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• Work being undertaken as part of a large international study under Marie Currie International Staff Exchange Scheme (IRSES)
• Involves academics from 6 countries & institutions
  – Coventry University, UK
  – Laurea University, Finland
  – Stellenbosch University, South Africa
  – Calabria University, Italy
  – St Petersburg State University, Russia
  – Loyola College, India
What do you see?
Is this what you saw?
What do you see now?
• Attempting to help understand complex and varied environment
• What is role of SW within this?
• Is the role to help understand, explain and support individuals, families, communities to help understand social distress?
• No other profession is able to do this ... but what is happening to profession...?
African Proverb

Until the lion has his or her own storyteller, the hunter will always have the best part of the story
• Mainly based on the opposition to the doctrine promoted by John Keynes in the UK in the 1930s and the New Deal in the USA
• Ideas are based on ways to reduce the size and influence of the state, increase deregulation and on the development of private enterprise
• Theory suggests that as the state has less responsibility, its financial requirements reduce, resulting in lower taxation rates which is considered good for growth
“Theory of political economic practice that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free market and free trade. The role of the state is to create and preserve an institutional framework appropriate to such practice ” (Harvey 2010:2)
• To secure consent for neoliberalism most politicians “spin” false notion that economic growth resulting from these practices will significantly increase citizens living standards (Chang, 2008, Harvey, 2006)

• Saturation of political culture & social world with market thinking & behaviour (personal responsibility, private property rights, individualism) encourages politicians & public to accept and experience neoliberal thinking & acting as normal (Brown, 2006)
• After WW2 establishment & extension of welfare state
• Post 1960’s demands from for recognition, rights & redistribution by groups i.e. Women's movement
• Substantial changes to welfare states through use of markets or market mechanisms (Gilbert, 2002)
• Links to government measures that:
  – authorise, support or enforce the introduction of markets
  – creation of relationships between buyers & sellers and,
  – use of market mechanisms to allocate care
• Includes contracting service delivery to private providers (for profit or not for profit)
• Mandating insurance against social risks such as long-term care i.e. Older people
• Providing cash/ tax concessions to enable employment of carers in home i.e. Use of vouchers (normally set low value)
• Option to top up subsidies – purchase additional/ higher quality through private financial contributions

What do we mean: Care Markets?
• Market policies see the change in way that service recipients are viewed – consumers & care as a commodity that can be bought & sold
• Key change – citizen (associated with politics & public realm) is overshadowed by consumer (assumed to be self interest individual embedded primarily in economic relationship) (Clarke et al, 2007)
• Professionals as self interested parties, managers seen as way to drive productivity
• Management good, objectives clear – staff are then motivated, bureaucracy reduces, best achieved through the use of business practices
• Growing influence of market across the world
• Speed of implementation – shaped by scale & strength of existing other forms of care provided by state or NGO’s, culture, context & politics
• Political acceptance and language vary due to local sensitivities
• Impact of neoliberalism is widespread & at multiple levels
• Important for users of services, professionals, managers, agencies & citizens to understand:
  – The context of these changes & proposals
  – Likely impacts, moral and ethical questions it might raise
  – Our actions, professions and recommendations need to be understood, analysed and acted at multiple levels
• Nature of neoliberal policies often disguised or presented as fresh and reformist (Bourdieu & Waquant, 2001).

Why are we discussing this topic today?
• Neo-classical economists suggest benefits are:
  – Giving service users (or their agents) purchasing power to enable them as consumers
  – Consumerism will improve quality of services & reduce costs by forcing new services to compete for business
• Market will therefore ensure public interest outcomes are achieved due to goods/services being within a market, with improved quality & prices closer to cost (Cleveland, 2008)
• But for markets to work, you need:
  – Information on price & quality need to be available to consumers
  – Costs for changing supplier must be low
  – Suppliers must operate in competitive market
• But markets in care not the same as care in other types of market (Land & Himmelweit, 2010)
• To be effective consumers
  – Must be able to assess the price & quality of services & able to make choice on basis of their evaluation
• But consumers find it difficult to make judgements about quality of care (Vincent & ball, 2006), reasons for this include:
  – Making decisions about care needs skills not equally available across society – favours those with education & more resources
  – If care available through public & private funding – those with greater resources can buy better quality care
• Results in inequality & unequal care
• Swapping poor quality services for better?
  – Continuity of care important for older people & children – exit may be too costly. Limits care quality

• To resolve problems – policy makers try to increase transparency & choice through: regulation, transparency & effective choice – how services compare against standards
• Care Standards capture easily quantifiable aspects of care – but not relationships – important for service recipients and families (Waeness, 1984)
• Intangible aspects of care for difficult to measure, manage, monitor & regulate – more likely not to be prioritised by providers – especially if trying to control costs
• To achieve high quality, low cost in competitive environment – must obtain economies of scale
• Government polices may encourage provider consolidation & market concentration – reduces cost of regulation & accreditation per unit
• But as market concentrates – competition doesn’t improve efficiency (Scourfield, 2007)
• Too much power – providers set own prices – raises costs to government and users

Problems with care in markets
• But care costs mostly driven by salaries – competition lowers costs through reducing staffing ratio’s or less qualified staff – reduce quality?
• If quality not easily observable – efficiency achieved through redesign of work, reduced professionalism – greater use of vulnerable to delivery care i.e. Migrants (Shutes & Chiatti, 2012)
• “McDonaldisation”
• Shift in use of for-profit organisations at expense of not-for-profit – motivated by profit
• May not cross subsidise to achieve high quality in more expensive/specialised areas
• Work task broken into smaller tasks, clear following of rules and instructions – procedures
• Reduction in professional discretion
• Managerial concern about efficiency & effectiveness standardisation of tasks
• Use of targets, codes of practice, use of national occupational standards
• Risk assessment – provision of services justified. Decisions based on “justifiable” rather than “right”
Older care services

- England – 1st European country to privatise
  - 75% of residential care & home care services run by for-profit providers (Care Quality Commission, 2011)
  - Personalisation now promoted as policy

- Sweden – initial focus on improving quality, but later on efficiency (Blomqvist, 2004)
  - For profit (1990’s – 1%), now 17% (Szebehely, 2011)- 50% in Stockholm
  - 2 Corporations own 50% of older care market (ibid)
  - Market started with competitive tendering for large home care homes & geographical areas of homecare
– 2009 – 50% of Swedish municipalities introduced customer choice models
– By 2014 all municipalities must introduce private alternative & public choice (Szebehely, 2011)

• Australia – traditionally provided by non-profits. Government role mostly as funders & rather than service providers
  – Increasingly use market mechanisms & competitive tendering
  – Now government & consumer movement arguing for its implementation – flexible & high quality
• Sweden – “educare system”
  – Increased use of private services, able to charge higher fees
  – System changes to previous policy of enabling children from wide diverse, social, ethnic, cultural backgrounds
• Logics of market, state, family & non profit provision - some tension – increased number of children, at younger ages and for longer now in early childhood education
• Cognitive, emotional & social benefits for children – but also growing use of markets – are these compatible?
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<th>England</th>
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**Childcare Providers (2010/11)**

(Brennan et al, 2012)
• No universal evidence of empowered older frail people (Svensson & Edelbalk, 2010)
• Suggestions may be a burden (UK) (Yeandle et al, 2012)
• Lower user satisfaction scores amongst older people than young disabled people for
  – Improvement in mental well being
  – Getting support they need from person budgets (NAO, 2011)
• Support variable for personal budget holders: 50% found it easy to get information, less than 50% find it easier to chose services (PAC, 2011)
• Wide variations in support available (30% difficult experience of being an employer)
• Home care workers who criticise home-care provider advised to change provider – many don't change – choice may leave them feeling less empowered than more (Szebehely, 2011)
• Those who are educated or greater resources – better chance of finding best service – may increase the range of inequality & amplify difference in quality (Swedish Agency for Public Management, 2009)

• Choice may be limited by supply side constraints – availability, equity & equality in delivery

Have markets delivered?
User empowerment
• Increasing services being dominated by large companies – results in decisions moving away from local area but corporate headquarters
• Policy made by providers with limited input from families & communities (Lloyd, 2010)
• Expansion of childcare commercial decision – in contrast to policy of parental choice (Vincent & Ball, 2006)
• Relies heavily on the assumption of consumer decisions and control, but doesn’t recognise differences between care & other products
• Transaction costs are high - consumers may be locked into continuing with provider despite concerns with quality (Plantenga, 2010)
• Low income users may lack resources & skills to make effective decisions about quality
• If those with more resources get the best, those with less resources the inferior – quality of services may reduce (Eika, 2006)
• Consolidation of organisations - bigger
• 2 companies in Sweden – 50% of private older care,
• Consolidation in England (childcare & older people) (Lloyd, 2010)
• When providers fail – those needing care can be stranded i.e. Southern Cross 30,000 older people, across 750 homes
• No policy to deal with failure (NAO, 2011)
• No evidence of cost containment
• Childcare costs rose in England
• 3% in real terms of cost of residential care 2008-9 & 2009-10 (HSCIC, 2011)
• Sweden costs don't appear to have fallen – but most municipalities that introduced choice also don't track changes to cost
• We would never betray our ethical code would we?
• Unless there was a bidding war for your morals— in that case, you could scarcely resist selling out. It's human nature.
• To study immoral outcomes, studied whether people are willing to harm a third party in exchange to receiving money
• People were asked if they would allow a mouse to be killed for ten Euros. Only 46% said yes. But what if there was a market for the lives of cuddly little mice....?

Morals and markets?
(Faulk and Szech, 2013)
• People put in a market environment - lives of the mice were bought and sold
• 72% of the people involved were willing to trade the lives of mice for money — but for far less than 10 euros
• Subjects may justify their behaviour by stressing that their impact on outcomes is negligible
• 'If I don't buy or sell now, someone else will.'”

Morals and markets?  
(Faulk and Szech, 2013)
• What are our professional roles in future services?
  – Educators
  – Critical policy analysis's
  – Enablers
  – Practitioners/ Clinicians

• What are our moral and ethical obligations to users of services, citizens, professions & to future generations?
• How do decision makers convince, persuade and recruit wide range of professionals for policies that may be considered (in number of ways) as retrogressive? (Boltanski & Chiapello, 2005)
• Why structural change, why is it being introduced (or evolving) now?
• What are core ideas of modernisation?
• What are the key ideas that underpin modernisation?
• What are the assumptions that are left unanswered or unchallenged?
• Are there questions which are silenced or never answered?
• Where are the new professional roles that are being developed?
“And when all others believed the lies which were spread by the party – when all records told the same tale – then the lie went down in history and became the truth."

George Orwell: 1984
- Facebook: Leadership and Management in Health and Social Care at Coventry University: 
  http://on.fb.me/PkP63a
- Klein, N. The Shock Doctrine: The Rise of Disaster Capitalism
Why is this important?

- Delivery of social welfare services to whole populations is important
- Research on social determinants of health identifies socio-economic stratification as being a significant factor impacting on health
- Social vulnerability is important as it has an impact on universal health care
- Health and welfare systems need to be designed to enable access – system cannot be great if those most vulnerable to exclusion cannot access them
- But rather than look at vulnerable populations – can also look at vulnerability in health & welfare systems (Allotev et al, 2012)
- Inability to access services – is this problem of the “poor”, “vulnerable”, “disadvantaged” or does the vulnerability lie in the health & welfare system. Some systems are more vulnerable than others (incapacity to deliver)
- Political decisions/ choices can make systems more vulnerable to universal delivery
- Increasingly discussions “equity vs efficiency”
- But does the efficiency debate misunderstand efficiency required from health or social welfare, education system (Reidapth et al, 2011)?
- If the requirement is equitable delivery of services – only useful measure can be equitable delivery

- Professions – values and principles committed to social justice
Why Change Now?

- Change and new policy developments may have positive influences i.e. reduction of stigma in children’s services
- No profession or working practice can be undisturbed in challenging times
- But can progressive elements of positive policy development be overpowered, constrained or nullified by neoliberalism?
- Politicians focus on transformation/ modernisation and the language of change – need to critically consider fields of politics, social policy, professional development, leadership, ethics and virtues
- Seemingly neutral language of “modernisation”, masks political decisions about the use of markets into ever more areas of social life?
- Not able to advocate free market openly – language of “modernisation” is an opportunity to extend neoliberalism
The context of structural change in Social Welfare and Health

• How do decision makers convince, persuade and recruit wide range of professionals for policies that may be considered (in number of ways) as retrogressive? (Boltanski & Chiapello, 2005)
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Values

- Principal aim is to achieve efficiency and accountability, other core values, de-emphasise such as equality, equity and participation (Gregory, 2007)
- Important to note, whilst prioritising some contexts the approach also fails to recognise other important, highly prized values in commitments i.e. social justice, a fundamental value of social work (IFSW, 2000)
- Increased use of markets, devolution, managerialism, promotion of contractual relationships and accountability
• Political systems protect interests of wealthy minority rather than general population?

• If majority controlled government “debts would be abolished first; taxes laid heavily on the rich, and not at all on others; and at last a downright equal division of everything be demanded and voted” John Adam (1937 [1787]; 591)
Theorising Power

• Research on links between politicians and wealthy normally use Power Structure Theory, Policy Planning Network Theory and Investment Theory of Politics

• Power Structure Theory (Hunter, 1953; Mills (1956) – how high status groups in bureaucratic organisations enhance institutional & societal power
  – Large organisations information & material resources enable owners/ leaders capacity to increase power inside & outside organisations by punishing politicians who try limit their interests by protecting public good (Domhoff, 2007)
Power Structure Theory

• Sees power as a trait which enables relatively small group with political & economic power to limit the development of all parts of society (Domhoff, 2007)

• Powerful & wealthy, even if weak, fragmented etc, dominate government in way that requires politicians to act on its behalf (Domhoff, 2007)

• Critics argue that this is impossible due to multi-based & issue based politics (Dahl, 1961)
Power Structure Theory

• Reputational methods identified – rich individuals identify who they believe are most powerful
• Positional analysis reviews how policy makers social origins & occupational careers shape their decisions
• Theory suggests power is situated in in multiple organisational bases – concentration of economic power doesn't automatically translate to political power
Power Structure Theory

- Power structures emerge from 4 organisational bases of power:
  - Ideological
  - Economic
  - Military
  - Political relationships
- Overlapping social interaction – not dimensions, levels or factors (Mann, 1986)
- Therefore need to explore power processes through indicators:
  - Who benefits? Who gets most of what people seek?
  - Who sits? Who is over-represented in key decisions making positions?
  - Who wins? In decisional area
  - Who has reputation for power? Who are powerful knowledgeable observers & peers (Domhoff, 2007)
- Indicators help to view power being used in areas & through how influence may change
- Use verbal, written statements, proposed legislation of strategically placed individuals/ organisations
Policy Planning Network Theory

- Helps to understand who sits and who wins by understanding who holds positions of power controlled by wealthy & organisations (interlocking & overlapping directorships) (Domhoff, 2007)
- Helps to identify corporate influences that enable political & policy coherence
- Seeks to understand linkages between people, money, organisations, policy to view how organisations controlled by wealthy dominate government
- Through private policy planning organisations (think tanks, policy discussion groups), wealthy interests frame & formulate state policy that enable public discussion & acceptance of governments & citizens to their interests (Burris, 1992)
Policy Planning Network Theory

• These processes undertaken alongside political candidate selection – ensures electoral candidates sympathetic to policy planning network agenda (Domhoff, 2007)

• Candidate selection based around
  – Campaign contributions
  – Hired political consultants
  – Offers of jobs after politics as lobbyists, corporate directors etc (Domhoff, 2007)
Investment Theory of Politics

• Analyses dominant role of corporations/leaders in vetting politicians via campaign donations
• Suggests public involvement in planning & implementation public policy is marginal as political parties & politicians represent interests that restrict participation in decision making to voting (Ferguson, 1995, Street, 2008)
• Powerful interests use their campaign groups, research groups, foundations, media access to support preferred candidates or eliminate those that don’t meet their interests (Domhoff, 1988)
• Once elected they appoint those from the elite policy network (political advisors etc) to help run government
Investment Theory of Politics

• Wealthy donate to candidates on pragmatic & ideological basis – helps to understand the influence candidate selection & candidates p

• As political candidates engage in limited campaign practices (private meet & greet, fundraisers etc) , their offices are normally run within narrow ideological & policy parameters

• Although candidates might recognise this limit to their ability to engage in public interest, many refuse to contest system