

Tutorials in Public Policy



Tutorial 6

Before we start: **presentation** delivery instructions

Your presentations are due **Sunday 27 November at 8pm**

- **Record your presentation after Tutorial 7** (N.B. I need to hear your talk and see your slides; there is no obligation to film yourselves delivering the presentation)
- **Save your presentation as a MOV or MP4 file**, and keep its file size **under 250MB** (use **Handbrake** if needed)
- **Upload it to the 'Student presentations' folder** on Google Drive (create a subfolder with your group number, e.g. 'Group 4.2', and upload it there)

Final tutorials schedule

- **Tutorial 7** (next week) will offer some final advice on how to deliver your presentations
 - see also the second half of all tutorial slides so far
- **Tutorial 8** (in two weeks) will be a **‘presentation viva’** session: your group will only have to attend at a given time (to be confirmed next week), in order to discuss the presentation with me for 10–15’

At the end of your viva, you will also be asked to provide some feedback on how the tutorials went for you

Exam-related advice

1. List the **methodological** and **theoretical** elements of the reading that might be useful to know for the final exam

N.B. The reading for this week, as well as the previous ones not covered by the midterm exam (Readings 4–6), will be on your **final exam**

2. Summarise the reading in a **single paragraph**, using its **main concept** in your summary

Your final exam will be primarily composed of questions requiring such ‘one or two paragraphs’ answers

What **politicization** does to policy-making

A key test of a political system is its capacity to solve important societal problems. Few policy areas in the United States are more problem-ridden than health care. American medical care is expensive and wasteful, and the quality of care (even for the well-insured) often falls short of best practice (Hacker 2008; McGlynn et al. 2003). One idea to improve health care is to eliminate gaps in the medical evidence base through “comparative effectiveness research” (CER). By identifying what treatments, tests, and technologies work best for patients with different diseases and conditions, CER could help doctors, patients, and payers make better decisions about medical options—and help reduce wasteful health care spending.

Gerber and Patashnik 2010

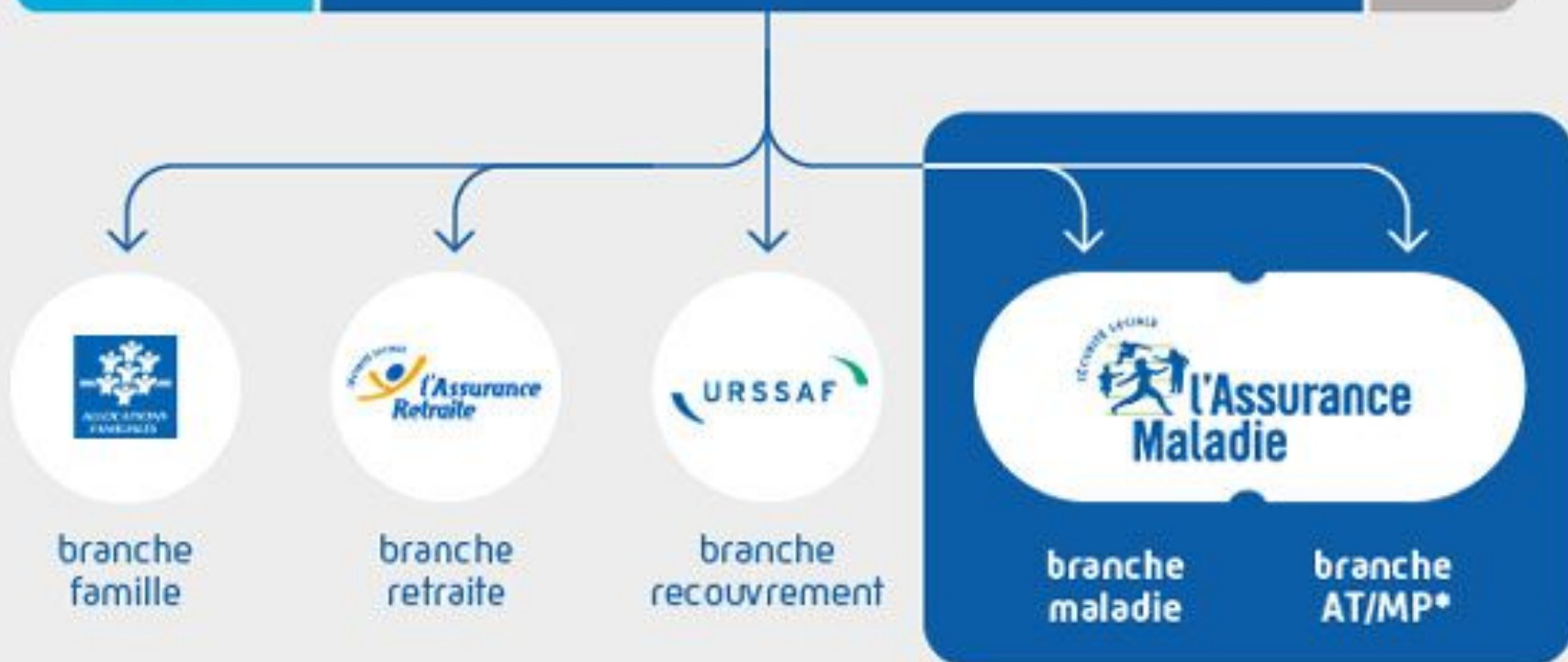
What **politicization** does to policy-making

Until recently, CER was a technocratic, third-tier issue. It received attention from policy experts based in universities, foundations, and think tanks, but hardly anyone else. During the past year, however, this obscure policy initiative got caught up in the wider ideological struggle over national health reform. The Obama Administration pushed for CER funding to be included in the massive economic stimulus bill, in order to lay the groundwork for a more evidence-based medical system. In the context of the heated partisan debate over how to improve the American health care system, in turn, CER became the target of charges from conservatives that the Obama Administration was promoting “rationing” and government intrusion in the private lives of patients.

Gerber and Patashnik 2010

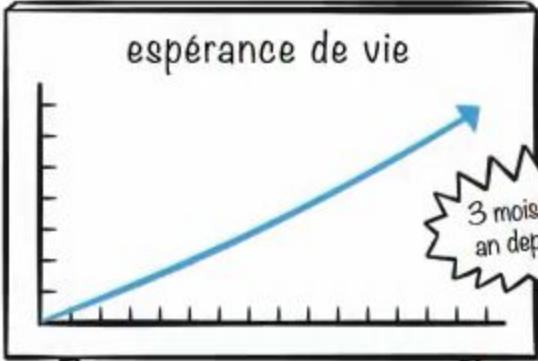
Exam-related advice

- Midterm and final exam questions usually revolve around **concepts**, **models** and **theories**
- In your answers, always include
 1. A **definition** of the concept under discussion, citing the author(s) who submitted it
 2. A **critical view** of the concept: its history, its strengths (usefulness), and its weaknesses (shortcomings)
 3. An **example** of its application, often taken from the course (lecture or tutorials readings)





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RECETTES

contributions



prestations

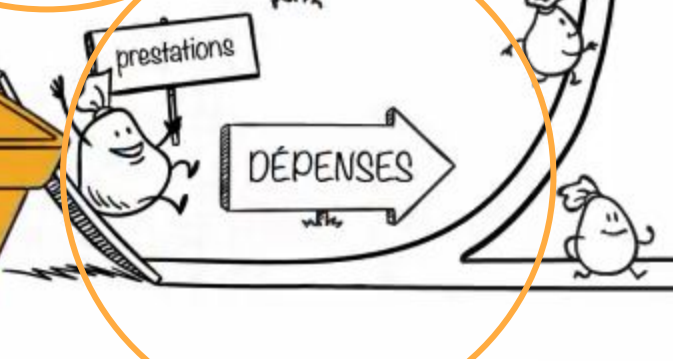
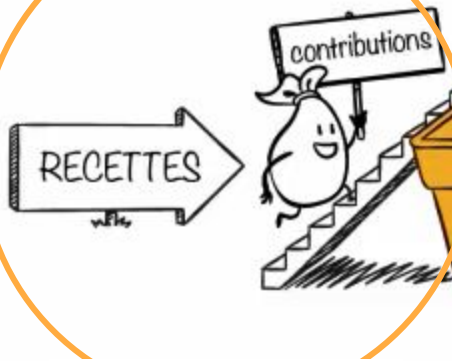
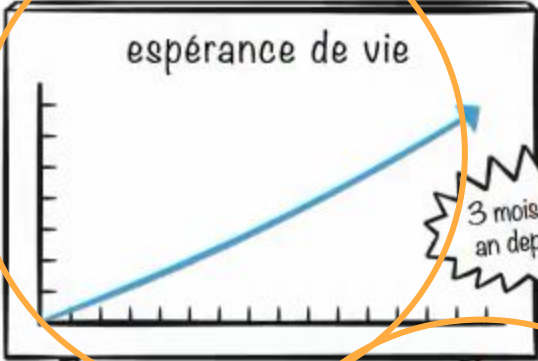
DÉPENSES





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why reform

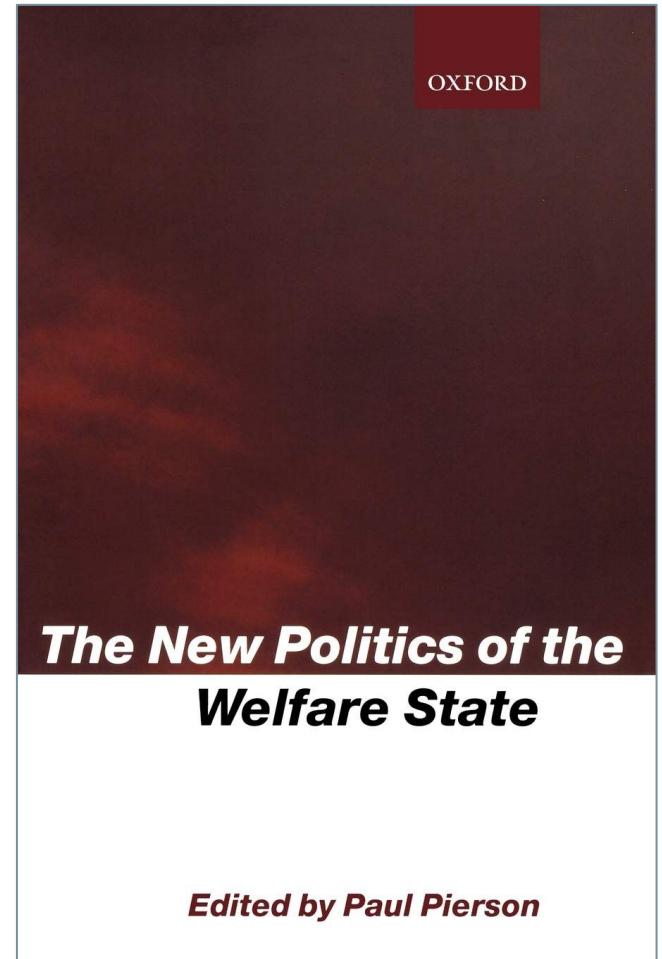


who pays

who receives what

This week's case study (welfare state reform)

- **Comparing** welfare states
cf. concepts and typologies
- Welfare reform **trajectories**
cf. sequences, convergence
- **Paradigms** as explanations
cf. Hall's 1/2/3-order changes
- Role of **politics**
cf. left/right-wing parties



Esping-Andersen's welfare state **typology**

	Liberal	Conservative	Social-democratic
Decommodification	Low	Medium	High
Stratification	Dual: means-tested programs promoting market in social provision	High: insurance-based schemes to preserve social rights according to status	Low: universal entitlements for preserving equality
Examples	United States, UK, New Zealand, Ireland	Germany, Switzerland, France, Austria	Sweden, Finland, Norway

Source: G. Esping-Andersen, *The Three Worlds of Welfare Capitalism* (Cambridge, UK: Polity Press, 1990).

Welfare state crisis/reforms **pre-2008**

The (Different) Responses to Crisis

Three distinct approaches to welfare system restructuring can be identified, reflecting specific historical and institutional challenges posed to each particular social protection regime. Different welfare states responded differently to the challenges raised by globalization. Paul Pierson (2001) proposed that one type of reform dominates each social protection regime: **in liberal regimes reform was based on recommodification; in social democratic regimes it was based on cost containment; and in continental systems it was based on recalibration** (the adjustment of social programmes to new risks and needs).

Welfare state crisis/reforms **post-2008**

CONCLUSION: THE DESTABILIZING EFFECTS OF THE CRISIS

Since 2008, the European economy has entered an almost unprecedented period of crisis, whose ramifications for the ongoing restructuring of European welfare states will be immense. Initial reactions to the economic downturn caused by the financial crisis have used traditional instruments to support the economy: automatic stabilizers based on social benefits, and stimulus plans. In 2008, most European countries announced such Keynesian measures. However, in late 2009 and especially since the spring of 2010, all European countries have announced fiscal austerity plans to reduce their deficits and debt, thus abandoning, almost at a stroke, the public commitment to counter-cyclical measures.

Palier and Hay's welfare reform **paradigms**

Table 17.1 Paradigms, principles, and policies summarized and compared

	Keynesian paradigm	Neoliberal paradigm	Social investment perspective
Diagnosis of sources of unemployment	Unemployment and slow growth due to insufficient demand	Unemployment and inflation due to constrained supply because of labour market rigidities (excessively high labour costs, too much labour regulation, social benefits acting as work disincentives)	Unemployment linked to lack of adequate skills to fill today's jobs and to create the jobs of tomorrow
Social policy and the economy	Positive economic role of social policy: development of social insurances to prop up demand and stimulate growth	Negative economic role of public social expenditure: the welfare state as a cost and as the cause of slow growth and inflation	Positive economic role of new forms of social policy: social policies that invest in human capital to increase employability and employment levels; to

Palier and Hay's welfare reform **paradigms**

Table 17.1 Paradigms, principles, and policies summarized and compared

	Keynesian paradigm	Neoliberal paradigm	Social investment perspective
Key norms for public action	Big state Central economic planning Welfare state development	Lean state Deregulation Dismantling of the welfare state	Empowering State Investment Recasting of the welfare state
Key instruments	Policies to support demand Development of social insurance schemes for income maintenance Development of the public sector Unemployment compensation	Monetarist economic policies to fight inflation Deregulation of the labour market Privatization of social and health services; development of capitalization to finance pension schemes Activation and workfare	Human capital investment policies to increase competitiveness and job creation Development of social services and policies to support the labour market: early childhood education and care; higher education and



10' break

Example questions to answer in your presentation

- Who were the **major players** involved your policy topic?
Who participated in the debate over the topic?
(institutions, decisionmakers, experts, stakeholders)
- What were the **major issues** of controversy/negotiation
in the debates that occurred?
(consensus/dissensus, problems/solutions)
- What role did **politics** play in the policy process?
(politicization, partisanship, value conflicts)

Questions to answer if you are **comparing cases**

- What are the **similarities and differences** among the political structures (institutions and laws) among the countries discussed?
- Can you identify **political institutions** that seem similar on the surface across countries, but actually behave quite differently (e.g., legislatures, courts)?
How are they different? Why?
- Are there **cultural differences** that might be important in understanding the behavior of these institutions?

Questions to answer if you are **analyzing frames**

- How did stakeholders invoke **specific frames** in their political advocacy? What tactics did they use?
- How did they try to ensure that their framing became the **dominant approach** to solving the social/policy problem under examination?

(i.e. how was *issue dominance* achieved)

- What made a particular frame **more or less successful** in the policy debate on your topic? (conditions of success)

Note — The questions asked on the last three slides come from a **public policy syllabus** by Shobita Parthasarathy

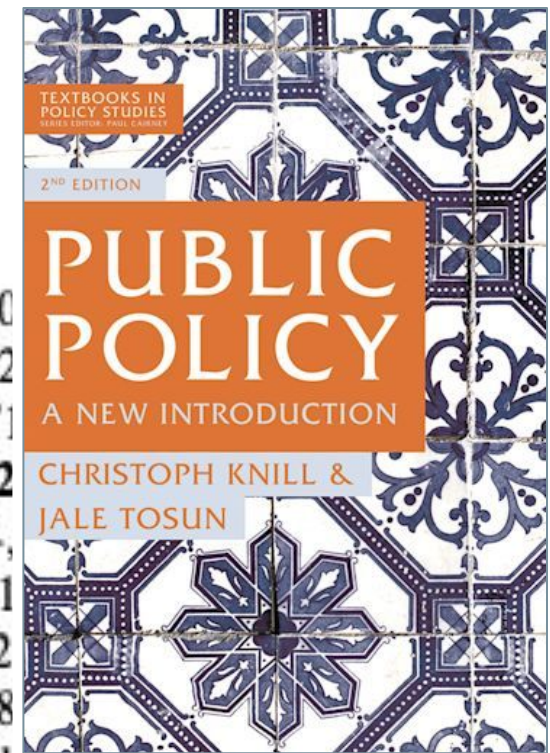
Questions to answer from a **theoretical standpoint**

- Which **theories of the policy process** might explain what you observed by researching your case study? (analytical characterization)
- How do those theories 'compete' with each other? How do they **contradict** each other? (delineation of rival hypotheses)
- Which theory provides the **most convincing explanation** for your case study, and why? (empirical validation)
e.g. you observed policy imitation: was it an instance of policy transfer, convergence or diffusion?

Reminder: use **handbooks**

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SÉCU EN
DANGER
GOUVERNEMENT
RESPONSABLE
PAS LES GILETS
JAUNES

See you next week