means that services are more likely to be provided according to their needs and demands. For instance, some services rely more on co-production and the middle classes do more of their share; and when they're unhappy, they complain more.
- The alignment in the cultural capital enjoyed by middle-class service users and service providers lead to engagement which is constructive and confers advantage.
- The needs of middle-class service users, or their expectations of service quality are 'normalised' in policy and practice to the extent that policy priorities sometimes favour the middle classes.

Moffatt et al (2012), in their review of social care for older people across Great Britain, argue that: *'In the absence of any evidence to the contrary as yet, we would agree with critics that the most likely outcome for older people is an exacerbation of existing inequalities in public service arenas where choice and consumer mechanisms predominate.'*

This argument can be used as a 'trump card' to dismiss moves towards an enabling state but as Polly Vizard notes this makes, 'the perfect the enemy of the good.' The issue isn't whether such bias would exist, it is whether it would be worse (not just more visible) in an enabling state than the current system and whether this impact outweighs the benefits of an enabling state.

It is apparent that in order to avoid negative equalities outcomes, the role of the state needs to change fundamentally towards supporting capacity in more vulnerable or deprived neighbourhoods (Polly Vizard, in 2020 Public Services Trust, 2010b). Schmueker (2011) outlines four fairness tests that should be applied to the Big Society:

- Access to resources: do all communities and individuals have access to the resources required to participate?
- Losers: are some neighbourhoods or groups being left behind?
- Power distribution: are power and the sense of efficacy more widely dispersed amongst citizens as a result of big society initiatives, or are existing inequalities reinforced?
- Accountability: Are there clear lines of accountability for Big Society initiatives, particularly when things go wrong?

Embedding such tests in public policy development at national and local level may be one possible approach to mitigating against negative equalities impacts, however it should be noted that such assessments are often considered 'tick box' exercises.

5.3 A fig-leaf for retrenchment

The dominant critique in England is that the Big Society is merely a fig-leaf for retrenching the role of the state (see, for example, Centre for Local Economic Strategies/CLPS, 2012). Sir Stuart Etherington, of NCVO, gave evidence to the House of Commons Public Administration Select Committee (2011) that cuts of £3 billion to the voluntary sector was not unlikely (a reduction of a quarter on the current spending on the sector). The UK Coalition Government had set up a transition fund of £100m to cover up reductions in funding from local authorities, but the scheme was criticised for having a very short application period which closed before many local authorities had made their funding decisions.

In a review of adult social care, the Local Government Association (2012) concluded that it is difficult to know whether community-based services are filling the gap created by a reduction in local authority delivered services. In England, it may simply be too early to tell whether the Big Society is a reform of public services or merely retrenchment of the role of the state.

5.4 Accountability in a fragmented system

One of the critiques of the current model of public services is that it has created a risk-averse culture. For example, the Scottish Commission on the Future Delivery of Public Services concluded that:

'A culture of professional dominance in public bodies has made them unresponsive to changing needs and risk-averse about innovation.'

(Commission on the Future Delivery of Public Services, 2011)

This risk-averse culture can be seen as a function of the compensation culture that has developed around the NHS, particularly in England. For example, in 2009, more than 800,000 compensation claims were lodged leading to damages of £300m, driven partly by the rise in no-win-no-fee legal services (Wind-Cowie, 2012). The UK coalition government has taken steps to limit the no-win-no-fee market which may reduce the level of claims in the future. The risk-averse culture works against moves to greater co-production as IPPR/PricewaterhouseCoopers (2010) argue:

'Enabling citizens and communities to be more involved in producing services will require the state to accept that some risks lie outside its control and to try to mitigate them where possible.'

Bringing in other providers, be they in the third or private sector is considered to be beneficial in creating competition and inspiring innovation. The risk here, however, is in the creation of a fragmented system where 'no one is in charge' (Shucksmith, 2012).

At a **service** level, private markets work by creating competition and allowing goods and services to fail. The Office of Fair Trading (OFT, 2012) argues that such 'exit' of providers is a key part of such competition. However, it is not clear what the role of the state is when public services do fail. The example in the UK of the collapse of Southern Cross Care Homes shows the risk to vulnerable people if such services are allowed to fail. The public sector arguably continues a role here in to protect citizens in these situations. The OFT argues that that role of the state must be to manage 'orderly exit' of private and third sector providers who have failed to ensure users are protected. These may include transfer of services to another provider or, as a last resort, the state stepping in when no alternative provider can be found.

At the **citizen**-level, it is also important that users are able to navigate a system for raising complaints and concerns. It is not always clear which route to use when public services are provided by private or third sector organisations:

'The Minister must set out clear lines of accountability for the provision of public services under its new arrangements together with a clear mechanism for members of the public to raise concerns about services. To fail to do so could be fatal to the chances of success for the Big Society project.'

(House of Commons Public Administration Select Committee, 2011)

At the **community** level, there are concerns about the impact on representative democracy of different actors and decision-makers at community level. The lack of 'representativeness' of community organisations is often held up as a barrier to their involvement in decision-making, for example through Participatory Budgeting (Harkins and Egan, 2012). Elected members appear particularly resistant to change (Reed and Ussher, 2012). Richardson (2012) argues that we need a broader definition of accountability to allow for the involvement of non-elected groups.

5.5 A confused view of markets and the business sector

There is a strong bias in the literature to talk about the public sector and the third sector. The role of business is far less clear, despite business becoming more involved in delivery of public services (particularly in England). In some narratives, such as the concerns over commissioning public services in England, the private sector is seen as a threat to the third sector and unable to deliver the social outcomes sought (see for example, Rick Muir in Denham, 2012). In others, the private sector is an important partner.

The lack of attention to the private sector was also pointed out by the 2020 Public Services Hub which argued that: *'too little attention has been paid to the part that the private sector could play within a rebalanced society.'* (Public Services 2020, 2012). They argue that corporate social responsibility has been devalued, but organisations like Business in the Community show the impact businesses can make through offering opportunities for staff volunteering, smarter investments, developing community capacity to articulate social need and leveraging private sector resources to meet these needs.

Of course, taking action to support social outcomes is not the same as privatising public services, and much of the contentious ground is not in corporate social responsibility activities, but rather where the private sector is seen as encroaching into territory traditionally occupied by the third sector.

Taking the argument forward, the 2020 Public Services Hub (2012) identifies five challenges to greater involvement of the private sector in public services:

- Incentives – financial and behavioural incentives differ across public, private and third sectors – how can a new model understand this diversity and begin to coalesce these incentives?
- Culture – different cultures of delivery, management and accountability can be a significant barrier to collaboration across and even within sectors – what kind of national and local brokerage is needed in this space?
- Capacity – new forms of collaboration between business, public services and society will require new skill sets and new organisational capacities. What are these, and whose role is it to facilitate or provide?
- Accountability – democratic accountability is vital to the legitimacy of social change. How can policymakers ensure that the voice of the citizen counts in change at the local and national levels?
- Measurement – shared goals, sometimes embedded in payment by results commissioning, require measurement indices that synergise working. How can these indices be developed collaboratively? To what extent can social value provide a focus for this?

One of the difficulties inherent in promoting a mixed economy model for public services is that the dividing lines between charitable/voluntary organisations, social enterprises and the private sector become more blurred. Few reports or reviews tap into this complexity however, and the literature suffers from a simplistic and arguably outdated narrative of third sector good, private sector bad.

5.6 Implementation deficit disorder

In Ireland, Mulholland (2010) has referred to 'implementation deficit disorder' where politicians and public sector managers are aware of the change they would like to make, but somehow are unable in practice to implement the change. In discussions with stakeholders in other jurisdictions, this appeared to be a familiar experience.

There are a number of potential explanations for implementation deficit disorder. One relates to the capacity of the civil service to deliver change. This may be more of an issue at the moment, during a time of rapid change, due to cuts in the civil service. Page et al (2012) note a cut of 33% in administrative budgets in the UK, which has led to a reduction of 11% in civil service staff with '*the civil service . . . now the smallest it has been since 1939*'. Similar levels of reduction have been experienced in Ireland, and around 1,000 staff left the Welsh Government through early severance/voluntary retirement schemes (National Assembly for Wales, 2012b). While reductions are understandable given the scale of the fiscal challenge, it has led to concerns regarding the ability of governments to effectively deliver the scale of the change required. For example, voluntary redundancy schemes may have the unintended consequence of creating skills gaps (National Assembly of Wales, 2012).

Another difficulty is the way that policies interact with each other. Reeder and Aylott (2013), in their discussion of preventative working, note that many public services staff face 'strategic uncertainty' due to a lack of clarity about the change process and in local authorities staff report low confidence in their ability to adapt to changes in national policy.

Short-termism is another barrier often cited in the literature on preventative approaches. Reeder and Aylott, 2013, argue that, '*. . . a culture that takes prevention and risk management seriously is one that looks to the long-term as well as reacting to*

short-term pressures; able to draw on ideas, skills and analysis to make that happen.'

The difficulty for those seeking to challenge the dominant culture in public services is the failure of top-down mechanisms to achieve change. The UK Conservative Government (1979-1997) focused heavily on the creation of Charters, giving rights to users in public services such as health and education. However, these Charters did not appear to have much impact leading to increasing focus on choice mechanisms.

5.7 What do the public think about it all anyway?

The final difficulty in implementing the enabling state is that it, by its nature, requires input from citizens as active participants. There is however, mixed evidence on the interest of the public in taking forward such a role. Polling research by IPPR and PricewaterhouseCoopers shows that while people support proposals in principle for having more of a role in provision of public services (public safety, running local schools, caring for the elderly, providing health care); when people are asked if they would personally get more involved, very few actually volunteer. Similar findings are contained within the Audit of Political Engagement which found that 56% of people agreed that 'when people like me get involved in their local community, they really change the way that their area is run' though only 38% say that they are willing to get involved in local decision-making (Hansard Society, 2012). However it should be noted that harnessing this interest and gaining the engagement of over a third of the population in local decision-making would be a substantial increase on current levels. The Power Inquiry (2006) refers to the argument of uninterested public as a 'red herring'. They argue that it is the political system that puts people off getting involved, and that there is a vibrant community of participation beyond formal democracy, which could be tapped into if the mechanisms for engaging with the state were focused on meeting people on their own terms.

In the UK, the number of people undertaking voluntary work has declined to 21% (Hansard Society, 2012). McCabe and Phillimore (2012) suggest that this may be due to the impact of job insecurity which means people have less time for volunteering, though other research points to a large number of under-employed people of working age in the current economic situation. In their work on behavioural economics and citizen engagement, Foley and Griffiths (2011) found that:

- Rational choice theory didn't explain why people got involved in the first place; cost benefit analysis was not part of most people's decision-making process.
- Even once costs and benefits become clearer, they do not become part of a narrow calculation, there are a broader set of incentives, often less tangible than material rewards.
- Force of habit is a powerful indicator of whether an individual continues to engage.
- Individuals are often motivated by loss aversion rather than what they could gain.
- People tend to honour commitments made publicly.
- Self-perception matters, we engage because we feel we are the type of person who gets involved.
- The impact of the attitudes, behaviours and perceptions of others exerts a powerful influence on our actions. Group identification stimulates engagement.

They make a number of recommendations for policymakers, including employers allowing more volunteering to take place during work time and getting a publically stated commitment or agreement on when, where and for whom the engagement will occur. Public awareness, attitudes and interest does appear to be a barrier to the enabling state, but the literature suggests that it is one that can be overcome.

6. Endnotes – from welfare states to enabling states?

The existing literature on the dominant themes of the enabling state provide compelling arguments for change which, the policy review shows, have begun to find favour amongst governments across the UK and in the Republic of Ireland.

Few politicians and policy-makers argue against the key propositions of public value, localism, participative democracy, integration, prevention, co-production and the third sector. But the review also suggests their success in moving public services has, to date, been limited. In most cases, the reforms uncovered would be best viewed as 'additive' rather than 'transformational'. A few stand-out examples show that whole-scale change is possible, for example, in relation to community ownership of assets or self-management for those with long-term conditions.

The question of how to move from small-scale initiatives to whole systems change is the subject of our final report on the Enabling State project which will be published in 2014.

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This report was written by Jennifer Wallace, Head of Policy

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