

PUBLIC SERVICES AND (IN)EQUALITY IN AN AGE OF AUSTERITY

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(NEF)

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THE EQUALITY EXCHANGE THINK PIECES

This is one of several essays written for **Equality Exchange**, a new forum for exchanging ideas, inspiration and skills relating to how public services can contribute to fairer, more inclusive and more equal societies. Equality Exchange was established by the British Council and takes place in the UK and four Nordic countries. Read more about the initiative and download this and other essays here: www.britishcouncil.org/denmark-projects-equality-exchange.htm

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William Beveridge's post-war social settlement had a strong vision of equality at its heart. By replacing the bewildering patchwork of social services that existed before the Second World War, Beveridge's comprehensive and universal settlement was set up to collectivise risk and address five giant social evils – idleness, squalor, disease, ignorance and want.

In doing so, the welfare state was positioned as a bulwark against an unjust economic and social system that produced entrenched class-based privilege and inequality, blocked social mobility and unequally distributed risk and security across society.

Through 60 years of peace and prosperity, Britain's welfare system has matured and evolved. It has grown, become more diverse in its functions and more reflective of a changing society. It has enjoyed significant successes: raising standards of living, preventing destitution and homelessness, improving educational outcomes and prolonging life expectancies. And yet, in many respects, Britain's welfare state has proven unequal to the task of narrowing the inequalities produced and reproduced by the market economy. Inherited privilege still exists and in many ways is worsening.

What's more, the task for public services is unlikely to get any easier in the future. Growing income inequalities, driven by the market, have been shown to cause social dysfunction across society – adversely affecting life expectancies, mental health, teenage pregnancy rates, crime and much more besides¹. Meanwhile we are witnessing a period of unprecedented fiscal retrenchment that will not only limit what public services can achieve, but also increase the demand on the services that do survive². At the same time, and partly in response to this economic austerity, the coalition government is accelerating the process of privatising and outsourcing public services. This too brings with it a number of pertinent challenges for those concerned with equality.

Within this constrained and increasingly challenging environment, what can public services realistically do to reduce inequality and promote equality? What is their room for manoeuvre? And just as importantly, what must happen beyond public-service reform to fulfil the promise of a more socially just society?

PUBLIC SERVICES AND EQUALITY: EQUALITY OF WHAT EXACTLY?

The purpose of Beveridge's social settlement was to collectivise risk and, as far as possible, compensate for inequalities that are beyond individual control. This represents a vision of equality *through* public services – ensuring that we are all protected from the insecurities of life and that we are all supported and enabled to flourish. In order to realise this vision, a fair distribution of entitlements was seen as necessary. To this end, universal access to a core set of good-quality public services was provided – including access to health care, housing, education and the like. To achieve greater equality *through* public services it was recognised that there needs to be an equality of public services too.

EQUALITY OF PUBLIC SERVICES

In practice, debates over and improvements towards greater equality of public services have centred on two issues: access and provision. Beveridge's original settlement rested on a number of assumptions about who would access services and how. Since the post-war years, individuals have become more transient, families more complex and variegated, communities more fluid and society more diverse. We have also become more attentive to issues of discrimination and to the way services can sometimes work against the interests of certain groups, including women, disabled people and ethnic minorities.

Much attention has also been paid to the issue of provision. An equality of access alone is not enough if the quality of services provided varies between places, and specifically between wealthy and deprived communities. So-called postcode lotteries have long existed in education, childcare and social services. For example, the difference in childcare costs between UK regions varies by 28 per cent, and within regions by over 75 per cent³.

1 Wilkinson, R. and Pickett, K. (2010) *The Spirit Level: why equality is better for everyone*, Penguin books: London, UK.

2 Penny, J. and Slay, J. (2012) 'Everyday Insecurity: life at the end of the welfare state', the New Economics Foundation (NEF). Accessed 17.04.13 www.neweconomics.org/publications/everyday-insecurity

3 The Day Care Trust (2013) 'Childcare Costs Survey'. Accessed 17.04.13 www.daycaretrust.org.uk/pages/childcare-costs-surveys.html

Over time, attempts have been made to address some of these problems. Sixty years of reform, incremental improvement and innovation have brought with them much progress. Today we enjoy a much greater variety of public services, reflecting a diversity of needs in increasingly person-centred ways. However, in spite of this progress, greater equality of public services has not translated into more equal outcomes for people *through* public services. The UK is now one of the most unequal countries in the OECD in terms of income and wealth⁴. Privately educated children are three times more likely to achieve top grades in final exams⁵ and life expectancies vary by over 11 years depending on where you live⁶: 'In general, the social advantages and disadvantages that citizens bring to services are reproduced in the outcomes they enjoy'⁷.

Why are many of our public services not only failing to reduce inequalities but in many cases also reproducing them? Part of the answer lies with the issue of equality *inside* public services between service users and providers. The other part of the answer lies with the issue of equality *outside* of public services – in the market and the core economy. We can only achieve equality *through* public services by addressing equality *inside* and *outside* of public services.

EQUALITY INSIDE PUBLIC SERVICES

Public services in the UK have become dominated by the professional expertise of providers. In health, education and social care, to name a few, decisions about the design and delivery of services are made by staff and rarely with the people for which they are meant. Increasingly in the UK decisions have been made in a top-down way, with 'centralised targets, deliverables, standards and customer relationship software'⁸ privileged over users' experience and relationships, and the outcomes they want to achieve. Rather than being seen as part of the solution, the people who use services are all too often seen in terms of their needs and as demand that requires managing.

This has a number of unintended consequences. By defining people in terms of what they lack and positioning them as problems that need fixing, services disempower people. The capabilities, experience and wisdom we all have is largely ignored by mainstream service models. Not only is this a terrible waste of resources, it also tends to exacerbate problems. If people are treated only in terms of their needs, they are likely to lose confidence in themselves; their abilities and functionalities atrophy, and their chances of achieving positive outcomes is reduced. Their identity revolves around their continuing need, which perversely increases their dependency and future demand for support. This in turn has helped contribute to the overburdening of services – services which are targeted more and more at the neediest and are too preoccupied with addressing acute issues to think of preventing them occurring in the first place. All of this undermines the ability of services

to achieve their objectives effectively, improve the outcomes of people, remain affordable and ultimately promote greater equality. This is not to say that everyone lacks control over public-service provision. Yet people and groups who do have influence are likely to have high levels of economic, human and social resources and to have greater control over their time. All of these resources are unevenly distributed between people and places.

EQUALITY OUTSIDE PUBLIC SERVICES

The second reason why public services fail to address inequalities, and indeed reproduce them, is that they ignore inequalities *outside* of public services – in the market and core economies: both have a strong bearing on the potential of public services to promote equality.

The ways in which market-produced inequalities act against equality through public services is fairly well understood and widely recognised. Take education for example. Every child in the UK is entitled to the same level of education and the quality of that education is supposed to be good everywhere. In this way education is held up as one of the chief drivers of social mobility. However, wealthier families have always been able to use their economic resources to their child's advantage. They can buy or rent homes where the best schools are located, they can hire private tutors and supplement their children's education with art, drama and music lessons, and they can remove their children from public provision altogether and send them to fee-paying schools. By using their advantage in the market they can pass on privilege between generations.

There are similar – and connected – inequalities in the core economy. This term refers to everyday things that people do outside markets, as they care for each other, bring up their children, look after elderly friends and relatives, and sustain different kinds of friendships. It also refers to wider social networks and activities in civil society. Since these resources are shaped by economic and social structures, the core economy is also the site where inequalities and social conflicts are played out and maintained.

Here, too, education provides a useful illustration. It is widely known that a child's education is determined by factors beyond the school environment. Their home lives, social relationships with peers and others, and their communities (of place and interest) all help shape educational outcomes for better or worse. Children in families with high levels of human, social and cultural resources (which more often than not coincide with healthy economic resources) are at a distinct advantage. Their parents are not only better placed to provide practical assistance to their children, with help in homework and coursework, or by getting them work experience for example, but they also – wittingly or not – transfer the habits, behaviours and aspirations that are key to academic success.

4 OECD (2011) 'Divided we stand: why inequality keeps rising'. Accessed 17.04.13 www.oecd.org/social/soc/49170234.pdf

5 Paton, G. (2012) 'Nick Clegg: academic dominance of private schools is damaging social mobility', The Telegraph. Accessed 17.04.13 www.telegraph.co.uk/education/educationnews/9278153/Nick-Clegg-academic-dominance-of-private-schools-is-damaging-social-mobility.html

6 Mathieson, S. A. (2010) 'UK life expectancy figures show the difference money makes', The Guardian. Accessed 17.04.13 www.guardian.co.uk/news/datablog/2010/oct/20/uk-life-expectancy-estimates

7 Boyle, D. and Harris, M (2009) 'The Challenge of Coproduction', new economics foundation and NESTA. Accessed 17.04.13. www.nesta.org.uk/library/documents/Co-production-report.pdf

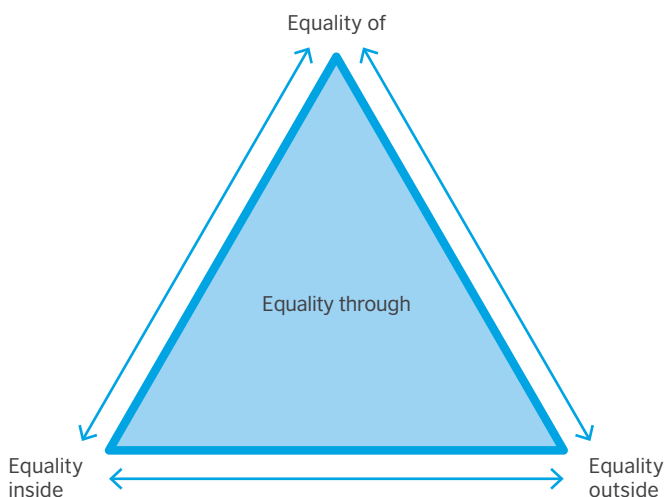
8 Boyle, D. and Harris, M (2009) 'The Challenge of Coproduction', new economics foundation and NESTA. Accessed 17.04.13. www.nesta.org.uk/library/documents/Co-production-report.pdf

The confidence they have, alongside their status, language competency and likely relationships with key actors, such as governors and PTA members, puts them in powerful positions of influence. At a more systemic level, educational institutions have become shaped by the culture of dominant groups. They are imbued with a middle-class 'way of thinking and disposition to life' made up of a set of 'expected behaviours, expected language competencies, [and] ... explicit and implicit values, knowledge, attitude to and relationships with academic culture...'⁹ All of this privileges some children, while 'any other background, however rich in experiences, often turns out to be a liability'¹⁰.

EQUAL PUBLIC SERVICES

If we are to achieve greater equality through public services we need to take seriously all three dimensions of equality. This means addressing each one separately and also being attentive to the mutually reinforcing dynamic between them (Figure 1). For example, achieving greater equality *inside* public services, by giving more control to people using services, is valuable in and of itself as a more democratic means of public-service design and delivery. However, it is also likely to help make services more inclusive, effective and fair, which will improve the equality *of* public services and generate greater equality beyond public services. Likewise, greater equality *outside* public services will help remove many of the barriers people face when accessing services and when taking greater control over them.

Figure 1: Equality of public services



We must also be mindful that equal public services are concerned with equality not just between people and places now, but also between people and places in the future – for generations yet to come. This calls for long-term planning and

a keen understanding of the underlying causes of inequalities, as well as of the long-term consequences of contemporary investment and action. Services must be geared to avert future as well as present harm, addressing not just the immediate symptoms of inequality and social disadvantage, but their root causes.

TOWARDS MORE EQUAL PUBLIC SERVICES

The need to move towards more equal public services is now more pressing than ever. Widening inequalities in income, wealth and other social variables have been characteristic of neoliberal capitalism at least since the 1980s. In the UK, the 2008 financial crash and its resulting political consequences have hastened the trend towards greater inequality. A recent OECD report shows that inequality increased as much in the first three years of the crisis as it had over the previous 12 years¹¹. Significantly, the welfare state cushioned the blow for many people. However, now that this is being made leaner and meaner, poverty and inequality are predicted to rise still further in the near future¹².

Social security and public services are going through a period of rapid change in the UK in light of the 2008 crisis. Three broad shifts in particular threaten the goal of a more socially just future in the UK and the ability of public services to contribute to this end:

- **The erosion of social security:** the wide-ranging reforms to social security in the UK are predicted to deepen poverty and widen inequalities. Not only are people's lives being made more financially insecure by benefit changes, people are also likely to see worsening mental health and more strained social relationships. There are already signs that public services and the core economy are picking up the pieces – but in the long term this is unlikely to be sustainable.
- **Swingeing cuts to public services:** as people's lives are becoming more insecure and their need for support grows, swingeing public-sector cuts are making public services more conditional, more targeted and increasingly focused on acute need. Local authorities will, on average, see their budgets reduced by 27 per cent by 2015; local authorities in the most deprived areas, where need is greatest, are experiencing the biggest cuts. Research is showing that these cuts are affecting important human services – such as adult and social-care services, childcare services, youth services, mental-health services, housing services and debt advice to name a few¹³.

9 Henry, M. et al. (1988, pp.233) *Understanding Schooling*, Routledge: London, UK.

10 pp. 142: *ibid*.

11 OECD (2013) 'Crisis squeezes income and puts pressure on inequality and poverty'. Accessed 17.06.13. www.ft.com/cms/60e5805a-bcb6-11e2-b344-00144feab7de.pdf

12 *Ibid*.

13 For more information on this please see NEF's work on the New Austerity and the Big Society, including: Penny, J. and Slay, J. (2012) 'Everyday Insecurity: Life at the End of the Welfare State', New Economics Foundation: London, UK.

14 Third Sector Research Centre (2013) 'Work Programme excludes specialist provision, says research'. Accessed 16.06.13. www.tsrc.ac.uk/NewsandEvents/WorkProgrammeexcludesspecialistprovision/tabid/989/Default.aspx

- **The Big Society, localism and open public services:** at the same time as people’s lives are being made harder and the ability of public services to respond is compromised by cuts, a range of reforms to public services are taking place which risk worsening outcomes for people and communities. The accelerated push towards privatising and outsourcing public services does not seem to be working well for the most vulnerable in society. This is clear in the Work Programme, the government’s marquee initiative to help unemployed people back into work. Research by the Third Sector Research Centre shows evidence of providers focusing efforts on those closest to the employment market in an attempt to maximise profits through the payment by results payment structure. As a result, those who are furthest from employment are disadvantaged¹⁴.

This path does not lead to greater equality. It leads to poorer services in diminishing supply, so that fewer and fewer people can hope to get any help at all. It causes widespread social dysfunction, which eventually affects everyone across society. It ends with spiralling and unsustainable costs passed onto future generations.

Clearly we need a radical change of direction, and soon. We need an alternative approach that takes into consideration: first, what we can do to transform public services for the better for contemporary and future generations; and second, what we must do to change the context outside of public services – in the market and core economy – to ensure that inequalities of economic, social and human resources do not persist and are no longer reflected in and reproduced by public services. We need change *within* and beyond public services.

THE CHANGE NEEDED WITHIN PUBLIC SERVICES

Referring to the model of equal public services presented above (Figure 1), we can make two transformational changes to public services which will directly promote greater equality *of* and *inside* public services, now and for future generations, and which will indirectly, and over time, promote greater equality *outside* of public services too. These changes are prevention and co-production.

1. PREVENTION

We must get better at preventing harm. At present we spend far too much time and money on trying to cope with social issues downstream – that is, once they have already become entrenched. Over time this has meant targeting resources on fewer and fewer people, excluding many others with lower-order needs and making services progressively poorer for future generations. A preventive approach is needed across all public services. This calls for long-term planning, upstream investment and early action. It means taking a more progressively universal approach to public services, akin to what Michael Marmot terms ‘proportionate universalism’¹⁵.

Prevention can be thought of in three layers:

- **upstream interventions** that help to prevent harm before it happens and which usually address whole systems and populations (see case study 1)
- **midstream interventions**, to address harm that has already occurred in order to mitigate the effects, which are usually targeted at groups or areas considered at risk (see case study 2)
- **downstream interventions**, to cope with the consequences of harm that has not – or cannot be – avoided, which are concerned with specific cases (see case study 3)¹⁶.

When designing public services to address social, economic or environmental issues we should always be thinking about these different layers of prevention; are we just treating the immediate effects of harm or are we addressing the causes? How far upstream is it necessary and feasible to go? The following table describes what this might look like in practice when considering so-called troubled families – a priority area for this government – and mental health.

In reality we need to think in terms of all three layers. However, over time the more we can move towards a preventive approach to public-service provision the more we will improve all people’s quality of life, and the more we will make better use of public money, reduce the need for costly state services and help to safeguard the future. In the long run preventive services are more equal services; they reach more people and systematically help address structural inequalities.

Figure 2: Three levels of prevention

	Downstream	Midstream	Upstream
Troubled families	Restorative justice programmes that help repair harm between offenders and the community; also peer youth courts	Programmes such as Nurse-Family Partnerships , which have been shown to prevent social problems from occurring or escalating in so-called at-risk families	Free, universal, high-quality education, childcare and other essential services, including housing and health care
Mental health	Specialist and acute mental-health units; cognitive behavioural therapy; prescription drugs	Social prescribing through GPs to the community, through time banks for example	Universal services that bring people together, maintain economic security, keep people active and promote lifelong learning

15 Marmot, M. (2012) ‘Fair Society, Healthy Lives’. Accessed 17.04.13. www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

16 Coote, A. (2012) ‘The wisdom of prevention: long-term planning, upstream investment and early action to prevent harm’ in the New Economics Foundation (NEF). Accessed 17.04.13. www.neweconomics.org/sites/neweconomics.org/files/Wisdom_of_prevention.pdf

Case study 1

Upstream preventive investment in Camden

Increasingly, local authorities across the UK are taking inequality seriously. This is most evident in the growing number of councils who have undertaken fairness commissions. Almost all of these commissions recognise the importance of prevention, and Camden's fairness commission is no exception.

The London Borough of Camden is using a preventive approach to address inequality by investing a bigger proportion of their shrinking budget upstream on early-years childcare. Recognising the importance of early-years development for children's social and emotional development, Camden are extending provision to more families in the borough. In the long run this should contribute to more positive outcomes and less negative outcomes for young people in the borough; improving people's lives, making Camden a fairer place and saving money in the long term too¹⁷.

Case study 2

Midstream prevention through Nurse-Family Partnerships

Nurse-Family Partnership (NFP) is an evidence-based community health model which pairs young first-time mothers in high-risk groups with nurses, to improve the well-being of mothers and their children. The NFP is grounded in three complementary theories based on years of developmental research: ecological theory, emphasising the links between behaviour and social context; self-efficacy theory, concerning a person's belief that they can change their lives; and attachment theory, which looks at the importance of long-term, sustained human relationships.

Underpinned by these theories, the NFP model partners young first-time mothers-to-be with trained visiting nurses. Nurses are given specialist training in motivational interviewing and behaviour-change methodology. The nurses' role is to build lasting therapeutic relationships with the mothers, and between the mother and child. This is done through a structured curriculum of home visits, where nurses help the mother build on her existing capabilities, develop new skills and improve her confidence.

By developing strong relationships between nurses, mothers and infants, and providing effective support and coaching on issues ranging from feeding, nutrition and literacy, to sexual health, employment and safety, NFPs have demonstrated impressive preventive results. These include:

- improved pre-natal care and health
- reduced instances of child neglect and abuse
- improved self-sufficiency and economic activity among mothers
- higher rates of literacy
- lower rates of obesity
- fewer interactions with the criminal justice system
- better grades in school and a higher chance of graduation.

The model's success has seen it spread throughout the USA with high-level government backing. In 2006 the model was also trialled in the UK, where it continues under the slightly different name – Family-Nurse Partnership.

This case study has been taken from a report commissioned by NESTA and produced by New Economics Foundation called People Powered Health Co-Production Catalogue¹⁸.

Case study 3

Time Dollar Youth Courts as downstream prevention

The Time Dollar Youth Court (TDYC) was set up in 1996 to address the need for an alternative to the mainstream juvenile justice system and to promote the development of strong, healthy communities in Washington DC. TDYC co-produces a new kind of juvenile justice based on peer-to-peer judgements and community engagement. It is a good example of downstream prevention, creatively addressing an existing issue and preventing it from worsening.

In the TDYC young people's juries are given the power to impose a sentence on young offenders. Young people play a variety of roles – from judge to jury. By serving this peer sentence, non-violent young 'respondents' – anyone under 18 who is charged in court – can avoid formal prosecution for their offenses, which commonly include disorderly conduct, simple assault, possession of drugs and truancy. Participating youths also earn time credits for any additional community service work or jury time they complete in addition to that which was handed out to them as part of their sentence. All jurors earn time dollars for jury duty, mentoring and training. They can redeem these time dollars for a recycled computer.

TDYC embodies the values of co-production (see below) – seeing people as assets, redefining work, developing reciprocity, social networks and respect. Young people are perceived as assets and contributors to the community, as opposed to undergoing a punitive approach that focuses on punishment.

The TDYC gives young offenders a second chance and helps to reduce re-offending rates – preventing future crime and the further deterioration of young people's life chances. In 2007 the recidivism rate for youth court respondents was 17 per cent compared to the average of 30 per cent recidivism rate for teens going through the regular juvenile system.

This case study can be read in full in the NEF report: The New Wealth of Time¹⁹.

17 Please see the Camden Equalities Taskforce webpage, which can be accessed here: www.camden.gov.uk/ccm/content/community-and-living/your-local-community/equalities/twocolumn/camden-equality-taskforce.en

18 Penny, J., Stephens, L. and Slay, J. (2011) *People Powered Health Co-production Catalogue*, NEF/NESTA: London, UK. NESTA 2012 www.nesta.org.uk/home1/assets/features/people-powered-health_catalogue

19 Ryan-Collins, J., Stephens, L. and Boyle, D. (2008) *The New Wealth of Time*, NEF: London, UK. www.neweconomics.org/publications/entry/the-new-wealth-of-time

2. CO-PRODUCTION

If we are to address the inequalities *inside* public services then we need to co-produce services wherever possible. Co-production means designing and delivering services through an equal partnership between service users and providers. At its heart it is a model of deliberative democracy applied to public services. This means that the people who use the service are equally involved in setting the priorities of the service and determining how the service operates, what it looks like and even how it is delivered.

Co-production is also an asset-based approach to public services, which recognises and nurtures people's capabilities and the social relationships between people, their families and communities (see case study 4). Co-produced services understand that there are multiple sources of knowledge and different forms of expertise. Rather than privileging one over the other, co-produced services give equal weight to all forms of expertise – from the professional to the experiential. By giving people roles and responsibilities in the service, co-production helps to build people's capabilities and functionings. It helps to make people more autonomous, more competent and it strengthens their relationships with others²⁰. In doing this, co-production not only builds people's capacities, it also helps people to achieve broader outcomes more effectively – for example, in mental and physical health or employment.

Co-production requires a shift in professional roles and culture. For it to be successful, practitioners need to move away from the 'heroic' model of service provision, where they deliver services that help or save people, to an understanding that their role is facilitative in nature. Successful practitioners will recognise that they cannot deliver outcomes for people; they can only help people achieve outcomes for themselves. Practitioners will also have to play a complex and reflexive negotiating role, among service users and between service users and themselves. They will need to ensure that decision-making processes are as equal as possible, and that the most articulate and confident do not co-opt the process. Practitioners must be effective and resourceful networkers, able to tap into resources in their local communities and develop new opportunities for service users.

Where it works well co-production improves equality *inside* public services. It also contributes to increased equality *of* and *outside* of public services too. Co-produced services enable people to access a greater range of support and opportunities within public services and beyond, in the core economy and the market (see case study 5). Co-produced services have also proved to be effective in generating better outcomes with people and thereby reducing inequalities over the long run. Finally, because they make better use of networks, resources and assets in the community, co-produced services are preventive and sustainable by nature²¹. They prevent needs from escalating to acute and costly levels. This is good for current and future generations.

20 Autonomy, competence and relatedness are three core psychological needs which, according to the Self-Determination Theory (SDT), are the key to eudemonic wellbeing. The idea here is that by meeting people's three psychological needs we will help them to improve their wellbeing, making them more capable of flourishing and of, in turn, achieving a whole host of other positive outcomes in life – many of which will improve their physical as well as mental health. Although research is needed to prove the links, the six principles of co-production match very strongly onto these three needs. For more on the SDT, see Edward Deci and Richard Ryan's work: 'Self-Determination Theory and the facilitation of intrinsic motivation, social development and wellbeing'. http://media.library.ku.edu.tr/reserve/resspring09/psyc510_NAksan/Mar16th.pdf

21 The economic case for co-production: the economic or business case for co-production can be made in a number of ways. You can look at examples where, because of how local resources and assets are leveraged, the comparative delivery costs are cheaper. In adult social care, for example Shared Lives – a model of care in the community – delivers savings of between £35 and £640 a week per person in comparison to traditional services. A scheme supporting 85 people could recoup £13 million for an initial investment of £620,000. Other projects and initiatives demonstrate added economic and social value. An evaluation of time banking by the London School of Economics and Political Science, for example, demonstrated that although the cost of delivering a time-bank service was on average £450 per person, the economic value generated through the time bank could exceed £1,300 per person. Finally, some examples, namely those that prevent harm from occurring, can demonstrate long-term cost savings. Evaluations of the Local Area Co-ordination (LAC) service in Australia 'have demonstrated a 30 per cent reduction in costs as part of a move towards a preventative service with much lower levels of acute interventions and much higher levels of participation and enthusiasm from the people who use the service.' This is costed on the basis that the LAC model keeps people from using costly, specialised state services by using more light-touch and informal forms of support. Similarly, longitudinal analyses of the Nurse-Family Partnership model in the USA have demonstrated that for every \$1 invested, \$2.50–\$5.70 of savings accrue across criminal justice, education, welfare and health; after programme costs are taken into consideration, the savings per child are estimated at \$17,180; and preventive cost savings associated with parents include a 20 per cent reduction in months on welfare and an 83 per cent increase in employment for the mother by the child's fourth birthday. For more examples of this kind, see: Penny, J., Stephens, L. and Slay, J. (2011) 'The People Powered Health Coproduction Catalogue', New Economics Foundation and NESTA. Accessed 17.04.13. www.nesta.org.uk/library/documents/PPH_v13.pdf

Case Study 4

KeyRing: nurturing capabilities and strengthening relationships

KeyRing is a supported living service for vulnerable adults. The approach sets up a series of local networks, of which each has nine adult members and one volunteer (the navigator), all living independently, usually within a 10–15 minute walk of each other. The networks provide mutual support for independent living and links people into other local networks and resources.

KeyRing's support is based on people living in their own homes, but sharing their skills and talents with each other and with their communities. It is about helping people to live independently by building networks of interdependence with other KeyRing members and the broader community. Building these networks is the role of the community-living volunteer. KeyRing networks draw on community-development philosophies, which emphasise the importance of social networks to good living. Volunteers are much like good neighbours who help people out when challenges arise, such as helping to read and pay bills, or organising necessary housing maintenance. But volunteers also help members make links with each other and with the wider community. One of the first things that members of a new network start to work on is a personal and community map which highlights people's networks of friends and acquaintances and draw out formal resources and amenities and informal networks and assets within the community. Because the volunteer lives in the community, they know what's going on and are able to help members make the most of where they live. Community connections are very important to KeyRing. KeyRing members have campaigned for streetlights, have saved lives and run neighbourhood improvement campaigns.

Once networks have matured, the support becomes more mutual within the network, and the volunteer role is reduced as members turn to each other. The volunteer is often perceived as a peer by members: in the 2008 floods in Gloucester, the local network volunteer's flat was flooded and all the members arrived to help clear the water and debris away.

This case study has been taken from a report commissioned by NESTA and produced by New Economics Foundation called People Powered Health Co-Production Catalogue¹⁸.

Case study 5

Camden Shares: improving access to support and opportunities

Camden Shares is a time-bank model, run by the mental-health charity Holy Cross Centre Trust (HCCT), which facilitates the exchange of local resources between organisations, local groups and people. The model begins with the recognition that in every place there is an abundance of unrecognised and underused resources that we can and should tap into. These resources include the talent, skills, energy and wisdom of people and also the physical wealth in buildings, space, goods and services.

The time bank was initially conceived as a way of helping people access more opportunities locally. HCCT realised that the best way of achieving this would be to set up a sharing economy – or marketplace of free exchanges. Today this marketplace involves a range of organisations – from prestigious art, theatre and university institutions to very informal local groups and individuals – all sharing what they have and accessing what they need, including: training; rehearsal space; access to minibuses; research participants; volunteers; theatre and film tickets and much more. Like all time banks, the model works on an equitable model of one hour for one hour. This simply means that all exchanges are worth the same – whether you are sharing a small room for training or a ticket to see a show at Sadler's Wells. One hour shared is one hour earned. In practice the exchanges can take on many different forms. For example, a local theatre troupe might need space to rehearse a show. They could use Camden Shares to access free space at a nearby charity. In exchange for the hours used the charity might set up a direct exchange and ask the troupe to put on drama classes at the charity, or they might save the time credits and exchange them for film tickets at a participating cinema.

The benefits of the Camden Shares model are numerous: it helps make Camden a fairer place by enabling people to access opportunities they would otherwise have to pay for and may not be able to afford; it makes use of local resources that would otherwise remain underused and can therefore ease financial pressures on organisations, making them more sustainable in the long run; and it helps develop new relationships within and between groups and people, breaking down the distinctions between paid and unpaid work to value both equally.

THE CHANGES NEEDED BEYOND PUBLIC SERVICES

As important as changes are within public services, and as transformative as prevention and coproduction can be, we can only make real progress towards equality if we also reduce inequalities outside public services. Without structural reforms of the market and the core economy the inequalities of economic, social and human resources we see between people and places will continue to be reflected in and reproduced by public services.

Of course, there is no single change that will bring about greater equality in the market and core economy. A wide range of integrated and structural economic and social reforms and transformations are needed. These include, but are by no means limited to: a re-evaluation of paid and unpaid work; a shift towards a shorter working week; improved working conditions; fairer wages, including ratios and living minimums; new forms of mutual and co-operative ownership; and a well-resourced system of social security.

Promoting change in these areas, some pre-distributive and others redistributive, will help make public services more equal. They will also, in time, reduce the need for many services – particularly at the acute end of the spectrum. This will naturally make our public services more sustainable in the longer term and better placed to promote equality for future generations.

CONCLUSION

This essay has argued that if we are to achieve Beveridge's vision of promoting greater equality through public services we need to consider equality of, inside and outside public services. In particular it has asserted that by moving towards a more preventive and co-produced agenda of service design and delivery we can begin to shift towards more effective, sustainable and fair services that work for people now and in the future.

The UK stands at a crossroads. If current trends in inequality go unchallenged and if public-service cuts and reforms continue in their current form we risk moving towards an American-style system of wide inequalities of access, provision and outcome between people, groups and places. However, if prevention and co-production are taken more seriously progress towards a more Nordic model is possible.

For Nordic countries there are warnings to be taken from the UK experience. To a great degree public services in Nordic countries have avoided the pitfalls of New Public Management and are more localised, co-produced and preventive than in the UK. Continued investment and faith in the sound business case of upstream investment and universal services is needed if this is to continue.

