

A

Abel-Smith, Brian (1926–1996)

One of the most renowned figures in post-1945 SOCIAL ADMINISTRATION, who first came to prominence with his incisive analysis for the Guillebaud enquiry into the cost of the NATIONAL HEALTH SERVICE (*The Cost of the National Health Service in England and Wales*, with RICHARD TITMUSS, 1956). He was assistant lecturer (1955), lecturer (1957), reader (1961) and Professor of Social Administration (1961) at the LSE. He is best remembered for his joint publication *The Poor and the Poorest* (with Peter Townsend, 1965), which demonstrated that POVERTY had persisted despite the post-1945 WELFARE reforms. He acted as a special adviser to both the 1964–70 and 1974–9 Labour governments. In the 1970s and 1980s his work became more international in focus and he visited over sixty countries as a World Health Organization consultant. Julian Le Grand noted in one obituary: ‘There are few academics who have changed the world – and even fewer who have changed life for the better. Brian Abel-Smith was one of that select group.’ His other publications include *The Hospitals 1800–1948* (with Robert Pinker, 1964) and *An Introduction to Health: Policy, Planning and Financing* (1994). (RMP)

Abortion policies

The termination of pregnancy is governed in Britain by the 1967 Abortion Act. This makes an abortion legal if it is performed by a registered medical practitioner after two independent medical practitioners have agreed to the termination. The main grounds are that the continuance of the pregnancy would cause physical or mental risk to the health of the woman, or her existing children, greater than if the pregnancy were terminated. The upper time limit (since 1990) is 24 weeks pregnant,

with some exceptions beyond this. There have been several attempts to change the abortion law since 1967, notably in 1998 when a significant reduction in the upper time limit was proposed (and defeated). The 1967 Act has been criticized by many FEMINISTS because there is no RIGHT to an abortion on request (as there is in several other European countries). The medicalized approach, where the decisions lie with doctors, can also cause delays and access to NATIONAL HEALTH SERVICE abortion services varies across the country. Many abortions are therefore performed in private clinics. About one-quarter of all conceptions in England and Wales are terminated by abortion, rising to two-fifths of conceptions among women under 20 years old. (JM)

Access to welfare

A notion derived from the need to establish principles for deciding who should receive welfare BENEFITS and services when resources are limited. At the most general level it is generally agreed that access to welfare should be based upon the principle of meeting NEED. However, there is considerable disagreement as to how NEEDS should be defined and met. This revolves around whether ELIGIBILITY for BENEFITS and services should be based on

- legal RIGHTS or the DISCRETION of professionals and officials to determine NEED and/or DESERT;
- UNIVERSALISM or SELECTIVITY – through MEANS TESTING or other forms of TARGETING;
- CONDITIONALITY, which can take the form of behavioural requirements such as job-seeking, or of contribution conditions as under SOCIAL INSURANCE.

There are two issues of growing significance. First is the position of non-nationals who face increasingly restrictive IMMIGRATION, ASYLUM and SOCIAL SECURITY laws, which define their access to welfare on the basis of their immigration or residence status. Second is the debate as to how far USERS should be involved in determining the rules that govern access to welfare. (RL)

Accountability

Relates to the ways in which the providers of welfare services are responsible both for the services they provide and to the people to whom

they provide them. For policy makers, public servants and welfare agencies, being accountable means, on the one hand, having to give an account of themselves and, on the other, being held to account for what they do. The concept is complex because accountability is capable of being achieved at a variety of levels and in a variety of ways. It is also a contested concept. For example, some commentators would argue that public accountability is a form of 'stewardship' that entails moral principles that are inherently inimical to the prevailing political process. Others would argue that a genuine process of democratic renewal should transcend the issue of accountability by EMPOWERING CITIZENS directly to shape the welfare services they require.

Within the WELFARE STATE there have traditionally been two main strands of accountability: one relating to the political executive, the other to officials and professionals. The first entails electoral and parliamentary accountability (sometimes called the 'Westminster model'). This contends that elected politicians who assume executive responsibility as central government ministers or LOCAL GOVERNMENT committee chairs, are accountable for the discharge of their duties to parliament or to the local council respectively. In turn, these bodies are periodically accountable to the electorate (which has the power to vote in an alternative administration). The second entails bureaucratic and professional accountability (sometimes called the 'public administration model') and contends that civil servants and LOCAL GOVERNMENT officers are accountable through a hierarchical system of line-management, while professional staff (such as medical personnel) are accountable for their performance to the professional bodies that accredit them.

Additionally, service providers are financially and legally accountable. In recent times, central government departments have been accountable to the all-party Public Accounts Committee and the National Audit Office, while LOCAL GOVERNMENT is accountable to District Auditors and the Audit Commission. The substantive decisions of the political executive and public administrators are susceptible to judicial review in the courts. There are additional mechanisms, in a number of fields of welfare provision, by which the recipients of services or BENEFITS may APPEAL against individual decisions to specially constituted administrative TRIBUNALS or can complain to specially appointed OMBUDSPERSONS.

Recent political trends and the inherent complexity of government, according to many commentators, have resulted in a crisis of accountability for the WELFARE STATE. On the one hand, power over key aspects of local welfare expenditure and provision has become increasingly

centralized and the sheer scope of ministerial responsibility is such that, arguably, it is now more of a fiction than a reality. On the other hand, paradoxically, responsibility for decision-making in many fields of welfare provision has become increasingly fragmented as it is passed to bodies such as indirectly accountable agencies, non-elected QUANGOS or charitable or commercial organizations. At the same time, however, new concepts of accountability have been emerging.

The most significant of these – the related concepts of contractual and market accountability – have been associated with the rise of NEW PUBLIC MANAGERIALISM, which, since the 1980s, has substantially displaced the public administration model throughout much of the WELFARE STATE. This sort of accountability derives in part from the inherent efficiency that is supposed to flow from the introduction of COMPETITIVE TENDERING, QUASI-MARKETS and/or PURCHASER/PROVIDER SPLITS and from the opportunity that such innovations present for introducing explicit performance targets into contracts for welfare services. With this notion of accountability came a number of innovations:

- LEAGUE TABLES were introduced by which the performance of service providers could be scrutinized and compared.
- New processes were developed by which the performance of professional practitioners could be AUDITED.
- Service USER CHARTERS by which PUBLIC SECTOR service providers were to be made accountable to their ‘customers’ in a broadly similar way to that in which PRIVATE SECTOR providers must respond to consumer demand in a free market.
- Consistent with this approach, new COMPLAINTS procedures (as distinct from the APPEALS processes that characterize the public administration approach) have been introduced in several areas of welfare provision.

The MANAGERIALIST approach to quality and accountability, first pioneered under Conservative governments, has been embraced by Labour which, through the development of its BEST VALUE regime, aims to sustain a culture of continuous improvement of management in welfare services. At the same time, however, Labour is seeking new ways to consult CITIZENS at the local level through CITIZENS’ JURIES and community fora and, through its various ACTION ZONE initiatives, to involve a range of STAKEHOLDERS in more directly participative mechanisms. The DEVOLUTION of selective powers to the Scottish Parliament, the Welsh Assembly, the Northern Ireland Assembly and the Greater

London Authority and Mayor similarly represents a reversal of previous trends towards CENTRALIZATION, although further devolution to the English regions seems at the time of writing to be unlikely. None the less Britain remains essentially a unitary state for which, in an era of complex GOVERNANCE, accountability remains a problematic issue. (HD)

Action research

See EVALUATION

Action zones

Areas of DEPRIVATION TARGETED by central government initiatives for special funding to encourage PARTNERSHIP and project working with marginalized groups in local areas. Examples include Health Action Zones, Education Action Zones and Employment Action Zones. The Action Zones are linked to other AREA-BASED INITIATIVES (such as Sure Start and NEW DEAL FOR COMMUNITIES) through planning in LOCAL STRATEGIC PARTNERSHIPS. (SB)

Active citizenship

The concept of active CITIZENSHIP requires individual CITIZENS to consider their obligations to society alongside their RIGHTS. At its broadest, all are invited to volunteer time and money, donate blood and organs. More narrowly it has become the focus of a number of project-based schemes, mainly targeted upon the young and long-term adult unemployed, to promote employment or community activity, often through co-operation with VOLUNTARY SECTOR agencies. Different versions of active CITIZENSHIP have been promoted by politicians of different persuasions; for example, CONSERVATIVES tend to emphasize the individual, while centre-left parties talk of collective SOLIDARITY. (DWS)

Acts

Substantive legal statutes passed by a legislative body, imposing duties or obligations on public bodies, and/or constraints upon or BENEFITS to

CITIZENS (hence in the United Kingdom Acts of Parliament). More specific regulations or STATUTORY INSTRUMENTS may amplify them. (MJH)

Adoption policies

Adoption is a legal arrangement whereby a court transfers the parental RIGHTS and responsibilities of a child's original birth parents to an adoptive couple or individual. In the UK married couples and single people may adopt, but not unmarried couples. Often the adopters do not know the child previously, but a significant proportion of adoptions involve stepchildren. Grandparents, other relatives and FOSTER CARERS may also adopt. In much of Western Europe a high proportion of adoptions concern children brought in from other countries, particularly Asia and Latin America. British adoption policies in the 1970s and 1980s concentrated on within-country adoption of LOOKED-AFTER CHILDREN. As it became more common for young lone mothers to keep their babies instead of relinquishing them for adoption, increasingly children placed for adoption are older and have DISABILITIES or emotional/behavioural problems. In response, various post-adoption support and counselling services have developed. Since the 1990s inter-country adoption has become more common. Another major trend has been towards openness, i.e. some kind of contact between the birth and adoptive families after adoption. This usually consists of sending or exchanging letters, cards, photos or gifts, but sometimes face to face contact occurs. (MH)

Adult education

An umbrella term encompassing provision for continuing education and self-development beyond the compulsory school-leaving age. Pioneered by voluntary organizations such as Mechanics Institutes and the Workers Educational Association, the university extension movement and LOCAL AUTHORITIES, traditionally it has been offered through distinct centres or courses either within or independent of institutions of FURTHER and HIGHER EDUCATION. Recent decades have seen increasing diversification as UNIVERSITIES, colleges and adult education establishments have extended the types of courses available. New public and private suppliers have also entered the field, many (such as the Open University and the University for Industry) based on individualized or distance learning. Currently provision extends across a wealth of recreational, academic and vocational subjects, ranging from 'interest-based'

studies such as those offered by the University of the Third Age, to assistance with basic skills, support for further academic study and continuing professional development. These may be studied on a full- or part-time basis and are usually fee-based, though a variety of fiscal and other measures, including learning accounts, are available for some, as are exemptions for the unemployed or retired. Many courses do not lead to accreditation, but there is increasing emphasis on award-bearing provision as well as opportunities for LIFELONG LEARNING. (DEG)

Adult services

The section of local SOCIAL SERVICES DEPARTMENTS dealing with the provision of PERSONAL SOCIAL SERVICES to adult USERS and USER groups. (PA)

Adverse selection

A special type of MARKET FAILURE, which applies to any type of insurance market, but is especially important in the case of private insurance for health and LONG TERM CARE. For markets to work efficiently there has to be good information available to both the buyer and the seller. Individuals buying health insurance or LONG TERM CARE are likely to know more about their RISKS of being sick than an insurance company, and it is not in their interests to divulge this – a situation of adverse selection. However, insurance companies and other providers may take steps to reduce potential bad risks, resulting in CREAM SKIMMING. (HG)

Advice centres

The term is applied to local agencies that provide advice to the public, such as Citizens' Advice Bureaux (CAB) and other independent advice centres; housing, consumer and WELFARE RIGHTS advice services run by LOCAL AUTHORITIES; and more specialized agencies such as law centres and housing aid centres. (HD)

Affirmative action

Policies and procedures aimed to rectify past imbalances and ensure fair participation by under-represented groups at all levels in the labour market. Such arrangements have been successfully supported by

legislation in the USA and to some extent in Northern Ireland. EQUAL OPPORTUNITIES legislation in Britain, however, is generally based on a different approach. In relation to ethnicity, for instance, the 1976 Race Relations Act forbids direct DISCRIMINATION ('less favourable treatment on racial grounds') in employment; indirect DISCRIMINATION (conditions which fewer members of a racial group can comply with); and most forms of POSITIVE DISCRIMINATION (e.g. a policy of only selecting minority ethnic staff for appointment or promotion to REDRESS existing DISCRIMINATION). As with measures regarding the employment of women and disabled people, it does, however, allow for positive action, for example in the provision of training facilities TARGETED at particular ethnic or other excluded groups.

This stance, essentially aimed at stopping negative employment or other practices, contrasts with that adopted in the US under various federal Affirmative Action Programs and CIVIL RIGHTS legislation. In terms of ethnicity, for example, the main elements of affirmative action for an employer include analyses of actual and potential workforces for specific roles in terms of local majority and minority populations, race awareness training for personnel, appropriate training for under-represented groups, and appropriate, carefully targeted recruitment procedures. Affirmative action is thus much wider than POSITIVE DISCRIMINATION as practised in the UK. However, following the 1997 Treaty of Amsterdam and in line with the European Union Fair Treatment Directive, the definition of and protection against DISCRIMINATION has been strengthened in the UK and policies to further amend EQUAL OPPORTUNITIES requirements are also in train. (GC)

Ageism

Stereotypical beliefs and practices, related to the ageing process and originating in the biological variation between people. Ageism condones and legitimates the use of chronological age to systematically deny resources, status, power and social opportunities that others enjoy. It results in expressions of fear, loathing and rejection often associated with old age and growing old in contemporary society. (TM)

Aggregation

Refers to the treatment of all the sources of income and wealth of a family or household as one single resource for all members – all income

is aggregated into one pot. This is of particular importance in the application of MEANS-TESTS where ENTITLEMENT to benefits is calculated on a family basis, with the effect that the income of one family partner will be taken into account in assessing the potential ENTITLEMENT of another. For other purposes, for instance tax and NATIONAL INSURANCE, family members are treated separately with individual liabilities and entitlements. See DISAGGREGATION. (PA)

Allocation policies

A class of decisions made by government or some other agency to apportion money or other scarce resources like professional staff or new buildings to given purposes or areas. For instance, central government allocates money between services in the public spending round – called the COMPREHENSIVE SPENDING REVIEW. Allocation to different areas also takes place, sometimes according to established formulas, such as proposed by the RESOURCE ALLOCATION WORKING PARTY (RAWP). (HG)

Alternative medicine

Usually defined as forms of medical practice and treatments (such as osteopathy, acupuncture, aromatherapy and homeopathy) not traditionally practised by the established medical professions in the UK. However, these and other forms of COMPLEMENTARY MEDICINE are increasingly being used alongside conventional approaches; hence the term is open to change, as its definition depends upon the views of leaders of orthodox medicine and upon what state health services will support. (MJH)

Altruism

An act can be said to be altruistic when an individual voluntarily gives help to a stranger without expectation of reward. Altruism is clearly distinguishable from both selfishness (in which one undertakes a course of action for personal gain at the expense of another) and self-interest (in which one seeks a personal benefit without ‘harming’ others in the process). It also needs to be distinguished from duty (in which helpful actions are undertaken out of a sense of obligation),

RECIPROCITY (where help is offered on the basis of mutual support) and restitution (where help is offered to make good a previous omission or shortcoming).

Anthropologists have drawn attention to the fact that unconditional giving should not be assumed to be altruistic. Gifts can be used to affirm the status of the giver or be used to bind individuals and communities into long-term reciprocal relationships.

Historically, it was often assumed that altruism was the key motivating force for CHARITABLE or VOLUNTARY forms of welfare. However, this viewpoint has been challenged on the grounds that such aid might equally well be provided to maintain class divisions or control the poor. Similar criticisms have been levelled at those who have argued that the growth of state welfare during the twentieth century reflects an evolving humanitarianism.

It has been suggested that the establishment of the post-1945 WELFARE STATE in Britain owed much to the upsurge in selflessness that occurred during the Second World War. In the face of enemy attacks, people were more willing to help strangers (as evidenced in the evacuation scheme) and adhere to the principle of fair shares for all, which underpinned the system of rationing. The growing demand for a more equitable postwar society was seen as one of the outcomes of this value shift. Certainly, the popular acclaim accorded to the BEVERIDGE Report and the victory of the Labour Party committed to UNIVERSAL state welfare provision in the 1945 general election lends substance to this approach.

FOR RICHARD TITMUSS, UNIVERSAL state welfare services were morally superior to atomistic, bilateral commercial activity. Unilateral provision served to engender greater degrees of SOLIDARITY, altruism and toleration. In *The Gift Relationship* TITMUSS sought to demonstrate how the highly effective voluntary blood donor system operating in Britain could only be understood by reference to the establishment of a NATIONAL HEALTH SERVICE, which offered treatment to all on the basis of medical NEED rather than ability to pay. He contrasts this approach with the commercial blood donation system in the USA, which suppressed expressions of altruism and functioned in a less efficient way.

TITMUSS has been criticized for his over-optimistic views of human nature. Commentators have emphasized the need to recognize that self-interest is of key importance in terms of understanding human motivation. This has given rise to considerable debate over the question of whether state welfare systems should be organized on the assumption that CITIZENS are self-interested rather than altruistic. In addition, questions have been raised as to whether it is possible for the WELFARE STATE

to engender greater levels of altruism within a competitive market society. (RMP)

Ancillary services

Support services such as cleaning, laundry and catering traditionally provided in-house by health, education and other authorities. Against strong trade-union resistance, governments in the 1980s and 1990s sought to increase private provision of these services through the introduction of COMPETITIVE TENDERING and market testing. More recently the emphasis has been on securing providers, public or private, which offer BEST VALUE. (SB)

Annual Employment Survey (AES)

Replaced the CENSUS OF EMPLOYMENT, which was last carried out in 1993. Data from sampled workplaces are fed into an estimation process that enables results to be produced for the whole business population. The results take the form of aggregate statistics. (JC)

Annuity

Any yearly grant or payment can be called an annuity, but the term usually refers to payments made by PENSION providers to beneficiaries of an annuity contract. The contract provides INSURANCE against the risk of living to an old age, as the annuity is payable until the death of the beneficiary (or a dependent partner). In PERSONAL PENSIONS annuities are purchased on RETIREMENT with the money accumulated in a PENSION FUND. Insurance companies invest the fund to pay for the annuity. Its value depends partly on LIFE EXPECTANCY and partly on the rate of return insurers can earn on the fund. (DM)

Appeals

Methods of REDRESS by which an individual may make a legal challenge to an official decision, such as the refusal of a SOCIAL SECURITY BENEFIT or of a place in a particular school. RIGHTS of appeal are created by statute and are only available in relation to certain kinds of legal decisions. (HD)

Area-based initiatives

Generic term used to refer to the wide range of programmes introduced at the end of the twentieth century to support REGENERATION and SOCIAL INCLUSION activity in areas with high levels of social DEPRIVATION. Examples include ACTION ZONES, sure start, NEW DEAL FOR COMMUNITIES and the Single Regeneration Budget (SRB). (PA)

Assessment

NEEDS assessment is a key activity for those who determine the ELIGIBILITY of individuals for services. It is required, for example, under the 1990 National Health Service and Community Care Act for any person appearing in need of COMMUNITY CARE services. A financial assessment is used to determine the level of CHARGES. (SB)

Asset-based welfare

Measures such as the Child Trust Fund, the Saving Gateway and individual development accounts aimed to encourage individual saving and wealth-building and enable those on low incomes to build up their resources. Initially developed in the USA, it is increasingly being promoted in the UK and other societies as part of the attempt to widen opportunities and foster SOCIAL INCLUSION as well as encourage contingency planning. (MM)

Assisted places scheme

Introduced by the Conservative government in 1980 to ENABLE able children from less wealthy backgrounds to attend INDEPENDENT SCHOOLS, with their fees being remitted in relation to parental income. It was criticized for transferring pupils and resources from the state to the PRIVATE SECTOR and abolished by the Labour government in 1997. (DEG)

Asylum

Term derived from the Greek and used since the seventeenth century in the UK to signify a secure place of refuge or shelter, particularly for

those institutionalized with severe MENTAL HEALTH problems (hence ‘lunatic asylum’). Now applied to REFUGEES from political victimization seeking political asylum within another national jurisdiction. Here, technically, ‘asylum’ is the permission to remain given to a person recognized as a REFUGEE under the 1951 United Nations Convention. (GC)

Asylum Seekers

Those formally seeking political ASYLUM or refugee status but where a host country has yet to make a decision on their status. They differ from REFUGEES in that the latter individuals or households have had their refugee status endorsed by a host government, giving them associated long-term residence status and, usually, CITIZENSHIP RIGHTS. Asylum seekers have no right to employment, BENEFITS or permanent housing and are dependent on temporary and varying forms of support, often experiencing destitution. (GC)

Attlee, Clement Richard (1883–1955)

After spending part of his early adulthood as a social worker and as secretary of Toynbee Hall (1910), Attlee became a lecturer at the LSE (1912–23). He was the first Labour mayor of Stepney (1919) and served as a Labour MP for Limehouse from 1922–50. He was leader of the Labour Party from 1935 to 1955 and Prime Minister from 1945 to 1951. During his premiership, the first in which Labour had an overall majority, the foundations of the modern WELFARE STATE were put into place. He presided over the introduction of a comprehensive NATIONAL INSURANCE scheme and the establishment of the NATIONAL HEALTH SERVICE. His determination to press ahead with DEMOCRATIC SOCIALIST reforms in an age of austerity says much about his political acumen and his steadfast determination to improve the condition of the people. (RMP)

Audit

A procedure for checking the income and expenditure of organizations to ensure that both are properly entered into the accounts and that no individual is misusing these. In the case of UK government departments, the National Audit Office undertakes this process. The Audit

Commission audits LOCAL AUTHORITIES and the NATIONAL HEALTH SERVICE. (HG)

Autonomy

From the Greek *autos/nomos* meaning ‘self-rule’, belief in autonomy has been used to oppose the political power of the state as well as to provide a basis for the exercise of power by professionals and other occupational groups. It has been argued that all power relations involve both autonomy and DEPENDENCE, as even the most autonomous actor is in some degree dependent and the most dependent retains some autonomy.

Individual autonomy of action has been defined as a key ‘trait’ of professional groups, particularly those well-established professions such as medicine and law. In caring professions the autonomy of some groups, such as NATIONAL HEALTH SERVICE consultants, is criticized for lack of ACCOUNTABILITY for unprofessional action, while that of others, such as SOCIAL WORKERS and nurses, is more restricted by hierarchical management structures.

Participatory democracy, USER EMPOWERMENT and PARTNERSHIP working, principles in the current modernization of LOCAL GOVERNMENT, all involve power sharing and require a redefinition of professional autonomy to allow service USERS more CHOICE and independence. While giving more power to USERS is bound to take some power away from professionals, those who see power as a relational, rather than a ‘zero-sum’ concept, argue that redistributing power should only challenge, not destroy, professional expertise. (SB)