



STUDENT PAPER SERIES

37



**Beyond the Crisis:** The  
Reproduction and Transformation of  
Long-Term Care Practice and Policy in  
England

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Erasmus Mundus Master's in Public Policy  
(Mundus MAPP)

Academic year 2016-2017



INSTITUT  
BARCELONA  
ESTUDIS  
INTERNACIONALS

## **ABSTRACT**

This paper seeks to challenge existing accounts of recent transformations in long-term care in England. It deploys a regulation school framework that facilitates the consideration of a range of cross-cutting processes, from transnational developments in contemporary capitalism to the reconfiguration of the boundaries between the political, economic and domestic orders at a national level. It explains the current ‘crisis in care’ by incorporating several important developments: the particular internationalisation of the United Kingdom economy established during the 1970s and 1980s, new compromises between social forces conditioned by these circumstances, the growing phenomena of financialisation with the emergence of new actors and strategies, and the particular transformation of the institutional care sector. It also brings into view the significant contribution of informal care originating in the domestic sphere, highlighting the reproduction of conventions of caring and their evolving relationship with the political and economic orders and social protection regime. Alongside offering an alternative assessment and explanation of the ‘crisis in care’, it seeks to contribute to how institutional and social change are more broadly understood.

## **Keywords**

Long-term care, regulation school, institutional change, welfare state, financialisation

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## 1. INTRODUCTION

Calls of a crisis in long-term care have spread through the national newspapers, articulated by the spokespeople of care providers, think tanks and the work of interested academics (Scourfield, 2012: 137; Ruddick, 2015; Wallin, 2016a: 1). In policy circles, concerns about the quality of care provided have been overshadowed by the stubborn issue of long-term care funding following the collapse of the country's largest care home operator, Southern Cross, in 2011 (Burns et al., 2016: 12). Despite wide recognition that this kind of event could reoccur, the implementation of funding proposals from a government commission into care has not progressed (Dilnot, 2011; Taylor, 2016: 4). Behind this crisis is an area of public policy and social practice which has encompassed significant transformation over recent decades alongside sustained reproduction. This paper seeks to challenge existing accounts of these transformations and broader understandings of change in the societal provision of welfare.

The welfare state and modern capitalism have been the subject of extensive research. It is the contention of this paper that many approaches have been limited because of their conceptualisations of continuity and change, approach to scale and scope, and restricted theorisation of the relationships between different institutional arrangements. It deploys a regulation school framework that refers to a range of cross-cutting processes, from the reconfiguration of the boundaries between the political, economic and domestic orders in England to transnational developments in contemporary capitalism. It aims to provide an alternative explanation of how the current long-term care configuration has evolved and to contribute to our understanding of institutional development and social transformation.

The paper first engages with theoretical issues before exploring the reproduction and transformation of long-term care practices and policy. It uses this opportunity to demonstrate the regulation school framework on this familiar thematic ground. The paper offers an alternative explanation for the 'crisis in care' by incorporating several important developments which explain the transformation of the institutional care sector; the particular internationalisation of the United Kingdom economy established the 1970s and 1980s, new social compromises conditioned by these circumstances and the growing phenomena of financialisation with the emergence of new actors and strategies. It also brings into view the significant contribution of informal care originating in the domestic sphere ignored by 'etatist' approaches, through an analysis inspired by Théret's social topology of national systems of social protection. This highlights the reproduction of conventions of caring and their evolving relationship with the political and economic orders and social protection regime; "along their historical development but also as parts of a whole synchronic setting" (Théret, 2011: 180). This

focus on ‘actually existing practices’ of caring will also put the ‘crisis in care’ narrative in its place.

Together these lines of analysis contribute to an alternative view of the current long-term care landscape in England and how this has been reached; moving beyond the contemporary appearance of “institutional phenomenal forms” to explore the underlying structures and mechanisms (Ibid).

## **2. UNDERSTANDING INSTITUTIONAL PERSISTENCE AND CHANGE**

The evolving orders of the state and economy have been addressed by a stream of research in comparative political science and political economy. Much of this research is concerned theoretically with institutional persistence and change. The theory underpinning these accounts has become increasingly sophisticated following internal and external critiques, whilst research subjects have changed with shifting political and economic realities. The different ways that scholars have theorised persistence and change is now explored and related to the regulation school’s mechanisms of reproduction and transformation. At the same time, some thematic and first-order theoretical contributions will also be discussed.

### **2.1 From Path Dependence And Critical Junctures To Slow-Moving Processes And Gradual Institutional Change**

Much of the initial work on the welfare state emphasised institutional continuities in politics. The concept of path-dependence was offered, with varying levels of precision, to explain the ‘stickiness’ of institutions, including the resilience of social policies (Pierson, 1996). Scholars focused on the factors within political systems which have shaped distinct national political trajectories and described these as forms of path-dependence. For example, Immergut’s work on health care reform pursued these interests and argued that the presence of veto points in the Swiss and French political systems, but not in Sweden, empowered the medical profession in those countries and enabled them to influence the direction of reforms (1990). The effects of policies were argued to produce path-dependence in the form of “policy-feedbacks”, such as the “critical power resources” that the welfare state has provided to labour, consequently supporting the movement’s ability to mobilize in its defence and increasing the likelihood of welfare state persistence (Skocpol and Amenta, 1986: 149-151; Esping-Andersen, 1989: 16).

Eclectic applications of the concept of path-dependence led Pierson to attempt to better specify some of the causal mechanisms behind institutional persistence, borrowing the concept of

“increasing returns” from contemporary economic work and presenting it as a “self-reinforcing dynamic” (2000: 251, 259). He suggested that many political continuities emerged from this dynamic. One channel was through the institution-specific strategic investments made by social actors, which grew over time and increased the reluctance of actors to change the overall framework. Another was observed in the widening of power inequalities that was facilitated by a specific allocation of authority made when institutions are created. How applicable this concept is for different forms of path-dependence was questioned, and Pierson’s subsequent argument for a focus on “slow-moving processes” has resonated more strongly with other scholars (2001: 2). These include demographic change, with cumulative and threshold effects, and long-term causal chains, and the pressure of these dynamics can indeed be observed in the case of long-term care (Ibid: 6-13). Whilst the increased expenditure required to support an ageing population is a definite pressure on politicians and policy-makers, the tricky question is how this pressure translates to reform; far from being automatic or predictable, policy responses to these concrete pressures are influenced by the agency of actors and have demanded more expansive explanations.

Mahoney and Thelen responded to Pierson intervention by arguing that path-dependence with a “self-reinforcing “lock-in.””, of the ‘increasing returns’-type, is in fact rare, and advocated for new research to explore how “gradual institutional change” unfolds (2010: 1, 3). In earlier work, change, such as the creation of new institutions, had predominantly occurred in ‘critical junctures’; revolutionary moments where normal constraints on action are suspended (Collier and Collier, 1991). Mahoney and Thelen criticised a focus on institutional persistence, interrupted only by transformative moments, with the argument that frequently, beneath an apparent stability of institutions or policies, significant changes in those institutions or policies have occurred. Jacobs’ study of Social Security in the United States contributed to this research program and highlighted how groups reformed the funding and expenditure rules and reinterpreted underlying principles to maintain the overall programme’s existence (2010). A key element of Jacobs’ explanation was that “there was nothing automatic or mechanical” about the overall persistence of Social Security, it was a consequence of the deliberate initial design and the active reinterpretation and reform efforts of the programme’s defenders (Ibid: 96). This contrasts with the ‘increasing returns’ which quasi-automatically accrue for a policy. It also points to the continuing agency involved in maintaining the policy, noted above, as opposed to confining these acts to moments of drastic change.

## 2.2 Introducing The Regulation School Approach

The increasing sophistication with which these scholars conceptualised persistence and change offer insights into the development of social policy, however there exists an alternative which, it is contended, can deepen our understanding of institutional development. The regulationists have explored similar concerns, but with an emphasis on reproduction and transformation. The distinctiveness begins in its ontological foundation, expressed by Aglietta: “we deny that what exists does so automatically. The notion of *reproduction* then becomes necessary [...] to show the processes which permit what exists to go on existing” (1979: 12). This conception demands that all relative stability within social relations requires explanation and the mechanisms underlying processes of reproduction and transformation form a central part of the school’s general problematique.

The focus originated in a critique of the notion of general equilibrium in orthodox economics, based on the contention that it masked the dynamics of contradiction and conflict which underpin economic change (Ibid: 9-33). In a sense, this guiding principle places the regulation school closer to the more recent work of Mahoney, Thelen and Jacobs, emphasising the work required for the maintenance of policies or persistence of institutions. What deepens the regulation school perspective are the range of entities subjected to the mechanisms underlying reproduction and transformation, from individuals and conventions to institutional arrangements, and the way in which these are related to one another, in higher order conceptual constructs.

In the regulation school framework reproduction and transformation are located at multiple levels. Conceptualising these multiple logics has allowed scholars to conduct expansive studies of the coordination mechanisms which contribute to political and economic development (Boyer and Hollingsworth, 1998). Patterns of behaviour are differentiated across political, economic, social and domestic orders according to processes of ongoing and evolving socialisation (Théret, 1999: 55). Regularities of individual and group behaviour might be a consequence of the emergence of conventions in the home or in financial markets (Boyer and Orléan, 1992; Aglietta and Breton, 2001). Regularities may also be a product of structuring by pre-established ‘rules of the game’ expressed in specific institutional arrangements, which favour the adoption of some strategies over others (Amable, 2003).

At particular historical moments, these ‘rules of the game’; institutional forms, have been established as compromises between social groups, under relations of unequal power, at multiple levels and corresponding to different domains. Where they attain relative stability, in



spite of underlying contradictions, they influence the evolving identities and interests of social forces, shaping their perceptions, conditioning their behaviour and even contributing to the emergence of new social forces, as new interests consolidate or old strategies lose their effectiveness. This rich understanding of institutions and their influence is a critical feature of the regulation school's contributions.

To structure their analyses of reproduction and transformation, regulation school scholars have developed and applied two core conceptual constructs; the regime of accumulation and the mode of regulation. The regime of accumulation encompasses: (1) the creation, distribution and circulation of value; (2) the development of technology; (3) principles underlying the organisation of production; (4) patterns of consumption (Juillard 2005: 153; Lipietz 1988: 23; Petit 1999: 222). The mode of regulation encompasses the configuration and particular expression of five institutional or structural forms: (1) the state; (2) the monetary relation; (3) the employment relation; (4) the forms of competition; (5) the insertion of the national into the global economy (Lipietz 1988: 24; Petit 1999: 226).<sup>1</sup>

These patterns and relations are not static, rather they are dynamic features of particular economic, political and social formations, which vary across time and space, and evolve internally and in their relations with one another. The institutional forms first and foremost remain expressions of compromises between social forces and reflect the agency of the different social actors under conditions of unequal power. Actors frequently have different conceptions of institutional performance and are not always bound to pursue efficiency-seeking strategies, and institutionalised compromises often reflect these factors.

Upon the creation of institutions, their relations with other institutions, in the form of hierarchy and degrees of compatibility or indeed contradiction, condition the form of their reproduction. They may evolve through processes of internal development, through interaction with the logics pursued by actors in other institutions, in tandem with those, or in adjustment to a new institutional environment (Boyer, 2000; 2014). These processes are ongoing, yet at a point where institutional forms show relative stability in the form of recurring features, they can be characterised as a mode of regulation. The same goes for recurrence in the components of a regime of accumulation. This is not to suggest that the mechanisms of reproduction or transformation always lead to superior institutional relations; often the conflicting priorities and trial and error strategies of different actors sustain disharmonic relations that can evolve into

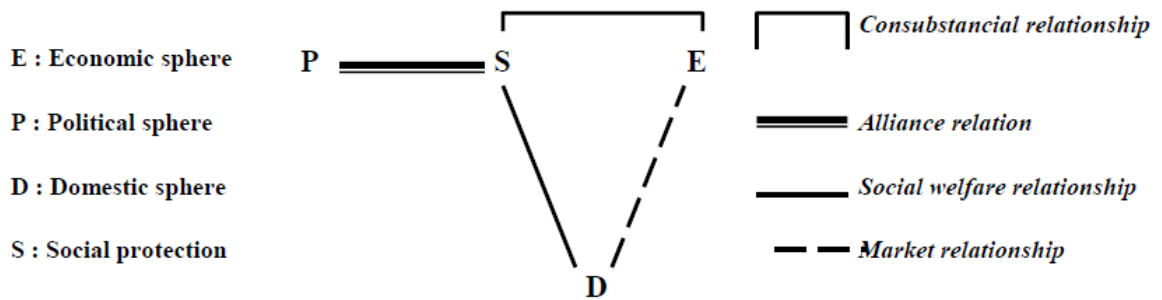
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<sup>1</sup> This presentation of these central conceptual constructs is adapted from a previous unpublished piece of work (Rix, 2017).

crises. The approach invites an analysis of these strategies, their consequences, and the overall coherence of the institutional forms established.

The focus on multiple logics of coordination also makes possible a consideration of the reproduction of caring practices within the domestic order. The domain of these ‘actually existing practices’ are integrated into the regulation school framework by Théret’s proposed social topology. In mature capitalist economies historical processes have produced relatively distinctive spheres including especially the “growing autonomy of the capitalist economic order” (Ibid: 182). This conceptualisation recognises their variation across diverse capitalist regimes, because of context-specific processes of social differentiation, whilst providing a common framework for their analysis.

**Figure 1. A Conceptualization Of Welfare**



(illustration from Théret, 1997: 214)

As in the case of institutional forms, relative stability is expressed where patterns of recurrent behaviour are observed. Neither the logics of capital, the state or the domestic order predominate, rather research is oriented towards the interaction between these orders and their different expressions across historical and geographical contexts.

This multiplicity of mechanisms of reproduction and transformation, expansive understanding of institutional forms and their influence on individuals and social forces, and the higher order conceptual constructs of the regime of accumulation and mode of regulation, provide an alternative framework with which to explore the evolution of long-term care. Beyond the limited notions of path-dependence and policy-feedbacks, this invites us to consider how the compatibility and dissonance between institutional forms and the different orders develop over time, and how they are conditioned by and conditioning social forces along the way. Rather than focusing predominantly on state policy, the approach seeks to incorporate multiple levels and domains of action in accounts of reproduction and transformation. It also offers an alternative solution to issues of scale and scope, which is now considered.

### **3. WRESTLING WITH DIFFERENT SCALES AND SCOPES IN THE STUDY OF THE WELFARE STATE AND CONTEMPORARY CAPITALISM**

Alongside approaching persistence, change, and the underlying causal mechanisms in a range of ways, the scale and scope of analyses of the welfare state and contemporary capitalism have varied. Research has not converged at a specific level, but recounting some of the arguments for delimiting analysis at particular scales and scopes will help establish the justification for approach applied.

#### **3.1 Generalised Logics, Methodological Nationalism And The Challenge Of Globalization**

Skocpol and Amenta suggested that early work on social policy should explore processes occurring at the national level within specific policy fields, in contrast to the work of structural-functionalists and neo-Marxists. They argued that more narrowly focused work could provide a better understanding of the political processes behind specific policy outcomes, for example due to the kinds of ‘policy-feedbacks’ discussed above (1986). In other approaches, the welfare state had been understood as a result of a generalised logic of industrialism or of capitalism and consequently they failed to explain why social policies varied across industrialised or capitalist states. Focusing at the national level and on a particular policy field has advantages over the deterministic tendencies of research conducted within structuralist approaches,<sup>2</sup> however this crucially depends on how processes operating at other scales are incorporated into the analysis.

The convention of the comparative politics discipline has been reflected in many studies, with comparisons of social policies pursued in a small number of country cases over a specific time period, or exploring the institutional features of clustered groups of countries at a specific point in time (Esping-Andersen, 1989; Huber and Stephens, 1998; Immergut, 1990). Individual studies and broader theoretical development has often drawn on both of these kinds of approaches. The regime types of Esping-Andersen’s ‘worlds of welfare’ is a prominent example of how countries have been clustered, in this case based on features of welfare policies, and theoretically characterised (1989). More recently, Hall and Soskice grouped countries according to conformance with two ideal-types of national political economies in their work on the ‘varieties of capitalism’ (2001). In this approach, the welfare state is embedded within a broader national institutional variety of capitalism.

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<sup>2</sup> The critique to neo-Marxists was close to home for regulationists, however they have sought to avoid it by stressing the multiple dynamics of capitalism, their differentiated development across geography, and the role of social actors in determining these paths (Boyer, 2005; Jessop, 2013).

The research programmes inspired by Esping-Andersen and Hall and Soskice have taken an integrated approach, exploring the relationships between different policy fields and the processes that have led to broader institutional regimes. For Esping-Andersen, distinct welfare regimes emerged from particular class coalitions which led to path-dependence in policies (1989, 16-18). For Hall and Soskice, political economies would gravitate to one of the two ideal-types because of efficiency-seeking strategic behaviour of actors and the complementarities between existing institutions (Hall and Soskice, 2001; Streeck, 2010). Despite the ability of these research programmes to generate propositions about regimes existing in multiple countries, they still treated national regimes largely as isolated units; an approach described by Streeck as a form of “methodological nationalism” (2010: 16-17, 27-30). Again, this points to the importance of seeking another way to incorporate the influence of processes of other scales and scopes.

A growing literature on globalization has inspired scholars to probe the relationship between globalization and welfare states, however this process has often been treated as an external phenomenon challenging domestic regimes, as opposed to a process emerging within particular domestic regimes and spread at the behest of certain actors (Huber and Stephens, 2002; Steinmo, 2002). One exception is the work of Rieger and Liebfried who, inverting a common argument, suggested that welfare states have provided conditions for greater economic integration (1998). The security that welfare states provide has made it possible for some states to remove obstacles to trade and capital mobility; it protected their citizens and made further global economic integration more palatable. Similarly, Somers and Block cannot be accused of treating national cases as isolated units. Ideational “recycling” of the “perversity thesis” of nineteenth century England in the late twentieth century United States supported welfare reform in their account (2005: 260, 277). Despite these examples, transnational processes have frequently been incorporated, under-theorised, in accounts of welfare state development, reflecting an intellectual division of labour between comparative politics, international political economy and international relations.

### **3.2 The Regulation School Solution: The Varying Scales Of Institutionalised Compromises**

This thorny problem of delimiting scale and scope is a persistent one and, as Tilly has noted, these choices “significantly affect both the nature of comparisons among episodes and the likely relative prominence of various mechanisms and processes” (2001: 37). The importance of this point is heightened when considering wider time horizons, since the very nature of the entities of interest, from states to social forces, undergo transformation. Whilst much regulation school

work has focused on national regimes of accumulation and modes of regulation, these are not inherently national constructions. The state's existent form is understood as a consequence of specific social compromises and the set of relationships it embodies fit within a broader international institutional and political context. Where these have taken on a relatively stable form, they have the potential to generate emergent properties and some of these have indeed been at the national scale.

Compromises between social forces have also emerged at larger scales, from those underlying the Bretton Woods system of monetary relations, to the European Union. The latter, especially, has prompted regulationist study (e.g. Théret, 1999; 2007). The recognition of changes in the scale and scope of political and economic processes and ability of the framework to respond is possible because of this conception of institutions as historically-specific social compromises, the evolutionary character of these institutional forms and the relations between them, and a central focus on the mode of insertion of the national into the global economy. As Aglietta has written in relation to the state, we should not base our analysis unreflectively on "the apparent unity of its manifestations, exhibited by the centralized direction of the government", be they at a local, national or international scale (1979: 26). Rather we should seek to explore the mechanisms and relations that sustain particular institutional forms at a range of scales across time and space.

This analysis of the evolution of practice and policy in the England proceeds with the express recognition that the geographical delimitation has been made because specific institutionalised compromises at this scale have influenced the organisation of long-term care for a significant part of our period of interest. Analysis largely relate to the United Kingdom up until devolution, which passed responsibilities for social care to the new administrations of Northern Ireland, Scotland and Wales at the end of the 1990s. Subsequently, analysis of social care policy developments relates specifically to the case of England, whilst consideration of the conventions of caring and overall mode of regulation will acknowledge the continued and substantial relations that reflect the union's broader persistence.

Integral to this approach and necessary to avoid a charge of methodological nationalism, the account incorporates processes operating at different scales which have influenced these institutionalised compromises. The period of interest, from the late 1970s to the present, is in the first sense, informed by the regulation school's theoretical and conceptual framework. This represents the post-Fordist era, where the set of relationships and institutional configurations which represented the Fordist regime, or "flawed Fordism" in the case of England, have been surpassed (2013 [1989]: 9). In the second sense, it is these economic and political changes

which have inspired the temporal delimitation of study. The case of England is of particular interest in this context, for this is one of the national regimes where the development of a successor, approximated as the finance-led regime of accumulation, is comparatively advanced (Boyer, 2000: 115, 143). The puzzle is how these changes, including the establishment of a new regime, and others have been expressed in the case of long-term care.

## **4. LONG-TERM CARE: DEEPENING THE REGULATION SCHOOL APPROACH**

### **4.1 Why Long-Term Care?**

Long-term care represents an interesting test case for the regulation school's framework. It is an area where economic and non-economic forms meet and an especially social aspect of the mode of regulation. As Jessop has noted, much of the regulation school's research has remained focused on macroeconomic formations and state-level institutions (1995: 321-323). Regulationists have pointed to the importance of conventions and norms, reflected in the family formation in Japan or the consumption habits which contributed to the Fordist regime, but less work has been done to explore how these behavioural logics have evolved in interaction with broader institutional forms (Boyer, 2002: 328-329).

The move to compensate for this, with respect to the domestic order, came from Théret in his work on national systems of social protection (2011). He sought to integrate the relationships necessary for domestic reproduction, their interaction with the political and economic orders and with social protection systems to provide an alternative to the "etatist bias" of Esping-Andersen's famous and persistent welfare state typology (Ibid: 178). A focus on long-term care is an opportunity to operationalise and develop this new conceptual framework. An orientation towards a more "integral economics" also reflects the interests of other research programmes and policy trends, from the renewed interest in the "core economy" to the attempts of the United Kingdom's Office for National Statistics (ONS) to incorporate productive activities of the home into new household satellite accounts (Jessop, 1995: 310; Stephens et al., 2008: 1; ONS, 2016).

The connections between childcare, human capital development and labour market functioning have been noted by other approaches, for example with childcare provision understood as a household investment in Becker, or the notion of a "social investment state" that contrasts with welfare understood as security or wellbeing (1985; Adamson and Brennan, 2013: 47). The role of care of the elderly and disabled is less intuitively connected with economic development via the reproduction of the workforce. However, the prevalent forms of long-term care, expressed in practice and policy, have been equally connected. Potential care recipients do not reach a certain

age or develop a condition and face an objective choice between different caring arrangements, the options that are available vary across time and geography and have been a consequence of the same political and economic conflicts which shape other policy areas.

#### **4.2 The Lessons And Limits Of Existing Research Into Care**

Some of these geographical differences have been analysed in comparative studies, including within the ‘worlds of welfare’ typology. These have shown how the modes of delivery and sources of funding for long-term care differ across advanced economies. Research has evaluated the extent of variation and whether broader typologies are applicable to sub-fields, but it can also be understood as part of an effort to establish a set of best practices, with research projects funded by the EU, OECD and other joint initiatives (e.g. Van Nostrand et al., 1995; Huber et al., 2009; Comas-Herrera et al., 2010). A commonality amongst them however, is that a larger emphasis is placed on describing and grouping national long-term care policies and practices. Consequently, there is space for research that seeks to explain the case-specific evolution of long-term care arrangements. However, some of the key findings of these comparative studies can serve to contextualise the chosen case and provide clarity on how definitions of long-term care vary.

Long-term care is provided within institutions and within peoples’ home, though a preference for policies that support the latter has emerged in several states in recent years, including Canada, England, Finland, and the United States (OECD/European Commission, 2013: 44). A distinction between medical care and other forms of day-to-day assistance has often been made, especially in countries, like England, where public health care is free at the point of use and social care is not. Long-term care has been provided by the state, non-profit organisations, private enterprises, personal carers, family or friends in differing mixes across jurisdictions. It has been funded by general taxation, insurance contributions and privately or motivated by altruistic motivations and established conventions. A gendered division of labour continues to underpin informal care provision, though this varies across countries. Women provide a larger majority of care in Spain for example, whilst the division in the United States and United Kingdom is less extreme, women still devote significantly more time to providing care to adults (Huber et al., 2009: 56; ONS, 2017: 12).

Access to publicly-funded services varies, from the universal systems of Germany and Sweden, to the predominantly means-tested systems in Canada and the United Kingdom (OECD, 2005: 22-24). The matrix included below indicates two of these axes of variation. Differences in care sectors go beyond these distinctions, not least in how the regulatory frameworks monitor and

condition the behaviour of care providers, the employment and training systems for care workers and the size, format and services offered within care homes.

**Figure 2. Grey Areas At The Boundaries Between Formal Versus Informal Care And Public Versus Private Resources**

	Public resources		Private resources
<b>Formal care</b>	Nursing homes Home care	Subsidised nursing homes or home care	Market nursing homes Market home care
	Informal carer employed by the State		
<b>Informal care</b>	Informal carer receiving care allowance or care leave	Informal carer receiving some payment or benefit transfer within the household (attendance allowances as "routed wages")	Unpaid informal care within the household Volunteer work

(chart from Huber et al., 2009: 22)

A United Nations Economic Commission for Europe (UNECE) initiative in the 2000s has sought to gather available data, connecting administrative sources with data from the Eurobarometer and other surveys on attitudes towards long-term care (Huber et al., 2009). Beyond a focus on formal long-term care policy, data is increasingly available which shows the proportion of national populations receiving informal care and the institutional/home divide, however data coverage is patchy and differences in collection methods and definitions at the national and federal levels make comparisons problematic. These data collection efforts have highlighted that the welfare state typologies manage to capture some of the geographical variation in long-term care. For example, the universal and taxation funded-coverage in Sweden, the social insurance framework of Germany and the prevalence of means-tested long-term care services in Australia, the United States and the England, which reflect the social democratic, corporatist and liberal regimes at the level of policy (OECD, 2005: 22-24). However, as noted above, they have placed less emphasis on the central role of informal care practices and the typologies are less suited to explaining evolutions in arrangements, such as a shift toward home care which has also occurred in Sweden or a dramatic expansion of institutional provision in Australia (OECD.stat, 2017).

We now take up this challenge in the case of England, attempting to situate the long-term care practices and policies within the broader mode of regulation and exploring the process by which a particular configuration has come about.



## **5. THE VARIEGATED EVOLUTION OF LONG-TERM CARE**

### **5.1 Placing The Crisis In Care In Context**

The reproduction and transformation of long-term care has varied across the multiple axes of caring practices in England in recent decades. In the 2000s operators have emerged that are ‘too big to fail’, care home sizes are increasing in search of “economies of scale” and the social forces who have pioneered the use of financial innovations in the sector are seeking to socialize their risks through a benchmarked price (CSCI, 2009: 50; CQC, 2015: 17; Burns et al, 2016: 3). The current crisis is rooted in a complex of processes that emerged with the decline of the ‘flawed Fordist’ regime. An adjustment in the internationalisation of the economy and the evolution and ascendance of finance set the conditions for the entrance of new actors, whilst the introduction of competition into institutional care commissioning facilitated their expansion.

This is, however, only part of the story. The mobilisation of care recipients for greater control has been a factor informing the evolution of the relations between the political, economic and domestic orders in respect to care. This has also resulted from attempts by successive governments to achieve greater compatibility between caring functions, labour markets and public budgets. Forms of community care and decentralised decision-making have been promoted. Models have been favoured that support the independence of care recipients, encourage the integration of women into the labour market and limit costs (Lewis, 2007; Penn, 2007: 194; Classen, 2011). The influence of cross-cutting processes on the publicly-funded care regime and this evolution of relations between the political, economic and domestic orders have been paralleled by relative stability in ‘actually existing practices’ of informal caring in the most recent years. Family ties continue to motivate the greatest proportion of care.

An historical analysis of how evolving principles of accumulation and institutional forms have been expressed within long-term care, combined with a focus on conventions of informal caring illustrates this variegated evolution and places the calls of crisis in context.

### **5.2 ‘Flawed Fordism’ And Long-Term Care**

The temporal delimitation of this study has been inspired by the transition from Fordism. The regulation school’s characterisation of the post-war economic model gained significant currency within political economy, a fact demonstrated by the number of participants involved in debates over the nature and causes of the subsequent transition (see Tickell and Peck, 1992: 190-191). Whilst Fordism itself as an economy-wide dynamic was only observed in a small number of economies, the growing interdependence of the global economy and particular position of the

Fordist regime of the United States meant that the collapse of the model had consequences further afield. The model itself was based on an institutionalised compromise between capital and labour which established a virtuous macroeconomic dynamic. A particular level of technological development allowed for the emergence of mass production techniques. Profits were divided, allowing for investment in productivity increases and domestic demand in the form of mass consumption. Keynesian macroeconomic policy was supported by the Bretton Woods exchange rate system and wage increases were managed through the institutionalised compromise between social forces (Aglietta, 1979; Lipietz 1997: 2-3; Juillard 2005: 158).

In the United Kingdom, a “flawed Fordism” had evolved; productivity increases were limited and wages too low to sustain the required level of consumption, both of these partly a product of a weak negotiated compromise between capital and labour (Jessop, 2013 [1989]: 9). However, the post-war settlement had included the establishment of the country’s most significant welfare institution in the National Health Service (NHS). Social care, on the other hand, was the “poor relation” of the health service, targeted at those with the lowest income and run by local authorities, in keeping with the poor law which it grew out of (Lewis, 2013: 258; Allen and Glasby, 2009). Reforms in the late 1960s brought adult social care functions within a single local authority department, reflecting a move toward bureaucratisation (Lewis, 2013: 365).

Alongside this minimal and targeted social care of the ‘flawed Fordist’ state, informal care provided by family members formed a significant proportion of long-term care provision. For much of the twentieth century care was considered a private issue, with the gendered division of labour placing the burden disproportionately on women within the home (Finch, 2008: 2). The economic and political spheres and system of social protection depended on a “breadwinner” model and nuclear families (Ibid). Citizens’ social and economic rights reflected a compatibility with this specific cultural formation. For example, the commitment to full employment generally related to the male population within the ‘flawed Fordist’ regime. The institutionalised compromises underlying the links between the domestic, social protection and political forms of organisation in the post-war United Kingdom thus reflected a limited “degree of welfare stateness” (Théret, 2011: 186).

The political and economic boundaries relating to informal caring practices began to be reconfigured in the mid-1970s, as minimal social forms of protection were extended to encompass carers. The Invalid Care Allowance was introduced and provided a partial replacement of earnings for those providing informal care to severely disabled relatives (Burchardt, 1999: 5). Married women were originally ineligible, reflecting the gendered division of labour established within the law-makers’ image of the nuclear family, and it was

not until a case was brought to the European Court in the mid-1980s, following campaigning by the United Kingdom Association of Carers, that this benefit was extended equally (Carers UK, 2014). The level of the benefit would remain low as recurring ideologies of welfare focused on minimal protection, rather than redistribution, and relied on the “past solidarity” of the family form to motivate informal care (Boyer, 2014: 21). Whilst these boundaries would continue to be reconfigured in the coming decades, the proportion of informal care provided by family members would continue to represent the largest part to the present (DWP/ONS, 2016). The sphere has maintained a degree of “correlative insulation”, despite its broader integration and exposure to logics originating in other spheres (Théret, 2011: 181).

### **5.3 Post-Fordist Transitions**

The reproduction of the post-war welfare state would come under threat as the productive regime it had emerged alongside struggled to remain competitive. Actors had responded to the declining productivity of the Fordist model in a variety of ways. From pursuing different production processes and revisiting the compromises expressed in employment relations, to developing new means of distributing and investing the decreasing profits. Some firms responded through a process of “flexible specialisation” (Jessop, 2013 [1989]: 6). Some firms in other economies developed new industrial routines to increase responsiveness and cut costs. This was characterised as part of a “regime of variety”, where “just-in-time” production methods and increased consumer choice contrasted with the mass production and generalised consumption norms of Fordism (Coriat, 1998: 246, 261). In the United Kingdom, various strategies, including the attempted nationalisation of key industries by the Labour government of the 1970s, failed to achieve the necessary restructuring of the productive industries (Overbeek, 1989: 46).

A set of potential successor regimes emerged in the post-Fordist era. For example, in Mexico and Malaysia, management techniques were exported and hybridised, without the Fordist social compromises. In the United Kingdom, earlier concessions to workers were threatened as profits became squeezed, reflected in a “neo-Taylorism” (Lipietz, 1997: 7). Whilst these strategies had some success in other economies, relative economic decline in the United Kingdom combined with the oil crises and collapse of the Bretton Woods system of exchange rates; the latter being one of the American responses to Fordist exhaustion, to create an environment where conflicts between competing social forces were heightened.

## **5.4 Towards The United Kingdom's New Regime**

The destabilised global order provided conditions for the reconfiguration of the institutions and processes underpinning the United Kingdom's political and economic regime. Conflicts between social forces played out within and beyond the Labour government of the 1970s. The continued exhaustion of the 'flawed Fordist' model, relying on antiquated technological and organisational principles, failed to provide profits that could sustain the existing social compromises, whilst its exhaustion in the United States had resulted in hegemonic social forces there destabilizing the international exchange rate agreements (Jessop, 2013 [1989]). The model's compatibility with the welfare state was severely tested. The macroeconomic situation would be such that the Labour government would turn to the International Monetary Fund (IMF) for a loan in 1976, with conditions including significant cuts to public spending (Bogdanor, 2016: 9). A commitment to full employment which had reflected a crucial Fordist dimension of the post-war compromise would also be dropped, representing a significant departure.

Free movement of capital was privileged in the post-Fordist regime, with sterling floated on currency markets in the early 1970s and most remaining capital controls removed in 1979 (Jessop, 2013 [1989]: 14; Bogdanor, 2016: 3). Enhanced capital mobility was a victory for finance capital over productive capital and a new form of competition would be established affecting the governance of firms including, ultimately, residential care home operators. Gordon has argued that "the decay of the postwar global economy" was not directly replaced by a "new and enduring system" and the shift towards a new domestic regime in the United Kingdom also did not emerge immediately with the weakening of Fordism (1988: 54). It came as conflicts between different social forces in the hegemonic United States, and elsewhere, struggled to establish new institutionalised compromises that might serve their interests.

The Thatcher government, elected in 1979, attempted to transform the state, forge new compromises and embed a different configuration of institutional forms. The state was reorganised from a Keynesian Welfare National State to a Schumpeterian Workfare Regime, ideologically presented as required to "reduce dependency on the state" (Jessop, 1999; Clarke et al. 2001: 82, 89). They took measures to encourage the deepening of a "popular capitalism", promoting share ownership as a component of remuneration and extending the norm of property ownership through the subsidised sale of social housing (Jessop, 2013 [1989]: 15). The government had been elected following the strikes of the "winter of discontent" and pushed through legislation to weaken the power of trade unions and restrict their ability to strike (Jessop, 2013 [1989]: 13). They sought to privilege flexibility in employment regulations,

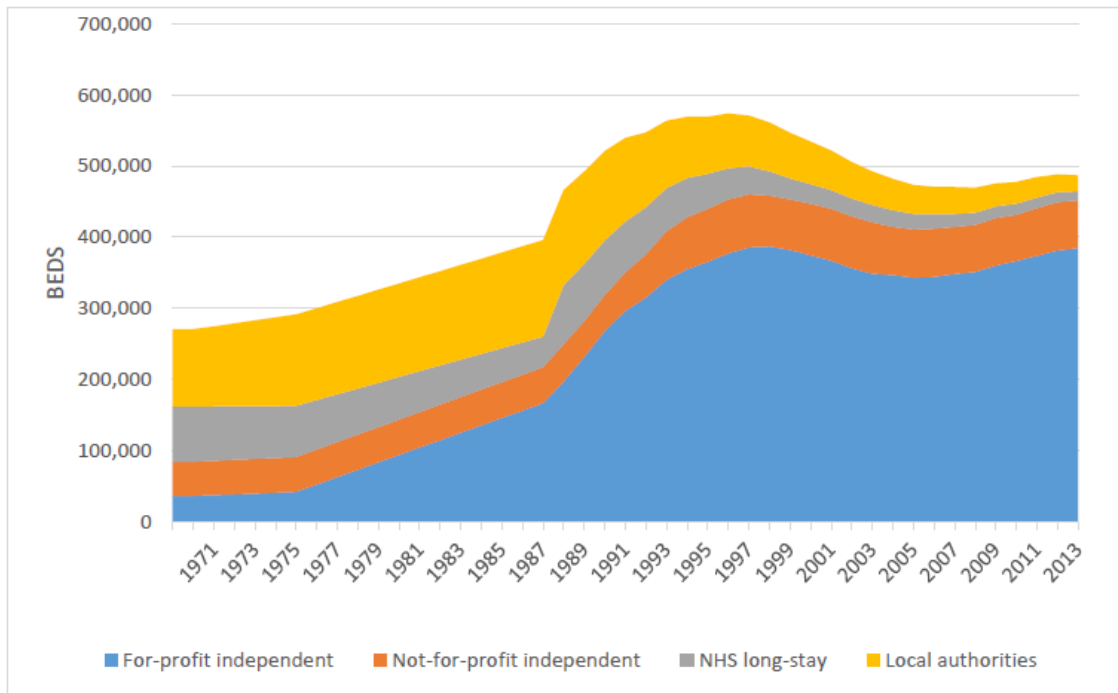
although the European Union's Working Times Directive, which was established as a health and safety provision despite their protest, tempered these ambitions somewhat (Craig, 2007: 5).

The results of the Conservative's strategy were deeply contested and it would be pre-emptive to suggest that these moves established a new mode of regulation. Rather they established some new social compromises, including some that persisted and others that would evolve. The institutional provision of long-term care which had taken a specific form within the 'flawed Fordist' regime would evolve as a part of these transitions. Whilst the government's attempted reconfiguration of the welfare state and an emergent process of financialisation would set the conditions for the later shape that the long-term care sector would take, it was however a legislative oversight of the Conservative government that would result in the most dramatic changes in the institutional care sector in the 1980s.

### **5.5 The 'Unintended Consequences' Of Social Security Reform For Long-Term Care**

Despite the Conservative government's strategy to "reduce dependency on the state", the 1980s saw a substantial increase in publicly-funded residential care as an "unintended consequence" of changes to social security provision (Clarke et al. 2001: 82, 89; Lewis and West, 2014: 4-5). A loophole in legislation meant that people could claim for the costs of staying in a residential home through social security payments. The benefits were means-tested, but no assessment of need was required (Ibid). This represented an alternative source of funding to the adult social care budgets which were subject to the policy of austerity. Local authorities would resolve tensions between their immediate welfare priorities and this budgetary constraint and "shunt" the costs of residential long-term care to the central state (Glendinning, 2013: 184). The implications were dramatic, with public long-term care expenditure growing from £10m to £459m between 1979 and 1986 (Glasby, 2011: 2). The saving grace for the Conservative's overall strategy was that this did not result in an increase in public provision. The benefit could be used only for "board and lodging" in the private sector, and the majority of growth was in private provision (Ibid). This clause had been built into the social security legislation with the aim of promoting private renting rather than social housing, however it had the side-effect of promoting the "mixed economy" of welfare which the government would also seek to establish through other measures (Clarke et al., 2001: 72).

**Figure 3. Privatisation Of Supply Of Care In Residential Settings For Older People, UK, 1970-2013**



(chart from Laing and Buisson, 2014: 8)

It was not until 1993, after significant sums of money had been diverted to a flourishing residential care sector, that the government could implement legislation to check the growth. This involved returning the budgetary responsibility for all adult social care to local authorities, introducing a case management approach and requiring assessments of need (Ibid: 8; Player and Pollock, 2001: 239). This move added a harder budgetary constraint which would limit future expansion of provision, since local authority expenditure was discretionary and finite, whereas social security entitlements had been rights-based (Jones, 2007: 45). The government sought to protect some of the new private provision in their response and the Act which shifted responsibility to local authorities mandated that they spend 85 percent of the transitional funding in the independent sector (Glasby, 2011: 2). The case management approach would also seek to tilt the balance in favour of community care and a “mixed economy” of care, with personal budgets and processes established to encourage social workers and care recipients to give greater consideration to different kinds of care provision (Jones, 2007: 44; Clarke et al., 2001: 72).

## **5.6 Care Recipients And Carers Become Social Forces**

In parallel, organisations representing disabled people had established themselves as a social force through campaigns in the 1990s for greater control over their care. This mobilisation resulted in an institutionalised compromise which devolved decision-making to disabled people in a form that also reflected the Conservative government's ideological preferences. Direct payments would be introduced in 1996 for disabled people and later extended to the elderly. They enabled recipients to source their own support, for example by hiring personal assistants privately, and this marked a shift in the nature of welfare provision. A prevalent market logic was being hybridised within this welfare form.

There had also been a gradual shift from an economic model based on the 'breadwinner' to one based on greater integration of the population into the formal economy. The contribution of some women concurrently to productive activities within the home and the workplace became a source of strain (Powell, 2000: 48-49). The "disharmonic" nature of this linkage manifested in the mobilization of social forces for better recognition of informal carers' contributions (Théret, 2011: 181). Continued political pressure resulted in legislation in the mid-1990s and 2000s that placed a responsibility on local authorities to assess the needs of informal carers. These would be taken into account in devising care plans and later, some local authorities would provide services such as respite care (Lamb, 2014). This reconfiguration of responsibility was not, however, underpinned by substantial redistributions of resources, and access to services would be means-tested and targeted at few.

## **5.7 Social Forces Within Finance Evolve With New Dynamics And Strategies**

Care recipients and carers were not the only social forces which emerged in the period of these Conservative governments and the transition from the Fordist regime. Financial actors would also evolve and be empowered, laying the foundations for the process of financialisation. Whilst some firms had adopted new industrial routines in attempts to overcome declines in productivity, in others these declines strengthened the role of financial managers and techniques (Petit, 2005). In parallel, an innovation within finance; the emergence of a new "logic of evaluation", changed the way that risk was assessed and traded (Aglietta and Breton, 2001: 436-438). This logic was facilitated by new information technologies and accounting techniques and reflected a move from the specific, relationship-based evaluation of traditional banks to a homogenised and generic mode. It contributed to the development of financial markets and strengthened financial actors, initially vis-à-vis traditional banks and subsequently more

generally, as the investment strategies shaped governance arrangements and the organisation of productive activities (Ibid).

Fractions of finance capital would evolve and become internationalised with the integration of the economy established in the 1970s (Overbeek, 1989; Van der Pijl, 1989). Competition between American and European capital fractions to assume control of the British aerospace manufacturer, Westland Helicopters, in the mid-1980s was indicative of dynamics which would later emerge in the long-term care sector (Overbeek, 1986). These actors, their strategies and the attendant dynamics were emerging in their purest form in the United States and United Kingdom, where this represented a shift in the overall mode of regulation. From the Fordist and ‘flawed-Fordist’ regimes, where the employment relation played a more central coordinating role, this would involve a relative subordination of employment to the need of financial actors, channelled through new markets for corporate control (Ibid; Boyer, 2000). This emergent dynamic inspired a growing focus on financialisation within political economy beyond the work of the regulation school (Williams, 2000; Krippner, 2005; Froud et al., 2007; Lapavitsas, 2007). This dynamic would go on to contribute to the emergence of the ‘crisis in care’.

### **5.8 New Labour And The “Social Investment” State**

The New Labour government were elected in 1997 with the support of a broad constituency and sought to follow the now clichéd ‘third way’; appealing to Labour’s traditional base alongside a wider range of groups, and seeking to express a new ideological and social compromise (Powell, 2000: 39). The policies that they pursued attempted to establish virtuous dynamics within the parameters of the emerging regime. They would argue that previous Labour governments had focused on the redistribution of wealth without being concerned with its creation, and suggested that this could best be achieved through “social investment” in education and health within a market economy (Ibid: 43).

The government supported the extension of financialisation through some of their initiatives. Significant investments for public services were marshalled through the Private Finance Initiative, which had been inherited from the previous Conservative government. This involved the state contracting a private entity to build a new school or hospital, who would use equity and debt capital to finance the project upfront and receive payment of the costs and interest over an extended period (HoC Treasury Committee, 2011). These would leave the costs of these investments, including the interest, to future governments; reflecting both a rare mode of policy lock-in described above, and a new interface between the state and financial markets. These were predominantly used for hospitals and infrastructure projects, rather than long-term care



provision, yet the regime that this overall strategy embraced would affect long-term care through other channels.

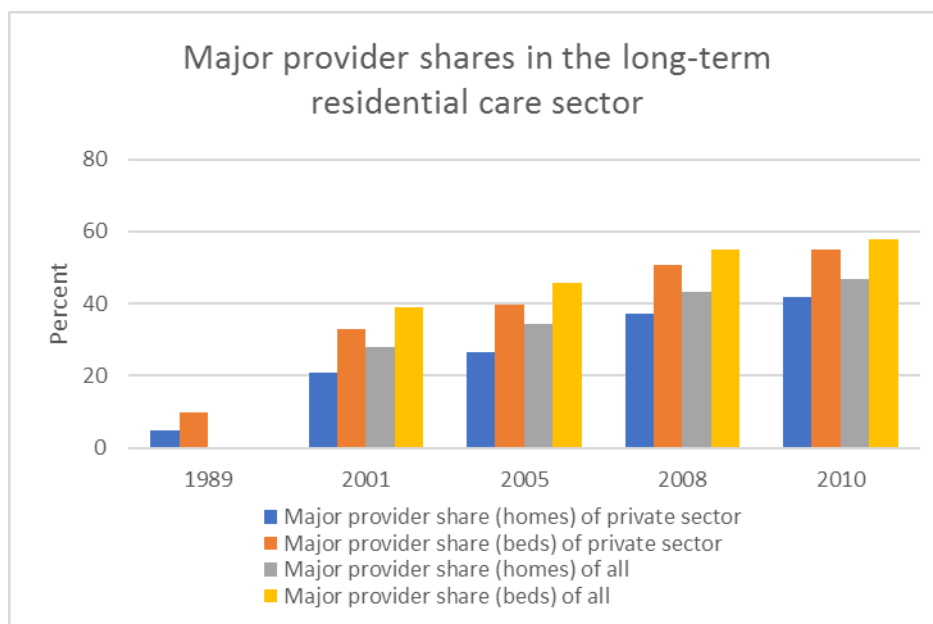
A predominant focus on improving welfare was through work, and this also shaped some of the government's care policies. For example, working family and childcare tax credits would act as new incentives for parents to enter the formal economy (Finch, 2008: 30). New Labour expanded some social rights, whilst more narrowly targeting others, and coupled support with new incentives and penalties within the benefits regime, enhancing some of its 'workfare' dimensions (Ibid: 45).

### **5.9 Shifts In Institutional Care And The Expression Of A Crisis**

In institutional care, private providers would continue to represent a growing proportion of provision, with the government maintaining many of the quasi-market approaches to commissioning (Glendinning, 2013: 187). Since the mid-1990s the amount of institutional provision of long-term care has remained at a similar level and yet significant shifts have occurred. Relatively stable capacity in the context of a growing elderly population reflects an increased targeting of publicly-funded institutional care. The Conservative governments' attempts to limit expenditure were not departed from significantly in this area by Labour (Clarke et al., 2001: 82). The proportion of care home places provided by local authorities has fallen, whilst those run independently, especially by private enterprises, has grown significantly as the earlier figure illustrated.

In the 2000s, there have been a growing share of long-term care beds managed by larger providers, from 39% of all beds in 2001 to 58% in 2010 (Forder and Allan, 2011: 13).

**Figure 4. Major Provider Shares In The Long-Term Residential Care Sector**



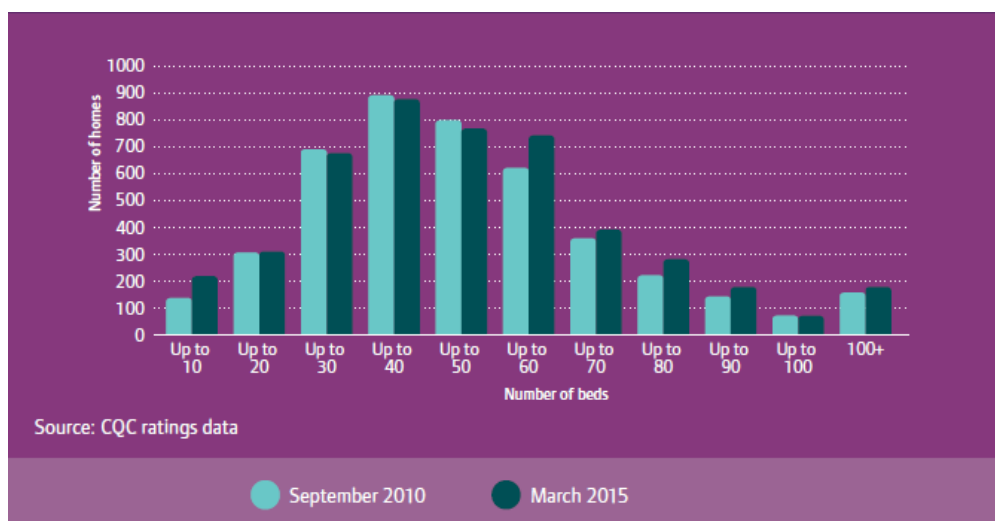
(data from Laing and Buisson, 2010, referenced in Forder and Allan, 2011: 13, chart by author)

Whilst these trends in institutional care provision were enabled by the continuation of the quasi-market approach to commissioning, they were also driven by the broader process of financialisation, with its origins in the exhaustion of the Fordist and flawed-Fordist regimes. The collapse of England’s largest contemporary care home provider, Southern Cross, in 2011, followed its rapid transformation from the seventh largest firm in 2001 with 70 homes to the largest with 750 homes in a space of ten years (Scourfield, 2012: 140-141). A private equity firm bought Southern Cross in 2004 and the company embarked on a strategy of expansion and reorganisation. Properties were sold to another vehicle, releasing funds for further acquisitions. The firm was floated on the stock market in 2006. The debt that the company had accrued combined with the rent payments on properties it had initially owned to contribute to its collapse (Ibid). Four Seasons, the biggest care home provider in 2016, had expanded through a similar process and has recently reported warnings, suggesting these strategies could be meeting similar consequences in its case (Burns et al, 2016: 19, 22). By 2015, three of the five largest care home providers were controlled by private equity, whilst another was a public company with the ultimate shareholder registered in the low tax jurisdiction of Jersey (Ibid). The growing shares of overall provision that these providers have assumed reflect the influence of this new regime over institutional long-term care.

It is not only the stability of care provision which has been affected by the entrance of financial actors into the residential care sector, the mode of provision is also evolving. Most recently there has been a tendency towards larger care home sizes illustrated by the chart below, suggesting that firms are seeking to achieve new “economies of scale” (CSCI, 2009: 50; CQC,

2015: 17). This is however despite an observation by the regulator, the Care Quality Commission, that smaller homes tend to provide better quality care (CQC, 2015: 60).

**Figure 5. Trends In Nursing Home Bed Capacity, September 2010 And March 2015**



(chart from CQC, 2015: 17)

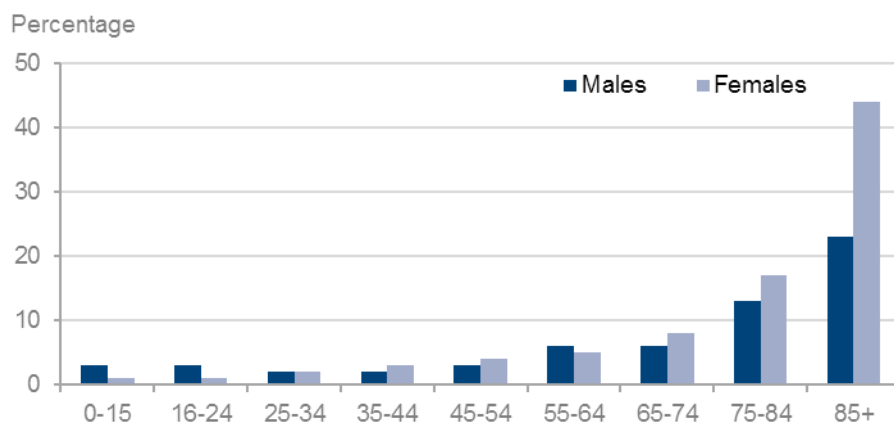
### 5.10 Beyond The Crisis In Long-Term Care

The complex of processes that were expressed in the crisis in institutional care continued to be paralleled by other developments affecting the variegated evolution of caring arrangements in the New Labour era. Direct payments introduced by the Conservatives were extended to the elderly in 2000 (Glendinning, 2013: 186; Lewis and West, 2014: 6). This attempt to import the prevalent market logic into the welfare relation has had limited success, with just 7% of all recipients of adult social care choosing to receive support in this form by 2013 and an even smaller proportion of the elderly (Glendinning, 2013: 187). Alongside the groups that had mobilised for greater control, many care recipients existing expectations of welfare provision have resisted the importation of this new logic (Penn, 2007: 193).

The emphasis on community care has grown, with estimates of the proportion of the elderly receiving publicly-funded community nursing and care (within their home) exceeding those in publicly-funded residential care in 2006-2007 (Comas-Herrera et al., 2010: 16-17). The first decade of the new millennium has seen the number of publicly-funded hours of community care grow, but with those provided targeted at fewer recipients (Ibid: 18). The agencies delivering this care have also changed dramatically over the same period, from 1999, when local authority funded hours were split roughly equally between their in-house teams and private agencies, to 2008, when local authorities directly delivered about 20% of their total funded hours (Ibid).

In spite of the overwhelming societal focus on institutional care, informal caring practices continue to contribute the lion’s share. If the informal care of adults provided within the household were provided by a market equivalent, it is estimated that they would cost £57bn in 2014 (ONS, 2017). When compared to the total adult social care budget of £17.2bn for 2013/2014, this puts in to context the welfare contribution of practices of the domestic order (HSCIC, 2014: 5). This remains not only a phenomena in England, with studies consistently suggesting that the largest proportion of care is provided informally by family members in many countries (Huber et al., 2009: 50, 54).

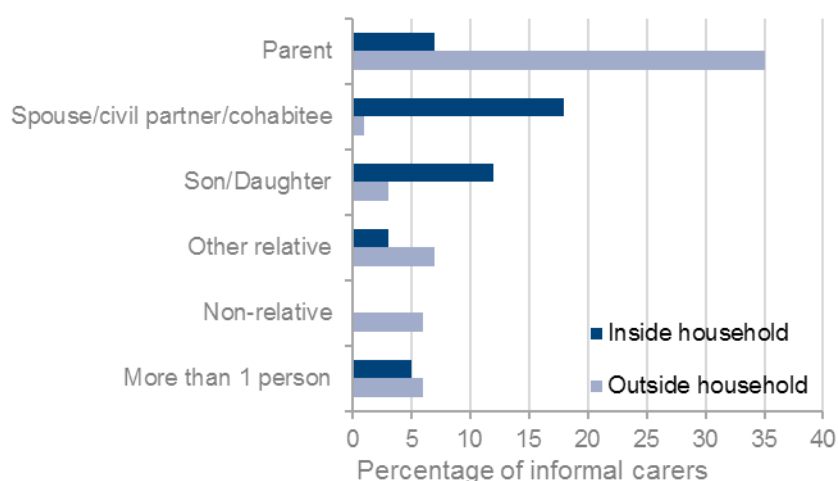
**Figure 6. Percentage Of People Receiving Informal Care, 2015/2016, United Kingdom**



(chart from DWP/ONS, 2016)

The oldest members of society were most likely to be recipients of informal care in 2015/2016 (DWP/ONS, 2016). The proportion of the adult population providing informal care has remained stable in recent decades, at 8 or 9 percent in the late 1990s, late 2000s and 2015/2016 (DSS/ONS, 2000: 105; DWP/ONS, 2016). This illustrates the relative stability of the convention of caring noted above; reflecting a degree of “correlative insulation”, despite broader changes to the relations between the political, economic and domestic orders (Théret, 2011: 181). The motivation informing these caring practices continues to be associated with familial connections, despite evolution in common living arrangements.

**Figure 7. Who Informal Carers Care For, 2015/2016, United Kingdom**



(chart from DWP/ONS, 2016)

However, an ageing population means that, despite relative stability in conventions of caring, less elderly people are receiving informal care. Whilst the same proportion of people have been providing informal care in recent decades, the proportion of the oldest age group receiving informal care has declined from 44 percent of males and 56 percent of females in the late 1990s to about 23 percent and 44 percent respectively (DSS/ONS, 2000: 109). In a concession to Pierson, the variegated evolution of long-term care appears to be further complicated by this “slow-moving process” of an ageing population (2001: 2).

## 6. CONCLUSION

Recent decades have seen profound changes in the organisation of long-term care in England. This paper has deployed a regulation school approach to show how a range of cross-cutting processes, from transnational developments in capitalism to the reconfiguration of the relations between the domestic, political and economic orders, have produced a variegated evolution of caring policy and practices. It has moved beyond the crisis narrative of the institutional care sector, both by exploring how current arrangements have been reached, and by placing these institutional arrangements in a broader synchronic social setting. The paper has sought to explain the crisis with recourse to evolving political and economic conditions, the strategies of new and existing social forces and the complex of processes which these have produced. It has also brought into view the ‘actually existing practices’ of informal caring through an analysis inspired by Théret’s social topology of national systems of social protection. In these ways, it has sought to contribute to a deeper understanding of the current long-term care landscape in England, how it has come about and the broader transformations in the welfare state.

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