Introduction

Social policy developments in the Anglophone countries since the late 1970s have been characterised by a shrinking and restructuring of welfare provision (Kemshall, 2006). The pre-1970s welfarism was based on a collective pooling of risk and State responses to a wide range of identified needs, especially in the UK (see Page, 2007; Pierson et al., 2013). Various commentators contrast this to the current risk-led social policy that accepts risks as a fact of post-modern life, requiring active risk management throughout the life course (Dwyer, 2004). Welfare provision is now residual rather than universal, with risk prevention a critical driver rather than the alleviation of need. There have been parallel developments in other Western industrialised societies, with restructuring of welfare provision and increased managerial and political accountability in France, Germany and Italy (Mattei, 2009). Rothstein and Steinmo (2002) have reviewed how social and economic forces have led to welfare restructuring in Scandinavian countries, with impacts for health, education and social care provision in particular (Taghizadeh and Lindbom, 2014).

Two components of this development have been a focus on managing and ameliorating negative risks, such as crime risks and the risks of welfare dependency, and also on promoting positive risk taking by citizens, particularly managing life transition risks, for example youth to adulthood, employment to retirement, from dependency to independence (Kemshall, 2010). Risk-led social policy has re-characterised the citizen as an active risk manager, responsible for identifying and managing risks (Dwyer, 2004; Giddens, 1998) and exercising prudent choices over lifestyle, health choices, personal insurance, pension provision, etc. (Dwyer, 2004; Petersen, 1996). It has also been characterised as a social policy of prevention, in effect, preventing social problems rather than pursuing costly eradication programmes (Freeman, 1992). The burden for prevention is increasingly moved from the State to the individual by encouraging prudent choices. This has extended prevention policies into regulatory ones that regulate conduct towards desired positive outcomes (for example, positive parenting, individual pension provision). Social work, for example, has been at the forefront of risk-led service delivery (for a full overview, see Kemshall, 2010), with service provision and resource allocation driven increasingly
Risk, social policy, welfare, social work

by risk concerns, either to self or others (see also Parton, 2011, on child protection; Titterton, 2005, on mental health).

Social work and risk have become increasingly linked and contemporary social work has been significantly influenced by the risk paradigm (Bates and Lymbery, 2011; Webb, 2006). Risk assessment and management are core issues in social work across a range of settings and contexts (Kemshall et al., 2013; Worsley et al., 2013). Managers and practitioners are routinely confronted with risk decisions and such decisions are central to the allocation of resources or the choice of interventions (Worsley et al., 2013).

This chapter will examine the current conceptualisation and use of risk in social policy and social work, and also the role of risk as a key organising principle of provision. Contemporary debates about the framing of risk, the role and extent of responsibilisation for risk, and the relationship between risks, rights and empowerment will also be reviewed.

Risk as a key organising principle of service delivery and social regulation

A number of commentators have identified the shift from a social policy and social work of need to one of risk (see Kemshall et al., 1997, for one of the first articles to identify this shift; and Hothersall and Maas-Lowitt, 2010, for a more contemporary view). In brief, the key arguments for such a shift cluster around:

- The increasing residualism of welfare, social work and social policy provision. This argument is linked to social and particularly economic changes post-1970, becoming more acute since the global financial crisis in 2008. In essence, residualism is a result of financial constraint and a requirement to ration welfare resources (Kemshall, 2002; Page, 2007; Taylor-Gooby, 2009).
- Risk as an assessment and prioritisation tool, particularly to identify citizens for interventions. This approach utilises risk and its attendant technologies of assessment to ration resources to citizens either ‘most in risk’, or who ‘present the most risk to others’ (Rose, 2000; O’Malley, 2004).
- Risk as a mechanism for prevention, particularly through early identification, early intervention and corrective strategies either on individual behaviours or environmentally in terms of neighbourhoods. This represents a more recent preoccupation to prevent risks occurring or increasing, for example risks of child abuse, delinquency or ill health. Prevention is linked to cost–benefit arguments and is primarily justified on the grounds of economic good sense rather than primarily as a social good (Porteous, 2007; Wagg and Pilcher, 2014).

The evidence for residualism is substantial, beginning in the 1970s with the oil crisis recession and continuing up to the present ‘age of austerity’. It is also evidenced across all Anglophone countries and many of the Western countries with similar moves to residual provision occurring after the global financial crisis of 2008 (Kemshall, 2010). Residualism can be challenged by service users who face loss of provision (see Titterton, 2005, for mental health provision; Taghizadeh and Lindbom, 2014, on health care protests in Sweden). Care of the elderly is currently a critical challenge to residualism, with moves to reduce adult care provision conflicting with policy desires to reduce institutional or hospital care (Faulkner, 2012). This tension is significantly exacerbated by the ‘dementia time bomb’ facing most Western countries (Manthorpe and Moriarty, 2010) and the desire of many elderly persons to take risks in order to preserve their quality of life (Faulkner, 2012).
Risk assessment and risk prioritisation is most discernible in the fields of child protection (Broadhurst et al., 2010; Parton, 2011) with policy and practice preoccupations with ‘at risk’ children (Laming, 2003); but also extensive developments in early identification and prevention of neglect, harm, educational deficit and criminality (Ferguson, 2011). Risk assessment and prioritisation has also been highly contentious within adult social care, particularly in ‘self-directed care’ and the use of personal budgets for users to ‘purchase’ their own services. In the market of personal adult care, meanings of risk and levels of risk have been highly contested, with risk often deployed as a rationing mechanism rather than as a gateway to services (Carr, 2011). Increased user choice has been exposed as something of a myth, particularly for those who lack knowledge, competence, or sufficient capacity, but risk is in effect privatised by such a policy strategy with the growth of non-state provision and responsibility for commissioning devolved to users (Ferguson, 2007).

Risk has also been inextricably linked to the prevention paradigm (France et al., 2010) both of individual risky behaviours (for example, unhealthy lifestyles, criminality, poor parenting) and also of risky neighbourhoods (Garrett, 2007). Policy and social work interventions have focused on problematic families and problematic neighbourhoods. In the UK, particularly under ‘New Labour’, ‘problem families’ were seen as a central focus of social policy targeted for early interventions, initially voluntary but increasingly compulsory-based with attention to ‘foetal ASBOs’ and parenting orders (Blair, 2004; Garrett, 2007; Home Office, 2003). Currently the UK Coalition Government has a target of ‘turning around’ 120,000 troubled families through a targeted approach programme of interventions delivered through local government. Interestingly, the scheme is based on payment by results (PBR) with local councils rewarded on the basis of the number of families taken out of trouble. The cost to the State of such families is estimated at £9billion a year (see The Troubled Families Programme, Communities and Local Government, n.d.).

Similar developments can be found in the US, for example the Million-Dollar Block Programme (n.d.) aimed at neighbourhoods that cost the government a million dollars because of the high numbers of residents who commit crime and experience lengthy custodial periods as a result (for example, the Brownsville area of Brooklyn, NY, along with over 35 other blocks in New York fitting this description). The programmes are early interventionist and aim to steer predominantly black male youth away from crime. There are similar initiatives in Australia, with a focus on the high rates of imprisonment of indigenous Aboriginal people (see Rethinking Crime and Punishment, n.d.).

O’Malley (2009) has characterised such policies as ‘the war on risk’ that extends across the Anglophone countries, resulting in an ‘identification and exclusion of the “underclass” – . . . primarily African and Hispanic Americans. More recently this discourse of the “underclass” has spread to Britain and beyond . . . the primary response is to regard the underclass as the “new dangerous classes”’ (O’Malley, 2009: 5). He argues that this results in a valorisation of ‘conflict, race and class’ (2009: 5) and that such policies are part of the social regulation of the ‘dangerous classes’.

However, it is possible to identify critical opposition and counter trends to the role of risk as a key organising principle of social work and social policy responses. These tend to take the following form:

- A critical reflection of the risk prevention paradigm, particularly on the grounds of stigmatisation of children and families (Gillies, 2014) and other social work users; and more recently on evaluation grounds with challenges to its overall effectiveness (Haines, 2008).
- User voice and arguments for more participatory methods and holistic, balanced approaches to risk assessment and risk management (Welbourne, 2012).
• A growing research recognition (and to a lesser extent a policy and practice recognition) of the role of structural inequalities in framing both risk choices and risk responses (Furlong and Cartmel, 2007; Parton, 2014).

There are significant challenges to risk-driven social policy. Service users (voluntary and compulsory users) may resist such social policy initiatives and the stigmatisation that follows. For example, young people may resist risky labels and purposively seek risk-taking activities and identities (Yates, 2012). Families in trouble may resist interventions, for example by April 2013 the UK Government had only accessed 23,000 ‘troubled families’. Structural constraints and the shrinking of social mobility and reduced social opportunity also impact on the effectiveness of risk-targeted social policy. Restricted social mobility can result in increasingly fatalistic approaches to risk (Evans, 2002) and, as a consequence, such citizens doubt their capacity to effectively risk manage and actively resist having to do so.

**Who frames risk: service users, practitioners or policymakers?**

The framing of risk within social work is a highly contested area, with tensions between service users and practitioners. Such tensions are often displayed in clashes between service-user choice, independence and quality of life and social worker concerns about risk reduction, blame avoidance and harm minimisation (Kemshall et al., 2013). This can be particularly challenging in areas such as the care of the elderly (Kemshall et al., 2013: chapter 5; Taylor, 2006) or for mental health users when clashes over user rights and autonomy can be acute, or when social worker concerns can be overly driven by risk (Maden, 2011; Titterton, 2005, 2011). At its most basic this can be a choice between risk taking (to do things, retain independence, make decisions) and risk management (control, risk reduction, harm minimisation). In this context, service-user rights to risk-take can be constrained, for example through compulsory treatment or admissions into residential care. Social workers can experience such tensions as ‘ethical dilemmas’ when faced with uncertain decisions and unpredictable outcomes that are best avoided (Banks, 2011; Barry, 2009; Titterton, 2005, 2011). Whilst attempting to balance options and act ethically, workers in practice often resort to the precautionary option (Banks, 2011). Risks outweigh rights (Dolgoff et al., 2011). This results in restrictive or coercive risk management, as opposed to participatory risk management in which the service user is enabled to fully participate in decisions – and in some instances help to shape services (Titterton, 2005).

At times, policymakers have attempted to advocate non-paternalistic methods of risk assessment and have urged the role of calculated, beneficial risk taking (see Social Care Institute for Excellence (SCIE), n.d.; Department of Health, 2005). However, there are real barriers to participatory risk management. In relation to the impact of the Mental Health Capacity Act 2005 (UK), McDonald highlights the considerable debate about how older persons are enabled and supported to make complex decisions (2010a) and that ‘Barriers, both structural and organisational to positive risk taking ... need to be considered’ (2010b: 1243).

Similar issues have applied to adult personal care and the trend towards empowerment and participatory risk management. Cambridge (2008: 98), in a review of direct payments for people with learning disabilities has highlighted that for ‘people without capacity’ such payments lack accountability and can transfer power to unaccountable others. Similarly, Priestley et al. (2007) found that disabled people were not always in a position to combat inconsistent implementation of direct payments or ‘street level bureaucracy’ and the interpretation that characterised the provision, despite user participation and disability activism. Access was mediated by (lack of) knowledge, the role of the social worker as gatekeeper and the relative power balance of the
user–worker relationship. Direct payments did not necessarily enable users to shape their own care, although they did responsibilise them for organising it (Priestley et al., 2007). Although the social work of direct payment may have intended to promote self-determination and transformation of care, such decisions are both structurally and organisationally constrained, giving ‘poor people constrained choices’ but ‘nevertheless requiring them to make wise choices with the limited resources they have’ (Gray, 2008: 185).

This example also illustrates that at a social policy level, risk choices can be heavily framed and constrained. In considering the impact of UK social policy on young people, Boeck et al. (2009) found that young offenders were fatalistic about their futures, living life exclusively in the present. The consequence of this was a profound fatalism about their own capacity to manage risk and doubts about their own self-efficacy in risk decision making (Kemshall, 2009). This is not simply a matter of psychological attitudes to risk but rather social group processes (Douglas, 1992) and structural constraints. Boeck et al. (2009) found that restricted social mobility limited the opportunities and horizons of young people and exacerbated their feelings of fatalism about risk choices in their lives. In effect, perceptions of self-efficacy were linked to perceptions of social opportunity (Evans, 2002: 265). This echoes Furlong and Cartmel’s (2007: 2) assertion of the ‘epistemological fallacy’ in which citizens are duped into believing in the power of their decisions to shape their own futures whilst actually still heavily constrained by structural conditions such as gender, race and class.

More recently policymakers have attempted to use ‘nudge’ to guide citizens towards ‘best behaviour’ optimal ends (Thaler and Sunstein, 2008). This approach uses incentives and rewards to influence behaviour towards desirable ends, for example giving vouchers to mothers who breast feed, incentives to take out workplace pensions, or cessation of tax fraud (see UK Government Tax Fraud, n.d.). Nudge is principally derived from behavioural economics and aims to obtain more resource–effective behaviours of citizens at a time of austerity; however, the approach has been critiqued on the grounds of patchy evidence and outcomes (see Parliament UK, n.d.), and that even optimal choices can be heavily constrained (Taylor-Gooby, 2009). In addition, nudge may not work in all situations and past experience and levels of insight can be critical in its success (French, 2011). For example, a person may have past experience that rewards are simply not worth it for the effort required. Nudging may also fail to sufficiently embed critical choice judgements into a person’s thinking because such citizens fail to think through choice options for themselves but merely respond to nudge. However, nudge is significant, not least for the policy framing of risk it implies, the link to austerity and shrinking resources, and the displacement of risk concerns from State to citizens (for example, pension provision).

Is the risk case overstated?

A number of commentators have argued that the risk case is overstated (see Mythen and Walklate, 2006), and O’Malley (2008) has argued that there is no inexorable logic of risk. Although there is evidence that social policy and social work are, in part, risk-driven (Kemshall, 2010), it is also possible to find sites of resistance to the risk agenda, predominantly from users (Taghizadeh and Lindbom, 2014; Titterton, 2005), but also from workers (Kemshall, 2010). The last 20 years or so have also seen the risk agenda countered by a focus on resilience to adversity and the promotion of a strengths-based agenda in work with service users. This has included attention to the resilience factors for children under stress or in families facing adversity (Fraser, 2004), and a promotion of work that focuses on protective factors and strengths (Saleebey, 1996); but it has also extended to areas such as child development, trauma and crisis management,
managing adversity, managing end of life issues and managing the challenges of being a caregiver (Norman, 2000). Both users and workers have been central to these new agendas, seeking to find non-stigmatising and inclusionary approaches to service delivery (Kemshall et al., 2013). The focus on resilience is often accompanied by the use of a ‘strengths-based’ approach, which seeks to be collaborative, reduces the power differential between users and workers, utilises the principles of social justice and empowerment and focuses on what is working well and tries to expand and enhance it (Anuradha, 2004). However, there are problems in fully utilising these alternatives, not least the lack of necessary resources to support and utilise strengths (Boeck et al., 2009). In addition, it can be politically unacceptable to espouse a strengths-based, collaborative approach with certain categories of service user, such as sex offenders or those compelled to use services (such as offenders or substance mis-users).

**Conclusion**

Social work has been characterised as a site in which much of the ‘risk society’ social policy is played out (Scourfield, 2007). Policies have been used to manipulate behaviours towards increased ‘responsibleisation’, for example through parenting orders, the regulation of sink estates or the devolution of adult social care to users; however, such policies can have unintended consequences and can be resisted by both workers and users alike. For example, adults seeking personal care do not always wish to be entrepreneurial customers or ‘happy shoppers’ (Carey, 2009), and families in adversity are not always ripe for responsibleisation. Risk taking is also valued by citizens, not only to achieve desirable ends but also for its own sake and resulting in a ‘what-the-hell’ approach and a deliberate avoidance of the demands of constant calculation and self-monitoring (Parker and Stanworth, 2005). Voluntary risk taking can be highly valued (see Lyng, 2005), providing thrills, self-esteem, confirmation of desired identities and rites of passage to key groups and networks. Zinn (2012) has argued that risk and responsibility, whilst inextricably linked, can also cut both ways. For example, social work users may be increasingly responsible by social policy and welfare rules, but conversely such users may also seek to hold providers (including governments) to account for provision and services, most often through user groups and, in some instances, through protest. This is not merely resistance to responsibleisation, but is rather an ‘organised irresponsibility’ against changes in provision or risk management failures (Zinn, 2012), for example in the case of child protection failures and child deaths. The role of key stakeholders, including direct users, can often responsibility governments, policymakers and providers, for example recent media campaigns and parent groups’ demands for changes in sex offender management. However, as Zinn (2012) points out, this can result in increased regulation and audit of practice, often experienced as increased constraint by practitioners with attendant falls in morale and lack of service delivery (Webb, 2006). Arguably this cycle of risk, blame and responsibleisation could be mitigated by accepting the inherent uncertainty of many risk situations and that not all circumstances can be fully assessed or predicted. In such situations, responses are likely to be a combination of guesswork and intuition — a situation Brearley (1982) identified in social work over 30 years ago. In such situations, blame is not necessarily the most appropriate reaction when things do not come out as expected (Kemshall, 1999).

Although there is little doubt that risk is playing a key role in the allocation of services in a residual system of welfare, the case for a universal risk creep can be overstated (Hood and Rothstein, 2000). Alternative approaches can be found, promoted and used in all aspects of social work, clustered around resilience, a strengths-based approach, collaborative working, empowerment and social justice. On occasion, their transfer to highly stigmatised, compulsory
users can be politically unacceptable and therefore challenging for practitioners; however, they are an important mediating force on any inexorable rise of risk.

Notes

1 Social policy is defined more broadly than welfare, to mean the strategic state organisation of social provision in its many forms and its use within broader public policy (Lavalette and Pratt, 1997).

2 With similar developments in Australia, Canada, New Zealand, Western Europe and Scandinavia.

3 In August 2014, The Guardian newspaper highlighted that councils were inviting tenders to care for vulnerable disabled or elderly persons in ‘eBay style auctions’, where tenders were judged on a scoring system with quality scored at 60 per cent and cost at 40 per cent, and most users not knowing they were the subject of such auctions. See www.localis.org.uk/article/1763/Councils-tendering-care-contracts-case-by-case-in-online-auctions-.htm (accessed 2 December 2014).

References


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