

Regulatory Interventions in Practice: towards a psychosocial analysis

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Complex Needs to Disordered Personalities: Political Discourses and Practice Responses

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Introduction

- Findings from a small-scale qualitative research study with homelessness and social housing practitioners in an urban setting in the North of England.
- **Regulatory interventions:** practices that workers use to influence service users' behaviour via strategies of management, containment and control.
- How do claims about increasingly complex needs structure regulatory interventions?
 - i. psychosocial approaches, institutions, welfare workers

Caveats...

- **Problems** about today's selective use of data
- **Decontextualisation** unhelpful for conceptualisation. Location matters.
- **But... intention is to just introduce the idea of regulatory interventions:**
 - i. What do they look like?
 - ii. Where can this go conceptually, theoretically & psychosocially?

Research

- **Research:** ‘official’ and ‘informal’ responses to homeless people and social housing tenants with complex support needs by statutory and non-statutory practitioners in a context of ASBO-era politics.
- **Rationale:** dearth of empirical material (at that time) on social regulation in practice within social policy and administration, critical social policy, housing studies, critical policy studies.
 - i. 2006-2010, 5 organisations, England (North-West), front-line & strategic practitioners, responding to service users with complex needs
 - ii. Interviews (36), observation (sharing cars, walking with, sitting in on, chatting to), ‘involvement’ (Dobson 2009)
 - iii. Statutory Sector: social housing offices, homelessness unit (‘clients’).
 - iv. Voluntary and community sector: supported housing organisation, drop-in centre/night shelter, day and resource centre (‘customers’)

Context

- **Contemporary context:**

- i. criminalisation of poor & marginalised people, e.g., homeless people, social housing tenants + at the time, ASBOs & associated interventions.
- ii. backdrop of increasing inequalities, gentrification & conditionality (e.g., unemployed people).

- **Historical context:**

- i. state/social regulation is not new. e.g., post 18th century poor laws, victorian philanthropy, liberal reforms, post-war welfare settlement + bound up with nation-building/state-making + formation of 'dangerous classes'
- ii. housing & homelessness services never been part of a universalistic settlement; rules attached to the 'gift': e.g., housing & urban managerialism, social control & disciplining via local-power, e.g., 'gatekeeping' & discretionary practices.

Early Findings and Analysis

- **Anticipation:** support (i.e., tolerant, unconditional) = voluntary sector
OR enforcement (i.e., tough, conditional) = statutory sector
- **Evidence:** no typology of worker/organisation intervention in relation to support or enforcement. Instead:
 - i. Multiple and varied 'regulatory interventions' (policies, practices) across all sites
 - ii. Progressive and regressive views (techniques, justifications) amongst practitioners
 - iii. Thinking, deliberating, reconciling: contestation & contradiction, tensions & dilemmas, possibilities & problems, surety & doubt.
 - iv. Struggles to accommodate requests and demands 'from above' (managers, commissioners, funders, policies)?

Regulatory Interventions. What do they look like?

- i. Management and Containment
- ii. Negotiation and Persuasion
- iii. Suspicion and Control
- iv. Monitoring and Surveillance

Management and Containment

TECHNIQUES: clarity and consistency, calls for 'time-out', rules enforcement

JUSTIFICATIONS: containment as care, needs-informed & behaviour oriented

Avoiding eviction:

'... A guy threw a dish and a plate across the social room ... I were quite well within my rights to restrict somebody [for that] but I didn't want to ... 'cause he was staying on the [night shelter, so] he'd have lost his bed space. So I had a chat with him and I told him to leave the room and calm down and he did ... he's moved on ... into one of the hostels. For that one incident ... he'd [have been restricted] and have been back on the streets ...' (Wes, Support Worker, Drop-in Centre)

Negotiation and Persuasion

TECHNIQUES: toughness, telling it straight, de-escalation, coaching, challenging, nudging, chivvying, prompting, pushing

JUSTIFICATIONS: rule enforcement, needs-informed, trust and rapport required

Sorting the garden:

'She wouldn't allow anybody into the property. So I ... rearranged the appointment; she cancelled the appointment again. I said, 'right, how about if I come and meet you in a housing office ... So I arranged to meet her – somewhere she wanted to meet me – in an interview room – somewhere she obviously felt safe and where she knew. She came in and we had the meeting ... And she explained to me that she had mental health issues ... She hadn't let anybody into the property for seven years. I said, "we need to get this garden sorted still; it's overgrown". She explained ... "I've got a bad back". So I've taken her a list of approved gardeners. [She said] 'I'm not having a gardener' ... I could quite understand why she didn't want men round. I said, "all these people have been approved by the Police" and there were female gardeners ...' (Stephanie, Team Leader, Social Landlord Tenancy Support Team)

Monitoring and Surveillance

TECHNIQUES: everyday observations/judgments of people, place & space, sensory (dirt, cleanliness, smells), temporal (judge over time), spatial (distance between worker/service user)

JUSTIFICATIONS: triggers justify action (e.g., risk of death, risk to others) + legitimating triggers (e.g. health and safety, 'duty of care')

Responding to overdose:

'Normally in a morning you start drinking [and] you start feeling better ... I started feeling worse ... a guy from the office came in; "you need to go to the hospital" ... I said "no I'll be alright ... I [just] haven't had enough to drink yet". He said "I'm going to take you to hospital" ... I remember being manhandled into a car, resisting ... the staff were forcing me into a car ... They wouldn't let me go outside [the hospital] for a cigarette, because they thought I'd abscond, which is exactly what I would've done. So they made me stay there, sat with me.' (Graham, Volunteer, Drop-in Centre)

Suspicion and Control

TECHNIQUES: second guessing, tricking, testing

JUSTIFICATIONS: protective care, medical/physical need, professional boundary-making/self-protection

Don't lie to me:

'... he told me a massive lie. And I went, "I'll let you have that one, but I know you're lying". The next day he said something else, and I went, "I allowed you one; I'm not allowing you two" ... He'd also been drinking and I said, "take this as a verbal warning; I will have no hesitation on asking you to leave, if you do it again ... you do not bring it in here". He's been as right as a button, but I think it's because I was clear ... He knew that I knew that he'd lied. So he must have thought, "hmmm, ok then. I've tried it, it's not going to work"'. (Siobhan, Project Worker, Supported Housing Project)

Conclusions: initial

- A contemporary account of housing & homelessness practices, social regulation & local authority activity in an urban area
- Practice concerns for discipline (interventions), productivity & functionality (bio-power/biomedical) amongst people with complex needs
- Evidence of professional failing (+ shame?) + modernisation talk
- Initial ideas: practitioners work in contexts made up of factors that ‘bear down’ on their actions (see Dobson, 2015 for updated analysis):
 - i. factors a) inform their interventions, b) their inclinations/capacities to comply with/resist regulatory climate (e.g., policy, politics, culture).
 - ii. workers exercise a form of ‘bounded’ agency (Phillips 2006).

**Thanks for listening. Questions
& reflections welcomed.**

References

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