

Mutuality in Scottish and Australian healthcare policy: families, reproduction, & agency

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The Neoliberal turn in healthcare

- Dominance of neoliberal rhetoric - especially choice, responsibility
- 'Mutuality' and 'shared care'- drawing on the intersection of choice, rights and responsibilities?
- Health services increasingly being modeled as consumer-led, patient-centred

Unpacking neoliberalism



- Nuances of neoliberal rhetoric?
- Already shown in health services research that the consumer model has not been mobilised in the same way in different settings (Bevan 2010; Sandall, et al. 2009)
- Geographically & politically contextualised
- This paper - compares Scottish & Australian notions of mutuality with particular reference to 'family' & reproductive health



The study

- Discourse analysis of Scottish and Australian policy docs, framed by recent feminist debates about agency
 - Scottish Government (2007) *Better Health, Better Care: Action Plan*.
 - Australian Government (2009) *A Healthier Future for All Australians: Final Report of the National Health and Hospitals Reform Commission*.



Scotland

- Population of approx 5 million
- Approx 70% living in concentrated urban areas (mainly central lowlands)
- Remaining population in widely dispersed and remote rural areas

Australia

- Population of approx 22 million
- Approx 80-90% living in cities (mainly coastal)
- Remaining population in widely dispersed and remote rural or desert areas



Scotland

- Scottish government devolved from UK in 2007
- NHS Scotland - policy and funding responsibility of Scottish gov but some coordination & cooperation with other UK NHS
- Government '*committed to an NHS rooted firmly in the public sector*', no collaboration with private sector

Australia

- Two tier federal political system
- Commonwealth + States & Territories Governments share responsibility for health services
- Government committed to extensive and '*essential*' private sector involvement in health service provision



Overarching discourse of mutuality

“Towards a Mutual NHS.

- Strengthen public ownership of the NHS by improving rights to participate.”

“Taking Responsibility.

- Individual and collective action to build good health and wellbeing - by people, families, communities, health professionals, employers, health funders and governments”



Mutuality

Health inequalities and the needs of vulnerable groups is integral to NHS Scotland focus on mutuality:

‘engaging individuals, families and communities at risk of poor health in services and decisions relevant to their health, and promoting clear ownership of the issues by all involved’

(Better Health, Better Care: Action Plan, 2007: p33)



Shared responsibility

*'We want our Report to be a clarion **call** to action on health system reform by all parts of society, not just governments. As you read through the reform proposals, we want to encourage you to think about how **you** and **your** family, **your** community, **your** general practice, **your** hospital, **your** community health service, **your** workplace, **your** private health insurer, **your** university (and so on) can take actions to build a healthier future for all Australians.'*

(A Healthier Future for All Australians, 2009: p73, emphasis original)



Mutuality & Families

- **Holistic family health framed as key in NHS Scotland aim to improve early years health**
- Extensive focus on needs of disadvantaged families, eg through *Best Possible Start* initiative
- Emphasis on role of family/carers in self management of long term and chronic illness
- *Fair For All* agenda outlines strategies to address diversity, including LGBT experiences, but no specific mention of diverse family types, eg. same-sex partnerships/families



Mutuality & Families

- **Family framed as primary unit of consumption with *communal* rights and responsibilities for health care**
- Healthcare to be *'family & person'* centred
- *'families are changing'* - rise in lone-person households & lone-parent families
- Extensive focus on specific needs of Indigenous families, eg through *A Healthy Start to Life* campaign
- No mention of same-sex partnerships/families, or LGBT health



Reproductive health

- ***'The Best Possible Start'*** initiative - centralises child well-being as focus of pregnancy and early years healthcare
- Maternity care: *'Women and family-centred services within a network of care'*, emphasis on informed choice for women
- Teenage mothers a priority focus
- Sexual health strategy: ***'Respect and Responsibility... key aim to reduce the number of unintended pregnancies... involving parents, carers, young people and partners as well as key clinical services'***



Reproductive health

- **‘A Healthy Start to Life’ initiative - centralises child well-being as focus of reproductive healthcare**
- Mix of **universal** and **targeted** services including programmes *‘to ensure that people who may become parents are as healthy as possible’*
- Teenage pregnancies a priority focus
- Linking of antenatal services to facilitate *‘choice and continuity’* in pregnancy care for women
- *‘Targeted care would be offered for women with special needs or at risk, such as home visits for very young, first-time mothers’*
- Strong emphasis on the sexual health of young people

Thoughts for further consideration...



- Mutuality in the Scottish sense might offer most potential for transformative agency
- Consumer model might be limited in offering dynamic space for agency of patients
- Inequalities in capacity to participate in shared care
- Essential to acknowledge and strategise for diversity, for example LGBT health and ageing
(Delaney & King, 2009; Jones & Ward, 2010; Riggs, 2007)
- Need to make diversity of family and household types much more visible

Thoughts for further consideration...



- Realities of supported and informed choices in maternal health? Women's perceptions of choice vary and influenced by variety of factors

(Baker, 2008; Campo, 2010; Pitchforth et al, 2009)

- Whilst child health is important, what are the implications of such a heavy emphasis on foetal health for women's sense of self and reproductive freedom?

(Firth, 2009; Sanger, 2009)

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