Commentary
The Big Society needs robust public health evaluation

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B. Taylor et al. cogently analyse the UK coalition government’s ‘Big Society’ policy, highlight five areas of challenge to delivering health improvement within the Big Society Framework and recommend that a stepwise, supported and appropriately evaluated approach is essential if the challenges are to be met. The last point regarding the need for appropriate evaluation is key. As the authors and other commentators have made clear, the Big Society is a huge natural experiment in public policy with little or no evidence base to support the optimistic claims for the policy made by the Prime Minister or his Secretary of State for Health. There is now an overwhelming body of evidence stretching from the Black Report in 1980 to the recent Marmot Review that inequalities in wealth are key determinants of inequalities in health. Yet the UK government is planning to take £18 billion out of the welfare budget and slash public services which disproportionately benefit the most disadvantaged in society. In this context all the evidence strongly suggests that the health of the poor will suffer and health inequalities between rich and poor further widen. Given the scale and unprecedented extent of the proposed public sector cuts (in welfare benefits, local government, higher education, criminal justice, etc.), the term ‘challenges’ is perhaps rather measured. One might instead speak of ‘risks’ rather than challenges, including the risk of a catastrophic decline in public health as was seen following the collapse of the Soviet Union in 1991.

Realist evaluation teaches us that all such policy developments are grounded in an underlying but often unstated programme theory. The theory underlying the Big Society and public health appears to be that new private sector employment opportunities, devolution of public service responsibility and community empowerment will more than compensate for welfare and public service cuts and so lead to greater equity and improved health for the poor in the long run. This theory urgently needs empirical testing but there has been no indication as yet of any plans by the UK government to commission such evaluation. This is hardly surprising as governments are often loath to commission evaluation of controversial policies, particularly when the findings might contradict their ideologically driven policy. Students of UK health policy will remember the comments of Kenneth Clarke when as Conservative Secretary of State for Health he was pushing through the first market reforms of the NHS in the late 1980s and early 1990s and declined to commission any evaluation, declaring that he did not want academics crawling all over his reforms.

The Conservative government of the day did not therefore commission evaluations of the first NHS market reforms, but this omission was quickly rectified by forward thinking independent research funders such as the King’s Fund and by public health and health policy researchers who subjected the reforms to sustained and critical scrutiny. Similarly, the Conservative government’s rejection of, and attempt to suppress, the Black Report in 1980 led to decades of exhaustive inquiry into inequalities of health by the public health academic community. Something similar is needed now with the Big Society and public health. Public health researchers need to rise to the challenge of designing appropriate national and local evaluation studies of the implementation of Big Society policy, seeking and obtaining funding for such studies and seeing them through to dissemination and policy impact. There are numerous potential lines of fruitful inquiry. Research will be needed at the macro level, for example tracking national trends in health inequalities over time under the Coalition government in the same way that Shaw, Davey Smith and Dorling examined the extent to which New Labour succeeded in its stated aim to reduce health inequalities between rich and poor during its time in office. At the meso level, specific initiatives such as the Big Society Bank and other Coalition policies to support the developments of mutuals, charities and social enterprises will need to be
monitored to see if they do indeed achieve their objective of encouraging people to play a more active role in their communities. At the micro level, we will need in-depth, probably qualitative, studies to help us understand the impact of the Big Society on the lived experience of people in poverty and other marginalised groups.

Undertaking such research will not be easy in a higher education sector which is itself being squeezed of research funding, and where there has been a long-term shift away from responsive and towards commissioned research. But there are also increasing opportunities for public health researchers and practitioners to influence the agendas of research funders. These opportunities must be seized so that the implementation of the Big Society is evaluated and its impact upon public health and health inequalities understood and disseminated to policy-makers and the public.

References

1 Taylor B, Mathers J, Atfield T, Parry J. What are the challenges to the Big Society in maintaining lay involvement in health improvement, and how can they be met? J Public Health 2011; 33(1):5–10.