

Editorial

Managing The Impact of Covid-19 as regards the delivery of UK public services

Nigel Malin

The truth is that everyone is bored, and devotes himself to cultivating habits ... But you can get through the days there without trouble, once you have formed habits. (*La Peste* [The plague] by Albert Camus, 1947 p 5-7)

In Britain, ten years of austerity has left public services in a fragile, vulnerable state, in addition to which, we are experiencing the weakest wage and productivity growth since the nineteenth century. Starving the NHS of the resources it needed left it exposed on multiple fronts, not least from insufficient recruitment of doctors, nurses and a shortage of beds for critically ill patients.

The Conservative Government declared its intention to borrow for public infrastructure projects to produce faster growth, higher tax receipts and a lower deficit. Infrastructure investment announced in its March 2020 budget was intended to take government spending back to the pre-austerity era, and included £12 billion of immediate measures for the NHS and public services. According to the Chancellor of the Exchequer, Rishi Sunak, this 'new money will deliver 50,000 more nurses, 50 million more GP surgery appointments and work starting on 40 new hospitals'. The question was justifiably posed: 'With tens of thousands of nursing posts vacant and beds full to capacity, what can the service usefully spend this money on?' For local government, there appeared to be no let-up in austerity. While 'our' NHS was to roll in cash, local government's share of the welfare state, social care and social services received nothing extra from this first budget.

The emergence of Covid-19 during the early months of 2020 brought about a different kind of economic crisis threatening global recession as efforts to contain this virus disrupted supply chains and dragged down demand. An analytical framework for interrogating public service reform, in the context of managing the impact of Covid-19, would need to address a number of factors. These include: putting public sector staff at risk or in danger of infection from coronavirus; determining who is in charge, be it politicians, experts or professionals; establishing new ways of working, collaboration or curtailment of function; and recognising that the spread of coronavirus has demonstrated more adverse effects on those in lower socio-economic groups along with the more vulnerable. Other factors meriting consideration entail the response of the social care sector, for example in the context of this Government's approach to

care homes, including the notion of institutional ageism which has been thought to be present (Walker 2020). A suitable subject for analysis is that of the overall resilience of public services to cope with the impact of Covid-19, including its efforts to undertake mass-testing and to ramp-up testing capacity.

As an editorial representative for this Journal I should like to make the case for undertaking empirical research to find an answer to the following questions:

- What has been the impact on public services as regards this Government's response to handling the coronavirus pandemic?
- Are there implications for public services reform and what action might be taken towards a policy solution? Relevant issues include the Government's '5 test criteria' – protecting the NHS's ability to cope, a fall in daily death rates, confidence in testing and personal protective equipment (PPE) capacity, set within the argument for a more decentralised approach which restores an emboldened public health function to local government.

Other 'core tasks' include mass testing, therapeutics and vaccines, business consultation and partnership, schools re-opening, tracing, shielding and social distancing; and communications defined as how the Government should explain and keep people informed, simply because the very fact of setting out a plan and explaining it, helps people plan in their own lives and restores confidence. Rebuilding public confidence, resuming 'normal services' and adapting to new ways of working also play a part.

All of this requires a public sector workforce more responsive to local needs. There is currently a high demand for health and social care professionals and, because of the sophistication of the job and the requisite skills, such jobs are almost guaranteed to be recession-proof as the economic fallout from Covid-19 continues – applications to train to be a nurse, midwife or paramedic have soared, in some cases by as much as 24%, since the coronavirus pandemic began (Andalo 2020).

Measures should be taken in health care services to prevent patients being stranded by the suspension of diagnostic and treatment services, and in schools for taking forward ideas on how to compensate for children's missed educational opportunities. As for 'lessons to be learned', there should be a re-evaluation of the now over-used adage of deferring to 'the science' as a way of resolving policy dilemmas.

Functionalism is the doctrine that social institutions and practices, for example those contained within the UK Department of Health and Social Care (DHSC), can be understood in terms of the functions that they carry out in sustaining the larger social system. As such functions are the actions or impacts that one thing has on other things, hence this approach suggests that a phenomenon such as the Covid-19 pandemic should be understood in terms of its consequences rather than its causes. Managing its impact on the delivery of public services might be conceptualised in different ways. These include the direct effect that the pandemic may have had on public services, in

terms of sustaining an ability to carry out traditional functions; also by addressing any harm done to the services' infrastructure and modus operandi. Assessing this impact involves a consideration of the versatility of public sector organisations in terms of their ability to adapt, to flourish and to carry out new functions.

The culture and values of welfare and public services come under the spotlight in any consideration of the action taken by the UK Conservative Government as regards managing the impact of Covid-19. As a political principle, welfare stands for a particular means through which social well-being is maintained: collectively provided welfare, delivered by government, through what has been termed a 'welfare state'. This term has been used either to refer to a state that assumes broad responsibilities for the social well-being of its citizens, or more narrowly, to the health, education, housing and social security systems through which these responsibilities are carried out. Welfare states nevertheless come in many different shapes or forms; and the social democratic or 'Beveridge' welfare state incorporates a system of universal benefits based upon national insurance and full employment. The Conservative Government during 2020 however has leaned towards a more liberal or limited welfare state (Nordsieck 2020; Taylor-Gooby 2016) and from the beginning of the Covid-19 pandemic it would seem that the boundaries of most public services have become reconfigured. Not least the existential status of the NHS may require re-alignment as it has sublimated its customary universalist goals in favour of delivering a broad range of intensive and emergency care to Covid-19 patients – a policy widely seen as a counterintuitive owing to the fact that specialist hospitals were simultaneously being set up to fulfil this demand.

*

Continuing the theme of public services and professional engagement, this Issue contains five highly-focused articles of interest to practitioners, researchers and policy analysts.

The first by Jones, '1970-2020: A fifty year history of the personal social services and social work in England and across the UK' celebrates the fiftieth anniversary of the creation of a unified profession of social work across the UK and of the creation of integrated personal social services in each of the four countries of the UK. The article discusses the current state of social work and the personal social services and considers what the future might hold for social work and personal social services following the 2019 General Election.

The second article by Flynn: 'Ecosystems of educational disadvantage: Supporting children and young people receiving child protection and welfare services in Ireland' takes a specific focus on the educational disadvantage of children and young people susceptible to involvement from child protection and welfare services in the Republic of Ireland. Bronfenbrenner's ecological systems theory is applied towards a more socially just and ecologically sensitive understanding of educational underachievement; and

following an in-depth qualitative review of the literature, discussion centres on the question of what practitioners can do to promote the educational welfare of children and young people.

In the third article, 'Regressive and precarious: Analysing the UK social security system in the light of the findings of the UN Special Rapporteur on poverty and human rights', Machin considers Philip Alston's report on the UK's efforts to eradicate poverty, which issued a damning verdict on the UK welfare benefits system. In line with the argument that policy should be assessed based on different dimensions of process, programs and politics, and drawing on Alston's findings, the author argues that economic and social wellbeing of welfare benefits claimants is negatively impacted by the values-base attached to the current social security system. Furthermore he argues that social security policy is in a precarious state with a growing recognition by the public and media of the economic and human costs of welfare reform.

A fourth article by Wollter, 'Identity of clients and social workers in service provision: An institutional logics perspective', illustrates how the theory of institutional logics can be used for analysing the identity of social workers and clients, focusing on 'people processing' that precedes intervention. Two research questions are posed: what identities of social workers and clients can be theorized by institutional logics? How may identities be intertwined in practice? A conclusion is that institutional logics can be used for theorizing ideal type identities. Three client identities are presented: taken care of community member, active citizen and consumer in addition to three social work identities, namely professional, bureaucrat and executor of management directives. A second conclusion is that identities and institutional logics co-exist in well-established models for processing people.

In the final article, 'Reflections on the completion of a psychoanalytically informed interview study involving children's services professionals', Archard discusses Holloway and Jefferson's free association narrative interview method as an approach to qualitative research interviewing. This draws on concepts and practices traditionally associated with psychoanalytic therapy; and as such the method is viewed as attractive to psycho-dynamically orientated practitioner-researchers. In this article the author describes and reflects on the completion of one study informed by the method involving interviews with social workers and intensive family intervention professionals working in English local authority children's services. Several practical issues are identified for consideration in the context of doing this research. These include gaining access to and interviewing a suitable sample of professionals; establishing an interviewing technique along with a method for analysis of interview material and the role of researcher reflexivity.

References:

- Andalo, D (2020) NHS Jobs On The Rise. *The Guardian - Your Guide To Clearing 2020* .August 13th
- Nordsieck, W (2020) *Parties and Elections in Europe: Parliamentary Elections and Governments since 1945*. (2020 Edition) Norderstedt, Germany: BoD
- Taylor-Gooby, P (2016) The Divisive Welfare State. *Social Policy and Administration.*, 50, 6. 712-733
- Walker, A (2020) Covid-19 and the Human Cost of Years of Austerity *Guardian.letters@theguardian.com* August 14th