

‘We’re on the edge’: cultures of care and Universal Credit.

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Abstract

Austerity and welfare reforms – such as Universal Credit (UC) – are changing the ways in which care is delivered in the UK, increasing the precarity of individuals and the organisations who care for them. New cultures of care are emerging as a result. We show how an emplaced affect of ‘edgy-ness’ shaped a culture of care within third sector organisations and housing associations working in Cornwall, UK. Drawing on a collaborative project consisting of four housing associations and four VCISOs, we explore ‘edgy-ness’ as one specific affect of precarity through an analysis of practitioners’ narratives of the project and its success.

Keywords: Universal Credit; cultures of care; precarity

Introduction

Austerity and welfare reform in the UK have changed the ways in which we care for vulnerable members of society, creating new practices, relations and cultures of care. Care – particularly health and social care – can now be bought or commissioned from a diverse range of providers including Voluntary and Community Sector Organisations (VCISOs) and private companies. Consequently, these emerging cultures of care raise questions about how we understand, recognise, measure and value ‘good’ care. Moreover, as a result of these changes to the commissioning of care, and within a context of austerity, the question of how we understand good care has important political implications.

In this paper we show how an emplaced ‘edgy-ness’ⁱ - as one specific affect of precarity - shaped a culture of care within a voluntary sector project. Edgy-ness refers

to a sense of anticipatory unease emerging in relation to lived experiences of material conditions of austerity. Identifying ‘edgy-ness’ specifically helps to connect ‘ordinary affects’ of precarity (Stewart, 2007) within daily practices of care. We show that this sense of edgy-ness led practitioners who delivered care to value outcomes which differed from the project funder’s specific metrics of success as they attempted to mitigate the precarious circumstances in which clients found themselves.

The paper draws on a collaborative project in Cornwall called MoneyWise (MW)ⁱⁱ which consisted of four housing associations and four VCSOs. The idea of ‘edgy-ness’ emerged discursively through practitioners’ narratives of the project as a way of describing their lived experience of the project and how they understood success. We argue that anticipation of political and economic change resulted in an affect charged with anticipatory unease. In this paper, we have identified ‘edgy-ness’ as a specific affect and considered how this shapes the culture and practice of care in MoneyWise. Drawing on an epistemic framework comprising both contextual and conceptual elements, we demonstrated that edgy-ness is an affective process that is emplaced, emerges discursively through practitioners’ narratives of the project and practically through their actions. In doing so we have illustrated how edgy-ness is an assemblage of care practices, emotions, materialities and anticipations which is emergent from configurations of organisations, people, resources, energy entangled with a sense of being ‘on the edge’.

In a context of neoliberalisation and austerity, care is increasingly seen as a commodity while at the same time, feminist scholarship has shown that care is an ethic (Tronto, 1993): practiced (Atkinson, Lawson, & Wiles, 2011), felt and embodied (Pols & Moser, 2009), irreducible to metrics or outputs (Davies, Greenhough, Hobson-West, & Kirk,

2018; Greenhough & Roe, 2019). Critical analyses have begun to find new ways to attune to the impacts of political economic change by examining how political austerity and, more broadly, financial and social *precarity* shape everyday life through affects. Such work shares a concern with how neoliberalised processes enable or curtail how we act and feel in everyday life, grounding these processes within experiences, practices and places. To date, the places and cultures that are examined have been limited to Western contexts (Raghuram, 2016) with a pre-occupation with urban spaces (with the exception of Black, Scott & Shucksmith, 2019; Herron & Skinner 2018; Milbourne 2015, 2016; Skinner & Winterton, 2018). Using the rural context of Cornwall, we consider the experience of giving care on the periphery of the UK to help move beyond urban settings. Using the work on precarity and affect in neoliberal contexts to understand care, we show how political, financial and social precarity influence the culture of care amongst VCSOs in this region.

We begin with an overview of precarity, Universal Credit (UC), care, affect and austerity before discussing the context of our study and our methods. We then consider the ways in which emplaced affect of edgy-ness conditioned the culture of care and the implications for standard means of measuring the value and success of projects, before offering some conclusions.

Background

In this section we examine the conceptual and contextual elements that together help us to form a framework for understanding edgy-ness: precarity, affect, austerity, care and welfare reform. Austerity, care and welfare reform represent contexts. Although a word with a long provenance, austerity is now widely used to describe the aftermath of the 2008 financial crisis, the wide ranging impacts from which on the public finances, welfare reform and local

economies form an important context for our study. Austerity has also impacted how care is understood and delivered. Meanwhile, precarity and affect offer tools to conceptualise the impacts and experiences of austerity and the giving and receiving of care. In what follows, we bring these contexts and concepts into correspondence with each other to show how, collectively, they help us understand the lived experience of edgy-ness.

Precarity

The concept of *precarity* has been used to evoke ‘ordinary affects’ (Stewart, 2007) of uncertainty and insecurity that emerge in relation to macro political and economic forces. It references a shift towards ‘late liberalism’ in which everyday life and its affects are darkened by the shadow of capitalism, creating a ‘cruel optimism’ for an imagined future that is longed for but denied to most (Berlant, 2011). To live precariously is to teeter on the edge. Ahmed evokes this idea through the image of a jug that is balanced too close to the edge of a mantelpiece: ‘just a little push and it would fall right off.’ (Mehra, 2017). Being precariously close to the edge is not a position of rest, it is a condition which requires difficult work to maintain. Ahmed emphasises, along with feminist and disability scholars, that the potential to be broken by slipping off the edge is not simply ‘a weakness that can be overcome, or what we should try to overcome, but ... a responsiveness to a world’ (Mehra, 2017). Precarity is a position of vulnerability that is dynamic, emerging in relation to a sense of an ‘edge’ but which offers the scope for a shared recognition of interdependence. Here Ahmed echoes Butler’s (2006, 2016) argument that the shared vulnerability of human bodies is a source for potential solidarity. Indeed precarity can be distinguished from similar conditions such as risk and vulnerability as it ‘encapsulates both a condition and point of mobilisation in response to that condition’ (Waite, 2009, p. 421).

Philo, Parr, & Söderström consider precarity in terms of ‘an uncertain footing or mooring with respect to the ‘environment’ in which the precarious object (or subject) is (supposed to be) set.’ (2019, p. 151). As Berlant emphasises in *Cruel Optimism* (2011), precarity can have an anticipatory aspect, as the threat or lure of the future moves us in different ways in the current moment (see also Horton, 2016). For example, Harris et al. (2019, p. 157) show how, despite feeling ‘on edge’, residents of a precarious housing scheme experience ‘both hope and anxiety relating to the future of housing’.

In their study of property guardianship, Ferreri et al (2017, p. 246) offer a spatial approach that ‘insists on attending to the range of sites and social relations through which precarity is produced and reproduced’. Being, or feeling ‘on the edge’ therefore has a relational element, an uncertainty that arises from a sense that things are not as they should be. As our analysis will show, edgy-ness as an affect of precarity is not simply felt in the now, but is also conditioned by a sense of hope for a better future combined with dread.

As Stewart shows (2007, 2012), precarity takes many forms, always emergent. Looking at precarity allows us to ask how ‘to approach ordinary tactile composition, everyday worldings that matter in many ways beyond their status as representations or objects of moralizing’ (Stewart, 2012, p. 519). Consequently, we focus our attention on how precarity takes form within the ‘everyday worldings’ of care in MoneyWise. We argue that precarity, in this case, emerges discursively as an emplaced sense of edgy-ness. Such edgy-ness is an outcome of Cornwall’s long history of economic marginality and is amplified by austerity, affording affective qualities which imbue the culture of care in this project.

Understanding Austerity through Affect

Neoliberalism has been shown to produce different affects for example, in the case of austerity, a weariness (Wilkinson & Ortega-Alcázar, 2019) emerges as a result of the squeezing of the public sector and the responsabilisation of non-state actors and individuals. The concept of affect, drawing on Spinoza, relates to the *capacity* of bodies to affect and be affected (Anderson, 2016), shaping what bodies can do in a given situation (Duff, 2016; Gorman, 2017). The examination of the *affects* of austerity aim to understand how it feels to live within such political economic conditions (Hall, 2017; Hitchen, 2019; Stenning, 2018). In MoneyWise practitioners were not looking exclusively for ‘hard’ outcomes (e.g. employment) but rather for new socio-materialities and ways of relating that would enable clients to have a capacity to affect and be affected by this ‘edgy-ness’ in new and productive ways.

Austerity and financial crisis are both catastrophic and mundane. Welfare cuts wear people down. Wilkinson and Ortega-Alcázar (2019, p.175) examine ‘the affective dimensions of political life, by re-evaluating weariness not as apolitical or anti-political, but as an affective state that contains political potential.’ Using affect sheds light on the complexity of the politics of austerity in these settings, refusing to see those affected as simply victims but showing how new ways of being and feeling under austerity are both productive and hopeful (Cloke et al., 2016; Power, Bell, Kyle, & Andrews, 2019) and destructive and restrictive (Hitchen, 2019; Stenning, 2018; Wilkinson & Ortega-Alcázar, 2019). The relationships between such affects and socio-economic conditions are not simply causal but these theoretical tools help us to understand the transpersonal yet intimate and embodied feeling of poverty and austerity. Raynor has shown how affects relating to austerity are unevenly experienced, touching ‘lives in different ways, at different times and in different places’ and

that ‘specific cuts or reforms should be understood in relation to one another as well as in context as they intensified the precarisation of already economically marginalised lives’ (Raynor, 2017, p. 195). Austerity is also spatially uneven with urban contexts (Milbourne, 2016). There is therefore a need to emplace affects of austerity in rural contexts like Cornwall to better understand how they are unequally distributed and experienced.

Care under austerity

Against the backdrop of austerity, the term ‘cultures of care’ has become increasingly relevant to formal care settings, as they attempt to manufacture cultures of good care (Davies et al., 2018). As the editors of this special issue note, the term exists in tension, simultaneously referring to the messy, unbounded socio-materialities and relations of care and to institutional norms, codes and documents which have developed, driven by a desire to codify, concretise and reproduce ‘good’ care. **It is increasingly important for organisations delivering care to be able to evaluate care and its impacts in order to justify value to funders and to be successful within a competitive and austere regime.**

Care contexts in the UK are evolving within the dual constraints of national budgets and new demands on localised service providers (Hall, 2011). Neo-liberal reforms and new fiscal restrictions introduced following the 2008/9 financial crisis have impacted care provision (Clarke, 2012), placing care systems under increasing pressure to deliver with fewer resources (Power & Hall, 2018). Austerity measures, the UK Coalition Government’s 2010 ‘Big Society’ policy agenda and legislation such as the Care Act 2012 (implemented in 2014) have introduced a new vision of health managerialism for the care sector, shifting public service from state apparatus to local provision and promoting local solutions to wider societal problems (Norman, 2011). The effect has been to draw new service providers from

the voluntary sector into spaces and practices of care in accelerated and perhaps progressive ways (Barnes, 2012; Munro, 2013). As a result, the welfare state has been rolled back and market-led strategies are promoted which centre on individuals accessing ‘packages of care’ from a mixture of providers alongside diffuse non-statutory resources and assets both social and physical such as volunteers, libraries and social community centres.

However, as Deverteuil (2016) has argued, neoliberal reforms of care and ‘post-welfarism’ are not all encompassing. Austerity has also produced new spaces and relations of care ‘in the meantime’ (Cloke, May, & Williams, 2016) as VCISOs take on important roles in delivering essential non-statutory services, for example foodbanks and socially prescribed activities. As the state withdraws from certain care sectors (Nord & Högström, 2017) VCISOs are ‘backfilling’ and reshaping sites of care at local levels (Morse & Munro, 2018; Power & Bartlett, 2018). There are also signs of localised resistance and creativity driven by new forms of social innovation, particularly in the hybrid private/public third sector (Leyshon, Leyshon, & Jeffries, 2019; Schwiter, Berndt, & Truong, 2018). A complex, albeit uneven, ecosystem of care provision is emerging in which the traditional silo-working of state, private and voluntary sectors are entangled. These changes profoundly alter the relationship individuals have with the state and the spaces in which care takes place (Hall, 2011; Power & Hall, 2018) at a range of scales (Atkinson et al., 2011) from embodied practices (Wiles, 2011), to local (Conradson, 2003) and complex spatial networks of relations of care (cf. Parr & Philo, 2003).

All this is bound up in the feelings of those delivering care. Emotions may be an additional community resource, alongside material and social ones, can be central to enabling positive changes within disadvantaged communities (Jupp, 2008). Yet the emotions involved

in care can be complex and ambivalent (Bondi, 2008). Disability scholars emphasise that care can be unequal, even discriminatory and disempowering (Morris 2001, Oliver & Barnes, 2012) yet Askins has argued that the emotional level is key to allowing people to ‘discover each other as multifaceted and interdependent’ despite differences (Askins, 2016, p.525). Clearly a focus on the feelings of care is not an escape from the political, as feminist work focusing on relationality and politicisation of the personal, everyday aspects of care shows (Atkinson et al., 2011; Lawson, 2007; Tronto, 1993).

Recent theoretical work focuses on the dynamics of *matters* of care (Puig de la Bellacasa, 2010, 2017), and the *ontopolitics* of care and caring (Mol, 2008, 2013), exploring how relations of care are made through material practices (Pols & Moser, 2009). These involve more-than-human relations and a speculative politics of care that recognises a diversity in ontologies of care and caring (Haraway, 2016; Puig de la Bellacasa, 2012; Tsing, 2017). Through both policy and theory, established ideas of who is caring, how and in what ways are changing. Austerity not only puts pressure on VCSOs to deliver more with less but also generates feelings of uncertainty and precarity for the organisations and their staff, as well as those caught up in welfare reform. We show how, in Cornwall, UC specifically has shaped a new culture of care. Housing Associations and VCSOs have stepped in to support claimants and prevent rent arrears, forging new relationships and raising questions about the scope of their responsibilities (National Housing Federation, 2019). Residents deemed at risk of falling into financial crisis are engaged through new practices, relations and spaces as care comes to matter in new ways.

Universal Credit

While austerity has shaped welfare in the UK for some time, the introduction of Universal

Credit has had profound consequences for claimants as well as the range of charities, businesses and local government departments which rely on and/or support them. UC combines the six most common benefits into a single monthly payment, designed to mimic a wageⁱⁱⁱ. Several problems have been identified with this model including the need to apply online (Omar, Weerakkody & Sivarajah, 2017), the bureaucracy involved (Larkin, 2018), the 5 week delay before the first payment, the sanctions for non-compliance and the use of loans rather than grants to help those in crisis (Thompson, Jittendra & Rabindrakuma, 2019). The single payment is designed to simplify the process but payments often fluctuate greatly each month (Millar & Bennett, 2016). Claimants are given more responsibility to manage their money, for example by managing their rent payments (rather than the local authority paying landlords or housing providers directly). Budgeting skills are required where income – already impacted by a cap on welfare payments, a cut to Housing Benefit for under 25s and the ‘Bedroom Tax’ – have already squeezed tenants’ incomes. Immediate needs such as food may come before rent or bills. UC therefore puts the social housing sector under particular pressure (Scanlon, Whitehead, & Blanc, 2017). Thus it is not only employment that is becoming more precarious, so too are benefits, as they become ‘harder to claim, of lower value and more easily lost for non-compliance’ (Stewart & Wright, 2014, p.2). Universal Credit therefore enacts core aspects of precarity as defined by Rodgers (1989, p. 6), producing ‘instability, lack of protection, insecurity and social or economic vulnerability’ for claimants.

In the remainder of this paper, we illustrate how local responses to UC - that are dynamic and context dependent - influence organisations providing care and people in need of support. Showing how wider policies and institutional arrangements are enacted through local contexts, we examine how practitioners addressed UC and narrated stories of success

through the MoneyWise project. By considering how they understood and described instances of good care, below we outline the importance of an emplaced affect of ‘edgy-ness’ within a culture of care – emergent from a host of relations, institutions and issues that are present for VCSOs and housing associations in Cornwall. We build on the work of Raghuram who argues that many analyses of care have yet to account for ‘the implications of this locatedness for the multiplicity of possible definitions of care, or how caring relations are played out or for care ethics are still to be addressed’ (Raghuram, 2016, p.36). We show how the affect of ‘edgy-ness’ was discursively produced in practitioner narratives of why they cared, how they cared and how they understood success within the project and how this became central to the culture of care on MoneyWise. Looking specifically at edgy-ness is a step towards understanding ‘feelings that matter’ (Davies et al., 2018, p. 612) in how care is performed and understood, as well as to creating a critical politics of care.

Context and Method

This paper is based on qualitative research in, and evaluation of, a European Social Fund (ESF) supported project based in Cornwall, UK, which we have called MoneyWise (MW). This was a three-year collaboration between four housing associations, four VCSOs and the University of Exeter. The project aimed to move 450 unemployed or economically inactive clients into employment, education or job-search and improve their financial situation by providing financial capability and vocational training and support. The clients were residents of social housing or foodbank clients: a wide range of people with diverse needs. Practitioners often referred to clients’ lives as ‘complex’ involving a range of barriers to moving into work. When clients engaged with MW, they were either given one-to-one support or attended a six-week course in which they learned the basics of financial capability. The target of moving clients into employment, training or job-search was understood by the

practitioners to be a long process which had to be supported by confidence-building, basic skills development and improved wellbeing. These so-called ‘soft outcomes’ were not formally measured by the funder but were regarded by practitioners as being as key. One practitioner reflected on the effort involved in ‘getting them from... where they feel they can't work into being able to feel they can do something and they're valuable and more confident about the sort of contribution that makes to their lives’ (STE practitioner 2).

Many of the problems that the project sought to tackle are a product of Cornwall’s rural economy and society. Five of Cornwall’s six former districts are classified as Rural 80 and one as Rural 50.^{iv} In 2011, 92% of Cornwall’s population was considered rural (DEFRA, 2017) with the largest town, St Austell home to 28,420 residents in 2016 (Cornwall Council, 2016). The nearest city is Plymouth (Devon) but – because Cornwall is a peninsula – some districts are over 80 miles from this urban centre. Cornwall’s tourism industry generates £2.6bn of business turnover in the county economy, supporting 53,000 jobs. Nevertheless, Cornwall was ranked 143 out of 326 local authority areas for deprivation in 2015 (where 1 is the LA with the highest proportion of the population living in the most deprived neighbourhoods) (Cornwall Council, 2015). Cornwall has very low incomes compared with other areas of the UK (Nomis, 2017; Willett, Tidy, Tregidga, & Passmore, 2019). ONS data show that the percentage of employee jobs paying less than the Living Wage in 2018 was 23.4%, up from 21% in 2012 (Office for National Statistics, 2019b).

The authors were responsible for the evaluation and the research of MW, carried out through a mixed-methods approach combining ethnographic methods (attending meetings and hosting shared learning workshops) with interviews and written narratives. These methods were designed to capture and reflect on a range of outcomes relating to paid and

unpaid work, financial wellbeing and everyday life using a narrative approach adapted from the Narratives of Most Significant Change methodology (Dart & Davies, 2003). The data used for this paper is outline in Table 1. Paper-based narratives were collected from clients at the start of their engagement with MW using a question about ‘where you’re going?’ and, at the end, the question ‘since working with [MoneyWise] what is the most significant change you’ve seen in yourself?’ The narratives were completed by practitioners in discussion with the client. In focus groups and interviews, practitioners were asked about ‘the most significant changes in their organisation since the start of the project’.

(table 1 here)

Narratives are an important means to understand affective experiences of austerity (Raynor, 2017; Stenning, 2018) and the aim was to complete narratives with all clients and interviews with all practitioners. However, because of operational demands, the partners began working with clients several months before the narrative paperwork was agreed and so completion rates were not as high as hoped. The narratives and interviews were initially coded using NVIVO. The data were then broken down further to get finer details about the issues that clients faced and the changes that they saw in themselves.

When analysing the data, specific references to unease and ‘edgy-ness’ were initially coded under an umbrella code of ‘mental health and wellbeing’. However, it became clear through discussions between the authors, project partners and clients that this sense of ‘edgy-ness’ was not straightforwardly a mental wellbeing issue but rather a shared emotion or sense. Practitioners and clients mentioned being on edge, uncertain or uneasy in three contexts: financial crisis, skills and exclusion, and participation. Our analysis showed that this shared sense of being ‘on-edge’ was central to how the practitioners understood their role

and approached the delivery of care. We argue that this shaped the culture of care on the MoneyWise project.

Feeling the edges of Universal Credit in Cornwall

‘We’re on the edge’ one practitioner tells the room, referring to the introduction of UC which at that time was scheduled to be rolled out in Cornwall between November 2017 and July 2018. He is describing the situation to a local funding organisation who he hopes will invest in computer labs to help local residents manage the transition to UC. We found that practitioners frequently mentioned this unease with emotive language. When asked for examples of success on the project, they often gave examples, not of material outcomes or improvements, but instead shared stories of an affective change in clients. Importantly the changes mentioned weren’t a move away from precarity but rather an attunement to being ‘on-edge’ which recognised the severity of the situation without being overwhelmed by it. This sense of being ‘on-edge’ permeated the practitioners and the clients’ experiences of care on the project, shaping understandings of what successful care looked like.

On the edge of financial crisis

Practitioners’ sense of edgy-ness was fuelled by an awareness of the financial situation of potential clients who were often on a limited income, sometimes already in crisis, with high levels of debts and arrears. The introduction of UC generated unease as it had been shown to put claimants at financial risk due to the waiting time for the first payment (Green & Wilson, 2016; Hickman, Kemp, Reeve, & Wilson, 2017) and applies automatic sanctions for non-compliance up to maximum of 1,095 days (three years) (Department of Work and Pensions, 2017). With benefits paid directly to claimants who might be in debt or overdrawn these changes presented a real threat to claimants’ financial resilience. Rumours of the impact elsewhere in the country (where UC was rolled out earlier) added to local concern.

Discussing the (at that time) six week wait for payment on migration onto UC, one practitioner told me:

[i]f you do that to people , they will starve. They will. And there's no point saying aren't foodbanks jolly?... They introduced Universal Credit [in Glasgow] on a wider scale and the foodbanks ran out of food, ...[T]he thought that within a month or two places like that could be so strapped that they don't have anything is just horrifying (STE1 practitioner 2).

As this practitioner pointed out, the introduction of UC increased the need for emergency support from voluntary organisations including foodbanks (Thompson, Jittendra & Rabindrakuma, 2019). While VCSOs and new organisations emerged to fill the gaps opened up by austerity politics, in Cornwall the introduction of UC was feared to be about to push this ad hoc infrastructure to breaking point. People were 'desperate for help' (STW practitioner 3) and the institutions that supported them felt unable to meet the rising need.

This adds to evidence from elsewhere that, after 10 years of austerity and welfare reform, we are beginning to see 'secondary impact austerity' (Black, Scott, & Shucksmith, 2018) as informal networks of care are eroded. In the case of MW, practitioners were driven by a sense of unease that the voluntary sector, itself reliant on donations and volunteer labour, would no longer be able to give support for those impacted by UC. Looking to other parts of the UK to see how these policies were impacting residents and VCSOs, practitioners expressed fear of impending crisis heading for Cornwall. This lent to the project a sense of urgency and a fear of the future.

Skills to pay the bills?

A second aspect of 'edgy-ness' for practitioners was an awareness that many clients had

neither the skills or capability to manage the transition to UC, as many were already struggling to make ends meet and deal with debts. Practitioners reported that the ‘level of dyslexia is high in these groups’ (STE practitioner 1) meaning that ability and confidence with written documents as well as financial skills made it difficult for clients to manage without support.

The perceived low levels of financial capability amongst the clients led practitioners to provide training, tools and resources to help clients manage their budgets. Financial skills became a key indicator of success. A recurring story was of one client who learned how to use a calculator to help with their budgeting, indicating not only new skills in balancing income and expenditure, but improved confidence: ‘to everyone else [this] would have seemed really small but to him it was huge.’ (STE2 practitioner 2).

In addition to some clients requiring support with financial capability skills, practitioners pointed to the limited *capacity* of clients to make sense of their financial situation. This was summed up by the situation in which people stopped opening their post because of anxiety about their debts, leading to escalation of their financial problems:

[they have] no idea how much those debts are... even those people who are opening their post, some of them they just find it impossible to read a bill, to know how much they do actually owe due to anxiety, which makes it more difficult to process that information You know that if somebody’s anxious they can read the same bit of paper again, and again, and again, and none of it goes in (STW practitioner1).

In using a calculator and opening the post, the skill of reading and understanding bills and budgets was only part of a wider change in the client. These skills were indicative of new

capacities to manage the *anxiety* that bills created. Psychologists have shown how living in debt or financial crisis can impact the brain, negatively impacting on cognition and processing power (Adamkovič & Martončík, 2017; Frankenhuis, Panchanathan, & Nettle, 2016; Taylor, Jenkins, & Sacker, 2011). Additionally, social scientists have pointed to the affective aspect of poverty, as shame and anxiety can lead to a closing off from others (Garthwaite, 2016; Stenning, 2018). The examples of using calculators and opening bills build upon these ideas that financial precarity has both a cognitive and emotional impact.

Being in the room

The fear of people struggling but not engaging with support fuelled the third sense of edginess: a fear that clients were unable to be ‘in the room’ with those who could support them. There was a belief that many potential clients had been in the community struggling but, because housing benefit was previously paid directly from the local authority to the housing association, they had remained hidden from view. The introduction of UC opened new spaces and relations of care (Power & Hall, 2018) for housing providers:

What UC does... it uncovers [problems]... There’s people who are sat in their homes who are depressed ... it uncovers that because now their rent isn’t just paid direct and so, for us, suddenly we have a relationship with a whole bunch of people we didn’t have a relationship with before (STE3 practitioner 4).

While practitioners were aware that there was a potentially large number of people who would be impacted by the changes, one of the biggest challenges was successfully engaging clients with the project. This was due to what practitioners often referred to as the target group’s ‘complex lives’:

Coming to a course with strangers is a big step. It is walking into a room. I think that is quite difficult for anyone if you are not feeling that great. In your own head you have got to want to do something. Even if you struggle with it, there is that thing at the back of your head going, “You need to do this and it will be good for you” (STE4 practitioner1).

For clients, being ‘in the room’ was a challenge. Many expressed that they ‘find groups hard’ (Client LW525). Practitioners told stories of those who rarely left the house such as one lady: ‘the only time she goes out in a fortnight is to do her shopping’ (STE practitioner 4). Moreover, there were physical barriers in terms of the rural geography of the county, a poor transport infrastructure and care responsibilities which meant committing to the programme might be a challenge. Thus the ability to be ‘in the room’ and get support despite these barriers indicated to practitioners that clients were learning deal with financial precarity in new ways. They learned to manage their budgets but also not to be overwhelmed and how to seek support and be in the room with others, rather than becoming isolated and alone.

From these practitioners’ accounts, helping people to manage budgets successfully was not simply about giving skills and tools, but also about fostering a capacity to use them effectively. A shared, more productive, sensibility of being ‘on edge’, one which didn’t lead to being overwhelmed and isolated was a marker of success. It involved confronting the ‘edgy-ness’ not to overcome it, but to be comfortable with it. Without the power to easily transform their material situation, practitioners aimed to enable clients to be affected by debt and crisis in a way that fostered a managerial response.

Shaping a new culture of care

The three examples above show that UC created a new edge over which people could fall. ‘Good care’ was only in part about moving away from the edge (escaping precarity) but more

often about learning to develop a new culture of care (self-care) and caring for others, attuned to this edge without being overwhelmed or sliding off it. This shared sense of ‘edgy-ness’ could be read as ground for solidarities in response to precarity (Waite, 2009) or of new speculative relations of care (Puig de la Bellacasa, 2010, 2017). Yet through a shared sense of edgy-ness emerged, as Ahmed and Mehra discuss (Mehra, 2017), as dynamic teetering, requiring constant maintenance rather than a fixed state of rest.

Focussing on this sense of ‘edgy-ness’ helps to sketch out how the impacts of UC were emplaced as well as how it shaped a culture of care on MW. Practitioners came together on the project in light of the introduction of UC and aimed to generate new capacities to affect and be affected by financial precarity and marginalisation that fostered engagement rather than isolation. However, it was not only the risk to clients that put practitioners on edge. The introduction of UC posed a threat to rent payments which impacted housing associations. Universal Credit was one of several pressures facing VCOS for whom funding is increasingly tight. In Cornwall, historically a recipient of European funds for social projects, including MoneyWise, uncertainty over the future of funding after Brexit has put the funding of these organisations on shaky ground. New forms of cooperation, working relations and spaces of care were the result. But practitioners in housing associations reflected on how their organisational roles and responsibilities were also changing:

It’s certainly made us think differently about our confidence in assertive outreach. Banging on those doors and going, “Hi! We’re here!” as an approach; it was something we’d done previously but we’d always had a reason, it was always quick, it was always, “Sorry to bother you,” but now I’m a bit more confident about being out there and in communities (STE3 practitioner 5).

The changes meant practitioners were more confident in being direct, however, while the key

workers and those delivering the project were very aware of the need and convinced of the benefits, there remained a tension around proving this to others in the organisation:

I think there's an internal battle about how far that social element goes... there's an argument around there's a risk to our income, and it's a risk that we're not managing. But is it our responsibility to do it? (STW2 practitioner 3).

While practitioners saw improvements in clients' lives as a result of their support, the problem of how to translate the value of this out of the setting and moment in which it takes place created a final aspect of edgy-ness for the organisations. The project's stated aims were to get people into employment or training, but, as shown above, the project 'offers so much more than what's just written on the document' (CH 9 practitioner 1), developing clients' capacity and competency to deal with the future context of the welfare state and to access support that was available. Yet these aspects of the project were not easy to capture or translate to the funder.

While the 'hard' outcomes required by funders were important, more pressing for the practitioners was that the clients developed capacity to affect and be affected by their precarity more positively: engaging with the services available and managing their finances. Our examination of stories of successful care show how the culture of care was both shaped by, and operated on, the level of affect. Through the use of materials, tools and skills the clients' capacities were changed. There are interesting parallels here with Friedli and Stearn's (2015) critique of the Workfare programme. They argue that claimants are increasingly subject to 'coercive use of positive affect' (p.45) as 'soft outcomes' such as attitude are valued as indicators of claimants' employability, under threat of sanction. There are risks then of valuing particular affects over others when assessing care, especially as financial

consequences result from an individuals' success (or not) in demonstrating those affects valued by practitioners.

However, soft outcomes and affective capacity of both clients and practitioners remain central in discussions around how to understand and measure the impact of care. In MW, demonstrating soft outcomes to funders posed a challenge as this affective labour often exceeded metrics used to measure progress. Geographers have shown that 'good' cultures of care go above and beyond regulation and guidelines (Greenhough & Roe, 2019). In MW, the gap between the funders' outcomes and those that practitioners valued, rankled with practitioners. As a time-limited project, it was important to evidence the impact of the programme in order to secure future funding. However, changes in the commissioning of health and social care mean that organisations are often left unclear about what kinds of evidence and outcomes would be required. Substantive changes to policy that were on the horizon such as Brexit and UC created uncertainty and insecurity, putting practitioners 'on edge'. Just as 'cruel optimism' emerges from a certain kind of anticipation, *edgy-ness* was about the feeling of teetering on the brink of the unknown, trying not to look down while still moving forward.

Conclusion

In this paper we call attention to the importance of understanding 'edgy-ness' as a specific, emplaced affect of precarity, shaping a culture of care within a voluntary sector project. New policies such as Universal Credit, and the voluntary sector's response to them, have engendered new spaces and relations of care (Power & Hall, 2018). As state intervention declines, VCSOs are stepping up to fill the gaps. In this new landscape, cultures of care within organisations such as housing associations are

evolving, such as taking a proactive approach to engaging residents before they experience financial crisis and eviction. By drawing attention to the lived experience of these processes, specifically the emplaced affective ‘edgy-ness’, we have shown that these cultures of care are not simply driven by, or measured in terms of, institutionalised metrics but that emplaced affects shape narratives of success. In the case of MW, edgy-ness was an awareness of the precarious nature of clients’ situation. Edgy-ness isn’t simply an unease about the present conditions of the world but is inherently related to an anticipation of a certain future. While Berlant shows the importance of anticipation in the ‘cruel optimism’ of those following the American Dream, in our case an anxious anticipation of a bleaker future results in action in the present.

Scholars have discussed different ways in which geographers should attend to affects related to neoliberalism and austerity (Anderson, 2016; Wilkinson & Ortega, 2019). However, the role of place, specifically peripheral places such as that of Cornwall, are examined less frequently than urban sites. By identifying edgy-ness as one particular affect that shaped a culture of care, we have shown how affects were experienced in specific, place-based ways in Cornwall as practitioners responded to real and anticipated impacts of Universal Credit on those living on low incomes. We have also shown the importance of paying attention to practitioners narratives of success in terms of delivering care as their interpretation of the context as well as of the project is key in shaping how care is practiced and delivered. Edgy-ness arose from practitioners’ concerns that the introduction of UC would require claimants to have a range of competencies to manage their money responsibly, e.g. applying online, reporting changed circumstances, making direct payments to landlords and budgeting. In addition, *affective*

competencies – such as self-confidence – are required to successfully engage with UC.

Practitioners strove to ameliorate edgy-ness by building these necessary skills, being ‘in the room’ to overcome social isolation and engage clients. Practitioners’ keen awareness for the need for such support was however met with challenges in recruiting participants. Moreover, the extent to which hard outcomes, such as moving into employment were possible for participants was uncertain.

In a context of austerity, VCSOs play a central role in essential caregiving but the funding landscape simultaneously pushes both organisations and individuals closer to financial crisis. By exploring the notion of an affective sense of edgy-ness, we argue that future analysis of cultures of care must consider the role of *emplaced* affect. Geographers might consider how the impacts of austerity and precarity are emplaced and shape how care is practiced and understood by those involved. This is increasingly important as policies such as UC have resulted in new cultures of care as VCSOs try to help individuals to learn to manage life ‘on the edge’ affectively as well as materially.

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Disclosure statement

The authors report no conflict of interest.

Tables

Table 1. Methods used in the study

Type of data	Data collected
Narratives from clients	<ul style="list-style-type: none">• 225 Written narratives collected by partners• 10 Semi-structured interviews
Interviews with practitioners	<ul style="list-style-type: none">• 9 semi structured interviews• 3 focus groups
Observational data	Participant observation at: <ul style="list-style-type: none">• 6 project workshops,• 10 quarterly meetings• a range of smaller partner meetings and public events

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Notes

- ⁱ We have chosen the hyphenated spelling 'edgy-ness', as opposed to the correctly spelt 'edginess' to decouple the word from its alternative meaning of 'daring, provocative, or trend-setting', on the cutting edge, and innovative and instead emphasise that we are discussing the feeling of being on edge.
- ⁱⁱ The name of the project has been changed to preserve anonymity.
- ⁱⁱⁱ The six benefits replaced by Universal Credit are: Income-Based Job Seeker's Allowance (JSA), Income-Related Employment and Support Allowance (ESA) Income Support, Working Tax Credit, Child Tax Credit, Housing Benefit.
- ^{iv} Rural-50: districts with $\geq 50\%$ but $< 80\%$ population in rural settlements and larger market towns.
Rural-80: districts with $\geq 80\%$ population in rural settlements and larger market towns (DEFRA, 2011).