How to fix the welfare state: some ideas for better social services.

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11. Towards a stronger welfare state

[pp 138-49 and 155-6 of P Spicker, *How to fix the welfare state*, 2022]

In the course of this book, I have spent some time trying to explain that the issues which have captured attention are often a poor guide to the problems or the performance of the welfare state. Because they misrepresent the issues that services have to deal with, they fail to address the problems with those services that people actually experience, and they distract from the things that need to be done.

That is not to underestimate the power of the narrative. If policy makers are convinced that the welfare state makes people demanding and dependent, that money spent on welfare is wasted, welfare is being undermined by false and fraudulent claims, that welfare was only ever supposed to be a safety net, they will take action to deal with those supposed problems. In doing that, they often create further problems in turn. Sometimes the problems that leads to are newly minted. People have been plunged into poverty because of the punitive conditionality introduced after 2008; hundreds of thousands of people have had their only source of income stopped for a month or more. Sometimes the problems that are generated are the very problems that they are supposed to be avoiding. For example, measures to target benefits more precisely are liable to generate wrongful payments. The fraud and error associated with the State Pension is estimated to be 0.1%; but the fraud and error associated with the means-tested Pension Credit is 5%, fifty times greater than the non-means-tested benefit.[1] Pensioners are not generally thought to be fraudulent, and the first figure shows they are not; the second figure shows what goes wrong when the criteria become more detailed. Tighter controls lead to stricter boundaries, and stricter boundaries lead to problems in policing those boundaries.

In just about every area of policy I have considered, policies have been diverted, deflected or misplaced because of a set of misconceived beliefs. Four of the false trails stand out as particularly destructive.

Choice and personalisation

'Personalisation' has been argued for in a wide range of services - including services to older people, psychiatric patients, learning disability, people with addictions, offenders, school pupils, homeless people, benefit recipients and the unemployed . The central premise is that people should have a choice about the service they receive.

Choice means lots of things in public policy. In education, it seems to be about diversity; in health care, about responsiveness to users; in social housing, about

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[1] DWP, 2016, Fraud and error in the benefit system, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/528719/fraud-and-error-prelim-estimates-2015-16.pdf

personal responsibility and control.[2] A choice implies, Dan-Cohen argues, some kind of selection, choosing to do some things and not to do others; and opportunity costs, because people have to accept that some choices are set aside in order to select others.[3] Choice does not mean that people get what they want; it means only that they get to decide.

The arguments for personalisation are well-meaning. They are based in a critique of the existing forms of provision, and a belief that greater choice and control can counter present deficiencies.

> The current system has long come under criticism for its top-down approach to service planning and provision with little say for service users over the services they receive and how they receive them. Personalisation is proposed as a means to move away from a one-size-fits-all approach towards provision which meets the individual needs and requirements of users.[4]

This can be seen as an attempt to extend the choice and diversity associated with markets to situations where the market does not operate. The very fact that the market does not operate, however, points to the flaws inherent in the model. Personalisation is being introduced in circumstances where access and distribution are not otherwise offered by commercial providers - that is why it has to be done within the framework of social services, rather than being left to people to arrange from their income.

Personalisation is very similar in form to the arguments that have been made for markets in the provision of welfare - the link with individual budgeting is not coincidental. Reform, a think tank, has argued for a massive extension of personal budgets into fields including education, health, employment services and criminal justice: 'placing money into the hands of individuals to acquire their own public services.'[5] While I think there is a strong case for people to have money for the things they buy in the market, such as food, in general terms I have been arguing for the opposite - taking more services out of the market, or 'decommodification'. There are three main objections to personalisation in principle. The first is the assumption that needs are best met through the exercise of choice between a range of options. That depends on circumstances. Individual choice requires the individual to make the decision. People may not be free to make choices, or lack the capacity to do it: for example, people unable to return home from a hospital bed are seriously limited in their ability to examine the options. Choice relies on there being a range of options; the choices may not be available, and the more complex, unusual or difficult a person's circumstance, the less likely it is that eligible choices will be available.

The second key objection lies in the idea that needs are best met on an

[2] Greener, M Powell, 2009, The evolution of choice policies in UK housing, education and health policy, Journal of Social Policy 38(1) 63-82.

[3] M Dan-Cohen, 2002, Harmful thoughts, Princeton: Princeton University Press, p.126.

[4] J Harlock, 2009, Personalisation: rhetoric to reality, London: National Council for Voluntary Organisations, p 4

[5] C Martinez, J Pritchard, 2019, Proceed with caution, London: Reform.

individual basis. There are circumstances where that is true, but there are also many circumstances where it is not. Some services are best delivered generally, such as roads and water supplies; some are delivered universally, such as health insurance and pensions; others may be delivered to groups of people, such as schooling. Against the model of personalisation, we should set the case for mass provision. It might not be as appealing as a personalised response, but it is a lot more practical. If - as I have argued - we need houses, care workers, care homes, community hospitals and basic benefits, those things require a mass programme, and a highly individualised, fine-tuned response is no way to go about it.

The third objection, of course, is that markets do some things rather badly. I discussed the issues in the previous chapter, but there is more to say.

Privatisation and marketisation

Privatisation is a blunt-edged term. It might mean that services are shifted into the profit-making private sector; it might mean that services are subject to the disciplines of the market; it might just mean that the services are financed in a way that takes them off the government's books. The biggest contractors for public work make their profits, not by providing services themselves, but by a co-ordinated and complex programme of sub-contracting which mobilises the resources of many smaller suppliers.

Probably the most frequently voiced objection to the private sector is that it is extractive: it makes profits out of providing services, which otherwise could be used for the public benefit. It does happen that some suppliers are extractive – the residential care sector is increasingly dominated by a model designed to divert returns from debt-laden 'operational' companies into 'property' companies.[6] However, profits are not intrinsically objectionable. If a local authority wants to purchase office furniture, it does not do that by going into furniture production; it buys it from a supplier, who will make a profit on the deal.

The difficulty here is that the sort of activities being undertaken by public agencies are not, for the most part, like buying furniture. The nature of a personal 'service', Steven Osborne argues, is that it is done for a person or group of people, and that they have to be there, taking part, for the service to be delivered.[7] There are some services that can be separated from the recipient, such as financial and legal services; and there are other services which can be supplied by different people for a limited time, like hairdressing or taxi rides; but most public services are not like this. The prime objection to the involvement of the private sector and business principles is not that they introduce charging mechanisms, or that they do not work, or even (as sometimes happens) that they do not necessarily know what they are doing; it is that their involvement changes the character of the service provided.

[6] D Burns, L Cowie, J Earle, P Folkman, J Froud , P Hyde, S Johal, I Rees Jones, AKillett, K Williams, 2016, Where does the money go?, Manchester: CRESC.
[7] S Osborne , Z Radnor , G Nasi , 2013, A new theory for public service management?, American Review of Public Administration 43(2) pp 135-58.

'Marketisation' depends on a sort of translation, where services can be configured as commodities and dealt with by market principles. That has two stages. The first is commodification - identifying what is a unit of service, which can be priced. There are some public services where there is no great difficulty in deciding about that. For a mail service, it is getting a letter or parcel delivered; for a refuse collection service, it is emptying a bin and taking the refuse to be disposed of. However, when it comes to other services - care for older people, probation, support into employment - it is a little less obvious what the unit of output is, or ought to be. This has been a recurring problem in the privatisation of employment support - it is not as easy as saying that someone has got a job. Contracting firms have to show that they have made a lasting difference; they were not able to do that adequately within the constraints of the Work Programme, and that is why that programme failed.

The second stage is commoditisation, a process I discussed in the context of social care. If there is going to be any competition, the units provided by different competitors have to be standardised to some degree; they have to be comparable (so that purchasers can determine which is better value) and substitutable (so that purchasers can make a meaningful choice between them). Commoditisation makes sense in any competitive market. There can be some distinctions between products, but commoditisation is why cars have their controls in familiar places, why computers run with standard operating systems and why light bulbs have standard fittings. The reason why so many councils have switched to wheelie bins is not because there are not different ways of managing rubbish collections; it is because rubbish collection has become commoditised, as a standard, substitutable product. And, in the case of social care, standardising the level of care, the support that is offered and the time periods for which care is allowed reflects the same kind of thinking. Private residential care, the CRESC report argues, is incresingly based on the model of a Travelodge. 'An unintended consequence of the chain business model is a future in which care homes are increasingly alike. By default, society must then accommodate its older people in large, full service hotels of single rooms with en-suite, in a setting which is more institutional than domestic.'[8] Similarly, treating domiciliary help as a series of 15-minute packages of time has made it possible for firms behave as if they were letting out hotel rooms. However, the approach also has the effect that people can be faced with a bewildering series of care workers coming through their doors.

Much of the impetus behind marketisation has been a general belief, reinforced by some pretty dodgy economic theory,[9] that private businesses and markets simply do things better than public services. This, as I have explained, stems from a misunderstanding. Public services and private businesses do things differently; they are meant to. The services operate in different ways, on different criteria. Markets leave gaps, necessarily. The advocates of free markets are always eager to remind us that people have a choice. So do the producers - it is absolutely fundamental to the idea of the free market that they must. There are circumstances where markets do not work well, and cases where they do not work at all. And wherever this applies, the public services are left to pick up the pieces.

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[8] D Burns et al, 2016, p 10.
[9] E.g. R Starr, 1997, General equilibrium theory, Cambridge: Cambridge University Press; and see my critique in P Spicker, 2013, Reclaiming individualism, Bristol: Policy Press.

Individualisation: the atomised society

Underlying arguments for both privatisation and personalisation there is a deeper philosophical stance: that what matters is the decision of each individual, and that individuals should be able to exercise choices, making all the decisions about the things that affect them. Hayek, one of the leading thinkers of the radical right, argued:

> the presumption that each man knows his interests best ... is neither plausible nor necessary for the individualist's conclusions. The true basis of his argument is that nobody can know *who* knows best and that the only way by which we can find out is through a social process in which everybody is allowed to try and see what he can do.[10]

This is expressed in the elevation of individual choice, a mistrust of the judgments of professionals or state agencies; and distribution through market mechanisms. Dowding points to a series of issues where governments have opted to interpret social problems in terms of individual choice and action: his examples include the management of obesity, gambling, drug use, and housing provision (which has increasingly been left to the private market).[11] We can add to that list much that is done in the field of public health - smoking, alcohol abuse, decisions about vaccination and arguments against lockdown during the control of the coronavirus. Individualism is often taken to imply a degree of 'atomisation' - a situation where everyone is seen either as an individual, or part of a narrowly defined 'bubble', such as a family or a household, a denial that a 'society' has any meaning, and a general view that actions taken by the state are illegitimate.

Individualism does not have to be taken this way. Rational individuals collaborate. There is nothing in the assertion of freedom, rights and human dignity that is not compatible with the idea of the welfare state.[12]

There is a common thread running between this position and the topics discussed before it. All of them reflect the priorities of 'neoliberals'. That term covers a range of views, but there are two key elements: a stance that personal freedom depends on individuals making decisions without the intervention of the state, and a belief that distribution through a competitive economic market is the best way to ensure that people's welfare is enhanced. Neoliberalism is an idealistic moral position, but it also appeals directly to individual self-interest, and is reinforced by the advantages it offers to those with propertied interests. It should not be assumed, however, that those interests are the only factors that have influenced the trend to individualisation. Arguments for personalisation, choice and control by service users are often made by those on the political left. People from across the political spectrum can hold to bad

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[10] F Hayek, 1948, Individualism and economic order, Chicago: University of Chicago Press, p 15
[11] K Dowding,2020, It's the government, stupid, Bristol: Bristol University Press.
[12] P Spicker, 2013, Reclaiming individualism, Bristol: Policy Press

ideas for good motives, but that is not enough to turn them into good ideas.

Addressing common problems

There are genuine problems in the British welfare state. They are just not much like the problems which are identified in the criticisms of the radical right.

The problem of size. The promise that the welfare state held out was not that it would be comprehensive: it was that it would proceed by 'ensuring that all citizens without distinction of status or class are offered the best standards available in relation to a certain agreed range of social services.'[13] The problem of size is rooted in the very nature of the 'welfare state' - with what it is trying to do. The key issue I want to raise here is not the range of social services, though that has been the subject of much of this book; it is the problem inherent in providing any major public service inclusively and extensively. The welfare state, from the outset, had a mass role. It was intended to deal, and did deal, with vast numbers of people - health cover for the whole population, free (secondary) schooling for millions of children, hundreds of thousands of new homes every year - building to a peak of six million council houses. Major activities have to be funded, land has to be available to build on, resources and expertise have to be marshalled, trained staff have to be employed. The sheer size of the operation had, and has, implications for how things are done.

Responding to individual circumstances. Another manifestation of the problem of size has implications for the management of individualised responses. The process of individualised assessment and response calls for huge amounts of data about the individuals in question. Further, preserving equity between service users calls for an extensive set of rules, so that the assessments and responses can be guided by consistent principles. This is annoying and massively intrusive, but it implies something else, too; it assumes that governments have the capacity to manage issues this way.

This is a mistake that governments have made repeatedly. Selective services are touted as being efficient, effective and prudent. That sounds as if it ought to be true, but in practice selectivity is difficult and expensive to manage. There are problems of equity, particularly at the borderlines, and problems when benefits and services are withdrawn. There are mistakes, which run into billions of pounds - the mistaken exclusion of some, and the mistaken inclusion of others. There are problems of take-up: selective services consistently fail to reach a substantial proportion of the people entitled to them. (Atkinson points out that this is not the same as saying that they do not reach the right people: it can happen that the rules only approximate the target groups, and that there is a process of self-selection which holds demand in check.[14] It

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[13] Briggs, 1961 pp 228-230
[14] A B Atkinson, 1989, The takeup of social security benefits, in Poverty and social security, Brighton: Wheatsheaf

might be true, for example, that people don't claim Pension Credit because they know that there are things in their personal affairs, such as capital holdings, that would block them from receiving it. However, take-up is still poorly understood; it is just as likely, if not more so, that the people who fail to claim will be the ones that the government most wanted to reach.)

The most egregious example of administrative overconfidence at present – or arrogance, if you prefer the word - is Universal Credit. Universal Credit is intended to deal with seven to eight million people - that in itself should be a warning that anything that was proposed would be difficult to achieve. UC is designed on the principle that it should be possible, using modern technology, to respond in 'real time' to changes in individual circumstances. The benefit has lurched and stumbled through a long series of failures: the 'reset' after initial attempts to digitise the information failed, criticisms for high levels of fraud and error, the failure of attempts to condemnation by the Court of Appeal for inflexibility that was held to be irrational and unlawful,[15] parliamentary concern about the extended waiting time before the first payment, and so on. Much of the blame has been attached to the computer programmes, which could not cope with issues such as verification, non-banking days, or the mass applications that swamped the system with the arrival of the coronavirus; but the reality is more troubling. No technology, no matter how sophisticated, can go faster than the information that is fed into it. People do not always know if they are in paid employment, a stable partnership; they often cannot tell whether they are disabled. We are trying, Richard Titmuss argued more than fifty years ago, to set technology to resolve the complexities of human life that we don't know how to deal with at present.[16] That argument is still good today.

There is a general principle here. Governments may want to know more about people's needs and circumstances, and to try to ensure that services really focus on the right people. On occasions, they may have formed the idea that they can use the data they are collecting can be used for planning (one of the justifications for social care assessments), to monitor standards (school tests), to improve service quality (performance indicators in health) and to inform the public; it is debatable whether any of those works quite as intended, but the arguments are not unreasonable. This may all be done for the best of motives. The basic problem is that governments ask for too much - more than they can manage, more than people can really tell them, and more than they really need for effective policy. They over-reach themselves.

Centralisation. The welfare state in Britain has been a powerfully centralising force, and it would be misleading to gloss over that uncomfortable fact. Politicians tend to have high expectations of the agencies they rely on: they seem to think that if they show 'leadership' and a policy goes in at the top, the outcome they expect to deliver will come out at the bottom. When that does not happen – it would be extraordinary if it did - it becomes fuel for the argument, not to make more realistic policies, not to delegate more effectively, but to tighten central control. The trend has been evident in

[15] https://www.bailii.org/ew/cases/EWCA/Civ/2020/778.html
[16] R Titmuss, 1968, Universal and selective social services, in Commitment to Welfare, London: Allen and Unwin

health services, where currently the government is proposing to restore direction to the Secretary of State; in education, where there is a national curriculum and national testing; in social security, which has been directed from the centre since the Beveridge report; and, of course, in management of the economy, where the Treasury has taken a prominently directive role.

There are some reasonable arguments for a degree of centralisation. One of the key arguments for centralisation is that, in some fields of action, people want and expect there to be a certain uniformity. Common standards in health care, in particular, are seen as a matter of equity and social justice. Variations in educational attainment have been tolerated, but they prompt disquiet, and much of the recent movement to centralisation - including the national curriculum, and the extensive use of testing - has been based in an attempt to reduce the effect of local differences. There are mixed feelings about the uniformity of the benefits system, because there can be marked differences in the cost of living in different areas, mainly attributable to housing, transport and energy costs; but the strength of pleas for a universal basic income rest in large part of the feeling that payments would be fairer if they began from a common, national standard.

None of that, however, really explains the strength of direction from central government. The United Kingdom is a unitary state. Unlike federal governments, which share authority with constituent local or regional governments, the structure of authority in Britain works from the top down. Parliament is sovereign, which means that it is the primary source of legal authority; the devolved governments in Britain can only act within the scope of authority that has been devolved to them, and that authority can be withdrawn at any time. Local authorities in the UK have been gradually stripped of their power. Before 1939, local authorities had been responsible for a wide range of services, including hospitals, energy supply, water, policing, fire services and public assistance; all were removed from them by 1948, with only residual roles on governing committees for some local government representatives. In subsequent years local authorities have largely ceased to be responsible for schools, colleges, public health and, in most places, public housing. They cannot undertake local enterprise, they are not permitted to borrow money or, in most cases, to issue bonds.

Central government has a wide range of controls that can be used to fetter local government. Some controls are legal: the government can direct local authorities on the basis of statute, require local authorities to submit schemes for approval, or make local authority action subject to central consent. They can make the local authority subject to regulation; they can impose an inspectorate or audit procedures; and they can make local authority decisions subject to individual legal action, which happens with planning appeals. There are financial restraints, which many local authorities would consider to be at least as important. This includes not only the direct provision of money, but loan sanction - the power to raise money by borrowing - and systems of financial accountability, in the shape of audit. Then, quite apart from the mandatory controls, there is advice. Central government departments use circulars to advise local authorities how to act. The process of audit, and in particular the identification of good practice in terms of 'best value', has long stretched into specific controls on how local authorities go about their business.

The process of central direction has not always run smoothly. There are

obviously political constraints, and there are limits to what can be achieved by passing a law. There is often confusion about which body is responsible for what - for example, the divisions between health and social care - and it has been difficult to organise a co-ordinated policy when advice goes from one central department to only a section of local government. Institutions matter: some reforms take years to be realised.

Co-ordinating services. One of the recurring tropes of the last fifty years has been the complaint that welfare services operate in 'silos'. The division of labour between services had emerged over time, as the services became more complex. One agency, such as a social work department, might have to negotiate relationships with multiple health providers, a range of private firms in social care, and other public agencies such as housing or education services.

There are serious obstacles to coordination. Wherever there are defined budgets, there will be the question of who pays for what in specific cases. The agencies, and the professionals, may legitimately have different aims; the recommendation of some reports to over-ride different priorities and collaborate regardless[17] risk undermining professional standards. However, it is very questionable whether the construction of common supervisory agencies, such as Community Planning Partnerships or Integrated Joint Boards, overcomes any of those obstacles. Some partnerships are 'strategic', intended to develop joint responses to identified problems; some are 'communicative', developing networks and providing a forum for discussion.[18] What these bodies can most effectively do is to create relationships, bringing together agencies – such as health and policing - which otherwise would have little insight into each other's approach and priorities. They cannot magically transform the purposes or character of the services they represent.

Services, to be effective, need to have a division of labour, so that everyone knows just what they have to do, and what they should leave to others. The first step, then, is not to pursue greater coordination, but its opposite: to ensure that it is always clear where responsibility lies, and that the agency has the capacity and resources to fulfil its role. The most effective way of doing this is to reduce the interaction between services to the greatest extent possible. The more that services can be treated as simple, stand-alone issues, with no effect on other services, the easier they are to manage and to deliver. I have argued in this book for a range of services to be treated separately from others: for example, breaking employment services away from social security, starting to deal with homeless people by arranging housing rather than starting by trying to deal with all their problems, and offering specific universal services to cover a range of issues, such as burial and cremation or wifi. The main exception to that lies in the construction of the 'care package' for individuals, and the

[17] E.g. in C Christie (chair) 2011, Christie Commission on the future delivery of public services, https://www.gov.scot/publications/commission-future-delivery-public-services/; Department of Health and Social Care, 2021, Integration and innovation: working together to improve health and social care for all, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/960548/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-web-version.pdf
[18] I McDonald, 2005, Theorising partnerships, Journal of Social Policy 34(4) 579-600.

problem there lies in the type of service that is being offered, not that the care package doesn't also supply health care or housing.

The most problematic issues in practice arise at the boundaries, when the services have different concerns and priorities. There are problems, for example, when a hospital wants to discharge an older person, but residential care has to be arranged from a different budget. The barriers will not be resolved just because residential care and hospitals become part of an 'integrated' service - they will still have to be budgeted separately. (The same problems make it difficult enough within the health service to refer people from a general ward to a rehabilitation ward; rehab is expensive.) It is very unclear how the existence of a joint board would make much difference to this situation; 'joining up' services generally means that services are lumped together, not that they become one service with a common purpose. What might make a difference is the existence of dedicated funding for issues that cut across different budgets - the pattern of joint finance, introduced in the 1970s, which made it possible to devote services to groups, such as people with intellectual disabilities, who had previously been under-served. But another way of looking at that is not to suppose that coordination was what was needed; what actually happened was that a specific fund came to be used for a specific category of problems. Wherever there are specific problems, it helps to know what can be done. Blurring the lines makes things more difficult.

Managing complexity. There is no point in pretending that complexity does not exist; but the way to deal with complex issues is not to meet them with an equally complicated response. It is to break down the large problem into smaller problems, and if necessary to break down the smaller problems into smaller problems still, until we finish with measures that we can actually do something about. I have made a case for a greater degree of universality. One of the key arguments for universal services is not just that they are simple in their own right; it is that they make the problems which are left more manageable. The health service and free schooling have wiped out some of the principal causes of poverty and debt. A partial basic income, such as the pension or child benefit, means that many demands for support - for food, clothing, fuel - no longer have to be made; raising their level would have a substantial impact on the poverty and insecurity that remains. Minimum standards in housing - some of which are now under threat, as the housing market is increasingly deregulated - have cut away many related problems in health and poverty.

It will never be possible to dispense with selectivity and individual assessment altogether, but we could reduce the burden - both to agencies and to service users - by reducing the demands for information. If we subsidise houses rather than personal incomes, we can base it on existing assessments about the property - we do not need to know people's personal details, only that they live there. We do not need to know about every change in sources of income before we can compensate people for unemployment. People are often vague about whether or not they are disabled, but a host of disabling conditions - such as impaired vision, impaired hearing, and stroke - could be certified relatively straightforwardly, greatly reducing the complexity of the process of assessment. Whatever governments ask for, it should be minimally intrusive. If they cannot operate a policy under that constraint, they are trying to

operate the wrong policy.

...   There are dangers in over-generalisation; there is no single, overarching solution to everything. I have pointed instead to a series of reforms, specific to the fields of activity they relate to. Table 11.1 briefly summarises the main points.

Table 11.1: Repairing the welfare state			
Area	**Issues**	**Distractions and false trails**	**Solutions**
Social security	Safety nets and basic income Income packages	The obsession with work Selectivity	Smaller benefits More universality More predictability A universal basic pension
Health	Health care is not the same thing as health The dominance of university medicine	Marketisation Individualisation	Tiered decentralisation
Social care	The shift from health care Responding to personal needs	Personalisation; individualised budgeting	Developing a personal service: allocation of time rather than tasks
Education	The education system: primary, secondary, and tertiary	Equal opportunity in an unequal society	Human development: A stronger focus on primary and elementary education
Child protection	Assumptions about the family The need for a residual service	Troubled families; intergenerational dependency	Child care Protection from physical assault
Housing	Shortages have consequences Structural disadvantage Access and deprivation	Tenure Affordability Individual pathology	Public housebuilding Urban regeneration
Employment	Structural unemployment	'Active' labour market policy Microeconomics Muddled with social security	Job creation Public employment
Equalities and human rights	Legal redress Discrimination and disadvantage	Human rights rather than the social rights of citizenship	Using legal protections; improving access to justice
Public services	Decommodification Services for everyone, and services for anyone	Market provision	Extending universality