<a>Understanding the complexity and implications of the English care policy system: a governance analysis approach

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Introduction

This chapter presents an empirical case study that explores public policy affecting informal care in England. The focus of the governance analysis is the state's treatment of the informal care of people aged 65 and over, in public policy. Informal care describes the care and support delivered by people well known to the care recipient, such as relatives, spouses, partners, friends or neighbours (Cantor, 1991; Kraus *et al.*, 2010) (making a 'caring dyad'). Older people may require a wide range of support to address their long-term care needs including personal care; domestic help; health care; social and emotional support; support with managing finances; advocacy and supervision (Bittman *et al.*, 2004; Wolf, 2004; Kraus *et al.*, 2010). In requiring, and providing, informal care support, both members of the caring dyad may experience inter-related poverty and welfare risks. As noted in Morgan (2018), caring can give rise to increased expenditure on care-related costs (Carers UK, 2014), and affect working-aged carers' labour market participation leading to current and future income deficits (Evandrou and Glaser, 2003; King and Pickard, 2013; Milne *et al.*, 2013). Care-giving can also have physical and mental health impacts (Tommiss *et al.*, 2009; The NHS Information Centre, 2010), and create time-poverty risks as informal carers attempt to reconcile their caring role with other responsibilities and pursuits.

Informal care was once considered a private domestic issue which was intentionally excluded from state intervention and considered the responsibility of the family to manage (Fraser, 1989). However increasingly post-industrial welfare states are recognising the need to implement public policy to support those in need of long-term care and those engaged in informal care provision. Indeed I have argued (2018) that informal care is a universal social risk and consequently states *must* provide social protection to care relationships against the poverty and welfare risks they face through implementing appropriate care policies. Population ageing is increasing the necessity of taking policy action due to unprecedented numbers of people surviving into old age and experiencing chronic health problems (Eurostat, 2011; Vlachantoni *et al.*, 2011). Moreover, the numbers and diversity of informal carers is also projected to increase (Pickard *et al.*, 2012). Together these factors explain the case being made for informal care being recognised as a crucial societal issue, and one for political intervention. They also highlight that complexity is a key characteristic of this policy area because states must implement a wide range of care policies if they are to address the diversity of informal carers' characteristics, circumstances, and care-related risks together with those of the older people they care for.

The qualitative case study discussed in this chapter analysed the extent to which the English state treats informal care as a social risk through its care policies. This required a detailed empirical analysis of the policy context to expose how the English care policy system is constructed and operates in practice. Governance analysis facilitated a systematic examination of the multi-dimensional structural complexity of this public policy area, and the implications of governance practices for the statutory entitlements of the caring dyad and the social relations of the actors engaged in the policy system (Carmel, Chapter Three, this volume). This perspective enabled me to examine the characteristics of the care system's institutional structures, which cut across multiple policy domains, including cash benefits, social care services and employment support. In turn I was able to explore the institutional processes contained in each policy domain and their interactional dynamics, which determine the statutory protection care relationships can access. The ambiguity and contradictions inherent in the design and delivery of care policies required decisions based on statutory entitlements to be resolved informally by practitioners, managers and by the caring dyad

themselves. The analysis showed how front-line practitioners and managers engage in these processes and can shape the practice of public policy through their negotiations and decision-making. By viewing policy as a social practice, among a wider set of governing practices (Carmel, Chapter Two) this analysis showed how states can affect social relations at the level of individual relationships, not least between informal carers and the older people they care for: the policy targets in this case.

** Analysing the English care policy context**

To assess the extent to which the English state treats the care-related risks of different types of care relationships as social risks, the study undertook a comprehensive analysis of the care policy system, incorporating two key elements. First exploring three distinctive policy domains; social security benefits; employment; and social care services. Second care policies, and by association care policy analysis, must also acknowledge the existence of two inter-related risk-bearers - the informal carer and the care-receiver - on account of the relational nature of care (Morgan, 2016). This is because both members of the caring dyad may require financial support to compensate them for the costs incurred in requiring or providing care (Glendinning *et al.*, 2009). Moreover, informal carers who need a break from caring to either have a rest, or participate in the labour market, may require replacement care services to be provided to the care-receiver (Burau *et al.*, 2007). Informal carers may also need employment-related support, either to enable them to take time out of the labour market, e.g. through the provision of care leave or flexible working rights, or to enable them to re-enter the labour market via Jobcentre Plus support (Glendinning *et al.*, 2009).

To understand the variability in statutory entitlements different types of care relationships can access, the study had to engage with the institutional complexity of the English care policy system by investigating both formal and operational dimensions of governance (Carmel and Papadopoulos, 2003). This required a comprehensive analysis of institutional structures, processes and practices and their interactional dynamics to be undertaken (Carmel 2017; Chapter Three). The structural complexity of the system is evidenced by the number of government departments responsible for operationalising the legislative rights and policy mechanisms associated with informal care (see Morgan, 2018). The Department for Work and Pensions (DWP) oversees both the cash benefits system and the Jobcentre Plus support for informal carers seeking work; and at the time of the study the Department of Health (DH) covered social care provision; and the Department for Business, Innovation and Skills (BIS) oversaw employment-related support for informal carers working in the labour market. Individual policy mechanisms are in turn administered by a range of government bodies, while third sector and private sector agencies, including employer organisations, may be commissioned to deliver statutory support or have delegated responsibilities to operationalise a particular policy mechanism.

An implication of the fragmented nature of these institutional structures is that organisations develop self-contained institutional procedures associated with different eligibility criteria through which individuals' access to different types of statutory support are determined. A range of distributive principles may be used to determine entitlement including need, desert and citizenship (Fraser, 1994), status, economic and time-related characteristics (Österle, 2001). A further structural feature which can exacerbate this procedural fragmentation and generate entitlement disparities stems from how individual policy mechanisms are operationalised. The centralised administration of most cash benefits promotes territorial equity in the financial support provided to adults with disabilities and informal carers at a national level (Bell, 2010). However, other policy mechanisms are devolved to local authorities, Jobcentre Plus offices and employers to administer. This contributes to postcode and work place 'lotteries', that is, arbitrary effects on individuals' statutory entitlements depending on where they live and work (Commission for Social Care Inspection, 2008; Brand *et al.*, 2012).

Further disparities exist in the statutory entitlements of even similar types of individuals, on account of how policies are interpreted and realised in everyday practice by practitioners (Carmel, Chapter Two). Lipsky (1980) and Ellis (2011) show that discretionary decision-making by institutional actors contributes to the diversification of policy experiences and implications. Furthermore the individualising effects of personalisation, a key government policy approach in the employment and care services domains, augments the proliferation of diversity in individuals' entitlements because statutory support should now be tailored to the outcomes each individual wishes to achieve (Department of Health, 2010b, 2016). Governance analysis supports a more nuanced understanding of how ambiguous and incompatible eligibility criteria and policy interactions force practitioners and managers to make sense of the policy terrain through their own meaning-making and negotiations when determining individuals' statutory entitlements, and the implications of this for their social relations (Yanow, 2000; Carmel, Chapter Two).

It is by the examination of these inter-related elements of governing practices that this research exposed how 'policy' is produced as a governing practice, on the ground in this complex policy environment. Eventually this showed significant exclusionary ordering effects, demonstrating that informal care-related risks are not treated as social risks in public policy in England.

** Methodological approach**

The empirical research conducted during 2012-2013 used a policy simulation technique to analyse the treatment of different care relationships by the English care policy system. This qualitative methodological approach involved designing a set of 'model care relationship matrices', one for each policy domain (see Morgan, 2016). Each matrix listed the policy mechanisms in each of: the cash benefits; care services; and employment support domains. These mechanisms were then examined to see how they applied to thirteen care relationship types, presented in the form of vignettes. Each care relationship featured an informal carer and an older person, constructed using different configurations of characteristics. The selected characteristics were informed by statistical data about informal carers in England, and the eligibility criteria of existing care policy mechanisms. The policy domain matrices thus provided a systematic framework capable of recording and comparing the statutory entitlements of each care relationship across multiple dimensions including policy domains, policy mechanisms, localities, and practitioners. Consequently this data collection tool facilitated systematic analysis of both the complexity and variability of the care policy system, and its implications for carers. A range of data sources were used to complete the matrices. These included government documents, such as legislation, policy regulations, and websites. These documentary data were verified and supplemented by data from 26 participants, including front line practitioners and managers from statutory and third sector agencies, who either participated in a semi-structured interview or completed a questionnaire where requested. National level data were used for the cash benefits and in-work employment support. Meanwhile, two localities were selected for collecting data on the care services and Jobcentre Plus, as these were subject to local decision-making and varying degrees of discretion. Interviews were undertaken with equivalent institutional actors across the two localities, and multiple front-line practitioners in each local authority. As noted in Morgan (2016), the matrix data were analysed qualitatively using an interpretive policy analysis approach which seeks to expose policy meanings (Yanow, 1996). This helped to reveal which care relationship types are deemed eligible to receive social protection and which are left unprotected. The interview data were also analysed thematically to explore trends within and across policy domains and practitioners in how informal care and care relationships are treated.

** Understanding the complexity of the care policy domains' governance practices**

In this section, I discuss the application of governance analysis to the English care policy system case in distinct phases. First, I contextualise the complexity of the overarching care policy system by

analysing the construction and operation of each care policy domain and their implications for the statutory support care relationships can access. Second, the governance analysis lens is then refocused to assess how governance practices intersect and interact *across* the policy mechanisms and domains. It is only by adopting this holistic analytical approach, bringing together a review of actors, processes and structural conditions, that the implications of the care policy system's multi-faceted complexity can be fully understood. The key implications are: first, that systemic complexities undermine care relationships accessing statutory protection from the state; and second, they impact on the social relations of actors engaged in the care policy environment including affecting the lived experience of informal carers and the older people they care for.

<c> Cash Benefits: structural fragmentation and opacity with procedural consistency

The statutory entitlements of similar care relationships are the most consistent in the cash benefits domain. The predictability in determining individuals' entitlements to access statutory outputs such as Carer's Allowance, Carer's Credits, and Attendance Allowance, is a product of the structural conditions found in this policy area. These include: the centralised administration of each benefit agency; and their uniform procedures whereby administrators use the same prescriptive DWP regulatory guidance to process claimants' benefit applications. These institutional conditions prevent territorial inequalities from emerging, and generally limit inconsistent statutory decision-making being provided to care relationships on account of practitioner decision-making. One exception to this is Income Support, a means-tested benefit for individuals on a low income, which requires administrators to determine whether a potential claimant is 'regularly and substantially caring' (Department for Work and Pensions, 2012). As Morgan (2016) notes, decision-makers must subjectively interpret these ambiguous regulations, with substantive implications for the treatment of carers. Access to Income Support formally acknowledges informal carers' role. This status provides them with additional monies via a carer premium and offers them a degree of protection from having to enter the labour market. Meanwhile exclusion from this benefit consigns ineligible claimants to the far more punitive and conditional unemployment benefit, Job Seeker's Allowance (JSA) (see Morgan, 2018).

Despite the relative predictability in determining claimants' eligibility to access individual cash benefits, the ease of accessing multiple benefits is undermined by the domain's fragmentation and opacity. First, each cash benefit falls under the remit of its own designated agency operating as an independent institutional silo with its own separate application process and eligibility criteria. This fragmentation being both structural and procedural undermines the transparency of the policy domain overall for potential claimants. According to one participant, a Third Sector benefits advisor, this opacity is exacerbated because the decision-makers for specific benefits are under no obligation to advise claimants about their potential benefit entitlements elsewhere. Second, interacting and incommensurate benefit rules and incompatible entitlement principles exist across various cash benefits (Morgan, 2016). This in turn has implications for the caring dyad's awareness of their potential benefit entitlements and their ability to claim them. This can affect an individual's own benefit claims as they may not receive two earnings-replacement benefits concurrently, such as Basic State Pension and Carer's Allowance. It can also affect care relationships' entitlements because members of the caring dyad may be subject to benefit eligibility rules purposefully designed to make mutually exclusive benefit entitlements, as illustrated by Carer's Allowance (for carers) and Severe Disability Premium for adults with care needs (Morgan, 2018). Moreover, while the UK welfare system is predicated on a means-tested logic, certain cash benefits' eligibility regulations treat economic characteristics anomalously to this logic. Such anomalies, which run counter to generalised assumptions made about the welfare system, can increase the opacity of the system and consequently exacerbate people's ignorance of their potential entitlements. For example Morgan (2016) notes that Carer's Allowance regulations exclude carers *earning* more than a certain amount each week, but permit those with unlimited savings or *unearned* income to access this financial

support. Moreover, personal allowances are more generous for individuals of pension age than working age, and this can affect entitlements to means-tested benefits, as well as claimants' expectations:

If you think about Mr Average in the street they are going to do some gate-keeping, they'd say there's no way I'd get anything because I've got ... a reasonable state pension, I've got some occupational pension ... but they do because the [personal] allowances [for people over 65] are generous' (Third Sector Benefits Advisor).

<c> Employment Support: structural and procedural fragmentation and inconsistency

In the employment domain, the statutory rights and support provided to informal carers in paid work are characterised by inconsistency. Informal carers' entitlements to flexible working and care leave is institutionally promoted by two factors; the structural fragmentation of employer organisations that operationalise the legislation; and vague procedural conditions that prescribe weak legislative rights. In terms of the former, the sheer scale and diversity of employer organisations implementing the legislation with no governmental regulatory oversight permits the level and types of support provided to informal carers to proliferate. Meanwhile indeterminate procedural conditions mean that the operationalisation of the legislation by employers are more susceptible to the influence of organisational culture and size. These effects are visible in the case of the 'right to take time off in an emergency', because the Employment Relations Act 1999 only requires employers to provide employees with *unpaid emergency* leave as the prescribed legal minimum (HM Government, 1999). However, some larger organisations voluntarily provide informal carers with more generous quotas of planned and paid care leave (Department of Health, 2010a). In contrast a national third sector representative noted how smaller businesses can lack even an awareness of their basic statutory responsibilities:

I think ... it can be very difficult for businesses, particularly very small businesses to really read through all the legal jargon and actually understand what they are supposed to do.

Meanwhile only weak legal rights exist for flexible working (Morgan, 2018). Employees are only granted a statutory *right to request* flexible working (HM Government, 1996, 2006; Acas, 2014). Meanwhile employers only have a duty to *consider* the request seriously, can choose which types of flexible working arrangements, if any, to allow, and have the right to refuse employees' requests on the basis of eight stipulated business reasons (HM Government, 2006, 2011). This permits institutional variations in the statutory support informal carers can access in different workplaces. Informal carers may also be treated inconsistently within individual organisations because decisions are affected by the knowledge and awareness of operational managers:

[P]eople's experience can be very, very, varied even in a really good employer that wins ... top working families awards, you can still get examples of individual carers who will have a difficult experience because they are in a particular location with a line manager who doesn't get it (National Third Sector Manager).

Jobcentre Plus (JCP) support for informal carers seeking to enter work is also subject to inconsistency on account of structural and procedural conditions. The decentralisation of agency policies and procedures to JCP districts and local offices to administer permits significant territorial differences to emerge across localities:

[D]istrict managers and advisers now have more flexibility about the provision they make available and how they allocate money from their budget to meet local priorities so the support on offer may vary from district to district (Department for Work and Pensions (DWP) Manager).

The discretionary decision-making of managers could therefore affect the extent to which informal carers are recognised, and so treated as a group of jobseekers with specific support needs at a strategic and operational level. For example only some local JCP offices still had 'carer champions' who provided specialist advice to carers, and permitted front-line advisers to access specialist carer training. Elsewhere there was noted to be a 'move away from specialist adviser roles towards multi-skilling' (DWP Manager).

Local policies and processes also varies, with significant financial implications for carers as they affected; carers' eligibility to access the Flexible Support Fund to assist with job-searching costs; and how much they would be charged for attending training courses. According to one Local Authority Manager, for a small annual fee informal carers could attend Further Education college courses free of charge, while in the other locality informal carers in receipt of Income Support had to pay for 'back to work' training:

have to pay an upfront commitment payment I call it, its £75, which if they finish the course successfully they get back' (JCP Practitioner).

The subjective decision-making of front line practitioners, their strategic use of negotiations with managers, together with personalisation objectives, could also affect the consistency of support provided to informal carers,

[E]very case [needs to] be looked upon on its merits [to] weigh up what was being asked for, the cost of what was being asked for, and the likelihood of that person moving into work as a result (JCP Practitioner);

I do think that if an advisor....really felt that it was important and necessary it would be down to our negotiating skills to persuade the manager to allow it (JCP Practitioner).

Whether JCP practitioners would seek to mitigate punitive institutional procedures, whereby means-tested benefit claimants are referred for financial sanctions if they are not deemed to be actively seeking work, was considered by one Third Sector benefit advisor to depend on their 'kindness and discretion'. One JCP practitioner commented:

I don't really think that anybody has really got any excuse because they are never caring 24 hours a day;

Another sought to protect claimants by providing suggestive advice. In this role of gatekeeper, the practitioner's comments constitute a governing practice that significantly affects the caring dyad. These same comments also reproduced the bureaucratic rule as an unquestioned source of power and authority, to which interpersonal life must be adjusted:

well can you not try and do 35 hours [of care] and claim Carer's Allowance? You can still look for work but without the pressure.

We can see in the employment support domain how fragmented institutional structures and processes combined with the inconsistent practices of institutional actors to produce unequal treatment of, and support for, informal carers, with significant implications for their wellbeing.

<c> Care Services: structural and procedural fragmentation, plus opacity *and* inconsistency

In the care services domain the consistency of statutory support provided to care relationships across localities is also undermined by the fragmentation of local authorities' decentralised governance arrangements. Prior to the implementation of the Care Act 2014, the national legislative framework permitted significant variation to emerge across local authorities in how they interpreted and operationalised their statutory functions. Consequently, territorial differences emerged on: local authority eligibility thresholds; the type and range of care services they provided to care relationships; and whether, or how much, they would charge individuals for this support (HM Government, 2000; Department of Health, 2003, 2010b). Even people with similar levels of need could experience unequal access to statutory support, inconsistent levels and types of support, with variable financial ramifications, on account of where they live.

An unique feature of structural fragmentation and opacity in the care services domain concerns the design of local authority procedures, and how they disaggregate the members of the caring dyad. The lack of equivalence in legal rights to a) have ones needs assessed and b) to receive care services, historically allowed local authorities to develop separate processes for needs assessment and for resource allocation in relation to informal carers and adults with care needs(HM Government, 1990, 2000; Department of Health, 2010b). Designing local authority processes in this way promotes the separation of the caring dyad rather than acknowledging the inter-relational nature of caring. This procedurally-enforced disaggregation could have significant implications for the wellbeing of care relationships. For example, one local authority used its adult social care team to conduct the older person's needs assessments, but delegated its statutory responsibilities for carers' assessments to a third sector carers' organisation. One local authority manager suggested that the consequent 'communications gap' had undermined the inter-related needs of the caring dyad from being recognised, and had prevented holistic support being provided:

How do you know as a social worker you are setting up the right care package if you haven't talked to [the carers' assessor] about what the carer's needs are, because you haven't spoken to the carer. And then saying to [the carers' assessor] you're saying the carer needs this, this and this, actually a lot of that is resolved if the care plan is right for the cared-for, so talk to the social worker and try and have some influence over the care plan.

Local authorities may also use separate resource allocation processes to authorise practitioners' requests for statutory funding to meet the eligible needs of care-receivers and informal carers. Such diverse institutional processes, which lack internal transparency, serves to marginalise informal carers' needs within decision-making processes, and undermines the local authority support from addressing the collective wellbeing of care relationships. Consequently one local authority had decided to channel all future funding requests via the same resource allocation panel in the hope that by:

integrat[ing] carers' needs into the bigger community care picture, decision-makers should reflect more on whether ... we are doing enough in terms of care packages to cared-for people because we can't expect carers to keep doing what they're doing (Local Authority Manager).

The care services domain also provides the clearest example of how institutional actors' subjective meaning-making and negotiations, together with the individualising effects of personalisation, undermine the consistency of statutory support provided to care relationships within, and across, local authorities, thereby augmenting the opacity and unpredictability of the policy domain. Moreover the extent to which practitioners, who assess the needs of informal carers and older people, and managers, who decide how local authority resources are spent, seek to mediate institutional processes and conditions, in particular perennial resource shortages exacerbated by austerity-related budget cuts (Lymbery, 2012), vary considerably.

Their practices could either facilitate or hinder the caring dyad accessing statutory support at different stages of the institutional process. For example, at the time of the study, local authorities had a duty to offer a carers assessment to individuals providing a 'substantial amount of care on a regular basis' (HM Government, 1995, 2004). According to the practice guidance (Department of Health, 2001) this judgement required the impact of the caring role overall to be considered, not solely the time spent caring. However, the use of ambiguous characteristics permitted practitioners to apply divergent and sometimes erroneous interpretations to the legislation, resulting in inconsistent access to carers assessments within, and across, local authorities (Morgan, 2016):

... substantial care is if the carer is living with the person they care for and are providing 24 hour care support. Regular care is if the carer is popping in every day;
... 10 minutes a day could be regular and substantial to someone who's got ... other commitments.

Meanwhile, the "personalisation approach" requires practitioners to work in partnership with carers and older people, during assessment as well as care and support planning processes, in order to identify how they would prefer their needs to be met (Department of Health, 2010b). This approach clearly has individualising and diversifying effects on individuals' levels of statutory support. However practitioners also subverted these person-centred practices, directly affecting the statutory support provided. They did this by intentionally withholding information from the caring dyad, either on account of their own assumptions about which services would most effectively meet their needs:

Most people that we go and see we wouldn't even mention the carers' personal budget to them if we didn't think that it was something they needed (Third Sector Carers Assessor).

Or in order to gate-keep statutory resources:

because at the end of the day ... we still have a responsibility for the public purse and you know it's not a bottomless pit ... and while you are giving everything to one person you can't always give to the next ... so you've got to weigh up needs (Local Authority Practitioner).

Finally, resource allocation processes form a key negotiation 'battleground' between service managers, and practitioners, with each side adopting their own, often conflicting, strategies in asserting their judgement and authority. The result was significant and unpredictable variations in the level of statutory support care relationships receive, highlighting the importance of contingency in interpreting the implications of how governance works on the ground in the care policy field (Carmel, Chapter Two). Practitioners were generally physically absent from the formal decision-making which was undertaken by resource allocation panels, staffed by local authority managers who act as budget holders, and local authority administrators operating as resource brokers who identify available support in the local care market. Practitioners and professionals who had undertaken assessments instead supplied a written summary detailing the level of support required to meet individuals' assessed needs. Resource allocation decisions therefore lacked transparency because they were dominated by institutional actors with no direct knowledge of the caring dyad; codification of the needs assessment in formal documentation hides, rather than illuminates, the social context and professional understanding of the caring dyad; needs assessment was an object of contestation for the panel rather than a record of professional judgement. The resource panel members, whose primary objective was to gate-keep resources, could significantly affect the support the caring dyad received by amending the practitioners' original request. One Local Authority Manager acknowledged:

I think like most local authorities the actual budget we have is ... very tight ... and so we are having to manage it differently ... I think what you could possibly have gained authorisation for a few years ago ... you wouldn't get through now, you'd be challenged more.

Meanwhile practitioners described how resource brokers:

may reduce what I am asking for ... They will say 'well actually it doesn't take that long to do that, you can have this [instead];

... what they are saying [is] 15 minutes for hoisting. Well you can't do it.

Some practitioners sought to subvert these anticipated responses by using overt or subversive 'sales pitches' in their written funding requests. Their strategies included; 'up-rating' the amount of care requested to ensure individuals are provided with the actual level of support they need; or emphasising certain factors in the carers' situation to increase the likelihood of support being provided:

We could probably get 3 calls per day ... because the carer's at work ... so they can't be there at lunch time ... If you were trying to sell it to panel you would sell it that way;

If you're expecting the daughter to do that it will probably break down. And that's what you've got to keep saying that it will probably break down.

However, other practitioners did not seek to mitigate resource allocation decisions, opting instead for more passive strategies entailing less emotional labour:

The main thing to do is to write your background information form to panel to get your services and they can make their minds up.

** The care policy system as a complex governing environment**

So far in this chapter the governance analysis approach has been used to decode the complexity of the care policy terrain and bring some semblance of analytical order to what essentially constitutes an extremely messy policy area by: delineating the individual governance components of each care policy domain; showing how policy is produced by actors in each area; and identifying the key characteristics of complexity underlying governing processes in each domain. It is only through undertaking such a detailed empirical analysis that we can develop a clear picture of the single policy domains and the implications of the consequently systemic complexity of care policy for the actors engaged within can emerge. It is to considering the implications of fragmentation, unpredictability, opacity, ambiguity and inconsistency, for the wider functioning of the care policy system as a whole that we now turn.

To fully understand the implications of the fragmented structure of the care policy system for members of the caring dyad it is necessary to consider the ways in which the three policy domains interact. If care relationships are to be adequately protected against the range of care-related risks they experience which can extend across policy domains, the care policy system needs to feature seamless intersections across policy areas and complimentary policy interactions. However the siloed nature of institutional structures and processes, which operate according to different regulatory frameworks across each policy domain, prevents this from happening. Moreover, ambiguous governance parameters permit organisations to determine the extent of their responsibilities and adopt protectionist attitudes towards agency budgets. These structural conditions hinder the co-production of multi-agency solutions to ensure informal carers' needs are

addressed. For example, informal carers seeking work or in employment face statutory support vacuums across policy domains: Job Centre Plus only supports them during the job-seeking process; while employer organisations face no legal requirements to subsidise the provision of replacement care services for their employees (Department of Health, 2010a); and third sector interviewees indicated that local authorities will not fund back-to-work training for informal carers and are unlikely to provide sufficient daily care for carers to go out to work (Morgan, 2018).

The fragmentation of the policy silos and complexity of interacting policy regulations also contribute to the overarching opacity and unpredictability of the care policy system which can affect the caring dyad's statutory entitlements and wellbeing in a number of ways. For example, Morgan (2018) discusses how the complex structure of the care policy system requires informal carers to invest significant levels of physical and emotional labour into finding out what statutory support is available and negotiating access to it. Care relationships must piece together their statutory entitlements, making separate applications for each individual policy mechanism, which are serviced by different agencies, institutional processes, and practitioners. These structural conditions and their associated time and wellbeing impacts can undermine the caring dyad accessing statutory protection to address their care-related risks (compare also Morgan-Trimmer, Chapter X on social actors' strategic engagement in governing).

Variable eligibility criteria across policy mechanisms, together with opaque regulations and decision-making processes, also generates considerable uncertainty for the caring dyad who are unable to predict whether their applications will be successful (Morgan, 2016; 2018). This unpredictability is exacerbated by the intersections of individual policy mechanisms that can be situated in the same, or in different, policy domains. These complex and opaque policy interactions can have significant implications for the caring dyad's statutory entitlements due to their potentially conflictual nature. For example, while carers have a legal right, as part of a carers assessment, to be supported by the local authority to engage in employment and education (HM Government, 2004, 2014), their decision to do so could have implications for claiming Carer's Allowance which entails restrictions relating to earnings and time spent in education (Carers UK, 2018). Meanwhile, informal carers who are directly employed by the care-receiver to provide their care using a local authority direct payment, may have to forfeit all other care-related entitlements including Carer's Allowance, a carers assessment and access to carers services due to this changing their economic and employment status. A further implication of this complexity is that it can undermine the knowledge and awareness of practitioners about how the wider policy system functions, thereby limiting their ability to advise care relationships about the most suitable course of action to take.

The ambiguities, contradictions and vacuums found within the care policy system's regulatory frameworks, together with austerity-related budget cuts, force institutional actors to resolve these systemic uncertainties and inadequacies *informally* to determine care relationships' eligibility and statutory entitlements. The care services domain in particular, illustrates how these structural conditions produce a fertile environment for adversarial practices to develop. The high levels of scrutiny and modifications that resource allocation panel decision-makers subject funding requests to, could produce resentment among practitioners:

You do your assessment that should be it really, but you have to go and talk to brokers, see what they suggest ... Then it goes to panel and gets knocked back, you put it back to panel, it gets knocked back ... So by the time you've done all that you're thinking why did I even bother going out?

To counteract the possibility of a funding request being rejected some practitioners invested significant levels of physical and emotional labour in advocating for care relationships within resource allocation negotiations, using terms like 'battle' 'fight' 'plead' and 'argue' to describe their inter-personal interactions with managers:

At one time you could ask for 30 minutes for a lunch call ... Now they are cutting it down to 15 minutes. You have to plead to get meal preparation.

Relational tensions also existed between the local authority and third sector organisations commissioned to undertake carers assessments. The latter perceived their primary role to be one of advocating for informal carers as opposed to gate-keeping local authority resources.

We are not social services and we will come down on the side of the carer every time (Third Sector Manager).

However, one local authority manager was critical of commissioned agencies not adhering to local authority practices:

Issues can arise where you have got workers carrying out that commissioned work but their identity is so ingrained with the third sector provider that ... they may not always represent the local authority in the best light and they may not appreciate their responsibilities as indirect employees of the local authority.

Third sector agencies perceived these tensions to have longer-term implications because they often relied on local authority funding, but recognised that their non-conformist stance in the context of scarce resources might place their organisations in a precarious financial position (see also Harlock, Chapter X).

The governance analysis approach clearly exposes how care policies are ultimately produced in real time through the informal practices and struggles of institutional actors navigating structural conditions and constraints. This exacerbates the system's complexity and inconsistency with implications for the statutory protection the caring dyad can access. It also creates adverse personal and organisational relations due to the power dynamics emerging out of these complex governance practices (Morgan, 2018).

** Implications of the care policy system for care relationships' social relations**

Governance analysis provides the opportunity to extend our insights into 'care policy' as a messy and complex policy area, to consider the relational impacts of the complex governing environment for the key policy targets of the care policy system - informal carers and the older people they care for - viewed as actors in governing processes. The use of model care relationships allowed the state's treatment of the caring dyad to be placed at the heart of the analysis. This helped expose how policy regulations, institutional processes, and practitioners treat the relational nature of care, and shape social relations between, and among, carers and the older people they care for.

There are multiple ways in which the English care policy system does not take into account the relational nature of care, all of which have the potential to affect the caring dyad's relations and wellbeing. The failure to recognise the inter-related nature of their needs was demonstrated most clearly in a case where the local authority had designed the carer personal budgets' regulations so the funding could solely be used to pay for support that only the informal carer (and not the care-receiver) would benefit from. Consequently, in a case where the members of the caring dyad lived together, a request for funding to clean the injured carer's kitchen was refused because the carer's service would:

benefit the cared-for person because it was a kitchen which she had to use to prepare him food (Third Sector Manager).

This perverse regulatory outcome left the recognised needs of the care relationship unmet, with potentially harmful consequences for their wellbeing and relationship.

The governance analysis was able to highlight the implications of care policy & practice, by showing *how* the English state was able to shift risks between informal carers and care-receivers, by designing policies which allow the care-related risks of only one risk-bearer to be socialised, whilst simultaneously generating or maintaining financial costs, time costs or welfare risks to be borne privately by the other. This is illustrated in the case of the aforementioned mutually exclusive cash benefits, Severe Disability Premium (SDP) and Carer's Allowance, that allow only one member to claim their respective benefit and therefore also affecting additional forms of statutory protection that this entitlement brings (e.g. protecting carers from having to enter employment) (Morgan, 2018).

The potential for policy regulations to shift risks and generate relational tensions extends across the wider care relationship network because the Carer's Allowance regulations permit only one carer per care-receiver to claim this statutory protection, even if several individuals meet the eligibility criteria in their own right (Carers UK, 2018). This dilemma may ultimately have to be settled by the older person themselves, since they must validate the level of care the selected carer is providing on the application form (Carers UK, 2018). Meanwhile in the care services domain, local authorities are lawfully entitled to subject care-receivers to a financial charge for the replacement-care services provided to give their informal carer a break. Consequently, one local authority manager stated that the amount of statutory support provided to a care relationship would: 'really be shaped by how much [the care-receiver] would be willing to pay'. Practitioners noted how some older people had refused replacement-care services due to the financial costs they would incur, which had consequently left their informal carer without a break from their caring role (Morgan, 2018).

These incommensurate and conflictual policy designs force people in caring relationships to negotiate with one another about their rights, to resolve policy-induced dilemmas. They must decide which of them will have their poverty or welfare risk alleviated by receiving support, and who will forfeit their own entitlement and accept ongoing or potentially increased risks for themselves. One third sector interviewee noted how informal carers may feel forced to be more explicit about the negative impact that the caring role is having on their lives in an attempt to persuade the care-receiver to accept and pay for care services. Or else they may feel unable to publically acknowledge the difficulties they are experiencing thereby leading to resentment because their own needs are unmet.

** Conclusion**

Despite the informal care of older people being an important 'policy issue', it is not subject to a clearly defined 'policy domain'. Consequently it provides a very suitable policy area for demonstrating the usefulness of the governance analysis approach for analysing a complex governing environment. Its application to this study enabled the conclusion to be drawn that the informal care of older people is not treated as a social risk by the English state. The care policy system provides inconsistent statutory protection to people in care relationships and generates further risks. Adopting the governance analytical framework helped to disentangle the overarching complexity of the English care policy environment in a systematic way. It revealed how the interaction of its structural components, conditions, institutional processes and practices used to navigate this policy environment, shape the limits and possibilities of individuals' accessing statutory support. A further strength of this analytical approach lies in the conceptualisation of policy as a social practice (Carmel, Chapter Two). This extended the scope of the care policy analysis to reveal the intended and unintended consequences of policy design and practice for the social relations of institutional actors, including the caring dyad as policy recipients. Breaking down the multi-faceted

complexity of care policy environment helps to deepen our understanding of how the system functions overall and with what effects. Not least it exposed how, by ignoring the relational nature of care, the care policy system itself can add to the harms facing care relationships by leaving their informal care-related risks unaddressed and producing risks which undermine their wellbeing.

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