Welfare, Regulation and Democracy

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Abstract

Changes in the delivery of public services in the industrialised countries over the last forty years have profoundly changed the ways for delivering and thinking about welfare state provision. For some the shift from welfare state to regulatory state indicates that priority is being given to markets and market failure over traditional welfare concerns with redistribution. Such an analysis leads to concerns about a loss of democratic control. For others, the sharpening of public policy institutions and instruments associated with regulatory governance offers the opportunity to deliver public services in a manner which is both more transparent and more efficient, enhancing outcomes, but without deviating from traditional goals. Changes to provision and oversight of welfare state services in Ireland in the past thirty years have included a degree of fragmentation, but also some consolidation, particularly in the health area. The changes in delivery have sustained a long established pattern of providing services through distinct units, both public and private. The changes in regulatory apparatus are more distinctive. In this paper I explore the character and significance of changes in both delivery and regulation and conclude by evaluating these changes from the perspective of democratic governance, identifying risks, but also indicating how fragmented arrangements for delivering and regulating public services may contribute to enhancing democratic engagement.

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1. Introduction

Changes in the delivery of public services in the industrialised countries over the last forty years have profoundly changed the ways for delivering and thinking about welfare state provision. For some the shift from welfare state to regulatory state indicates that priority is being given to markets and market failure over traditional welfare concerns with redistribution. Such an analysis leads to concerns about a loss of democratic control. For others, the sharpening of public policy institutions and instruments associated with regulatory governance offers the opportunity to deliver public services in a manner which is both more transparent and more efficient, enhancing outcomes, but without deviating from traditional goals. Central trends internationally have included the separation of delivery units from policy functions and the establishment of free standing regulatory agencies.

Examining the experience in Ireland, the story is distinctive in a number of ways. First, the apparatus of the welfare state developed less fully in Ireland than in many European states. Second, and relatedly, dependence on non-state providers has been and remains a central feature of public service provision. An analysis of the changing shape of state institutions since 1922 shows that distinctive delivery units and regulatory bodies pre-dated independence and have been developed since that date. Changes to provision and oversight of welfare state services in the past thirty years have included a degree of fragmentation, but also some consolidation, particularly in the health area. The changes in delivery have sustained a pattern of providing services through distinct units, both public and private. The changes in regulatory apparatus are more distinctive. Arguably the assignment of regulatory functions to free standing agencies has supported clearer specification of the expectations of service providers, systemised monitoring, and created at least the possibility of more stringent enforcement. Both public and private providers are likely to find regulation more demanding than it once was. I conclude by evaluating these changes from the perspective of democratic governance, identifying risks, but also indicating how fragmented arrangements for delivering and regulating public services may be interpreted as enhancing democratic engagement.

2. From Welfare State to Regulatory State

A central characteristic of modern government in Europe has been the emergence of the welfare state during the middle years of the 20th century. Welfare states may be characterised as involving comprehensive and direct provision of key public services including education, health, housing and public utilities and the establishment of transfer payments for those in need through unemployment, ill health or on retirement (Cranston, 1985). Welfare state delivery has frequently occurred through the development of central government departments with broad discretion to achieve welfare objectives, although governance models have varied across countries (Esping-Andersen, 1990). A central focus has been on using the redistributive potential of the state to advance social and economic well-being through progressive taxation, and through expenditure targeted at those most in need. Social rights, supported by redistributive policies, are often linked to the wider democratic aspiration to engage all citizens alongside the longer established civil and political rights (Marshall, 1950).
In the 1970s and 1980s welfare states faced an apparently perfect storm arising from the fiscal crises which engulfed many governments following the 1973 oil shock and changing ideological approaches to the state, associated in particular with the Reagan and Thatcher governments of the 1980s. Thus there was both a degree of necessity and also ideology around challenges to the monolithic government structures associated with the welfare state in many countries in Europe. These challenges spawned significant governance reforms. Referring to the modalities of governance, some choose to speak in terms of a ‘new public management’ (NPM). NPM reforms see significant changes to the ways in which public tasks are undertaken with a degree of decentralization, and loosening of centralized controls over such matters as pay and conditions for staff, sometimes linked to performance measurement. In some cases we see also the creation of performance league tables, a degree of exposure to market forces through processes of contracting out, market-testing and privatization, and an emphasis of consumer rights and redress over collective citizen expectations in public services (Hood, 1991). Loosening of controls has been accompanied by newer forms of external control, emphasising, in particular outcomes and performance (Hood and Scott, 1996).

Within the broader category of new public management reforms, a more specific but related set of claims argues that the welfare state has been displaced by the regulatory state (Majone, 1994, Majone, 1996). The regulatory state mode of governance, though symbolised by widespread delegation to independent agencies, involves a wider range of changes including the separation of policy making from operations, establishment of free standing agencies (not just for regulation but also for service delivery), and greater use of rules (legislative, contractual and quasi-contractual) in specifying and enforcing public service objectives (Braithwaite, 2000, Levi-Faur, 2013, Loughlin and Scott, 1997). Regulatory state models emphasise the development of expert and non-majoritarian governance. In the case of the network utility sectors a core rationale of delegating to independent regulatory agencies is to insulate decision making from politics and to draw in specialist and expert capacity, as to bolster the commitment of the state to sustained and economically driven regulatory policies, relatively free of political interference (Thatcher, 2002). This aspect has been particularly important in the context of EU policies which require states to withdraw from favouring public enterprises and national champions over other market entrants in liberalizing markets for energy and communications services.

For some the shift from welfare state to regulatory state indicates that priority is being given more generally to markets and addressing market failure over traditional welfare concerns with redistribution (Majone, 1994). The regulatory mode of governance assigns and prioritises technical qualities to decisions such as pricing of network utilities, quantities of services to provide and so on, which would once have been subject to significant degrees of political decision making. For others, the sharpening of public policy institutions and instruments associated with regulatory governance offers the opportunity to deliver public services in a manner which is both more transparent and more efficient, enhancing outcomes, albeit at the expense of suppressing more solidaristic concerns (Scott, 2014a, Morgan, 2003, Mabbett, 2011, Levi-Faur, 2014). Such distinct claims can be assessed in light of the experience of particular countries. Arguably, for Ireland, there has been significant weakness in state capacity to deliver welfare state regimes, and extensive dependence on voluntary provision. At the same time there have been persistent concerns that clientelism in Irish politics has made the delivery of public services vulnerable to political preference and patronage (Komito, 1984). Aspects of regulatory state governance have the potential to address both these concerns through
reassertion of state authority in regulatory form, and through providing a degree of insulation of regulatory decision making from narrow political concerns. I address next the experience of welfare state administration and the regulatory turn in Ireland and conclude with an evaluation of the implications for democratic governance.

3. Welfare Provision and the Early Regulatory State in Ireland

Examining the experience in Ireland, the story is distinctive in a number of ways. The apparatus of the welfare state developed less fully in Ireland than in many European states. The Irish government substantially adopted the apparatus of government which it inherited from the British. Lacking the resources of longer established states Ireland did not develop a fully centralised welfare state in the middle years of the twentieth century, but rather depended on voluntary provision in key policy domains such as education and health. Sustained practices of delivering health and education services through voluntary provision cast the emergent state as funder rather than provider as such services were extended. Arguably there was a general problem of capacity which has only gradually been addressed, in large measure through asserting or reasserting state authority through forms of regulation rather than enhancing the state’s direct capacity for delivery. Thus in healthcare, in particular, the development of regulatory state models has the potential to plug significant gaps in oversight. In other areas, such as transfer payments, Ireland has been relatively immune to regulatory state trends, such the establishment of separate delivery units.

A quantitative analysis of the shape of the Irish state shows that the hiving off of both delivery and regulatory functions to separate agencies was a significant feature of public management from the earliest days of independence. Thus, on one view, the acceleration of this agencification, seen as a hallmark of regulatory state or new public management doctrines in some states, might be seen as business as usual in Ireland, and with a trend for growing rather than diminishing state authority. While the Ireland’s welfare state characteristics were, in comparative terms, relatively undeveloped, it is clear that the emergent Irish state was not as centralised in government departments as might be thought.

The Irish State Administration Database (www.isad.ie) shows that, even by 1930, alongside the establishment of ministerial government departments there was developing a significant cohort of specialist agencies. The Database classifies agencies by reference both to policy domains and primary function (such as taxing, delivery, trading, regulation, etc). What is striking is that amongst the newly established agencies there are remarkably large numbers devoted both to delivery and to regulation. Whilst the establishment of state agencies is sometimes criticised, correctly, as creating opportunities for patronage, it also provided a mechanism to draw in expertise to the oversight of state functions which would not otherwise be available to government.

On the regulatory side, of the 23 agencies established from the creation of the state prior to 1945 included regulatory bodies over the health care professions and moral regulators, such as the Irish Film Censors Office and Censorship of Publications Board. Among the first regulatory agencies was the Comptroller and Auditor General, established to regulate for probity in public expenditure originally, but latterly with an extended remit to examine value for money also (in line with new public management thinking) (Hardiman and Scott, 2010). These bodies for which regulation was a primary function supplemented existing bodies, inherited from the British, such as the Charity
Commissioners, the (private) professional regulators for the legal profession and pharmaceuticals providers, the Inspector of Mental Hospitals, the Registration Council for Secondary Teachers, and the Railway and Canal Commission (replaced by the Railway Tribunal in 1924). Thus in the period up to 1945 there were regulatory agencies addressing aspects of such central aspects of welfare activity as healthcare, education and transportation.

On the delivery side the new state assumed responsibility for 22 agencies for which a chief responsibility was service delivery, including the General Prisons Board and the Irish Prison Service, the Commissioners of Education, the Commissioners of Irish Lights, the Dublin United Tramways Company, the main cultural institutions (including the National Gallery, the National Library and the National Museum of Science and Art) and the National University of Ireland. Thus the state had a presence in delivery of transport and education, but no visible presence at central state level in delivery of healthcare through agencies. The establishment of new delivery agencies between 1922 and 1945 was quite limited, with a primary focus being on mining, agriculture and related areas. Looking at the sectors involved it becomes clear that the focus of the state’s institutional innovations was oriented more towards economic development rather than welfare (Hardiman and Scott, 2010).

A central point here is, that when understood in terms of contemporary public management, the relatively large numbers of agencies responsible for delivery and for regulation are each aspects of an Irish regulatory state avant la lettre. With delivery agencies, their distinct existence in many instances in legally separate organisations, creates a distinct problem for government in specifying and understanding what is being delivered. In Ireland this delegation issue is compounded by the significant role played by voluntary bodies in delivering education and healthcare. Addressing this issue historically one possibility is that central government neglected such matters leaving both public and private delivery agencies substantially to their own devices. If this hypothesis is more or less accurate, at least for some sectors, then the subsequent history, and in particular more recent public management reforms, may be seen as a ratcheting of regulatory control, both through setting of legislative standards and through the use of contractual instruments, in many cases linked to the provision of state funding. It is intriguing that even in those sectors where such funder-regulator mechanisms are present, such as education and health, the more recent rise of the regulatory state has seen the establishment of independent regulatory agencies, distinct from the funding bodies. But at this earlier stage the state was already operating through modes that might be characterised as having at least regulatory potential, though the area of welfare was not, in the early years of the state, a significant area of institutional focus.

4. Re-Shaping a Hollow State?

This data suggests that delegation to agencies in respect of both regulatory and delivery functions was well established in the early years of the state across many though not all aspects of welfare state provision. By the time we reach the 1980s and the period when the new public management reforms and the development of regulatory state apparatus was in vogue, welfare state provision had developed significantly through both voluntary and state provision and was continuing to evolve in new directions, particularly during the economic boom of the 1990s and early 2000s. At the commencement of this period a primary focus for oversight lay with ministerial government departments, frequently distracted with other matters than ensuring the delivery of services. The further fragmentation of state capacity contained within it the potential to address weaknesses in
oversight and accountability through development of the regulatory mode. A central criticism of NPM and regulatory state reforms is that through processes of delegation to delivery units and regulatory agencies, including privatization and contracting out, the state has been hollowed out, and key aspects of public services have been detached from democratic governance.

Has the Irish state been hollowed out? To address this question we must think about state capacity. Arguably the Irish state has been rather weak, historically, in respect of all the main sources of capacity – direct organisation, legal authority, expenditure and gathering and disseminating information (Hood, 1984). Seen in these terms, a possible answer to the question is to suggest that that Irish state has always had a somewhat skeletal or hollow character. If that is correct then the establishment of further delivery units at one remove from central government departments (some of them centralising in character, such as the establishment of the HSE in 2005) is just a continuation of a long trend.

A recent evaluation suggests that although policies and practices in public management have increasingly been talked about using NPM language ‘beneath the surface, relatively little changed fundamentally’ (Hardiman and MacCarthaigh, 2011: 57). Hardiman and MacCarthaigh suggest the key trends in institutional reforms, as shown by growth trends in state agencies, pre-date the NPM reforms, and follow a pattern of building new institutions ‘to bypass existing’ deficiencies rather than a quest for efficiency per se. Establishment of new agencies also permitted ministers to subvert limits on core civil service staffing numbers, and have seen growth in public service numbers overall and also in pay (at least up until the austerity measures commenced after 2008). NPM measures would anticipate a decline in public sector staffing and downward pressures on public pay (Hardiman and MacCarthaigh, 2011: 60-62).

Perhaps more significantly, the establishment of central agencies concerned with regulation has arguably constituted an assertion or reassertion of state authority over public services for which public control and accountability was historically rather loose. Health and education each provide examples. Intriguingly the reassertion of state authority has not only been sectoral and in respect of publicly owned service providers, but also in respect of voluntary and commercial organisations. Thus NGOs engaged in delivery of healthcare have been subjected both to new sectoral regulation and, most recently, a new framework of regulation of charities more generally (a ‘double whammy’, perhaps). Recent difficulties in the charities sector have suggested that a lack of confidence in governance in a small number of high profile charities has adversely affected capacities for fundraising and action by all – they are in these sense, just like the US nuclear power companies, ‘hostages of each other’ (Rees, 1994) and have consequently welcomed the tightening of regulation as to restore public confidence. Cross-sectoral regulation in respect of occupational health and safety, environment, consumer affairs and competition, increasingly applies to all kinds of service providers, irrespective of their ownership and control arrangements. Small organisations of all kinds are likely to struggle with the compliance costs associated with the ratcheting of regulatory oversight.

The strongest example of hollowing out, as commonly understood, has been in the area of network utilities, where state trading undertakings have been corporatized and, in some instances, privatized, but also subjected to oversight by new central regulatory agencies. The current difficulties over water, which remains in public ownership, demonstrate weaknesses both in technical capacity and political oversight. A driving force in the special case of the network industries has been to secure non-exchequer funding for urgent infrastructure upgrading which could not have
been secured through public funds. A second factor has been the need to promote competition in communications and energy sectors to comply with EU policies of liberalization.

Turning to the quantitative data which underlies these arguments, the period since the establishment of the state saw a steady growth in central state agency numbers, from around 50 in 1922 to a peak of more than 350 in 2009. Since 2009 government commitments to retrenchment of agencies, though they have not been fully met, have resulted in a modest reduction in central state agency numbers (MacCarthaigh, forthcoming). The period between 1990 and 2009 was a particular boom time for new agencies, reflecting growth in numbers of both delivery and regulatory agencies, and partially vindicating claims about the rise of the regulatory state in Ireland. Ireland was particularly enthusiastic about the establishment of regulatory agencies. This was in part a response to requirements of EU instruments, for example relating to telecommunications and energy, but extended into many other aspects of social and economic activity.

Figure 1 Overall Growth in Central State Agencies Since Establishment of State, Source: www.isad.ie

Some sense of the growing emphasis on welfare can be gleaned from data in figure 2 showing the number of new agencies by policy domain in each decade from 1980 as we see numbers of central state agencies with a primary focus on health and social protection continuing to grow. (It should be noted that new agencies are often replaced older bodies).
Figure 2 Policy Domains of New Agencies by Decade since 1980 Source: www.isad.ie

More significant for the overall argument of this paper is the data showing the growth in agency numbers by reference to primary functions. Figure 3 shows that the primary functions of delivery and regulation dominate the functions of the relatively small number of agencies in 1930 and, with agency numbers multiplied by a factor of seven by 2010, regulation and delivery still account for nearly two thirds of all agencies between them. This is so notwithstanding the very important functions carried out in other categories including taxation, trading, transfer payments, and information.
Further insight into claims about the rise of the regulatory state can be gleaned from data showing the growth in numbers of agencies for which a primary function is regulation (Figure 4). We see modest but not dramatic increases in numbers from a surprisingly high base in 1930 (accounted for in part by the moral and developmental regulators, but also by the existence of private regulators for the legal professions, and state sponsored regulators of the health professions). The two decades from 1990 see a more than doubling of regulatory agency numbers. This is accounted for by a number of trends. First, there was the emergence of free standing cross-sectoral agencies addressing such matters as consumer protection, environment, competition, equality and human rights, and occupational health and safety (though the first of these, for consumer protection, predates 1990). In international terms this trend pre-dates the neo-liberal arguments, since such agencies started appearing in the early 1970s in a change identified in United States as constituting a ‘rights revolution’ (Sunstein, 1990). A second strand to the proliferation of regulatory agencies emerges from top down requirements, legislation from the EU governing the liberalization and re-regulation of communications, energy and certain other sectors. In these cases the establishment of regulatory agencies was fundamental and such agencies were to be independent of operating firms and, where government retained interests in the operators, also the government (Gilardi, 2005). The philosophy lying behind this wave of agencification was that regulators should be insulated to a substantial degree from political decision making so that they could credibly commit to the kind of stable regulatory arrangements which would promote investment in new infrastructure and the development of competitive markets (Gilardi, 2002, Thatcher, 2002, Thatcher and Sweet, 2002, Levy and Spiller, 1996). This logic does not fully apply to certain other areas where new regulators have
emerged, also as part of an international wave, for example in respect of food, financial services and medical products. The rationale here was for the development of a sustained, technical expertise and the agency model was thought to be good one to achieve this in light of the experience of others (Gilardi, 2005).

![Regulatory Agencies by Decade](www.isad.ie)

**Figure 4: Cumulative Numbers of Regulatory Agencies by Decade** *Source, www.isad.ie*

Behind the quantitative analysis of growth in agency numbers lie stories of change in both delivery and regulation of core public services. I focus here briefly on three sectors, education, health and network utility industries. What is striking and instructive about the comparison is the very different degrees of change across the three sectors, suggesting that, in terms of what we might call the new public management or regulatory state agenda there is no single logic at play. Rather than being driven by a single logic of reform, change has been driven as much by differences in perceived needs in the sectors. A common factor in the most recent history has been the effects of austerity policies which have led governments to develop new and renewed controls designed to minimise public expenditure (notably with new controls over both pay and hiring).

With education models of delivery have been relatively stable and with only a gradual evolution in regulatory mechanisms. The healthcare sector has seen significant changes with a degree of centralization of healthcare within a distinctive delivery agency (which also has some purchasing functions) and with the development of significant new external regulatory capacity. The network utilities sector has seen the most radical changes with a degree of privatization of delivery units, the
introduction of competition across a number of the sub-sectors, and the creation of independent regulatory agencies in each sub-sector.

Models for delivery of education in 2014 would be recognisable to someone familiar with the models which operated fifty years earlier. Funded Voluntary provision continues to dominate both primary and secondary education with a degree of centralised steering of expectations tied to a model of funding which applies both to free provision and fee-paying schools. It is striking that Ireland has never adopted a centralised delivery model for education, and the funded voluntary model is quite regulatory in character, but arguably with historical weaknesses in the capacity of the state to understand how well schools were delivering on expectations. There is no free-standing independent regulator over schools, but rather an inspectorate service within the Department of Education and Skills. The publication of inspection reports since 2006 significantly increased the transparency of evaluations of schools performance in measures which arguably empower parents to make more informed choices about education for their children. Such claims about empowerment of parents are, of course, controversial, since they raise general questions about quality of information and the ability of parents to interpret it. There has, to date, been little enthusiasm for the development of the kind of indicators of educational achievement within schools which permit the production of league tables of school performance, though there are privately published tables showing performance of schools in supporting students into higher education. The higher education sector itself has similarly seen only modest changes in delivery models and oversight, with the most recent change being the merger of state and self-regulatory qualifications and quality assurance mechanisms into a free-standing agency, Quality and Qualifications Ireland (QQI), in 2013. Across primary, secondary and higher education there has been little evidence of the kind of hyper-regulation seen in the UK, (with the exception of the controls exerted over pay and recruitment introduced during the financial crisis, and which contradict new public management doctrines on decentralization).

The healthcare sector has seen a gradual transition from voluntary provision through a model of regional state provision and oversight towards the more centralized model introduced with the establishment of the Health Service Executive through merging regional health boards with a number of national health agencies in 2005. On the one hand the establishment of an executive agency for delivery of healthcare services might be regarded as an aspect of new public management reform, but such a reform would typically come from hiving off functions from central government departments rather than centralization of regionally provided functions and merging of other bodies. Accordingly we might conclude that this centralization of provision is an opposite direction move from what we would expect within NPM reforms, and a (post-NPM) move towards greater centralization and standardization in provision. Whatever the logic of reform may have been it reasonable to conclude that the governance model and performance of the healthcare sector, both in respect of overall performance, and financially, has been a consistent matter of controversy and political difficulty for consecutive governments. Such concerns have lain behind the ratcheting up of independent regulatory oversight, and in particular, the establishment of the Health Information and Quality Authority (HIQA) in 2007. Arguably HIQA has been the most successful element of recent healthcare reforms, with significant achievements in standard-setting and inspection regimes in respect of the previously highly problematic regimes of care homes and a reputation for both professional independence and engagement with key communities in both setting and enforcing standards (National Economic and Social Council, 2012).
The most radical changes have been seen in the network utilities sectors. The reasons for these changes have come at least as much and perhaps more from the external requirements of membership of the EU than from any reform commitments within Ireland itself. Thus the corporatization and privatization of the main telecommunications service provider, accompanied by the introduction of competition and an independent regulator (ODTR in 1994 – later ComReg in 2002), in the 1990s was driven by obligations established by a regime of liberalization and re-regulation established progressively by the EU legislature from the 1980s. Similarly measures of liberalization and new regulation in the energy sector (albeit with more limited privatization) occurred largely as a response to EU measures. Postal services have followed (though again without privatization of the dominant incumbent provider, but with transfer of regulatory functions from a government department to the Commission for Communications Regulation, COMREG). Current controversies over water are driven only in part by EU environmental requirements, and as much by a reform agenda which has sought to centralise water services into a public corporation as a means to address historic inefficiencies in local provision and to charge for water services as an environmental and revenue-raising measure. The adoption of the independent agency model (in this case the assignment of the regulatory function to the existing Commission for Energy Regulation, CER), in this case not demanded by needs for independent regulation of competitive provision, exemplifies the policy trend towards independent regulation. It is in these sectors that the models of delivery and regulation have most in common with those of other EU states, with the adoption of both delivery and regulation models and rules which fulfil EU commitments.

5. Regulation, Welfare and Democracy

In light of the particular history of welfare provision and regulation in Ireland how are to understand and evaluate claims concerning the displacement of the welfare state by the regulatory state? Certainly there have been significant changes, with continuing growth in delivery agencies at one remove from elected government and a remarkable proliferation of free standing regulatory agencies. Such a transformation might be cast as transferring oversight from elected government to independent and (weakly accountable) agencies, with more emphasis on technical rather than political considerations. Up to a point this is correct and, indeed, constitutes a core rationale for the growth of independent regulatory agencies. In Ireland the establishment of independent agencies has cut both ways since, on the one hand it provides opportunities for long established patterns of political patronage (reducing political independence and expertise in such agencies) (Hardiman and MacCarthaigh, 2011: 61), whilst on the other hand creating statutory independence in decision making, relatively insulated from electoral politics. Anecdotal evidence suggests regulatory regimes have both sets of characteristics, to varying degrees.

However, a less frequently observed point is that the establishment of independent agencies not only makes service providers more accountable through more stringent standard setting, monitoring and enforcement, it also offers a new form of accountability for government departments who now share both expertise and involvement in understanding the objectives and performance of public service delivery (Scott, 2014b). Furthermore regulatory agencies empower a wide range of other actors through enhancing transparency, including employees, unions, civil society organisations, potential alternative providers. Taken these aspects together, the incorporation of the independent regulatory agency model has the potential to constitute part of newer form of ‘monitory democracy’ which sees power as widely distributed, rather than centrally focused, and in which a wide range of
processes and actors contribute to shaping and overseeing public policy activity (Scott, 2014c). The core argument is that the mechanism of representative democracy are, at best, partial and incomplete and are insufficient to assure accountability over such matters as public service provision and regulation (Keane, 2009). Keane notes amongst the potential mechanisms of ‘monitory democracy’: citizen juries, advisory boards, focus groups, think-tanks, community consultation schemes, professional networks, democratic audits, public inquiries, online petitions, blogs which focus on watching public bodies, global watchdog organisations, consumer testing agencies, consumer councils, public vigils, boycotts and buycotts, deliberative polls, independent public reports and scorecards, social forums, and public interest litigation (Keane, 2008: 9-11)

Seen in this way the activities of regulatory agencies in gathering and publicising information and in challenging governments over policy are part of a wider set of supports for diffusing not only the capacity to monitor and hold governments to account, but also to make policy through more representative processes. Keane is not saying that we are at a point where such monitory democracy is providing a sufficient supplement to the insufficient representative democracy. Rather he is suggesting that the seeds of such a model are evident across many countries and internationally and that with careful tending they might emerge into a rich and networked form of governance, with a wider array of representative centres of knowledge and authority engaging in public policy processes of all kinds.

6. Tentative Conclusions

How are we to evaluate the diverse pathways of reform in delivery and regulation of public services? This paper offers a set of hypotheses with a wider sweep across both time and diverse sectors. The conclusions are necessarily tentative. There does not appear to be a single logic of reform nor a slavish adherence to new public management or regulatory state agendas. Significant parts of the education sector have seen only very limited reforms, while centralising measures in respect of healthcare (and water) have moved in the opposite direction from the reforming measures we might expect. The most significant aspects of reform focusing on the establishment of independent regulators have been far from universal.

In the absence of such a clear central trend in reform of delivery and regulation, we might then evaluate reforms by reference to evidence around the outcomes of delivery and regulation in the various sectors and a consideration of the extent to which democratic governance has been enhanced or challenged by the reforms. Evidence around outcomes is inevitably both partial and complex. The clearest data around service quality and price in the network utilities sectors offers reasonably positive stories about services, especially in communications, but outcomes may be have been driven as much by technological as by regulatory reform. In education evidence is mixed, with continuing challenges around not uncontroversial international measures of literacy and numeracy, but reasonable confidence around evaluations at school level. International evaluations of higher education have shown challenges arising from the funding squeeze arising from the financial crisis. In healthcare it is clear that huge challenges exist in demonstrating appropriate performance outcomes.

As regards democratic governance we must acknowledge that in respect of many public services we were not starting from a point of clear and effective central government control and accountability
and that representative governance has many deficiencies. Delegation to agencies has not necessarily been a move away from strong democratic governance. Agency autonomy has been in many respects limited by central regulations over personnel and financial controls. Regulatory reforms, in particular, have promoted a degree of transparency in provision of public services through the introduction of written standards and inspection against those standards and publication of evaluations, both in education and in healthcare. These trends are more pronounced still in the network utilities sectors.

Alongside these trends, the independent regulators in healthcare and network utilities sectors have emerged, in some cases, as authoritative public voices around standards and performance. On one view these trends prioritise the technical dimension of standard setting and enforcement of regulation, challenging democratic control and political decision making. An alternative thesis sees the establishment of regulatory agencies as creating independent sources of authority which give confidence to the wider public as to the stewardship of public services. Such an approach recognises the limits to representative democracy and creates a more direct form of engagement in understanding and recalibrating the delivery of public services. However, we should not be complacent. Regulatory governance modes can lose contact with democratic concerns and be stultifying and self-serving. There is much work to be done to review and understand the best examples of engaging and transparent regulatory practice as the basis for learning for all actors across policy domains as the environment (National Economic and Social Council, 2010). As the OECD notes, this requires a degree of political commitment to ensuring that regulation is up to the tasks it is set (OECD, 2012). It requires also thought to be given as to how to link regulatory governance to wider modes of monitory or post-representative capacity to engage with public policy.

References


