Families “at risk” and the Nurse-Family Partnership:  
the intrusion of risk into social exclusion policy  
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Introduction

This article attempts to explain why a particular policy, the ‘Nurse-Family Partnership’ (NFP), has been transferred by policy-makers from the US policy context to the British one. The NFP consists in a programme of visits by nurses to low-income first time mothers, both whilst the mothers are pregnant and for the first two years following birth. The NFP is focused on both “teaching parenthood” and “encouraging the mother to get an education or a job” (Smith, 2006; see also Family First Health, 2006). Speeches trailing the introduction of the NFP, which proposed early intervention in “dysfunctional families”, were derided in the press as presaging “foetal asbos” (BBC News, 2006). Yet, whilst the NFP marks a considerable discontinuity with previous approaches to family health, it is perfectly congruent with an emerging new approach towards social exclusion. This new approach uses ‘risk’ as an organizing concept, maintaining that the most important task of social policy is to quickly identify “the most at-risk households, individuals and children so that interventions can be targeted more effectively at those at risk- to themselves or to others” (Her Majesty’s Government, 2006). The article indicates how the NFP has been designed to perform these acts of intervention, following the identification of families “at risk”.

Existing theories of risk in social policy

A number of analysts have drawn attention to the growing importance of “risk” within social policy. Two research programmes have developed, examining the collectivization and privatization of risk, respectively.

The first research programme has amassed a wealth of historical data to indicate how the state has progressively assumed an important role in insuring against risk – and specifically, against the risk of loss of income following unemployment, ill-health, and
widowhood (see for example Esping-Andersen (1990) and Skocpol (1992)). Some analysts have gone further and maintained that the control or elimination of risk has come to dominate the activities of the state. Hence, Giddens maintains that governments have accepted responsibility not only for the collectivization of risks from economic and personal problems, but also for dealing with risks arising from globalization, science and technology (Giddens, 1998); and Moran maintains that risk can be seen as occupying a “central place” in the modern state (Moran, 2003, 27).

Increasingly however, analysts are drawing attention to a reverse movement, with those institutions underpinning the collectivization of risk being challenged by the privatization of risk (Powell 2000, 56; Hacker, 2004). This process is seen as occurring across a number of western countries. National populations are, reportedly, increasingly concerned that the state safety net is quickly being unravelled underneath them, but unable to do anything meaningful to stop this (Taylor-Gooby 2000, 10). Following the decline of state pension provision, the growth of private healthcare programmes, and declining levels of real income from state support for unemployment and other misfortunes, individuals are reputedly forced to rely on what Klein and Millar have described as ‘Do-It-Yourself’ social policy. Whilst such individuals are allowed (or required) to exercise autonomous choice over ‘DIY’ welfare, they also have to accept (to a certain extent) the consequences of such choices (Klein and Millar, 1995, 313-4).

A much more recent development has not, however, attracted the same degree of attention. This is the intrusion of the concept of risk into what might traditionally have been termed anti-poverty policy, but is today increasingly referred to as ‘social inclusion’ or the combat of ‘social exclusion’. This article maintains that the NFP represents a logical extension of the increasingly pervasive notion that the ‘socially excluded’ are at risk to themselves (and possibly to others), and that they need to be persuaded into joining or re-joining “mainstream society”. This finding accords with Hazel Kemshall’s claim that “risk, particularly an individualized and responsibilized risk, is replacing need as the core principle of social policy formation and welfare delivery” (Kemshall, 2002, 1).

The Nurse-Family Partnership
The NFP has been promoted by the UK’s Social Exclusion Unit (SEU) (an element of the Cabinet Office, under the purview of the Prime Minister) since September 2006. It was described in the 2006 “Action Plan on Social Exclusion” as a “structured program of home visits by trained nurses during pregnancy and the first two years (targeted at disadvantaged families)” (SEU, 2006a, 52). The visits would be focused on “three major activities”: “promoting improvements in women’s (and other family members’) behaviour”, “helping women…build supportive relationships” and “linking women and their family members with other services that they need” (ibid.). The NFP was described as functioning well in the US, where it had been operating for over thirty years and had spread to a number of states beyond its original Colorado base. Indeed, the Nurse-Family Partnership program enjoyed an estimated liability running into hundreds of thousands of dollars (Nurse Family Partnership, 2005). Seven million pounds were to be invested in ‘translating’ the US scheme for the UK context, with health visitors and midwives to receive special training to identify and engage “high-risk families” (Community Care, 2006).

The NFP was explicitly presented as a preventative measure. Hence, it was originally operated by the Prevention Research Center for Family and Child Health located within the University of Colorado Health Sciences Center. The SEU described the NFP as “promoting protective factors” against specific risks, at the same time as stressing that whilst “individuals have a right to take up the opportunities that are available,…alongside rights come responsibilities” (SEU, 2006a, 20).

An important element stressed by those promoting the NFP was its alleged effectiveness as proved through ‘clinical’ trials. A number of commentators invoked a US study of over one hundred families involved in the scheme between 1977 and 1994, which “found that child abuse and neglect were halved when children reached 15;…[a]rrests were reduced by nearly two-thirds and there was a 90 per cent reduction in poor behaviour” (Community Care, 2006). This study was also mentioned in the SEU’s Action Plan, which maintained that “three separate large-scale, randomised controlled trials” indicated that the NFP had led to everything from fewer “kidney infections” to “[f]ewer
lifetime sex partners” (SEU, 2006a, 52). The founder of the scheme maintained that success in these trials gave the NFP a particular status which distinguished it from alternative attempts to improve child welfare. In particular, he was critical of proposals to introduce “European”-style systems of child benefits in the US, maintaining that comparative evidence was not sufficiently rigorous to justify public expenditure. Indeed, he suggested that only policies which had passed “randomized trials” could be used to support young families, since only they could be “effective and thus moral” (Olds, 1996, 3).

Despite these claims, however, it is not clear that the NFP has been rigorously evaluated against alternative measures. Most obviously, no sustained attempt has been made to reverse the ‘inverse care law’ whereby lower-income mothers receive disproportionately few home visits from health visitors. It would be interesting to compare the effects of a redeployment of existing health workers, focused on the most needy with the most significant health problems, compared with the introduction of an entirely new scheme. More fundamentally, it appears that the NFP has not been compared with schemes which build on the expertise of ‘clients’ themselves. This is particularly pertinent within two of the areas where the NFP is claimed to lead to demonstrable impacts: child safety and child health.

Research has shown that people living in deprived areas are often acutely aware of risks to children’s safety, and adopt a number of means of trying to deal with these risks. Sometimes they are unable to exercise control over particular risks, either due to a lack of control over their community, or due to an inability to purchase basic equipment which

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1 The SEU did however note in a footnote that these outcomes were only reported for one of the trials (footnote 56, ibid.), and others have noted that “results at replication sites are somewhat weaker than at model sites” (O’Brien, 2005).

2 It should perhaps be noted, however, that unlike the US-based promoters of the scheme, the UK government was keen to stress the fact that an important rationale for the new scheme was its accessibility and relevance for the mothers concerned. Hence, Hilary Armstrong, the Minister for Social Exclusion, suggested that for those people who “have had a bad experience of the state”, health-led models would be more trusted and therefore accessible (Armstrong, 2006). The fact that the scheme was voluntary (i.e. that mothers had to opt in rather than opt out of it), and did not offer financial incentives to induce compliance, also distinguished the NFP from compulsory US schemes like “workfare” or “bridefare”.

3 It might also be suggested that since mothers are required to ‘opt-in’ to the NFP scheme, those using the scheme have at least one significantly different attribute (the fact that they have freely chosen to participate) compared with those who have not opted-in and who might be used as a control group.
would improve safety levels. For example, many council houses were designed without any input from potential tenants, and thus failed to take into account some crucial safety considerations. As a result, the stove can be in a dangerous position, the stairs can be overly steep, and/or buildings can provide enticing climbing routes for intrepid youngsters. Design faults like these cannot be rectified by tenants, but safety can sometimes be enhanced through the purchase of special equipment. Such equipment is relatively expensive to buy, thus compounding existing risks to safety from poor housing. For example, Mothercare’s cheapest fireguard, cooker and hob guard, stair safety gate and socket covers cost £55 in total to purchase\(^4\). This can be compared with the £45.58 weekly allowance for dependent children that can be claimed as part of income support.

As a ten-year old study suggested, “risks are not so much a product of parental neglect as a problem of coping with other household priorities in essentially dangerous places”. The study recommends that a “collective responsibility for safety” should be built “into the rights and entitlements associated with the welfare state” (Roberts et al., 1992, 199).

While such an entitlement has not been formally instituted, New Labour governments have, to a certain extent, concentrated accident-prevention resources on the less well-off. Hence, a special initiative is currently underway to reduce road casualties in disadvantaged areas in fifteen local authorities, supported by the Departments of Transport and Health, and the Child Accident Prevention Trust and Miskin Group of researchers (see http://www.nrsi.org.uk/). It could be argued that this initiative recognizes the need to tap into local knowledge on how to prevent accidents. Similarly, the New Deal for Communities has required local communities to be actively consulted on how housing and other amenities should be redeveloped. This has allowed residents’ safety concerns to formally influence the design process. Around a fifth of spending associated with the New Deal for Communities has been used to develop community involvement, although opinions differ over the extent to which local people have genuinely been able to exercise control over redevelopment policy (Office of the Deputy Prime Minister, 2005, 67-8; Weaver, 2005). These initiatives, unlike the NFP, acknowledge the important role of individuals’ local knowledge for the removal or neutralization of risks to safety.

\(^4\) Here I am approximately repeating Roberts et al.’s calculation for the early 1990s, using 2006 prices (Roberts et al., 1992).
Secondly, the NFP has also been described as leading to improved levels of child health, especially through educating mothers about healthy living. However, the lifestyle changes required in order to live more healthily may either be impossible to achieve for some people due to structural problems, or they may be very expensive. For example, parents are often aware of how to feed their children healthily, but unable to put this into practice due to the high costs of healthy food, the lack of available sources in deprived areas, and the lack of transport to cheaper out-of-town supermarkets (Child Poverty Action Group, 2001).

As Davison et al. note, “[t]he almost exclusive concentration by health educators and promoters on behaviours said to be open to individual choice, should be re-examined” (Davison et al., 1992, 109). Changes to behaviour advocated by health promotion campaigns are often, unsurprisingly, associated with middle-class lifestyle patterns, whilst other factors correlated with ill-health are ignored. Stone offers the examples of divorcing and being a housewife (as opposed to working outside the home), which are both associated with increased morbidity for women, and yet are, unsurprisingly, not condemned by health promotions campaigners (Stone, 2005, 68).

Focusing exclusively on individuals’ responsibility for health improvement has been described as removing responsibility from the state for individuals’ well-being, since poor health is still significantly, and steeply, correlated with individuals’ socio-economic position, which could (in theory) be altered by income redistribution (Freeman, 1992, 44-5). A purely individualized approach to health improvement also ignores the independent effects of inequality on health, which applies regardless of individuals’ absolute income levels (beyond subsistence levels) (Wilkinson, 2005).

In conclusion, proponents of the NFP suggest that nurses can teach mothers how to look after their children better, leading to their children growing up safer and healthier. The NFP is described as having ‘proven results’ in these areas. However, it has not been tested against alternative approaches building on parents’ existing knowledge-knowledge which they are often blocked from putting into practice due to structural and financial barriers.
The new use of ‘risk’ in social exclusion policy

Given the existence of alternatives, it is legitimate to ask why the NFP has been given such prominence as a new policy programme to help tackle social exclusion. The rest of this article suggests that this can be at least partly explained by the way in which the concept of ‘risk’ has intruded into policy on social exclusion.

For the SEU, social exclusion is “a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime, bad health and family breakdown”. The concept of ‘social exclusion’ was institutionalised in 1998 with the creation of the Social Exclusion Unit within the Cabinet Office. Some have criticised the concept as “intrinsically problematic”, leading to “power and privilege slipping out of focus if not out of sight”, with “structural inequalities” remaining “largely uninterrogated” (Levitas, 1998, 7). Others, however, have described the pursuit of social inclusion as a legitimate policy goal (Layard, 1997), one which recognises that not all inequalities are economic (Witcher, 2003). A considerable volume of work has been generated concerning the appropriateness or otherwise of the concept (for an interesting survey and comparison with ‘lay’ views, see Richardson and Le Grand, 2002).

Regardless of the merits or otherwise of using ‘social exclusion’ as an analytical category, it is clear that its use has changed substantially over recent years. In particular, individuals are increasingly being described as “at risk” of social exclusion, or even simply “at risk”, rather than as (actually) “socially excluded”. Hence, the SEU maintained in its 2001 report “Preventing Social Exclusion” that “[s]ocial exclusion is something that can happen to anyone. But some people are significantly more at risk than others” (SEU, 2001d, 13). Henceforth, government action has been focussed on “reducing the numbers who go through experiences that put them at risk or targeting action to compensate for the impact of these experiences” (ibid.). In late 2006, the Social Exclusion Unit was renamed the Social Exclusion Task Force, and its new Head defined her role as pushing forward “earlier identification and support for those at risk of deep-rooted exclusion” (Her Majesty’s Government, 2006b).
The growing importance of this new, risk-based approach to social exclusion can be seen by tracking the use of the term ‘risk’ in reports produced by the SEU, before its metamorphosis into the Social Exclusion Task Force in 2006. The table below indicates the relative use of different conceptualizations of risk in the 91 publications produced by the SEU which are publicly available through the SEU’s archive. The different figures represent the percentage of times particular conceptualizations of risk occurred within any particular year (rounded up from 0.05%). The figures should only be taken as a rough indication of the extent of usage of different terms, since the SEU produced quite wildly varying volumes of publications each year, and since particular years’ totals are ‘skewed’ by reports dealing with particular issues (the clearest example of this being in 1998 when only report was produced, concerning rough sleeping, which naturally led to a focus on those risks related to homelessness). Only those conceptualizations of risks identified in the first column counted towards the ‘total’ number of conceptualizations. Conceptualizations which did not substantially recur throughout the sample were excluded. The conventions used in drawing up the table are explained in Annex A.

Of course, it can be questioned whether the use of particular language need have any concrete impact. Different conceptualizations of ‘risk’ may merely substitute for alternative terms such as “liability” or “likelihood” which were perhaps used more frequently in the past. However, as Lister notes, “interrelated concepts act together as a matrix through which we understand the social world. As this matrix structures our understanding, so it in turn governs the paths of action which appear to be open to us” (Levitas, 1998, 3). Indeed, many of the SEU’s publications themselves contained new policies, such as the NFP proposal. It is therefore useful to consider how the SEU’s discourse concerning social exclusion has come to incorporate the notion of ‘risk’.

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5 It thus excludes the eighth edition of the SEU’s publication “Inclusion”, since this failed to load from the archive website; but includes all other reports, letters, and factsheets classified by the SEU as ‘publications’.
6 This appears to have been the case where the SEU has used the concept of “risk” as if it were synonymous with “likelihood”; see SEU, 2006b, 20.
Table 1: The proportionate use of particular conceptualizations of risk in Social Exclusion Unit publications, from 1998 to 2006

<table>
<thead>
<tr>
<th>Risk</th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>Date unclear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of social exclusion</td>
<td>4.9</td>
<td>5.6</td>
<td>19.1</td>
<td>26.7</td>
<td>33.3</td>
<td>32.1</td>
<td>15.2</td>
<td>7.3</td>
<td>26.3</td>
<td></td>
</tr>
<tr>
<td>At unspecified risk (“at risk”)</td>
<td>20</td>
<td>8.2</td>
<td>31.3</td>
<td>17.6</td>
<td>43.3</td>
<td>25</td>
<td>7.7</td>
<td>9.1</td>
<td>53.7</td>
<td>10.5</td>
</tr>
<tr>
<td>Risk of exclusion (unspecific)</td>
<td>2.2</td>
<td>2.1</td>
<td>10.3</td>
<td>4.2</td>
<td>1.0</td>
<td>3.0</td>
<td>6.1</td>
<td>21.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-specific risks total</td>
<td>20</td>
<td>15.3</td>
<td>39</td>
<td>47</td>
<td>70</td>
<td>62.5</td>
<td>40.8</td>
<td>27.3</td>
<td>67.1</td>
<td>57.9</td>
</tr>
<tr>
<td>Risk of unemployment</td>
<td>2.7</td>
<td>8.3</td>
<td>1.5</td>
<td>1.7</td>
<td>5.8</td>
<td>3.0</td>
<td>1.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk of exclusion from school</td>
<td>7.1</td>
<td>1.4</td>
<td>7.4</td>
<td>1.7</td>
<td>4.2</td>
<td>1.0</td>
<td>1.5</td>
<td>15.8</td>
<td></td>
<td></td>
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<tr>
<td>Risk of teenage pregnancy</td>
<td>8.2</td>
<td>.7</td>
<td>4.4</td>
<td>3.3</td>
<td>4.2</td>
<td>.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Risk of experiencing crime/anti-social behaviour</td>
<td>3.3</td>
<td>7.6</td>
<td>2.9</td>
<td>4.2</td>
<td>4.2</td>
<td>7.6</td>
<td>3.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk of committing crime/ASB</td>
<td>1.1</td>
<td>2.1</td>
<td>1.5</td>
<td>1.7</td>
<td>8.3</td>
<td>2.2</td>
<td>12.1</td>
<td>1.2</td>
<td>21.1</td>
<td></td>
</tr>
<tr>
<td>Risk of homelessness</td>
<td>.5</td>
<td>2.1</td>
<td>7.4</td>
<td>5.0</td>
<td>3.8</td>
<td>7.6</td>
<td>2.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk of early mortality/illness</td>
<td>20</td>
<td>1.1</td>
<td>.7</td>
<td></td>
<td>6.1</td>
<td>1.5</td>
<td>1.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk of specific illness</td>
<td>3.3</td>
<td>2.9</td>
<td>1.7</td>
<td>4.2</td>
<td>2.6</td>
<td>1.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Risk of low pay/wages</td>
<td>1.1</td>
<td>.7</td>
<td></td>
<td></td>
<td>1.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Risk of poverty</td>
<td>1.6</td>
<td>2.9</td>
<td></td>
<td></td>
<td>4.8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk of disadvantage/deprivation</td>
<td>.5</td>
<td>.7</td>
<td>1.5</td>
<td></td>
<td>1.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk of financial loss (to individuals)</td>
<td>6.0</td>
<td>2.9</td>
<td></td>
<td>2.2</td>
<td>1.5</td>
<td>1.2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Specific risks total</td>
<td>20</td>
<td>36.5</td>
<td>24.3</td>
<td>38.2</td>
<td>15.1</td>
<td>25.1</td>
<td>35.9</td>
<td>34.8</td>
<td>12.1</td>
<td>36.9</td>
</tr>
<tr>
<td>Risk of financial loss (to companies)</td>
<td>20.9</td>
<td>2.8</td>
<td>2.9</td>
<td></td>
<td>.3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Risk factors”</td>
<td>7.1</td>
<td>20.1</td>
<td>4.4</td>
<td>3.3</td>
<td>8.3</td>
<td>18.9</td>
<td>15.2</td>
<td>9.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Risk assessment”</td>
<td>6.6</td>
<td>1.4</td>
<td>5.9</td>
<td>3.3</td>
<td>1.0</td>
<td>1.5</td>
<td>3.7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High risk groups/areas/activities</td>
<td>40</td>
<td>2.2</td>
<td>2.1</td>
<td>6.7</td>
<td>1.0</td>
<td></td>
<td>7.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risks to service delivery</td>
<td>20</td>
<td>8.2</td>
<td>1.4</td>
<td>2.9</td>
<td>1.7</td>
<td>1.9</td>
<td>12.1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk described as positive</td>
<td>2.7</td>
<td>9.0</td>
<td>1.5</td>
<td>4.2</td>
<td>.3</td>
<td>9.1</td>
<td>5.3</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
‘At risk’- of what?

As shown by Table 1, a whole variety of specific risks to individuals were examined in SEU publications, and it is difficult to draw any conclusions from the frequency of these. Some general conclusions can, however, be made concerning the relative weight of references to specific risks when compared to general or non-specific risks. The table indicates that mention of specific risks by the SEU was almost always outweighed by references to unspecified risks (the general “risk of social exclusion”, the “risk of exclusion”, or simply being “at risk”). There was a particularly significant number of references to those “at risk” (without explaining what they were at risk of) in the reports produced by the SEU in 2006. The table also indicates that SEU publications frequently referred to those subject to such risks as “high-risk” individuals or groups, or people participating in “high-risk” activities or living in “high-risk” areas.

Parton et al. have examined in depth how the original use of the term “at risk” came to be generalized within child protection services, substituting for previous concepts like “needy children” (Parton et al., 1997). In distinction to this use, however, the new use of “at risk”, does not refer to any specific risk. Indeed, a number of SEU publications continue to use this latter conceptualization, either placing “at risk” in quotation marks to refer to the old meaning (SEU, 2002d, 2004g), or explicitly linking being “at risk” with “on the child protection register” (SEU, 2001b, 2005e). The ambiguity implied by these multiple meanings is interesting given the inclusion of child protection within the goals of the NFP.

Risks to business and government

The six lowest rows of Table 1 report the frequency of a miscellaneous collection of conceptualizations of risk. ‘Risk of financial loss (to companies)’ refers to the potential costs to business caused by engaging with the ‘socially excluded’ (as workers or clients). This ‘risk’ was relatively frequently mentioned, especially in reports dealing with “financial exclusion”. As well as referring to risks affecting companies, SEU publications also occasionally referred to the risks posed to government policies. The penultimate

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7 It does appear, however, that the term has also been used in this non-specific manner in the US, albeit only relatively recently; see for example its use by Armacost, Laracy and Phillips (Armacost et al., 2001, v).
line of the table depicts the relative number of these references to risks of barriers or disruptions to government policy.

Who is at risk, and how?

Given that the NFP targets those identified as 'at (non-specific) risk', it is perhaps pertinent to consider how any process of identification would work. SEU publications are not particularly detailed on this matter. Hence, on a number of occasions, the term “experiencing or at risk of social exclusion” was invoked, without ever differentiating between the categories of experience and susceptibility (SEU, 2000a, 2002a, 2004g, 2006a, 54), and at one point being “socially excluded” was apparently treated as synonymous with being “at risk of social exclusion” (SEU, 2002a). A 2004 report did, however, attempt to quantify the numbers of those “at risk of social exclusion” (if not of those non-specifically “at risk”) as constituting all those children living in low-income households, as compared with smaller numbers of people subject to “extreme forms of multiple deprivation, affecting only 1% or so of the relevant population” and those subject to “significant problems’, which may affect some 1 in 10 of the age group” from birth to thirteen years (SEU, 2004g, 17).

As shown in Table 1, a number of SEU publications referred to “risk factors” which might predispose individuals to become socially excluded. The table also indicates that the term ‘risk assessment’ was frequently mentioned, with risk assessment often being promoted as a technology for professionals to use when dealing with individuals “at risk” (see, for example, 1999c).

The “risk factors” identified in SEU publications were described as “cumulative”, such that “if the ‘chain’ can be broken, most children can recover” (SEU, 2004g, 21). Some risk factors were described as “predictive” (albeit only “[a]t a population level”), and “symptoms of an individual being at risk of social exclusion [could be identified by services] at an early stage” (SEU, 2005a, 134). Despite this, some publications were keen to note that the “[c]oincidence of problems in specific at-risk groups” should not be “taken to infer causality in either direction” (SEU, 2000a, 101). In one report the “causes

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8 “Not everyone who experiences social exclusion will necessarily have a transport problem, and not everyone with transport problems is at risk of social exclusion” (SEU, 2002a, 1)
and consequences of social exclusion” were treated as identical (consisting in “poverty and low income; unemployment; poor educational attainment; poor mental or physical health; family breakdown and poor parenting; poor housing and homelessness; discrimination; crime; and living in a disadvantaged area” (SEU, 2004d, 3)).

Furthermore, the presence of individual risk factors were seen as insufficient for the onset of social exclusion, since for example “[o]ne-off or low-level anti-social behaviour, such as litter dropping, may be perpetrated by people who have none of the ‘risk factors’ identified” (SEU, 2000d, 25).

Despite this, a number of the SEU publications referred to the goal of both reducing “the risk that people become socially excluded”, or reducing “the risks associated with social exclusion” (SEU, 2005a, 2004g, and “strengthening the protective factors” that enable people “to overcome the risks and obstacles they face” (SEU, 2000a, 28). A succession of reports described different sets of “risk” and “protective” or “preventive factors” (SEU, 2000a, 2000i, 2001c, 2004g, 2005c). The development of “protective” or “preventive factors” was codified as “resilience” or “resiliency” (SEU, 2004g, 2005a). One report suggested that such “resiliency” could be promoted by “making opportunities and encouraging children and their parents to take advantage of them” (SEU, 2004g, 114).

Risk as a positive resource as well as a harmful threat?

Aside from these pejorative mentions of risk, a number of SEU publications also presented risk as a resource to be taken advantage of in the economy. Most frequently, the desirability of taking risks was linked with entrepreneurialism and innovation (see Annexe A), and the ability to handle risk was linked with the demands of a rapidly changing modern economy (SEU, 1999f). This positive approach to risk has been described as ‘embracing risk’ (Baker and Simon, 2002, 2). The political right has long been concerned to promote the active courting of risk as an important aid of a well-functioning economy (see Letwin, 2004 and Sunderland, 2004, 6). As O’Malley notes, risk is increasingly ‘regarded as productive’, with ‘competition and economic risk-taking’ encouraged by governments (O’Malley, 2005, xii). Some Labour politicians have also promoted this view of risk, with, for example, Mandelson and Liddle arguing that risk-taking should be encouraged in the interests of a dynamic market economy (Mandelson and Liddle, 1996).
Aside from a positive evaluation of risk in business, the ability of welfare professionals and voluntary groups to take risks when delivering services was also described as a positive attribute in number of SEU publications. Hence, neighbourhood management was described as risky, but the “risk” of trying it out was “well worth taking” (SEU, 2000c); taking “risks with public money” was seen as potentially desirable if it resulted in particular outcomes (SEU, 2000i); the “community and voluntary sector” was singled out (positively) as being able to “take risks” (SEU, 2000e), unlike the public sector; and those who were “willing to take risks to help those finding it hardest to get work” were lauded (SEU, 2003).

This positive evaluation of risk appears to slightly contradict the frequent references to ‘risk assessment’ mentioned above. Certainly, ‘risk assessment’ and ‘management’ have often been contrasted with ‘risk-taking’ approaches. For example, Barham and Hayward have maintained that risk assessment and management encourage ‘user dependency, incompetence and passivity’, at least when used in the area of mental health, contrasting this with their preferred “risk-taking” approach (Barham and Hayward 1991; see also Munro, 2005).

**The NFP and the role of risk in social exclusion**

This article has argued that the promotion of the NFP coheres with a general change in social policy, which has come to focus on those individuals who are deemed “at risk” and on building up those individuals’ “resilience” to risks. The NFP does not offer mothers any additional funds or resources, nor does it create for them any new opportunities. Instead, it aims to educate mothers how to bring up their children more successfully, and how to improve their own job prospects, in the process making them more resilient.

The NFP thus aims only to build up individuals’ ‘resilience to risk’. It does not attempt to change the material context in which individuals live, nor to itself reduce the risks they face. This approach was proposed in one SEU report, which maintained that, with respect to “the poorest and some ethnic minority groups”, it is “not…enough to reduce the risk, or present the opportunities”, since these individuals “also need a helping hand to…discover that exercising ‘agency’ can make a difference” (SEU, 2004g, 121). Indeed,
according to the SEU, those most “at risk” may be suffering from “learned helplessness”, whereby they need a “helping hand to develop the confidence, skills and strategies to escape from social exclusion” (ibid.).

This approach assumes that those “at risk” are, on at least some occasions, unable to act in their own interests. In assuming that those “at risk” are, in this respect, irrational, it contrasts with Charles Murray’s approach to poverty, with Murray maintaining that long-term benefits recipients were acting rationally in response to government policy (Prideaux, 2005, 136). The SEU’s approach does acknowledge that “structure” has an important role to play, with an “early life of disadvantage” possibly resulting in “a deeply-held belief that nothing can change” (SEU, 2004g, 22). It can, therefore, be distinguished from what Scott and Williams have described as the “punitive, victim-blaming turn in social policy, where behaviour is divorced from its social context and risk-taking is represented as willful deviance” (Scott and Williams, 1992, 4), and also from cultural explanations for poverty which maintain that the ethos of certain groups provides a breeding ground for “social pathologies” (Moynihan, 1968).

However, the SEU’s approach accords relatively minor significance to current, as opposed to past, structural and material factors. In so doing, it perhaps underplays the role of social, economic, racial and gender inequality in explaining poverty and allegedly undesirable behaviour such as teenage pregnancy (Morris, 1994; O’Connor, 2001, 255; Robinson and Gregson, 1992). It also, perhaps, underplays the extent to which those “at risk” are already aware of routes out of poverty, but are unable to follow these routes for a variety of structural reasons.

Conclusion

This article has considered why the NFP has been promoted as a new policy to tackle social exclusion in the UK, despite the existence of alternatives. It has detailed how proponents of the NFP link its operation to reduced ‘risks’ of everything from kidney problems to promiscuity, and explicitly propose that the new scheme should be focused

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9 Although it should be noted that Murray moderated his line on this subject later, stating that he was “using the concept of blame as a useful fiction”, because “even if it is true that a poor young person is not responsible for the condition in which he finds himself, the worst thing one can do is try and persuade him of that” (Murray, 1996, 84).
on those “at risk”. The NFP thus fits with the SEU’s new focus on enabling individuals to become ‘resilient’ to the risks that they face, not through providing extra resources or tackling structural barriers, but through the exhortation and encouragement of professionals.

The NFP can be contrasted with programmes which build on peoples’ existing knowledge and experience- and desire to maintain their children’s safety and health, and improve their own job prospects. A number of public programmes have been created which show that risks to safety and health can be removed or neutralized if resources are deployed in a manner responsive to community concerns. Merely teaching young mothers how to keep their children safe and healthy will have few benefits if those mothers are unable to afford the time to supervise their children or to travel out of the community, if necessary, to shop for healthy food; or the money to pay for safety equipment and nutritious groceries. A similar point can be made with regards to transitions into paid work. Numerous studies have indicated that the long-term unemployed are as willing to undertake retraining and to enter paid work as the rest of the population- indeed, they may even be more motivated that the employed population (Taylor-Gooby and Dean, 1992, 76, 91-2; Gallie et al. 1994). Katherine Newman has demonstrated similar findings in the US regarding the desire of those in very low-waged so-called ‘McJobs’ to undertake further education and training (Newman, 2000, 51).

As Bradshaw and Holmes put it, the families they studied, who might be classified by the SEU as “at risk”, “are just the same people as the rest of our population, with the same culture and aspirations, but with simply too little money to be able to share in the activities and possessions of everyday life with the rest of the population” (Bradshaw and Holmes, 1989, 138). Instead of acknowledging the need for increased support for those living on low incomes, the US welfare system has increasingly become entwined with moral aspirations to make “better” clients and citizens (Soss, 2005). The SEU’s focus on individually-based, therapeutic approaches, exemplified by the NFP, suggests that British welfare policy may be leaning in the same direction.

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Annexe A: Conventions used in drawing up Table 1

‘Risk of experiencing crime’ includes: risk of repeat victimization, crime due to living above commercial premises (1999i); risk from criminals (2000d); risk of theft, burglary (2000f); risk of repeat victimization (2001c); risk of vandalism, burglary, vehicle-related theft (2004o); risk of being a victim of racist crime (2004e); risk of repeat victimization (2004i); and risk of sexual assault (2005d).

‘Risk of specific illness’ includes risks of: reproductive problems, genital herpes, STIs, obstetric risks (SEU, 1999a); cardiovascular disease and diabetes, mental health problems (SEU, 2004b); stroke and stomach cancer; hepatitis and HIV (2004h); suffering specific conditions or diseases, diabetes (2004i); and heart disease (2006b).

‘Risk of poverty’ includes: risk of being poor, living in poverty (1999a); risks of children falling into poverty, risk of persistent and/or severe poverty for children (2004b); and risk of poverty/ living in poverty, risk of child poverty (2004h).

‘Risk of financial loss (to individuals)’ includes: risk of making transition to work off benefits, risk that the payment of certain inwork benefits such as Housing Benefit and Council Tax Benefit would be delayed, risk that… it would be time-consuming to reestablish benefits… (and) their entitlement to disability benefit (would be called into question) (1999d); risk of indebtedness, risk of bankruptcy, risk of losing existing benefit entitlement (1999f); risk of an unauthorised overdraft (1999); risk of losing benefit, risk of an unauthorised overdraft (2001c); risk of default, risk of debt, risk of debt problems (2004a); risks involved in the transition to work/ giving up benefits for an insecure job, financially risky (2004e); risk of mortgage arrears (2004f); and risk losing a proportion of their Income Support (2005a).

‘Risk of financial loss (to companies)’ includes: risk of recruiting from them, people who represent the minimum risk, risks which employers perceive when recruiting jobless people (1999d); risk in employing someone, risks if those staff leave or become ill (1999e); risk of business failure, risks of increasing their involvement, financial risks, financially risky, risk to the lender/ risk of lending/ riskiness of the lending, default risk,
credit risk (etc.) (1999f); risk of default, credit risk, financial risk (1999j); risk of business failure (2000i); and business risks (2001c).

‘Risk to service delivery’ includes: risk that problems are displaced rather than solved (1988); risks of local strategies (1999a); risk of provision continuing where it is not needed (1999b); risks to the SEU itself (1999c); risk of increasing the gap between those communities who are information poor and those areas which are information rich; risk of inaccurate information; risk of people withholding information needed to recalculate benefit entitlements, risks associated with a more generous regime of earnings disregards, risk of increasing the gap between those communities who are information poor and those areas which are information rich (1999d); risk of losing touch with developments on estates, risks that the costs resulting from doing nothing would actually be much greater (1999g); risk of isolation of community development workers (1999i); risk of rules intended to protect the generality of consumers having the unintended effect of inhibiting access by low income groups (1999g); risks their [departments'/ agencies’] collective neglect (2001i); risk that new initiatives could actually add so much confusion that their underlying goals are seriously jeopardized (2000a); risks to the delivery of the strategy (2001a); risk that a children’s rights anything will be seen as a panacea to each child’s concerns, risk that the majority- adult care services- get seen as the norm (2002b); risk that someone counted as deprived according to a particular set of indicators may in fact have a reasonable standard of living (2004f); risk of not delivering the 2010 decent homes target/ achievement of the overall target (for 1999–2004) is now at risk, risk is an apparent scatter of initiatives (2004g); risks of incomplete and/or unreliable results that follow from making the provision of information on ethnic origin a voluntary act (2004i); risk of these young adults falling through a gap between child and adult services (2005a); risk violating the DPA (2005b); policy interventions aimed at young people risk failing (2005c); and risk of appearing ‘nannying’, risk that services that make very extensive use of ex-service users unintentionally give service users a message that their best career option is to become a personal adviser or youth worker themselves (2005d).

‘Risk described as positive’ includes: ability to navigate “risk” or to be enterprising (1999e); funders [can be] risk-averse, risks with public money (1999h); encourages innovators and risk-takers (1999i); risk taking (as a core skill), social entrepreneurs (as)
risk-takers, appraising risks, risk aversion/ risk-averse culture, a charity or some other not-for-profit takes a risk too many we seen it as a scandal (2000b); new leaders across the system, generating a wide commitment to act, learn and take risks, risk aversion, the community and voluntary sector can: [t]ake risks (2000e); risks with public money (2000i); innovation and risk-taking are encouraged (2001c); willing to take risks to help those finding it hardest to get work (2003); often well-placed to take risks (2004c); guidance may take a…risk-averse line, risk-taking, risks that they are responsible for (2005a); private sector will take the risk, risk-averse culture/ averse to taking risks (2005b); risk-averse rules (undated).