

Severe and Multiple Disadvantage: A critical policy analysis

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Table of Contents

Table of Contents	3
Acknowledgements	6
Abstract	7
Abbreviations	8
1. Introduction	9
1.1 Introduction.....	9
1.3 Research Aims and Questions.....	14
1.4 Research Approach.....	15
1.5 Methods.....	16
1.5.1 Genealogy.....	16
1.5.2 Post-Structural Policy Analysis.....	17
1.5.3 Creative, participatory research.....	18
1.6 Structure of the thesis.....	18
2. Theoretical Framework	22
2.1 Introduction.....	22
2.2 Positionality statement.....	22
2.3 Ontology and Epistemology.....	23
2.4 Key concepts.....	25
2.4.1 Problematization.....	25
2.4.2 Governmentality.....	26
2.4.3 Rationalities.....	27
2.4.4 Technologies.....	29
2.4.5 Neoliberalism.....	30
2.4.6 Biopolitics.....	32
2.4.7 Genealogy.....	33
3. Emergence and Antecedents of SMD	36
3.1 Introduction.....	36
3.2 Dominant Problem Representation of SMD.....	36
3.3 The emergence of SMD.....	39
3.4 Antecedents of SMD.....	41
3.5 SMD discourses, assumptions and conceptual logics.....	46
3.5.2 SMD as the inability to help oneself.....	48
3.6 Conclusion.....	53
4. Methods	55
4.1 Introduction.....	55
4.2 Methodology.....	56
4.2.1 Subjugated Knowledges and transformative research frameworks.....	57
4.2.2 Original methodological contribution.....	60
4.3 Desk-work: Post-Structural Policy Analysis.....	61
4.3.2 Data Collection.....	63
4.3.3 Data Analysis.....	64
4.3.4 The Elephant in the Room.....	66

4.4 Fieldwork: Study design and implementation.....	68
4.4.1 Recruitment of research participants.....	68
4.4.2 The Scottish Project.....	70
4.4.3 Participants.....	70
4.4.4 Participant introductions.....	71
4.5. Ethics.....	72
4.5.1 Fair reimbursement.....	73
4.5.2 Handling stories with care.....	74
4.5.3 Safe working environment.....	75
4.5.4 Trauma Informed Research.....	77
4.5.5. Opportunities for agency.....	78
4.5.6 Ethical issues arising in the field.....	78
4.6 Fieldwork data collection.....	80
4.7 Fieldwork Methods.....	81
4.8 Board game design as method.....	86
4.8.1 Board game as microcosm or metaphor.....	87
4.9 Strengths and weaknesses of fieldwork methods.....	89
4.10 Conclusion and defining 'good' research.....	91
5. Overmedication.....	92
5.1 Introduction.....	92
5.1.1 Missing medication and novel contribution.....	93
5.2 Official problematization (1): SMD entails multiple and complex mental and physical illnesses.....	94
5.2.1 Official problematization in documents.....	94
5.2.2 Official problematization - corroboration by research participants.....	96
5.2.3 Underlying assumptions of official problematization.....	98
5.2.4 What is missing? How can this be thought of differently?.....	101
5.2.5 Alternative narrative from participants.....	102
5.3 Official Problematization 2: alcohol and drugs are misused by people experiencing SMD.....	105
5.3.1 Official problematization in documents.....	105
5.3.2 Underlying assumptions of the official problematization.....	107
5.3.3 Alternative narrative.....	108
5.3.4 Lived effects (1) Stigmatising experiences.....	110
5.3.5 Lived effects (2) Recovery limbo.....	111
5.4 Discussion: biopolitics and making of the SMD subject.....	112
5.5 Conclusion: Residual subjects and surplus population.....	115
6. Critiquing 'support' for individuals experiencing SMD.....	117
6.1 Introduction.....	117
6.2 Official Problematization.....	117
6.2.2 Corroboration by participants.....	121
6.3 Critiquing the Official Problematization: constituting and individualising complexity.....	124
6.3.2 Reframing Causality.....	130
6.3.3 Counter Narrative 1: cannot trust the system to help.....	130

6.3.4 Counter Narrative 2: Reliant, trapped, and unmotivated.....	132
6.4 Discussion: Division and Docility.....	135
6.4.2 Conclusion.....	137
Chapter 7: Reconstituting ‘needs’: belonging, meaning, and safety.....	139
7.1 Introduction.....	139
7.2 Reconstituting Needs.....	139
7.3 Needs and neoliberalism.....	142
7.4 The need for spaces of belonging (community).....	145
7.5 The need for meaningful activity.....	148
7.6 The need to help others.....	152
7.7 The need to feel safe.....	154
7.8 Discussion and conclusion.....	159
8. Conclusion.....	162
8.1 Introduction.....	162
8.2 Addressing the research questions.....	162
8.3 Key Message.....	166
8.4. Participation in policymaking.....	166
8.5 The problem of epistemic injustice.....	169
8.6 Strengths, Limitations and Further Study.....	171
8.6.1 Revisiting the Elephant in the room.....	171
8.6.2 Knowledge trade-offs.....	172
9. Bibliography.....	174
10. Appendix. Images of board game design iterations.....	211
Fig.1: First iteration of the board game.....	211
Fig 2: second iteration of the board game.....	212
Fig 3. Final iteration of the board game.....	213

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Abstract

Severe and Multiple Disadvantage [SMD] only recently entered the lexicon of research, practice, and policy-making in 2015. However, it is embedded in a lineage of concepts and practices that have sought to intervene upon the lives of individuals who are deemed complex, or are socially excluded, and who represent a social problem. National and localised research have constituted an SMD demographic of individuals around which policies have been directed and services funded and which has culminated in the Changing Futures Programme, launched in 2020 by the Ministry for Housing, Communities and Local Government.

By adopting a post-structural approach, the research unpicks the self-evidence of SMD as an objective social problem within policy and analyses the complex ways in which SMD has been produced, regulated and contested. Through critical policy analysis and creative, collaborative methods I have examined the power and knowledge relations that manifest in the regulation (and self-regulation) of people experiencing SMD. Through these methods I have undertaken an analysis that compares the representation of SMD in policy with the lived experience of people considered to be facing SMD, which has enabled a consideration of the effects of these representations.

Though SMD is currently a popular topic of social research, none to date has sought to problematize the concept and ground it in a post-structural epistemology. Moreover, this doctoral research addresses an important gap by increasing the range of voices within SMD research through collaborative approaches that amplify the 'subjugated knowledges' of lived experience. This critical qualitative approach will therefore generate credible knowledge at a crucial time in the development and implementation of a concept, and as such aims to impact future policy development.

Abbreviations

ACEs - Adverse Childhood Experiences

DHC - Department for Housing and Communities

DLUHC - Department for Levelling Up Housing and Communities

SMD - Severe and Multiple Disadvantage

MEAM - Making Every Adult Matter

MCN - Multiple and Complex Needs

MHCLG - Ministry for Housing Communities and Local Government

MEH - Multiple Exclusion Homelessness

NDTA - New Directions Team Assessment

WPR - What's the Problem Represented to Be?

WY-FI - West Yorkshire Finding Independence project

1. Introduction

1.1 Introduction

Individuals said to be experiencing 'severe and multiple disadvantage' [SMD] have become the subject of political attention in recent years. The concept of disadvantage has appeared increasingly in the lexicon of policy and research, and within the specific services and interventions designed to meet the "needs" associated with particular "disadvantages" (Costas Battle, 2017, 52). The term SMD was coined by the Lankelly Chase Foundation and developed through a national statistical profile that sought to examine the "clustering of serious social harms" in the lives of some individuals, using national datasets on service use and the criminal justice system (Bramley and Fitzpatrick, 2015, 1). There is no exact definition of, or threshold for, SMD. However, research has coalesced around a shared methodology that empirically profiles people facing certain disadvantages. This first statistical profile focused on homelessness, addiction, and reoffending but also attended to mental health, chronic poverty and violence and abuse. This report was intended to highlight the way that addiction, homelessness, and criminal offending seem to go along with each other in order to challenge reductionist policies. The concept has had political currency, with SMD research being cited across various government strategies and culminating in 2020 with the launch of the Changing Futures Programme (MHCLG, 2020). SMD has also informed the development of service delivery in England through the Fulfilling Lives project which ran 2014-2022 (see Welford et al., 2022).

The West Yorkshire Finding Independence [WY-FI] project, based in Leeds and covering West Yorkshire, was one of various organisations working specifically with this SMD group, funded through the Fulfilling Lives project. This doctoral research began as a collaborative studentship being conducted alongside WY-FI and supported by a White Rose Doctoral Training Partnership scholarship. According to WY-FI, their 'beneficiaries' tend to be over 30, but have typically been involved with services as a child or young adult before disengaging from support in early adulthood (WY-FI, 2019a, 4). This observation raised questions for WY-FI over where these individuals went during the decade or so in between service use; of why they disengaged from the support that they were eligible for; and how they might be encouraged to engage with services before their problems worsen. This period of disengagement from services by young adults, referred to as 'the lost years' is of national political interest because these individuals appear to have "fallen through the gaps" of

mainstream support services (which are designed to deal with one problem at a time), but access emergency services at the point of crisis costing the state up to an estimated £2 billion a year (WY-FI, 2019b, 2; Fitzpatrick et al, 2013; Neale et al, 2016).

This group, having more than one “support need” are often considered “too complex” and “too chaotic” for many mainstream services, leading to formal and informal exclusion from single-issue services, and a perceived need for increased levels of (sometimes enforced) support (WY-FI, 2019b, 2; Homeless Link, 2014; Department for Housing and Communities, 2018). Yet in contrast to this, research emanating from the third sector has demonstrated how traditional, ‘deficit-based’ models of service provision - those that are predicated on ‘fixing’ a person’s ‘needs’ - have led to interactions that make the individual feel worthless; experience isolation and loneliness within services; and face social stigma from service providers and other members of the public (e.g. Mayday Trust, 2018; Crisis, 2015; Bramley et al, 2019; Abdulkadir et al, 2016; Parsell and Clarke, 2020). These experiences have been shown to impact upon the way services are engaged with, including discouraging reengagement.

Within this context, the notion of the ‘lost years’ raised questions for me surrounding the knowledges that coalesce around SMD as a particular policy problem and the constitution and regulation of these disadvantages. As a result, the focus of my doctoral research shifted away from attention on the individual and their behaviour (how and why they disengage or reengage with services) and instead placed focus on the narratives and discourses which have gone into the creation of SMD as a governable phenomenon and the way in which the individual and their behaviour is constituted (and perhaps shaped) within these discourses.

1.2 Policy and Academic Context

In order to situate the research problem I will begin by outlining the contemporary policy and research context surrounding SMD. This will attend to the definitional ambiguity and the key concerns and conceptual logics that underpin SMD as a policy problem (such as individual or structural, dynamic and fixed understandings). It is my contention that the definitions and operationalisation of SMD has real world effects based on the types of knowledges generated about SMD and how people experiencing it come to be viewed and intervened upon. To highlight this I will use critical analysis from research and practice that challenges the dominant narratives. This will situate my own study by problematising the concept and practices around SMD and thereby justifying the need for a post-structural framing of this research.

The Lankelly Chase Foundation coined SMD, explaining that “[i]f a disadvantage is severe it is generally multiple. If it is multiple it is generally severe. However, there are complicated ways in which severity and multiplicity combine” (Bullock and Parker, 2014, 4). The term is distinguished from Multiple and Complex Needs [MCN] by “recognising the social nature of disadvantage by emphasising its relativity” rather than the individualism of “needs” (Duncan and Corner, 2012, 3). They commissioned the first statistical profile of SMD in 2015 which examined national datasets on homelessness, substance addiction, and criminal offending (Bramley and Fitzpatrick, 2015). This located 58,000 people who were seen to be experiencing SMD based on their experiencing all three domains of disadvantage. The report aimed to statistically show the way in which problems cluster together in the lives of people facing disadvantage through evidence of overlapping service use. The report evidenced further complications in relation to the life-course - pointing to trauma, relationships, poor education, and the “almost universal...complicating factor” of poverty (Bramley and Fitzpatrick, 2015, 6). The methodology and indicators used in this first profile have been used to generate other, more local, statistical profiles and formed the basis of funding programmes for service-based interventions and coalitions (National Lottery Community Fund, 2019).

Governmental interest in “this multiple needs group” - despite its relatively small size - exists due to increased awareness of their disproportionately high cost to society through service use, and especially emergency services (Fitzpatrick et al, 2013, 148). Bramley and Fitzpatrick’s (2015) statistical profile had currency within national policy and practice, and informed policies such as the Rough Sleeping Strategy (DHC, 2018) and Drugs Strategy (Home Office, 2017).

These policies centralised a narrow definition of SMD by focusing on intersecting ‘needs’ rather than broader structural experiences. ‘Deficit-based’ approaches to understanding disadvantage is widespread within the policy landscape of England and Scotland and has significantly shaped the design and delivery of non-statutory services within the neoliberal context of the “rolling back of the state” and the move towards ‘New Policy Management’ of social care services (Costas Battle, 2017; Peeters, 2019).

Edminston (2022) examines the way in which “the prevailing modes of poverty measurement...tend to frame and delimit social scientific analysis of poverty, as well as the policies deemed appropriate in tackling it” (p.385). Inherent within the desire to define and measure SMD is the necessity of prioritising and valuing certain factors considered important

over others. Those left out are not subject to attention and intervention in policy, and this produces myriad effects. A clear example is provided by research highlighting the prevalence of traumatic brain injury amongst prison and homeless groups (Topolovec-Vranic, 2012; Disabilities Trust Foundation, 2019). Such injuries affect cognitive and executive functioning and could be causal factors that lie outside the conventional understanding of 'pathways' into homelessness and the criminal justice system. Services are not set up to accommodate such cognitive disabilities, and misjudgement of behaviour may feed dominant stigmatising narratives around people who are homeless or in prison (Disabilities Trust, 2019; Hague et al, 2011).

Critical responses to an individualised framing of disadvantages argue that the emphasis on individual problems - such as substance use, mental illness, or a multiplicity of needs - shifts responsibility and detracts attention from the structural forces of disadvantage, enabling them to be framed as a matter of choice (Kuskoff, 2016, Brown, 2011, 316; Belcher and Deforge, 2012; Kemshall, 2002, 43). One critical example, from Edwards et al. (2017) submission to the House of Commons, pointed to the limited statistical power of Adverse Childhood Experience [ACEs] research and criticised locating the responses to poverty, hunger and housing in a medicalised understanding of individuals rather than in the wider system. They instead view ACEs as "the latest in a long line of diagnoses of, and simple solutions to, complex social issues in the search for interventions that 'work'" (Edwards et al, 2017: 2). Structural arguments have recently come to the fore in high profile research publications, too, such as by the Joseph Rowntree Foundation (Fitzpatrick et al, 2018) or the UN's report on Poverty in the UK (Alston, 2019) - both of which troubled the notion of individual responsibility through examining in-work poverty, and constituting poverty as a political choice. Such conclusions have been buttressed by the latest UN report (de Schutter, 2023).

Similarly, the "internal heterogeneity" of the "category of the poor" achieved through certain analytical strategies and methodological practices needs critical attention (Edminston, 2021, 385-386). The 2015 statistical profile of SMD was found wanting, having identified a largely white, male demographic. Subsequent research into SMD included mental health issues and domestic violence and abuse as primary domains of disadvantage. These increased the number of women seen to be experiencing SMD (Sosenko et al, 2020; see also WYFI, 2019a). Rather than view women as a "hidden population" within disadvantage the 'gendered' study rendered women 'visible' whilst in doing so also 'revealed' a group of men living in extreme poverty that the first report did not capture (Sosenko et al, 2020; see also Robinson, 2016). Research into health inequalities faced by ethnic minorities also show the

ways in which disadvantage manifests differently (Synergi Collaborative Centre, 2017; 2018). Others have foregrounded other factors that mainstream research had not measured, such as the role of “connection, belonging, identification, and understanding”: in recovery, the importance of belief systems; and the complicating role of religious and cultural norms within experiences of ‘multiple disadvantage’ (Bashir et al, 2019).

Critical analysis turns the primary focus of research away from counting or causality to questions that explore ‘how’ (Doty, 1993). Relevant literature in this field explores problems such as: how do processes that give rise to individualisation also give rise to an analysable and describable homeless subject (Grocock, 2008)? How does capitalism enable the ‘othering’ of homeless people as no longer “useful” and/or “functional” (Belcher and Deforge, 2012)? How do deficit-based assumptions and characterizations enable the use of ‘social control’ measures such as legal prohibitions on activities in public spaces (Johnsen et al, 2018)? How does knowledge about multiple disadvantage shape the ways in which those individuals are able to access services (Quirouette, 2016)? And what difference does the increased and increasingly sophisticated knowledge about a disadvantaged group in any geographical area make in any case (Knight, 2017)?

It is my argument that the term SMD and all knowledge generated about it does not *reveal* but *constitutes SMD*: whereby a specific problematization of SMD was manufactured and 58,000 subjects shaped through it with profound implications through policy (and from policy in reshaping subjects) (Bacchi and Goodwin, 2016, 8). My research acknowledges the functioning of power and knowledge in constituting the problem of SMD and rendering it visible and amenable to intervention, whilst marginalising other problematizations in the process. It seeks to unpick the self-evidence of SMD within policy and practice in order to examine whether the constitution and regulation of individuals carries the potential for harmful effects.

The lived experiences of individuals who fit the official definition of SMD are central to this thesis. My fieldwork with this group enabled critical reflection upon the official “problematizations” of SMD (Bacchi, 2009). This enabled me to unpick the self-evidence of service provision practices and support pathways, and examine the power and knowledge relations manifesting in the regulation (and self-regulation) of people experiencing SMD. It was then possible to examine why individuals do or do not engage with services, without assuming that engagement is beneficial.

1.3 Research Aims and Questions

I aim to analyse the complex ways in which SMD is produced, regulated and contested. This research will (1) generate crucial and missing information about a demographic of individuals considered to be highly disadvantaged and requiring statutory interventions. (2) It will use a post-structural framework that accounts for the complex ways in which knowledges of SMD are produced, regulated and contested, and (3) it will do so using a methodology that centralises the knowledges of those seen to be experiencing SMD.

To meet these aims I will answer four research questions:

1. How do the contemporary narratives around those experiencing 'severe and multiple disadvantage' fit with historical narratives (surrounding individuals experiencing poverty, deprivation etc.)?
2. How do contemporary representations or problematizations of people experiencing 'severe and multiple disadvantage' shape their governance? Which representations have the most currency?
3. How do these problematizations (of the experience of SMD) and assumptions (e.g. about why people disengage, and whether engagement would be better for them) fit with the lived reality of people defined as such?
4. What effects are produced through the regulation of SMD framed by these dominant problematizations and/or resistance to them?

I will explore these questions within a Foucauldian theoretical framework and adopt a qualitative methods approach which will combine desk-based historical and contemporary analysis of relevant policy and practice literature (locally and nationally) with creative and participatory methods with a group of people who are considered to be experiencing SMD. This will provide opportunities for richer, subversive, narratives of SMD that challenge the dominant representations that shape, and are shaped by, official policy and practice. This approach will enable a deep-dive into the questions, will equalise varied types of knowledges alongside a traditional, qualitative research approach, and therefore increase the representation of marginalised groups within the academy.

This project provides a unique opportunity to address and engage in knowledge gaps. Empirically, we know little about SMD experiences outside of statutory support services. More broadly, and of importance within a policy and decision making context, we do not know what people deemed to be experiencing SMD think about such support because their voices are often missing from the academy and from policy making (e.g. Herrington et al, 2020). It is still rare for academic and policy literature to centralise and amplify the wisdom of 'lived experience' (Synergi Collaborative Centre, 2019). This project will contribute to this important body of literature that believes in the value of participatory research.

1.4 Research Approach

This research employs a Foucauldian post-structural methodology that uses qualitative methods aimed at critiquing current policy and practice surrounding SMD. The term critique does not mean to criticise or assume things are not good as they are, but to explore "on what type of assumptions, of familiar notions, of established, unexamined ways of thinking the accepted practices are based" (Foucault, 1994: 456). Critique is therefore often attuned to injustice and harmful consequences of particular formations of practices, perspectives and structures (Kemmis, 2008: 125).

There are three implications of a post-structural paradigm on the way the research problem will be addressed. First, analysis will be located at the level of discourse, since it is possible to read from discourses that which is 'in the true' (Bacchi and Goodwin, 2016, 35). Discourse is broader than language. It is the rules and practices that structure action, and from this is about what *can* be said, and thought, and also about who can speak, when, where and with what authority (Ball, 1990, 17-18). Second, I acknowledge the power and world-making implications of the knowledge which is generated through this research and reflect critically upon: the pre-existing conceptual frameworks that I employ, on the knowledge and knowers that I seek to utilise; and the impact of the research. Third, by acknowledging that dominant discourses foreclose other ways of conceptualising subjects and objects, then it becomes possible to introduce alternative/marginalised discourses. Following Foucault, these are knowledges "that have been disqualified as non-conceptual knowledges, as insufficiently elaborated knowledges: naive knowledges, hierarchically inferior knowledges, knowledges that are below the required level of erudition or scientificity" (1980a, 82). Through non-traditional means such as creative methods I have allowed for a more diverse range of knowledge to be articulated. By configuring the analysis in this way the concept of SMD and

the practices of regulating SMD will be deprived of their self-evidence. For Foucault, this process carries the possibility of social transformation. He states:

As soon as people begin to have trouble thinking things the way they have been thought, transformation becomes at the same time very urgent, very difficult, and entirely possible. (Foucault, 2000: 456).

1.5 Methods

In order to analyse the complex ways in which SMD is produced, regulated and contested. I will use a tool for poststructural policy analysis grounded in governmentality developed by Carol Ann Bacchi that focuses on “problematizations” (Bacchi, 2009; Bacchi and Goodwin, 2016). This will enable me to weave together past and contemporary, and local and national, narratives surrounding SMD *and* trace the ways in which SMD has emerged as a meaningful concept, and a problematic for intervening upon, and explore the multifarious effects of these narratives within regulatory practices. I will then reflect upon, and critique, the dominant problematizations of SMD through a series of creative and participatory workshops with a group of people who are seen to be experiencing SMD. Through an iterative thematic analysis which is grounded in the themes generated by participants, I will be able to draw out elements of experience that speak to policy problematizations and they will be directly contrasted with each other. The use of artistic methods will broaden the range of experience able to be articulated.

My research questions will be answered through:

1. A genealogy of historical material that will seek to build up a picture of the history of *SMD*
2. Analysis of contemporary national and local policy and strategy documents through post-structural policy analysis.
3. A series of creative and participatory workshops that will explore lived experiences of SMD.

1.5.1 Genealogy

I will critique the representations of SMD that are “in the true” through historical inquiry (Foucault, 1991a; Foucault, 1991c), and the strategy of ‘genealogy’ developed within Michel

Foucault's later works (e.g. 1978, 2001). The genealogy lacks an explicit method and remains one of many of Foucault's intellectual strategies for identifying and revealing the underlying logic and mechanisms of power (Carrabine, 2001; Campbell, 2008; Garland, 2014). The analytical interest is on what is *said* - not because it is fact, or from a cornerstone document, but because it was *sayable*. Such "statements" operate within systems of meaning and reference that were meaningful, understood, and rational (Foucault, 1972, 128; Bacchi and Goodwin, 2016, 35). They are fragments of a "regime of truth" and across many documents reveal dominant discourses (Foucault, 1980b, 131).

Historical inquiry is an effective way to trouble contemporary practices, concepts, truths, and taken-for-granted logics in a way that "abstract criticism" is not (Foucault and Kritzman, 1988, 83). It reveals the contingency of meaning in objects by demonstrating that there is nothing absolute, or even stable, in the way we conceive and judge things. The historic lens will make for a more effective response to the overall research problem by "restoring to our silent and apparently immobile soil its rifts, its instability, its flaws" and challenge the taken-for-granted existence of SMD as a real, distinct, or more sophisticated elaboration of a problem (Foucault, 1970: xxiv).

1.5.2 Post-Structural Policy Analysis.

Government is a *problematizing* activity: it poses the obligations of rulers in terms of the problems they seek to address (Miller and Rose, 2008: 61)

In order to conduct the desk-based analysis I will use the 'What's the Problem Represented to Be?' [*WPR*] approach to policy analysis, which has a particular focus on 'problematizations' or 'problem representations' within policy (Bacchi, 2009). Bacchi points to problem representations as the fundamental component of policy since "policy cannot get to work without first problematizing its territory" (Osbourne, 1997, 174). *WPR* insists that space needs to be created to critique representations of 'problems' and call into question the premise of "evidence based policy" and the notion that knowledge is simply information (Bacchi and Goodwin, 2016, 242). Instead policy should be viewed as a "problem making" instrument: a creative and not reactive process. By shifting the focus towards *how* policy *creates* problems enables a research angle that undermines the "assumed as necessary" responses, and instead allows us to examine the politics within policy, the choices that are made based on the assumptions and beliefs that are held, and the material effects enabled through the articulation of these problematizations (Bacchi, 2009, 240-242).

WPR operationalizes a post-structural analytic by drawing out the conceptual frameworks and assumptions through a series of questions that allow the researcher to thoroughly critique a document (Bacchi and Goodwin, 2016: 20). The documents I will use include key national policy documents and will attend to the shared knowledges they refer to such as the report that coined SMD (Bramley and Fitzpatrick, 2015) which will explore the circulation of discourses around SMD and its management.

The themes that I generated during this part of the research were a foundation for the fieldwork with the group. Further information gathered from our time together was taken back to Nvivo where the themes were reworked, and research questions reconsidered. I used this data in combination to answer the research questions. The arguments presented in the thesis are made more credible owing to the 'multivocality' of a participatory research ethic (Tracy, 2010; Reason and Bradbury, 2008).

1.5.3 Creative, participatory research

Since the second part of the research was to reflect upon the dominant representations constructed within policy and practice, collaborative methods are appropriate to expand the possible narratives and capture a richer quality of experiences and lived realities (Leigh, 2019). In addition, arts-based methods "have been used by a wide variety of researchers and professionals to assist people in expressing feelings and thoughts that...are difficult to articulate in words" (Blodgett et al, 2013, 313). They can enhance knowledge generation by "accessing the often invisible and intangible aspects of social life, such as the multitude of subtle effects of ideological systems in daily life and the range of complex feelings underlying research participants' attitudes and experiences" (Leavy, 2009: vii). Following 4 sessions of discussion, we together designed a board game which reflected and deepened the content of our previous weeks of conversations and working together. This idea was driven by them and helped to increase agency within the research process.

1.6 Structure of the thesis

The intention of this thesis is to trouble the taken-for-granted status of SMD. In order to make the act of troubling possible it is therefore first necessary to situate the thesis, and SMD as a concept, within its Foucauldian, post-structural, theoretical framework. Rather than viewing a literature review and methodology as a neutral part of building a study design, I view these

aspects of research as inherently political and reflect my positionality. Therefore following this introductory chapter, chapter two: *Theoretical Framework* describes my ontological and epistemological position as post-structural and elaborates the Foucauldian theoretical framework which underpins the entire study. I engage with relevant literature to describe the Foucauldian concepts of governmentality, rationality and technologies. I then outline the key concepts which underpin my approach to analysis: problematizations, neoliberal governmentality, and biopolitics.

Chapter three *Emergence and Antecedents of SMD* explore the history of SMD through a post-structural lens using the concept of genealogy as a guide. A full historical analysis would be a thesis in itself, so for the purposes of meeting the aims of this thesis, the genealogy is restricted to a recent history from New Labour and the notion of 'social exclusion' to 2020. A more historic analysis was undertaken as part of my first year transfer, but this was too far removed from the contemporary policy analysis and the stories and experiences of my participants, so this chapter was dropped. Having outlined a recent genealogy of SMD I describe three dominant discourses which I argue underpin SMD and its conceptual neighbours. These are 1) 'needs' as individualised deficiencies, 2) vulnerability and the inability to help oneself, and 3) that the state(/status) of SMD can be transformed and recovered from - fitting within a neoliberal logic of the self as a project.

Chapter four *Methods and methodology* outlines my study design in more detail. I begin by outlining how my theoretical framework has affected the methodology and choice of methods. I then break my approach in two: first I describe the desk-based research and the particular tool for critical policy analysis - What's the problem represented to be [WPR] (Bacchi, 2009; Bacchi and Goodwin, 2016). Following this I describe my fieldwork approach, including recruitment of participants, ethical considerations and description of fieldwork methods and data collection. I met with a group of six individuals who meet the demographic profile of SMD, and we spent eight afternoons together in which I used the WPR approach to frame more participatory forms of data generation which would speak to the policy analysis. We finished our time together by designing a board game which reflected their lived experiences.

Chapters five, six and seven present the resulting analysis from fieldwork and desk-based analysis. Policy, research, and what has been 'said' about SMD is put in conversation with the lived experience of my participants, based on the themes which had been generated by them during our sessions together and which they described as most important.

Chapter five: Overmedication examines the role of medication and, specifically, experience of 'overmedication' by my participants. This theme was chosen by the group as one of the biggest problems my participants faced because they were not able to access the sorts of healthcare they wanted, and instead found themselves on different forms of prescribed medication related to pain, mental health, sleep, and addiction. They detail experiences of stigma as well as negative side-effects. I used these stories to revisit policy documents and analyse them through a lens of medicalization.

Chapter six: Critiquing 'support' for individuals experiencing SMD: examines the role of support services in the lives of my participants. It begins by detailing the official problematization of SMD which constitutes services as inefficient and unable to deal with complexity. This is corroborated by my participants who often find it difficult to find out information and access support. The critique is developed through attention to two facets of their experience: 1) that they do not trust the system or authorities to help, but 2) that they are nevertheless reliant on authorities in various ways. Such power differentials, I argue, render my participants feeling trapped within the system.

The final analysis chapter 7: *Reconstituting Needs: Belonging, purpose and safety* turns attention from the 'problems' my participants articulated to the 'solutions'. This chapter foregrounds a critique of 'needs' by contrasting the official problematization of SMD and its concern with 'needs' with the things my participants actually expressed as needing. This included: to belong, have access to meaningful activity, and to feel safe. I argue these are universal needs which neoliberalism undermines for society as a whole, though those experiencing SMD stand to lose out more.

Chapter eight brings together the learning from the three analysis chapters and argues for increased participation in policymaking. It is commonplace for policy research to end with policy recommendations but here I combine the methodological approach with the findings to mount (one final) challenge: I consider whether the lack of examples of participatory policy making in the UK, especially specific policies relating to poverty and disadvantage, are a consequence of epistemic injustice (Fricker, 2007). Such a concept is helpful to inform a consideration of the ways in which my participants have felt unable to get the sorts of help they wish for, and the felt futility of their resistance.

2. Theoretical Framework

2.1 Introduction

This chapter begins by articulating my positionality as a researcher and justifying the use of a Foucauldian theoretical framework to scaffold this thesis. It is necessary to address these issues at the outset because my positionality and choice of theoretical framework have shaped not only how the research problem itself has been articulated but also how I designed and conducted the empirical research that informs this thesis. This is because post-structuralism necessarily redefines the point of analysis away from traditional modes of understanding. After describing my positionality and how this has influenced the trajectory of the PhD, I then describe the particular ontology and epistemology I have adopted and the research implications of this world-view. Following this I define and situate key Foucauldian concepts: problematization, governmentality, rationalities, technologies, and genealogy.

2.2 Positionality statement

An examiner during the first-year transfer meeting explained “I was going to ask you about your choice of Foucauldian theoretical framework but I see now that you just are a Foucauldian.” He was right, I really did not feel as though I had a choice in the development of this PhD between competing theoretical frameworks. My ontology is post-structural, which makes it a ‘skin’ and not a ‘sweater’; not something I could simply discard in exchange for a more traditional approach to social research (Furlong and Marsh, 2002). As part of an ESRC-funded studentship I had applied to undertake a PhD which explored why some young people disengage from services and later experience SMD. But my initial response was to query why services are assumed a good? What does SMD describe? How do such descriptions alter the ways in which people and services are able to operate? Foucault’s work had greatly influenced my MSc dissertation on anti-begging campaigns in the UK and his work was also threaded through my most recent research employment for a funder exploring systemic change and SMD. Therefore the use of a post-structural framework during this PhD is a continuity.

The use of a post-structural, and Foucauldian-inspired, framework has clearly influenced the trajectory of this project and also its outcomes and conclusions (Holmes, 2020, 1). It is also

through this critical framework, and the way it has compelled me to seek out marginalised voices and attend to systemic injustices within the research process itself (just as much as the subject of study) which has added value and originality to the endeavour. These aspects will be discussed in Chapter 4.

With regards to the broader notion of positionality, which relates to aspects of my identity that is “culturally ascribed or generally regarded as being fixed...[which] may predispose someone towards a particular point or point of view” (Holmes, 2020,1); I will leave these facets of positionality to the reflexive conclusion of the methodology chapter. There are many elements of my identity which show up in the research in the ways I designed the research as well as how I was able to be within the research setting, how I related to the research participants, and the aspects which drew me to each of them, and the data which most moved me.

2.3 Ontology and Epistemology

Ontology refers to the very nature of being; whether there is a ‘real’ world ‘out there’ that is independent of our knowledge of it (Furlong and Marsh, 2002, 18). Following, epistemology refers to “what we can know about the world and how we can know it” (Furlong and Marsh, 2002, 18-19). A post-structural framework therefore underpins both. Post-structuralism rejects “the claims of totality and universality and the presumption of binary structural oppositions that implicitly operate to quell the insistent ambiguity and openness of linguistic and cultural signification” (Butler 1990, 40). Post-structuralism calls into question the “rationalistic piety” that systems and structures have an inherent and internal coherence (Crick, 2016). As a broad philosophy, or set of attitudes, it frames a particular understanding and interpretation of our social environment which can be altered; and focuses on discourses (including texts and other means of communication) as “carriers of power” that “act upon possible actions” without viewing such power as determinant (Crick, 2016).

Stemming from a post-structural ontology, this thesis does not characterise SMD as capturing anything real or *out there* in the world, but believes it is the most recent in a series of concepts that creates and regulates particular subjects, and renders them governable in a particular way (Bacchi and Goodwin, 2016: 42-43). In post-structural research an interest in the ‘truth’ is superseded by ‘truth *telling*’ (see Bacchi and Goodwin, 2016, 36-37). Attention is shifted away from “what is said” to “how it was possible to do those things (or say those things)... and the knowledges (discourses) upon which they rely” (Bacchi and Goodwin, 2016, 32-33; see Foucault, 1991b).

Underlying this analytic focus is the premise that 'objects' are the result of 'truth effects' that are constituted through discourse (Popoviciu et al, 2006, 402; Foucault, 2008; Butler, 1993). In terms of this research project, SMD emerges through the practices that seek to manage it and know about it, which thus constitutes it in a particular way. This includes all the calculations and classifications that come into its knowing; how it is conceptualised as different from other things; and how it is articulated in policies, procedures, research, and service provision. Within policy development and research concepts such as SMD come to assume a "facticity" or taken-for-granted status, which leaves them closed to critical scrutiny (Bacchi and Goodwin, 2016: 84-85). Their coherence is based on processes of apparently objective knowledge generation by experts (via evidence).

'Subjects', like 'objects', are viewed as contingent, historically and culturally constituted, and enacted through practices, and as such are provisional and always in process (Bacchi and Goodwin, 2016, 70). The process by which a subject is constituted through relations of power and knowledge is known as "subjectification" which refers to the production or *making* of subjects of a particular kind through (policy) practices: such as the characteristics, behaviours and dispositions that these subjects are encouraged to adopt (Rose, 2000, 43; Bacchi and Goodwin, 2016, 49-50). In this sense, any subject is an effect of politics, a product of power and knowledge relations, and not fixed by a human essence (Golder, 2010). In terms of SMD as an identity or identifier, SMD produces and reinforces certain (changing) forms of identity, and enables certain material and lived effects. A post-structural approach therefore views SMD as potentially a *subject* as well as an object for thought. because the concept contains assumptions and expectations about the characteristics of people fitting the SMD demographic. SMD as subject is 1) constituted through *authoritative knowledges* (through the production of norms) on how SMD should be managed and how subjects ought to be; and 2) is delineated from other subjects through dividing practices (rendering SMD as 'other'), and making SMD governable in a particular way. Furthermore 3), SMD can be 'taken up' and internalised by human beings, turning them into a certain kind of subject (Bacchi and Goodwin, 2016, 49-53; Rose, 2000, 43). The idea that the self is culturally produced within "meticulous rituals of power" such as policy, has considerable implications for this research project which is interested in the experiences of people seen to be experiencing SMD who come to be seen as such via the demographic dividing practices within its definition (Dreyfus and Rabinow, 1983: 110).

Post-structural epistemologies encourage a rethinking of the premises on which practices are based, and call into question the neutrality of 'expert knowledges' that have gone into

their making (Bacchi, 2009, 49-50). Bacchi argues that “people categories” (such as SMD, beneficiary, or welfare claimant) and concepts in policies create groups that carry implications for “how they are treated, what they require, and who they are” (Bacchi and Goodwin, 2016: 73). It is, then, important to examine the constitutive dimensions of policies, and the conceptual logics on which they rest, in order to make possible the *unmaking* of the particular formation of people categories and harmful effects that may have arisen through them (Bacchi and Goodwin, 2016, 70). The particular approach to unpicking the constitutive dimensions of policies, by placing attention on policy problem representations, will be discussed in the methods chapter but key theoretical concepts will be elaborated here.

2.4 Key concepts

2.4.1 Problematization

Problematization has two meanings. ‘To problematize’ is to put a particular interpretation into question - “to analyse an issue or proposition *at the level of deep seated assumptions*” (Bacchi and Goodwin, 2016, 38). This speaks to the Foucauldian notion of interrogating “deep-seated assumptions and presuppositions” or “unexamined ways of thinking” (Foucault, 1994, 456 in Bacchi and Goodwin, 2016, 38) which characterised his work (Garland, 2014). ‘To problematize’ also refers to the process of putting something forward as a ‘problem’ - of providing a particular way of conceptualising it. This is referred to as a “problematization” (Rose & Miller, 1992, 181; Bacchi, 2009; Bacchi and Goodwin, 2016).

Post-structuralists are interested in how issues are problematized and how this *creates* problems as problems of particular types, and therefore are interested in the ways that governing takes place through particular representations of problems (Bacchi and Goodwin, 2016, 39). This is markedly different to positivists who believe in the ontological reality of a particular representation of a problem. Within a post-structural framework, there is no ‘true’ meaning for subjects to obtain, no “pure founding authority of rationality” (Foucault, 1972, 54 in Bacchi and Goodwin, 2016, 40); instead subjects are constituted as particular kinds of subjects, and provisionally so. The social and historical construction of subjects is not restricted to Foucault - but has informed feminist and critical race scholars more generally (Garland, 2014, 6). However, the focus on problematizations within texts is a Foucauldian endeavour, developed further by Carol Bacchi whose approach I will make use of (Bacchi, 2009; Bacchi and Goodwin, 2016). In relation to this thesis, I interrogate the dominant problematizations of SMD within official documents (those that are produced by the government, both in England and Scotland). I then ask how SMD is constituted as well as

how SMD subjects are constituted and what the horizon of possibilities are for who they can be. Locating analysis on the level of problematizations, therefore, entails the act of “troubling” and as a result the possibility of rethinking commonly held problematizations, and the potential effects to those who are governed through them (Bacchi and Goodwin, 2016, 39).

2.4.2 Governmentality

A critical analytic such as governmentality is attuned to the problematizing facets of government because of the inseparability of ‘government’ and ‘mentality’ (Besley, 2010, 530). The neologism of the two words, ‘governmentality’, was devised and elaborated by Michel Foucault throughout his lectures at the *College de France* in the 1970s but is more explicitly discussed in an article entitled *Subject and Power* (Foucault, 1982b, pp.789-795). It conceptualises an overarching concern that had been emerging from his earlier work that attended to the intersection of power, knowledge and discourse within society. Whilst ‘governmentality’ is a Foucauldian concept it has been further elaborated by other scholars (e.g. Burchell et al., 1991; Rose and Miller, 1992; Miller and Rose, 2008) and reworked into a research tool which will be elaborated in chapter 4 (Baachi, 2009). Government in the Foucauldian sense refers to a much broader concept than just the political institution within/at the head of the state, but is more of a ‘continuum’ that includes political government right through to forms of self-regulation and can be more generally described as “a form of activity aiming to shape, guide, or affect the conduct of some person(s)” - stretching from the more coercive (rules and regulations), to the more subtle (habits, aspirations and beliefs) (Lemke, 2000, 12; Gordon, 1991, 2). In all, government aims to “set the conditions so that people, following their own self-interest, do as they ought” (Scott, 1995, 202). Rather than top-down, Foucault sees government - and power more generally - as affecting the “conduct of conduct” through myriad forces operating at all levels of society, with power existing relationally between people and institutions (Foucault, 1991b).

Governmentality draws attention to (1) the *rationalities* that define and justify a particular way of governing that make it both thinkable and practicable; (2) the *technologies* that act as mechanisms by which governmental dreams and schemes are realised; (3) the *forms of power* embodied in various ways of governing; and (4) the *constitution of particular identities*, subjectivities, spaces, bodies and behaviours that can be acted upon (Henman and Fenger, 2000, 26).

Governmentality offers a useful lens with which to approach SMD because it perceives political rationalities very broadly, from which it is possible to consider the ways in which discourses - and consequent “ways of thinking and acting on the world” - are able to effect identities, subjectivities and forms of subjugation (Henman and Fenger, 2000, 35). Governmentality is a way of thinking about “the nature of the practice of government.” It refers to processes and regulatory systems that constitute things as amenable to intervention, and thus “capable of making some form of that activity thinkable and practicable both to its practitioners and to those upon whom it was practiced”. (Gordon, 1991, 3, see also Grocock, 2008, 5). In relation to this subject of study in particular,

[W]hen a fundamental aspect or incident of life becomes precarious, unstable or uncertain, such as loss of housing and decline into homelessness, political authorities and institutions are confronted with the problem of how to respond and how to rationalize interventions with reference to political and biological understandings of the individuals and collectivities involved. (Bevan, 2021, 264).

A key critique of governmentality approaches is “there is a tendency to treat such policy as though it is either successful in its aims, or imminently so”; that the analysis too often rests in the discursive field and ignores the messy empirical reality of whether, and to what extent, and how, the discursive field and conditions of possibility that are strategised within policy documents show up materially within the lives of people (Howell, 2015, 67; see also, Clarke et al, 2007). Whilst it would be a mistake to read off consequences from statements of intent, it would also be a mistake to skip over the political rationalities and logics that underpin how we come to think and act upon the world. Indeed, ways of acting are contingent upon ways of knowing and the knowledge systems and assumptions surrounding SMD are deeply and historically embedded. It is useful, in this case, to talk of effects in terms of political implications; what is made possible by the particular constitution of SMD? And what is *not* possible within these discursive limitations (Bacchi and Goodwin, 2016).

2.4.3 Rationalities

Underpinning the schemes and programmes of government are a set of rationalities that are predicated on a network of self-evidenced truths. Rationality is inscribed in practices and systems, and it is this rationality which enables these practices to exist, and exist in the form they do. Rationality, in the Foucauldian sense, is relative and instrumental. There is no absolute rationality, and it is always socially and historically situated (Lemke, 2000, 7).

Truth and rationality converge in the practices of government: as Dean (1999) explains, “we govern others and ourselves according to what we take to be true about who we are, what aspects of our existence should be worked upon, how, with what means, and to what ends.” (p.18) And what counts as truth, as Townley (1993) suggests, “depends on, or is determined by, the conceptual systems in operation”, that “when we classify objects we operate within a system of possibility - and this system both enables us to do certain things, and limits us to this system and these things” (p.70)

The ways in which truths and rationalities enable (and are supported by) knowledge practices and power relations coalesce as a ‘regime of truth’:

Truth is a thing of this world: it is produced only by virtue of multiple forms of constraint. And it induces regular effects of power. Each society has its regime of truth, its “general politics” of truth: that is, the types of discourse which it accepts and makes function as true; the mechanisms and instances which enable one to distinguish true and false statements, the means by which each is sanctioned; the techniques and procedures accorded value in the acquisition of truth; the status of those who are charged with saying what counts as true.

(Foucault, 1984, 72-73)

These rationalities are key to examining the constitution of society, especially because they appear neutral and self-evident. Burchell argues there “is a parcel of thought in even the crassest and most obtuse parts of social reality”, so that the study of the most mundane element of governmental practice will shed light on wider notions of the ‘truth’ about what is ‘real’ and how things ‘ought to be’ (Burchell et al., 1991, x). Further discussion of *how* will be elaborated in chapter 4.

I will argue that SMD has achieved a taken-for-granted status within the UK as describing a particular experience attached to a particular demographic. There is contention over the exact experiences and the exact demographic, but it is broadly agreed that this is a real phenomenon. Although the term itself was only coined in 2015 it does not describe anything radically different to concepts which had preceded it - such as multiple and complex needs [MCN]. Nevertheless, it has hooked into social and historical norms about a certain demographic and is underpinned by similar conceptual logics and assumptions. These are the rationalities which will be considered in the next chapter and form the basis of the overall analysis.

2.4.4 Technologies

Technologies are the mechanisms by which programmes, schemes, and interventions are realised - translating thought into the domain of reality, and to establish “in the world of persons and things” the spaces and devices for acting upon those entities of which they dream and scheme (Miller and Rose, 1990, 8). Technologies entail the diverse and often mundane ways in which practices take place - the methods of notation, data collection, calculation, classification, documentation and general bureaucracy, and the policies and procedures that actualise governmental ambitions (Rose and Miller, 1992, 175). Technologies of government can be thought of as “an *assemblage* organised around a certain problem of conduct” which seeks to “conduct that conduct according to particular norms and objectives” (Henman and Fenger, 2000: 24). They are essentially the translation of problematizations into action. For example, Grocock (2008) explores the ways that systems work to produce homeless populations that can be counted, regulated and managed through disciplinary processes and from which reports, files, and registers can be produced that document, describe, and analyse portions of the population. Similarly Henman and Fenger (2000), describe how

[A]n understanding of welfare reform cannot be achieved without reference to its administration. Welfare administration is the very locus in which the operation and effect of policy is defined and governmental power relations flowing through welfare agencies, staff and claimants constituted (p.19)

Techniques include the relevant vocabularies that partition and rank people, and the processes of examination and confession that render an individual (and their deficiencies) visible, subject to calculation, and amenable to intervention. And therefore rendering that individual known as part of a population-wide understanding. This is a technique of “distributing in space” - locating and fixing people conceptually (Deleuze, 1988, 33; see Scott, 1995).

Those seen to be experiencing SMD are no different. Although SMD captures a more particular demographic than homelessness which is a much broader set of institutions and practices, SMD has been increasingly targeted by governmental and non-governmental interventions. Research has proliferated surrounding SMD, schemes have been intervening upon the demographic in different parts of the UK since 2014 and standardised metrics of evidencing outcomes and evaluating these interventions have been collated since then too. The Fulfilling Lives programme is one example of SMD governance, and their ‘beneficiary

outcome' measurements are one such technology of regulating and managing SMD according to particular logics, assumptions and problematizations. This programme and other key documents that have constituted the SMD demographic will be examined in the next chapter.

2.4.5 Neoliberalism

Dispositif is a Foucauldian term drawn from his notion of "archaeology" as an approach to critique (Garland, 2014). A *dispositif* describes that which underpins the dominant discourses of a period, like the strata of rock formations. Foucault argued that various conceptualisations of a particular time period have more in common with each other than one concept over time, which has been subject to changes in worldview (Garland, 2014). The *dispositif* in which this research sits is one of neoliberalism. As Murray Li (2007) explains

An explicit, calculated program of intervention is not invented *ab inito*. It is traversed by the will to govern, but it is not the product of a singular intention or will It draws upon, and is situated within a heterogeneous assemblage or *dispositif* (Murray Li, 2007, 276).

Neoliberal governmentality refers to a specific governmental rationality and approach to government. It "attempts to reconfigure the practices of government by conceiving the subject as rational, autonomous, choice making and responsible" (Kelly, 2001, 29). There is an underlying assumption, therefore, that people, like markets, are rational and calculable and therefore able to be responsabilized:

We have entered, it appears, the age of the calculable person, the person whose individuality is no longer ineffable, unique, and beyond knowledge, but can be known, mapped, calibrated, evaluated, quantified, predicted, and managed (Rose, 1998, p. 88).

Since at the level of a whole population it is "not possible to coerce every individual and regulate their actions in minute detail...government operates by educating desires and configuring habits, aspirations and beliefs" (Murray Li, 2007, 275). Setting the conditions so that "people, following their own self-interest, will do as they ought" (Scott, 1995, 202). Such 'governing at a distance' is also an economically 'liberal' form of rationality with the 'free market' at its core (Joseph, 2013, 41), and the constitution of an "active citizenry" represent a

form of “regulated freedom” in which the subject’s capacity for action is used as a political strategy (Swirack, 2013, 29).

Within this paradigm, there is a marked focus on individual responsibility and a disregard for structural problematizations: a person’s situation is largely shaped by individual factors. Literature emphasises that neoliberalism boils a person’s situation down to an individual’s choice, or to a family’s behaviour (see Costas Battle, 2017 for review). However, the problematization of SMD is murkier. Official policy discourses in England have constituted various forms of disadvantage as an unfortunate byproduct of their circumstances. This is still consistent with a neoliberal outlook which holds individuals, and not the state, as responsible for creating and changing that situation (this will be developed in the next chapter). responsabilization is able to shape personhood in alignment with a free-market paradigm - whereby a ‘good outcome’ and successful citizen is someone who is an entrepreneur of themselves and who aims to improve themselves (Costas Battle, 2017, 147). This disregards (and altogether removes from sight) any historical and sociocultural context for misfortune, and instead venerates the cultivation of resilience and its emphasis on “things such as individual preparedness, making informed decisions, understanding our roles and responsibilities, and showing adaptability to our situation and being able to ‘bounce back’ should things go wrong” (Joseph, 2013, 41)

Neoliberalism converts the political nature of social problems into problems of individuals; “the individualisation of the social” (Jamrozik, 2009). Neoliberalism has become so commonplace that “the market has become the default setting” and the ‘logic’ of neoliberalism so mundane that it is largely unquestioned (Costas Battle, 2017: 33, see also Ball, 2000; Lorenz, 2012; Rose, 2000). However, the practices of regulating SMD throw this rationality into high relief. SMD - as will be argued - is constituted as an exception to the responsible self, as these individuals appear left at the margins without the ability to help themselves (as they ought) and so require direct government intervention. They are not considered able to act responsibly in their current situation (Peeters, 2019).

2.4.6 Biopolitics

Foucault elaborates the concept of ‘biopolitics’ and ‘biopower’ to describe the rationality and techniques that seek to know about a population. He argues that the disciplinary power over the human body and the regulation of collective life at the level of the population coalesce during the 19th century into a biopolitics which “exerts a positive influence on life, that endeavours to administer, optimize, and multiply it” (Foucault 1978, 137). Foucault marks the shift from ‘sovereign power’ in the classical age as the power to let live and make die, to

'biopower' as the power to make live (in certain ways) and let die (Foucault, 2008). Walsh (2014) summarises this shift as a signal event of Foucauldian modernity.

This "biopolitics" has "population as its target, political economy as its major form of knowledge, and apparatuses of security as its technical instrument" (Foucault, 2008, 108). As with other aspects of government, biopolitics encompasses both 'rationalities' and 'technologies': "the ensemble formed by institutions, procedures, analyses and reflections, calculations and tactics that allow the exercise of this very specific, albeit very complex, form of power" (Foucault, 2009, 144). The governmental regulation of biological processes Foucault calls 'biopower'. This regulation, he argues, produces docile and productive people (Bacchi and Goodwin, 2016: 29; Foucault, 1978, 2008).

The neoliberal version of biopolitics stresses the opportunity of choice, but links it to economic and social objectives such as productivity and welfare state expenditures. Since biopolitics puts life into order (Foucault 1978, 138), groups that do not self-regulate or 'do as they ought' come to be problematized in a certain way so as to be regulated. In this case

[P]olitical authorities and institutions are confronted with the problem of how to respond and how to rationalize interventions with reference to political and biological understandings of the individuals and collectivities involved. (Bevan, 2021, 7)

This can be seen as biopolitical problem space (Bevan, 2021). Within a 'what works' evidence-based policy making paradigm the proliferation of data forms the biopolitical knowledges that buttress interventions. For example, in relation to rough sleeping:

It is extremely important that our understanding of who is sleeping rough on our streets and what their particular needs are becomes much more sophisticated if we are to find the right solutions to ending rough sleeping for each and every citizen. (DHC, 2018, 13)

2.4.7 Genealogy

The chosen theoretical framework has the consequence that whilst conducting the literature review and historical analysis of the concept of SMD I must also draw out the political nature of the texts, their rationalities, and how they are technologies that reflect and constitute and seek to regulate SMD in a particular way. Therefore, the following section introduces the approach I have taken to an analysis of the literature surrounding SMD rather than placing it later in the methods chapter.

One aim of this PhD is to challenge the way SMD is being deployed by critiquing the discourses that are “in the true” (Bacchi, 2006, 12; Foucault, 1978: 112). Genealogy is an effective way to trouble contemporary practices, concepts, truths, and taken-for-granted logics in a way that “abstract criticism” is not (Foucault and Kritzman, 1988, 83). It reveals the contingency of meaning in objects and things by demonstrating that there is nothing absolute, or even stable, in the way we conceive and judge things, even today. Through genealogy, we do not simply showcase that “the past is a foreign country” where things were done differently, but learn to see today as if a foreign country, too, and this helps us to be curious about the way in which SMD is represented and managed today (Hartley, 1953). The historic lens will make for a more effective response to the overall research problem by “restoring to our silent and apparently immobile soil its rifts, its instability, its flaws” and challenge the taken-for-granted existence of SMD as a real, distinct, or more sophisticated elaboration of a problem (Foucault, 1970: xxiv).

As with other of Foucault’s concepts, the genealogy lacks an explicit method and remains one of many of his intellectual strategies for identifying and revealing the underlying logic and mechanisms of power (Campbell, 2007; Carrabine, 2001; Garland, 2014). A genealogy does not seek to draw an untroubled line between the vagabonds of 1492 and people with ‘no local connection’ today, but highlights the “battles” that have taken place for knowledge and to appreciate those that have carried through and settled into their modern contexts, those that have been marginalised, and the transformations that have taken place (Bacchi, 2009, 46; Dean, 1991). In fact genealogies actively seek out the disjunctures, the trails that lead nowhere, and the contradictions, and are “not... misled by what appears to be a strict continuity in these themes, nor imagine more than is revealed by history itself” (Foucault, 2001, 15). By avoiding teleology, new avenues for thought are opened up and therefore new possibilities for rethinking our own time (Garland, 2014). Foucault was a controversial historian who “threatens every canon of the craft” by breaking off the past from the present and thereby relativising and undercutting the legitimacy of the present (Poster, 1982, 116-118). This makes the genealogy an appropriate tool for this thesis.

In providing a “functional microanalysis of power relations”, the genealogy focuses “on the smallest and most insignificant details” (Tambouku, 1999, 5). Since the fact or truth of a period is not possible, nor desirable, to come to know; what is interesting is what is *said* - not because it is fact, or a cornerstone document, but because it was *sayable*. They are fragments of a “regime of truth” and across many documents reveal the dominant discourses (Foucault, 1980, 131). Since the volume of literature needed to consider the multitude of competing knowledges and practices for a full genealogy would be a thesis in itself I will lift

the strategy of genealogy to a smaller dataset in order to situate the contemporary interest in SMD. Accordingly, key texts in the history of SMD written by government and those working in the field have been chosen. These help to tell a useful story, in that they provide a rich landscape of dominant and alternative discourses (Braun et al, 2022; on text selection see Carrabine, 2001, 282).

The next chapter begins the PhD analysis which redirects attention from what SMD 'is' to how it has 'become'. Attention is directed to the "primary organizing micro-practices" involved in its becoming, through the research and interventions which have been focused on the problem representation of SMD over the last ten years (Chia, 1996, 32-34). It will showcase "how systems of thought work through the world, constituting it in definite ways as they do so" (Bacchi, 2018, see also Bletsas 2010; Chia 1996). In this way I hope to reveal "a body totally imprinted by history" and lay the foundations for the fieldwork and further analysis (Foucault, 1991c, 83).

2.5 Conclusion

This chapter has outlined my positionality through an elaboration of the chosen Foucauldian post-structural theoretical framework which underpins the thesis. The theory of Foucault and concepts such as governmentality are just as important as method, since Foucault does not advocate for any particular method for approaching research. Rather, concepts such as 'governmentality' act as a "zone of research" or "exploratory passion" and a "guideline for the analysis of government" instead of a "fully formed product" (Burchell et. al, 1991: ix).

This chapter has therefore laid the foundations for the whole of the thesis by describing the particular ontology and epistemology which frames the rest of the thesis. It has elaborated key Foucauldian concepts which describe the particular way knowledge and power work through discourses. Through attention to 'rationalities', 'technologies' and 'problematizations' the aim of the research - *'to analyse the complex ways in which SMD is produced, regulated and contested'* - will be met. In being theoretically led, with an attention to the politics of knowledge generation, it will also achieve coherence throughout the study in the way in which attention to power and knowledge is threaded through the methods and analysis. Post-structuralism is both critical and subversive, "making visible the intellectual and conceptual bases underpinning the realities" of SMD as well as then challenging the 'conditions of possibility' and thus considering how reality could be otherwise (Garland, 2014, 24).

Taking this analytical framework as an approach to SMD and the support services available to those individuals, provides a novel framing of the research. Through a governmentality lens I will be able to explore how historical and contemporary discourses surrounding SMD cohere in the ways in which SMD is regulated and in the identities that are made available, and the manner in which people conduct themselves. To the authors knowledge no study into SMD (or its conceptual near neighbours) has employed a governmentality or post-structural framework. This means the particular way I examine the problematization of SMD - as something not to be taken-for-granted, and something shot through with power and knowledge relations that effect particular material realities - is an original stance which mounts an original contribution to knowledge in the field as well as mounting a critique to how SMD is being deployed in research and practice.

3. Emergence and Antecedents of SMD

3.1 Introduction

This chapter is concerned with the production of ‘truth’ and specifically how dominant problem representations of SMD have come to be ‘*in the true*’ (Bacchi and Goodwin, 2016, 21). This approach sets the research apart from any other study of SMD to date and so it presents an original and timely contribution. This chapter undertakes a Foucault-inspired genealogy of SMD. It is concerned with exploring “unexamined ways of thinking” within the dominant problematization of SMD and its associated discourses (Foucault, 2000, 456). Foucault (1991c, 262) endorses the need for a “history of the present” that sets out from a “problem expressed in the terms current today” whilst rejecting any notion that the contemporary problematization is a necessary endpoint or outcome of the trajectories (Bacchi and Goodwin, 2016, 46).

The Changing Futures Programme (MHCLG, 2020) is a cross-department government intervention into SMD, through funding multiple organisations across England over a number of years and according to certain programme criteria. The dominant problematization of SMD expressed in the Changing Futures Programme is the culmination of historically embedded problematizations around particular social groups. As Murray Li (2007) notes, “programs of intervention are pulled together from an existing repertoire, a matter of habit, accretion and bricolage” (p.276) and so the contemporary articulation of SMD draws upon its conceptual near-neighbours and antecedents in terms of its conceptual logics and underlying assumptions. This chapter will (1) outline the dominant problem representation of SMD as articulated within the Changing Futures Programme Prospectus, (2), Situate this problematization within its recent conceptual history within research and practice and discuss how it has been (re)problematized within national policies (such as the 2018 Rough Sleeping Strategy) and (3) link the dominant problematization of SMD within key historically and socially embedded discourses which underpin understandings of SMD.

3.2 Dominant Problem Representation of SMD

SMD has come to the fore of UK social policy within the Changing Futures Programme led by the Ministry for Housing, Communities and Local Government [MHCLG], which has subsequently been changed to the Department for Levelling Up, Housing and Communities [DLUHC]. The programme has been developed alongside prominent SMD funders in

England to date - the National Lottery Community Fund, and other organisations in the field such as Revolving Doors Agency and Making Every Adult Matter (MEAM) who will be introduced later in the chapter. I have used the Changing Futures Programme Prospectus (MHCLG, 2020) to illustrate the dominant problematization of SMD because this is the first national programme aimed specifically at SMD, and the “core principles of the programme” were expected to be implemented by the fifteen local areas in receipt of funding (MHCLG, 2020, 10). The authoritative and financial power of this national programme therefore enables the advancement of particular knowledges and other technologies of governance through these fifteen programmes which buttress the problematization of SMD in a particular way. This lends a potency to policy problematizations that other problematizations may lack (Bacchi and Goodwin, 2016).

Within the Changing Futures Programme Prospectus (MHCLG, 2020), SMD is constituted as a problem of highly individualised complexity which is exacerbated by local statutory support systems being too narrow in scope. The problem is both *individual* - as it concerns the particular needs, challenges, traumas and life situations of the individual (and their families) - and *systemic* - as these individuals are constituted as being missed or let down by silo-ed services that are designed to deal with just one issue at a time. SMD is therefore problematized as concerning complex needs *and* ineffective services. Moreover, SMD is represented as an economic problem, with costs to the taxpayer frequently cited in SMD research, based on the prevalence of emergency service use by individuals experiencing SMD in crisis (MHCLG, 2020, 4). This problematization is neatly summarised as follows:

They are among the most vulnerable in our communities, and often experience entrenched disadvantage, trauma and health inequalities while experiencing barriers in accessing the support they need as public services struggle to respond. At the same time, they generate significant costs to the public purse through repeated but ineffective contact with local services, including emergency and criminal justice services. The most vulnerable adults in this situation are estimated to cost the state five times more than the average citizen per year. (MHCLG, 2020, 6)

The solutions laid out by various policies, strategies and agencies also enable us to “read off” the problem representation (Bacchi, 2009). The person in need of support is constituted in highly complex and individualised ways through the technology of “highly flexible personal recovery plans” (MHCLG, 2020, 11). For example, the prospectus suggests that “different groups engage with services in different ways and may require distinct and targeted solutions” in reference to demographics with protected characteristics (MHCLG, 2020, 10).

And on a more individual level, “the importance of a ‘whole person’ approach, that takes account of a “full range of a person’s needs, strengths and challenges and works flexibly and intensively towards a person’s aims and goals to sustain long-term recovery” is emphasised (MHCLG, 2020, 9).

Though focusing on adulthood, SMD is often represented as the product of childhood trauma and poverty and intergenerational harm caused by childhood experiences (see ‘Trevor’s Story’, MHCLG, 2020, 9). This individualising problematization of SMD hooks into prevalent policy discourses surrounding early intervention and prevention programmes which lean on conceptual logics (both environmental and biological) of intergenerational harm, such as the research on early intervention or Adverse Childhood Experiences [ACEs] (Broer and Pickersgill, 2015; Gillies et al., 2017; McKeown, 2018). Linked to this is the notion that SMD is a state that can be changed and ultimately entails “recovery” through personal transformation (Trevor, for example, discovers “ways to change and not give in” (MHCLG, 2020, 9)).

The widespread use of ‘navigators’ within funded projects - people who work long-term and persistently with an individual to ensure they gain access to the different support services they are entitled to - situates the problem of SMD as one which is exacerbated by the interaction between person and system (MEAM, 2018; Sharpen, 2018). Indeed, the original research which coined the term SMD did so through using service use as proxy indicators for experience - e.g. data of homelessness services to identify people who are experiencing homelessness (Bramley and Fitzpatrick, 2015). The implication is that SMD exists only in connection to ineffective services, and moreover that those experiencing SMD cannot change their situation without statutory - or otherwise official - support services.

To summarise, SMD has been represented as a problem of inefficient systems of support and ineffective services which have meant that the most vulnerable and complex individuals have missed out on support and have cost the public disproportionately as a result. SMD is constituted as a highly complex problem involving present and past individual circumstances and is located in the individual. SMD constitutes individuals as vulnerable and who require statutory support to change their situation; and SMD is constituted as something which can be ‘recovered’ from, again locating it within the individual. These ‘truths’, though, hook into more widespread discourses that are underpinned by a neoliberal logic of the responsabilized self and of the state’s minimalist role. This creates a contradiction in the problematization which is key to the particular way SMD is constituted, since individuals are both

responsibilized for their transformation or recovery whilst simultaneously being defined by a narrative of complexity and vulnerability requiring state intervention.

SMD does not look too different to concepts that have preceded it. This may have helped SMD to seamlessly enter the policy sphere. Governments have long been focused on intervening upon particular groups at the margins of welfare support (Juhila et al, 2019), and it is this historical perspective - which will enable deeper examination of how and why SMD has been so seamlessly accepted within policy - which I will now turn to.

3.3 The emergence of SMD

SMD was coined by the Lankelly Chase Foundation in 2015 through *Hard Edges: mapping severe and multiple disadvantage* report (Bramley and Fitzpatrick, 2015, hereafter 'Hard Edges') although their work had been developing this concept over a number of years beforehand (e.g. Dunan and Corner, 2012; Bullock and Parker, 2014). This study utilised administrative data sets on service use to act as proxy indicators for the experience of homelessness, substance dependency, and offending which made up the three 'domains' of SMD. From this data analysis, 58,000 people were 'found' to be experiencing all three situations simultaneously, and 222,000 were said to be experiencing two or more. Most of these people were white, male and over 35. This data fits other research into these experiences (e.g. Welford et al, 2022, 70-71) Additionally *Hard Edges* also situated SMD within life-course understandings including trauma, relationship breakdown, poor education, and wider factors such as poverty and other social and economic exclusion (Bramley and Fitzpatrick, 2015, 3).

Hard Edges aimed to "make visible the way that problems tend to cluster together in the lives of people facing disadvantage" because, according to an earlier literature review by Lankelly Chase, there was "no clear focus on what is meant by SMD with the result that the overall political analysis remains indistinct and entangled in wider preoccupations" (Duncan and Corner, 2012, 6). The *Hard Edges* reports held political currency in England's policy documents pertaining to rough sleeping, homelessness, and drugs when speaking of vulnerable demographics (Home Office, 2017; DHC, 2018). In Scotland, it was the wider life-course findings of the *Hard Edges report* that were referenced in support of a slightly more structural problematization of SMD:

[T]he evidence shows that ... structural preconditions for severe and multiple deprivation [including homelessness] clearly interact with family and individual level sources of disadvantage – including childhood trauma and very poor educational experiences – to render some people at far greater risk of severe and multiple deprivation than others living in similar circumstances of material deprivation and poverty. (The Scottish Government, 2018, 14)

This facet of the problematization held less currency within political narratives in England. Although the term SMD was developed to promote “the social nature of disadvantage by emphasising its relativity” rather than the individualism of “needs” (Duncan and Corner, 2012, 3), the Rough Sleeping Strategy for England (DHC, 2018) cited *Hard Edges* in order to evidence the multiplicity of support needs and emphasise individual complexity.

Since the *Hard Edges* report was launched in 2015, further studies commissioned by Lankelly Chase have added mental health and domestic violence and abuse to the core domains of SMD (Bramley et al, 2019; Sosenko et al, 2020). Different organisations working with SMD take other factors into consideration, such as physical health and learning disabilities. Further research commissioned by Lankelly Chase sought to decrease the reductionism of SMD by intersecting it with experiences of sexuality, ethnicity and faith, and gender (Bashir et al 2019; Sosenko et al 2020; LGBT Foundation, 2020;). Despite these potentially obfuscating (re)definitions, SMD has retained conceptual coherence. The definitional ambiguity does not undermine the existence of SMD, since it is rooted in a notion of complexity.

Lankelly Chase has continued to fund research and various projects surrounding systemic inequality, and continue to muddy the water over what is meant by SMD and how it can be addressed. It has changed its mission from “changing the systems that perpetuate severe and multiple disadvantage” to “the creation of systems of justice, healing, and liberation that enable people subject to marginalisation to live with dignity and opportunity in supportive communities” with attention to mental distress, violence and destitution (Lankelly Chase, 2020). This discursive shift away from any notion of SMD as a definable (and thus intervenable) concept marks a rupture from the trajectory of SMD as articulated in policy and national funding programmes today.

SMD became operationalised separately through the Fulfilling Lives programme - a National Lottery Community Fund project spanning eight years from 2014-2022 with a budget of £112 million for twelve separate geographic projects in England. Whilst Lankelly Chase’s work was crucial to the development of SMD as a concept, Fulfilling Lives became the most important in terms of influencing the Changing Futures Programme in 2020. The governmental

Changing Futures programme is match funded by the National Lottery Community Fund which is important to note in terms of the ascendancy of its narrative and techniques.

The Fulfilling Lives programme, through long term funding, aimed to showcase the positive impact of long-term relational working between a professional ('navigator') and those experiencing SMD (Lamb et al, 2019b). In addition to frontline services, Fulfilling Lives included national evaluation networks and lived experience networks. Their evaluation mechanisms were standardised across the projects, enabling them to build up a large evidence base surrounding individuals experiencing SMD. This included technologies of monitoring such as a "home outcomes star" and a "new directions team assessment" (previously known as Chaos Index score). These standardised metrics have been taken into the Changing Futures programme.

The Changing Futures programme has adopted much of the learning from Fulfilling Lives; it represents a continuation of the drive to improve systems of support for people experiencing multiple disadvantage. (Moreton et. al, 2022a, 5)

These modes of quantifying outcomes are infused with the discourses surrounding the SMD problem representation which will be examined later in the chapter around notions of 'recovery'. Such a network of practices and relations produce SMD knowledges and grant them truth status. Through such practices, which have been accepted and repeated across a variety of programmes, the dominant problematizations of SMD have achieved truth status (Bacchi and Goodwin, 2016, 22), whereas the alternative discourses developed through Lankelly Chase's later work have not gained political potency.

3.4 Antecedents of SMD

A biopolitical imperative to knowing "the numbers of our poor" has been key to the discourses of deprivation and to government over the last few centuries (Dean, 1991, 35). There has been long standing political interest in a particular marginal but 'costly' group of society, who appear residually as the "persistent and deep-seated exclusion of a small minority" (Institute For Government, 2010, 1; see also Cabinet Office, 2007, 8). Fitzpatrick et. al (2013) stated

[T]his multiple needs group may be relatively small in overall size, but is very costly to society as a whole because of the chaotic lives led by many of those within it. (Fitzpatrick et al, 2013, 148)

Attending to the 'cost' to the taxpayer or the public purse of an SMD demographic forms a key part of the contemporary problematization (Bramley and Fitzpatrick, 2015, DHC, 2018, DHCLU, 2022, Moreton et al 2022). This problematization has a much more historic precedence, for example during the commission into the Poor Laws at the turn of the twentieth century:

Still dangerously often, public money is being applied to support drunken and immoral habits, careless and neglectful parents, dirty and unsanitary homes. (Birley et al, 1909, 18)

Couched within moral discourses and, relatedly, discourses surrounding political economy and the capacity of each individual to work, the constitution of the unemployed, underemployed and unemployable through the commission into the Poor Law during the turn of the twentieth century were predicated upon detailed demographic classifications which were infused with moral discourses (see Welshman, 2006, pp.589-593 for an overview). The 'unemployable', for example, were referred to as 'parasites' (Beveridge, 1909, 137). Such narratives of a problematic social group or 'underclass' have threaded through the social policy concerns of the twentieth and twenty-first centuries (see Welshman, 2013; Spicker, 2011, Crossley, 2015).

In more contemporary times, specific concern for the *behaviours* of certain groups, and honing in on the role of families, was presented by Tony Blair's 'Respect' agenda (Crossley, 2015, 2) and threaded within the policies of the social exclusion units. In the Respect Action Plan, Tony Blair aimed to "deter bad behaviour and invest in good" (Blair, 2006). Policy concerning anti-social behaviour (ASB) and 'problem families' were also prevalent in Scotland, greatly influencing the development of the mode of intervention adopted by the Respect Taskforce and later Troubled Families Programme (Nixon et al, 3). Whilst Nixon et. al, (2010) found that Scotland's policy was more attuned to structural drivers of intergenerational disadvantage, their method of Family Intervention - especially in Dundee - was more targeted and assertive, with some families living in blocks with curfews and bans on visitors (p.310). However, Scotland did not adopt an explicitly punitive approach to their policy, unlike England, who drew up contracts and sanctions for families (Respect Taskforce, 2007, 7).

Attention upon problem or dysfunctional families was reignited following the 2011 riots by David Cameron who launched the Troubled Families programme, stating:

Officialdom might call them ‘families with multiple disadvantages’. Some in the press might call them ‘neighbours from hell’. Whatever you call them, we’ve known for years that a relatively small number of families are the source of a large proportion of the problems in society. Drug addiction. Alcohol abuse. Crime. A culture of disruption and irresponsibility that cascades through generations. (Cameron, 2011)

The ‘Troubled Families Programme’ and wider policy work surrounding ‘Breakdown Britain’ in their elaboration of intergenerational dysfunctionality was borne from the policy work of the Social Exclusion Task Force *Families at Risk* (SETF, 2007) who estimated 140,000 families in Britain with five out of seven disadvantages which entailed: no parent in work, overcrowded housing, parents without qualifications, a mother with mental health problems, one parent with a limiting illness or disability, family of low income, inability to buy food and clothing items. The Troubled Families programme (DCLG, 2012 see DCLG, 2016) aimed to ‘turn around’ the lives of 120,000 dysfunctional families via a “persistent and assertive” key-worker who would “grip” onto families and their problems (DCLG, 2016, 6). The Troubled Families programme was rooted in early intervention philosophy, informed by “new and groundbreaking evidence” that documents the “multiple and overlapping disadvantages experienced by workless families and the impact that this has on children and their chances later in life” (DCLG, 2017, 4).

Levitas has shown how the identified families (experiencing multiple disadvantage) were not the same as the criminal, dysfunctional families Cameron targeted in his 2011 speech and argued the programme “deliberately conflate[d] families experiencing multiple disadvantage and families that cause trouble’ as part of a strategy that was ‘successful in feeding vindictive attitudes to the poor’ (Levitas, 2012). Indeed, commentators have argued that the Troubled Families Programme was predicated on stigma rather than evidence. Crossley claims that the expansion of Troubled Families was announced two years before the evaluation published findings over its effectiveness (2015, p5) and further that the evidence generated had been skewed and not subject to scrutiny (Levitas, 2014; Crossley, 2015). Across this period Gregg (2010) argued the family intervention approaches were “a classic case of policy-based evidence” and Gordon (2011) argued that any policy predicated on the notion of intergenerational poverty “will inevitably fail, as this idea is a prejudice, unsupported by scientific evidence”. Such arguments are backed up by other scholars (see Shildrick et al 2012; Macmillan, 2014) Nixon et. al (2010) conclude that the family intervention projects in both England and Scotland “were clearly designed as a disciplinary form of technology acting to both contain and control behaviour” (p.313).

Whilst SMD interventions typically target individuals rather than families, it has been noticed that many of these individuals are in contact with, or are the primary carers for, their own children and so the interest in intergenerational harm is poignant to many programmes to address SMD (for example, WY-FI, 2019). The Changing Futures Programme Prospectus also explicitly links the programme's work to that of the Troubled Families Programme (MHCLG, 2020). Both are predicated on assumptions about the truth of intergenerational harm, the effectiveness of 'early intervention', the importance of the role of 'responsible' parenting and individual responsibility (see McKeown, 2018; Edwards et al, 2018; Bruer, 1999).

The terms 'multiple and complex needs', 'multiple deprivation' or 'multiple exclusion' have been used more recently to delineate an experience relating to *individuals in adulthood*, as a separate issue to the specific problems of *families*. Multiple Exclusion Homelessness [MEH] "emerged from endeavours to characterise the specificity of homelessness which occurs in conjunction with other needs and exclusions" (Pattison and McCarthy, 2020, 2). This was encapsulated in the USA as 'chronically homeless' (Kuhn and Culhane, 1998; Pattison and McCarthy, 2020). In the UK, MEH research was led by Suzanne Fitzpatrick, using the same 'domains' of disadvantage as SMD (homelessness, addiction and offending) (Fitzpatrick et al, 2007; Fitzpatrick et al, 2011; Fitzpatrick et al, 2013). MEH research noted the overlapping nature of such exclusions as well as their mutually reinforcing causal interrelationships (Fitzpatrick, 2005; see also Bowpitt et al. 2011; Cornes et al. 2011). It is notable that the leading academics within the field of MEH also led on the *Hard Edges* report and have published subsequent research within the field of SMD, too (e.g. Sosenko et al, 2020; Bramley et. al, 2019). In fact, the 2018 Rough Sleeping strategy for England drew upon four different pieces of research published by Suzanne Fitzpatrick and/or Glen Bramley out of nine cited academic texts.

At a similar time to this research, coalitions of NGOs (non-governmental organisations) were operating in this space and seeking to inform policy and services for adults experiencing exclusions. An report in 2011 by MEAM (Making Every Adult Matter) and Revolving Doors (a charity that focuses on the cycles of reoffending and how it relates to disadvantage) defined the 'multiple needs group' thus:

They experience several problems at the same time, such as mental ill health, homelessness, drug and alcohol misuse, offending and family breakdown. They may have one main need complicated by others, or a combination of lower level issues which together are a cause for concern. These problems often develop after traumatic

experiences such as abuse or bereavement. They live in poverty and experience stigma and discrimination. (Page and Hilberry, 2011, 4)

MEAM was set up in 2009 (a coalition between CLINK, Homeless Link, and Mind which are all charities operating in England, and it is relevant to note that both MEAM and Revolving Doors have received funding from the Lankelly Chase Foundation) and was concerned with a service provision environment which exacerbated disadvantage for certain more complex people who “in addition to experiencing a multitude of problems... are ineffectively connected to services” (Page and Hillberry, 2011, 12). This was also observed in a Scottish context by the Scottish Executive (Rosengard et al., 2007), and had been described in social policy within the Social Exclusion Unit which acknowledged the shortcomings of support provision:

Individual agencies do generally focus on improving outcomes for the neediest within their services (for example the most mentally ill or the most prolific offenders) but often miss those who have multiple needs but need less help from any one service. Thus, people may not meet the threshold of any given agency to trigger a fuller intervention – despite the scale of their problems or the harms caused to the communities in which they live. (Social Exclusion Task Force, 2006, 74)

The problem of those who are characterised as ‘missed’ or “left behind...bouncing around the system” (Institute for Government, 2010, 2) has been conceptualised as the ‘inverse care law’ in which “the more complex a person’s needs, the more likely they are to fall through the gaps in the services society provides” (Rankin and Regan 2004, 11; Duncan and Corner, 2012, 8). This concept - known as Hart’s Law - dates back to 1971 (Hart, 1971) and has been tested in recent years (e.g. Sandhu, 2021). This narrative was circulating within the *Social Justice: Transforming Lives* policy (DWP, 2012) which sought to contend with multiple disadvantage for families as well as individuals. It accepted that

When problems combine and compound one another, individuals can struggle to access the right support. The worst affected can become socially excluded, living chaotic lives and shut off from the sources of support and services they need to start to recover – incurring large human and financial costs both to themselves and to society (DWP, 2012, 48)

This is a clear continuity with the contemporary representation of SMD as a problem in which an individualised understanding of “multiple needs” is colocated within an ineffective system or service failure (Institute for Government, 2010, 2). Whilst *Social Justice Transforming Lives* placed a greater emphasis on work and debt than the Changing Futures

programme (MHCLG, 2020), the narratives surrounding systems change, and self-transformation are prevalent.

3.5 SMD discourses, assumptions and conceptual logics

The accepted status of SMD as real and governable relies on presuppositions which constitute the individuals in a particular way (Bacchi and Goodwin, 2016). SMD has held such currency because it is an uncontroversial development of concepts that were already accepted and operationalised nationally - those of individual complex experiences and ineffective support services. The problem representation of SMD (as well as those earlier representations of 'multiple needs' groups and other 'social exclusion' groups) are underpinned by neoliberal discourses on individualism, self-regulation, and recovery. How SMD fits within these discourses will now be discussed.

3.5 1 SMD as an individual, complex, intergenerational, problem

Policy in England has emphasised an individualised understanding of social exclusion rather than situating it within structural causal chains, and this differentiates it to trends within Europe during the 1990s who used the term 'social exclusions' to emphasise a dynamic nature of social harm which 'poverty' alone could not capture (Spicker, 2000). In the UK the term disadvantage, over poverty, has reflected a shift in rationality toward individual responsibility - locating problems within individual and family dysfunction and behaviours. These individualised and deficit-based understandings of disadvantage were cemented by New Labour and ran throughout the coalition Government (Costas Battle, 2017, 24). Levitas (2006) suggests that political discourses in the UK emphasised a historic "moral underclass discourse" surrounding exclusion which the wider EU policies did not (p.125, 128). For example, The Department for Work and Pensions affirmed that "very low income is a symptom of deeper problems, whether that is family breakdown, educational failure, welfare dependency, debt, drug dependency, or some other relevant factor" (DWP, 2012, 10). The Centre for Social Justice earlier described the 'five pathways to poverty' as "worklessness, family breakdown, educational failure, addiction and serious personal debt (Centre for Social Justice, 2007). These pathways reflect MEAM's description of a multiple needs group in the previous section (Page and Hillberry, 2011). individualised underpinnings are still at play within policy today, so when *Hard Edges* has been cited within England's policy it has sat within this traditional, deficit-based understanding of disadvantage. Cited in the Rough Sleeping Strategy 2018, for example, it was in order to constitute a particular sub-demographic of rough sleepers with additional needs:

[A]round 31% of homeless people have complex needs, which means that they have two or more support needs. There is also evidence that a person's support needs increase the longer they stay on the streets, and also with age. Many people who sleep rough will have additional support needs including emotional needs. They may have poor financial or interpersonal skills and will need support to engage more positively with society, to find employment or to set up and maintain a home. (DHC, 2018, 19)

This statement speaks to the highly individualising problematization of SMD. The discourses of complexity and needs are focused upon a deficit-based and individualising understanding of the problem, written here as a litany of lacking. Further to this, the prescribed norms listed (engaging positively with society, employment, and setting up home) constitute the rough sleeper with complex needs as not functioning according to social norms.

The UK's dynamic representation of disadvantage is also one focused 'up-stream' which provides opportunity for intervention programmes located in childhood and in the family unit. Amongst service providers, there is a widespread understanding that material disadvantage and harmful behaviours in adulthood may result in childhood adversity for the next generation (e.g. DLUHC, 2022, 39). This is considered an "intergenerational cycle" of harm that is constituted as being able to be broken through early intervention measures (e.g. Young Minds, 2017, 2). The concept of intergenerational harm utilises both environmental or socialisation causality as well as scientific knowledges surrounding epigenetics and neuropsychological development (Rose and Abi-Rached, 2014; Meloni, 2015; see also Lewis and Thomson, 2019). Most recently policy has instrumentalized the concept of ACEs to develop policy solutions to cycles of disadvantage (Plimmer and van Poortvliet, 2012; Mckeown et al, 2018; Edwards et al., 2019).

The concept of ACEs is drawn from a study on childhood abuse and household dysfunction which linked, for the first time, health risk behaviour and disease in adulthood with childhood experiences (Felitti et. al, 1998). Acting on knowledges "to prevent and mitigate ACEs and their associated harms" are widely viewed in practice as "essential to improve population health for present and future generations" (Bethell et al, 2017). ACEs have achieved increased prominence in policy making and research over the last five years (e.g. Hughes et. al 2017; Public Health Wales, 2018; House of Commons, 2018. For SMD specifically, see Fitzpatrick and Bramley, 2019, 17; Moreton et al, 2022a, 11) and hook into 'life course' understandings of disadvantage which have been widespread in policy, research and practise for longer, as detailed in the previous section surrounding 'troubled families', social exclusion, and 'the underclass':

Growing up in broken communities and facing multiple disadvantage too many find themselves passing on their difficult circumstances from one generation to the next. (DWP, 2012, 5)

Juhila et. al (2019) link early intervention programmes to risk discourses that aim to avoid future threats, problems, disasters and costs at an individual and societal level (see House of Commons, 2018, 17; Bruer and Pickersgill, 2015). The technologies enabled by early intervention rationalities include “locating, supporting, directing, helping and controlling citizens at risk and has wider aims to protect all citizens against the problems and threats that might be caused by “risky populations” (Juhila et. al, 2019, 17). ACEs can be viewed as one particular knowledge born from the accepted status of intergenerationality as important within the realm of knowing about and intervening upon disadvantages (Gillies et al., 2017).

3.5.2 SMD as the inability to help oneself

Neoliberal (sometimes conflated with advanced liberal) governmentality is characterised by a distancing of the state from social actors, but nevertheless governing at a distance through techniques which shape and guide individual behaviour through self-governance according to certain norms (Miller and Rose, 2008, 212; Juhila et al, 2019). The notion of (individual) responsibility stems from neoliberal ideology. The governmentality literature attributes the following core characteristics to the responsabilization discourse: 1) autonomy and choice, 2) enterprising selves and 3) governing at a distance (Juhila et al, 2017, 19). The SMD problem representation fits within such neoliberal discourses on responsibility by occupying a liminal space which “vulnerable” groups come to occupy, where they are not expected to be able to act responsibly (yet) but require interventions on their behalf (Peeters, 2019).

One of the underlying assumptions within the problematization of SMD is that - unlike the majority of the population - this demographic cannot self-regulate; that is, they cannot be expected to be able to help themselves, know what’s best for themselves, and act in their best interests. For example, the 2018 Rough Sleeping strategy suggested that complex needs may cause non-engagement with support services: “some people who sleep rough may not want to interact with services because of their complex needs” (DHC, 2018, 19) rather than any notion that they are choosing to not interact for any other reason (this will be explored in chapter 6). The sentiment of having too complex needs to seek or accept help is a key component of the dominant problematization of SMD, since this requires a policy response that increases the level of support as well as the persistence of support. Those unable to help themselves require state intervention on their behalf:

the first thing to do when intervening to secure a person's recovery is to support them into a home, with intensive wrap-around support provided in tandem to help them address their needs (DHC, 2018, 24)

This problematization serves to absolve government from responsibility for the existence of this group (being too complex to engage) and locates the problem within the individual whilst simultaneously avoiding blaming them for their position. Whilst this appears as an empathetic governmental response, the highly individualistic nature of this narrative prevents a focus on structural factors, and denies each individual any opportunity for agency and the freedom to self-actualise in the ways economically productive members of society are able to (Bevan, 2021).

This 'unable to self-regulate' discourse is buttressed by hooking into discourses on vulnerability that are predicated on widely accepted neoliberal logics. Politically, children and adults that lack the capacity to protect themselves are deemed to be vulnerable, though this concept also avoids specific description much of the time. Homeless people, sex workers, drug users, and domestic abuse victims usually fall into vulnerable groupings (Brown, 2011, 315). However, the general denotation of vulnerability for certain groups do not necessarily apply across the field of welfare. For example, section 189 of the 1996 Housing Act includes eligibility for housing for "a person who is vulnerable as a result of old age, mental illness or handicap or physical disability or other special reason" but the 'murky' nature of this definition means that many people who would be considered vulnerable in SMD policy would not necessarily be eligible for homelessness assistance (Meers and Taylor, 2018).

Warner (2008) elaborates that 'vulnerability' seems to be used to indicate "risk posed by certain individuals as well as to them" (p.32). The use of the term is politically important because "the point where an individual's opportunities for self-help have passed, and the situation is beyond their control...is precisely when others may possess the most power and ability to take action to avert harm to them" (Goodin, 1985, 129 in Brown, 2011, 318). The constitution of vulnerability within individuals justifies a paternalistic response (by way of 'pastoral power') (Henman, 2000, 35). The classification of SMD and the accumulation of complex needs indicate an inability to help oneself and thus requiring a paternalistic response to act in their best interests. Such discourses and policy responses, whilst couched in a language of building resilience, can have the opposite effect of removing or silencing agency altogether (Lewis and Thomson, 2019, 351; see also Mackenzie, 2014, Scully 2014). Vulnerability theory will be harnessed during the analysis in chapters 6 and 7)

Within the discourses of needs and individual complexity, SMD eschews explicit moralising discourses. Rather than the responsabilization of certain social groups through welfare conditionality and sanctions, within SMD we find ‘assertive outreach’ and ‘persistent support’ as a form of intervention upon the individual to compel them to comply and eventually take up their responsibilities (e.g. DHCLG, 2016, DHC, 2018). This is predicated on the assumption that some people cannot currently do what is best for them; that they would access support if they knew what was good for them. The discourse of individual failure is therefore constituted within this conceptualisation of helplessness borne from neoliberal norms. Contemporary programmes designed to intervene upon SMD are geared toward increasing the autonomy of individuals to (learn to) choose a more responsible way of living and this is clearly demonstrated in the contemporary modes of outcome measurement for SMD interventions, which will be discussed next: the final facet of the SMD problematization which constitutes it as something that can be recovered from.

It is important to note that the most recent policy documents pertaining to multiple disadvantages for individuals and for families (MHCLG, 2020; MHCLG, 2021) have removed the words ‘persistent’ and ‘assertive’ in exchange for a greater emphasis on support and encouragement toward self-help. For example, the updated Supporting Families programme aims to “to help... [families] to build their resilience and community connections and empower them to find their own solutions to problems” (MHCLG, 2021). The emphasis is now more on helping oneself than *being* turned around or changed and this reflects a change in the discourses of what is ‘sayable’ (Bacchi and Goodwin, 2016).

3.5.3 SMD as an experience that can be recovered from.

The discursive formation of SMD appeals to dominant dynamic understandings of disadvantage in the UK; typically, individuals are said to ‘experience’ or ‘face’ SMD than ‘are’ or ‘have’ SMD. As such, interventions can “enable people to move away” from it through targeted interventions (Everett and Kaur, 2019: 3). A key component of the representations of SMD is that this experience is not fixed and can be changed through direct interventions upon the individual. Constituting SMD as something requiring “recovery” (MHCLG, 2020, 11) implies that it is an affliction. It also raises questions around what recovery means.

There is an assumption that through targeted intervention individuals can choose a better and more responsible way of living and behaving. Such programmes are foremost targeted at vulnerable, disadvantaged and socially excluded people who live at the margins of welfare services (Juhila et al., 2019, 10). For example, the Changing Futures Programme

Prospectus details “Trevor’s Story” in which Trevor came to admit he had an addiction after a period of Cognitive Behavioural Therapy (CBT) where he “learned to change and not give in” and was able to become sober, practice Buddhism and attend the gym, as well as volunteering his time as a peer mentor (MHCLG, 2020, 9). This constitution of recovery fits within neoliberal understandings of the enterprising individual/active citizen (Juhila et al, 2019). Volunteering and peer support are often recommended within interventions as methods of ‘empowerment’ (see APPG on Complex Needs and Dual Diagnosis, 2018). Such ‘enabling programmes’ seek to strengthen individuals’ responsibilities for their own lives and this can be seen within a neoliberal logic, steering people toward active (economically productive) citizenship (Juhila et al, 2019; Peeters, 2019).

Recovery, as seen within the constitution of SMD, has a particular definition aligned to the responsabilization discourses. Such a definition is crucial when it comes to considering the ways in which rationalities speak to technologies of governance. Recovery especially is key within evidence-based policy making and interventions. It is a metric by which outcomes are measured and so recovery, as defined by policy or practitioners, can “become yet one more thing at which service users can fail” (Rose, 2014, 217). To elaborate this point by way of example, the Fulfilling Lives programme and Changing Futures programmes use the Home Star (previously known as Homelessness Outcome Star) to monitor beneficiaries (DHCLU, 2023). Individuals are scored based on their changing behaviour in relation to motivation, self-care and tenancy management (as some examples), from ‘stuck’ to ‘self-reliant’. These metrics demonstrate that the qualities and behaviours required to be considered positive are squarely aligned with individualising narratives rooted in neoliberal ideals. Despite emphasising an individual’s strengths, as Harper and Speed have argued, within recovery models strengths-based approaches still operate within a deficit-based model of understanding as it is part of binary thinking;

[A] focus on strengths does not do away with the notion that there are deficits; indeed they are predicated upon an underlying and enduring deficit model. This model is normative, accentuating the positive aspects of deficits, rather than challenging the ontology of the deficit model.

(Harper and Speed, 2012, 14-15)

The disconnection between deficit based models and how they are experienced has been backed up by research into the ‘inside’ experience of SMD (Sandu, 2021; May Day Trust, 2018).

Walker's (2022) thesis explores the history of 'recovery' through biomedical and rehabilitative discourses and argues that the contemporary elaborations of 'recovery' within mental health policy are underpinned by neoliberalism and the individualisation of social problems. SMD notions of recovery, as moving from unable to act in their own best interest to becoming well and having aspirations sit within a rehabilitative discourse on recovery. Harper and Speed (2012) argue that the "implicit assumptions inherent in dominant recovery and resilience discourses render them problematic because they individualise what are social problems" (p.9). This argument is furthered by Diana Rose (2014), who mounted a critique on recovery discourses, arguing that "what began as a liberatory discourse has become instrumentalised and mainstreamed such that it is aligned perfectly with our neoliberal present" (Rose, D., 2014, 216). She aptly writes

[N]ot socialising with others or breaking connections with families was not necessarily dysfunctional but a way of protecting one's mental health... For all that goals are meant to be "personal", certain goals are not permitted. You can not decide to go to bed for a month. (Rose, 2014, 217).

Problematizations have real world effects because representations and their rationalities shape service interventions which shape identities, bodies and behaviours through the ways in which people are acted upon: who can and cannot access which services, what information is collected from them and how often, how success is defined, what forms of 'help' are silent or missing from the services offered, and how the experience of these programmes impact an individual's identity and sense of themselves (Henman, 2000; Rose and Miller, 1992; Dean, 1991). Discourses are made real through their being put into practice, and their real world effects include the inclusion/ exclusion and particular targeting of certain individuals as a result of such measurements. One Fulfilling Lives programme prioritised individuals for help based on their individual cost to public services (Lamb et al, 2019a). Another example drawn from the Fulfilling Lives programme entails the operationalisation of a concept of "chaotic lives" embedded in the New Directions Team Assessment (NDTA) (previously known as the Chaos Index Score) (SW London and St George's NHS Trust, 2008). The NDTA measures "people who are not engaging with frontline services, resulting in multiple exclusion, chaotic lifestyles and negative social outcomes for themselves, families and communities" (National Lottery Community Fund, 2020) The lower the score, the "more progress a person is making and the lower their vulnerability" (Hough, 2020). The NDTA operationalises risk to and from others. These practices reinforce dominant understandings because they actualise and then measure assumptions about public cost and chaotic lives as being important factors, which then determine how certain people access support. These practices all carry assumptions that

can be linked to the dominant discourses. Such practices will be further explored in Chapter 6.

3.6 Conclusion

This chapter has situated the ensuing study of SMD whilst simultaneously analysing some of the texts which have constituted it as a particular problem. Texts act “as levers to open up reflections on the forms of governing and associated effects constituted through a particular way of constituting a problem” (Bacchi and Goodwin, 2016, 18). SMD is almost indistinguishable from preceding concepts surrounding multiple needs and multiple exclusion and a similar demographic has been targeted by the UK government in different ways over many years. This analysis situated SMD within these preceding concepts whilst attending to the underlying neoliberal conceptual logics and assumptions which underpin the problematization of SMD.

I explored the emergence of SMD within government policy through its multi-year match-funded programme for England. It has linked SMD to conceptual antecedents to demonstrate the similarities of the concept. It has also traced the ways in which a certain problematization of SMD gained political currency, whilst others - especially through the Lankelly Chase Foundation - were marginalised. The problematization surrounding SMD is conceptually coherent and the contemporary narrative draws upon prominent stakeholders within SMD since 2010, which buttresses the authority of such knowledge. MEAM have been funded by Lankelly Chase during some of their operations which may indicate influence in how SMD as a concept developed. MEAM later received £1 million of funding to help develop and support the Fulfilling Lives programme, and in turn the Fulfilling Lives programme has influenced the formulation of the Changing Futures programme. Such ‘intertextuality’ increases the power of discourses due to the way they speak to one another (Hansen, 2007). Knowledges acquire truth status owing to the network of relations and practices involved in their production (Bacchi and Goodwin, 2016, 22). For SMD this entails historical truths of what it is to be known about and coherence among and between evidence-generating bodies such as National Lottery Community Fund, MEAM and Lankelly Chase Foundation - speaking a certain language of what works - cohere in the representations of SMD and justify intervention in certain ways. The more of the same knowledge that is accrued which seeks to understand SMD in a particular way, the stronger those discourses and that particular problem representation become.

The problem represented is located at the individual level with reference to deficits rooted in complexity and needs discourses. Though SMD is a new term, the notion of individualised

and intergenerational causal chains of disadvantage has historical precedence. The problem of SMD is also one requiring state intervention as those experiencing SMD cannot act in their best interests. This epistemologically ties SMD to the services involved in support and this was touched upon by example of technologies of governance which constitute SMD in a particular way through evaluation and monitoring knowledge practices. Finally SMD is constituted as a state that can be changed, and recovered from. Recovery is also defined within neoliberal constraints of self-care and flourishing ambition. This was described helpfully by Trevor's story in the Changing Futures prospectus.

Throughout this chapter, discourses around SMD have not sought to unpick the concept and question its truth and the effects of its truth-telling and so this marks an original contribution to the field. However, it is still rooted firmly in the university institution and within myself as a researcher, since it preceded the fieldwork. Whilst I have given some consideration to the alternative and subjugated discourses surrounding SMD, this will be developed throughout the analysis chapters of the thesis (5-7) which makes use of the subjugated knowledge of lived experience, and those who are governed by specific rationalities and technologies.

4. Methods

4.1 Introduction

My aim is to analyse the complex ways in which SMD is produced, regulated and contested.

My research questions are:

1. How do the contemporary narratives around those experiencing SMD fit with historical narratives (surrounding individuals experiencing poverty, deprivation etc.)?
2. How do contemporary representations or problematizations of people experiencing SMD shape their governance, both nationally and locally? Which representations have the most currency, and where?
3. How do these problematizations (of the experience of SMD) and assumptions (e.g. about why people disengage, and whether engagement would be better for them) fit with the lived reality of people defined as such?
4. What effects are produced through the regulation of SMD framed by these dominant problematizations and/or resistance to them?

These questions have been answered through:

1. a genealogy of recent historical material that provided context to the contemporary practice and regulation of SMD (*This was addressed in chapter 3*).
2. Analysis of contemporary national and local policy and strategy documents through post-structural policy analysis.
3. A series of creative and participatory workshops that explored lived experiences of SMD with a group who fit the demographic.

This research employs a Foucauldian post-structural methodology that uses qualitative methods aimed at critiquing current policy and practice surrounding SMD. The term critique does not mean to criticise or assume things are not good as they are, but to explore “on what

type of assumptions, of familiar notions, of established, unexamined ways of thinking the accepted practices are based” (Foucault, 1994, 456). Critique is therefore often attuned to injustice and harmful consequences of particular formations of practices, perspectives and structures (Kemmis, 2008: 125). I made use of an approach to post structural policy analysis grounded in governmentality developed by Carol Ann Bacchi that focuses on “problematizations” (Bacchi, 2009; Bacchi and Goodwin, 2016). This enabled me to weave together past and contemporary, and local and national, narratives surrounding SMD to trace how SMD emerged as a meaningful concept, a problematic for intervention, and consider potential effects of these narratives within regulatory practices. I began this process before fieldwork, but I continued this desk-based analysis during and after fieldwork too. Through fieldwork, I was able to reflect differently upon and critique the dominant problematizations of SMD. I did this through a series of creative and participatory workshops with a group of people deemed to be experiencing SMD. By adopting a lightly structured approach to the workshops, I was able to obtain knowledge and experience from my participants that is missing from policy texts and not driven by my own assumptions. The use of creative methods were intended to broaden the range of experience able to be articulated.

4.2 Methodology

There are three implications of a post-structural research paradigm on the way the research problem was addressed. First, analysis was located on the level of discourse, since it is possible to read from discourses that which is ‘in the true’. Discourse is broader than language. It is the rules and practices that structure action, and from this is about what can be said, and thought, and also about who can speak, when, where and with what authority (Ball, 1990, 17-18). This was fulfilled through post-structural policy analysis, and the method which will be described in the next section. Second, I acknowledge that there are power and world-making implications of the knowledge which I have generated through this research and have reflected critically upon the pre-existing conceptual frameworks that I have employed, the knowledge and knowers that I used; and the impact of the research from design to delivery. And therefore, third, by acknowledging that dominant discourses foreclose other ways of conceptualising subjects and objects (as elaborated in chapter 2), it was necessary to foreground alternative/marginalised discourses. Such “subjugated knowledges” are threaded through the work of post-structural scholarship and I designed my fieldwork around a wider array of knowledges, and through non-traditional means such as creative and participatory methods, which allowed for a more diverse range of knowledge to be articulated (Foucault, 1980a, 82).

4.2.1 Subjugated Knowledges and transformative research frameworks

Foucault (1980b) describes knowledge and power as inextricably linked; that “we are subjugated to the production of truth through power and we cannot exercise power except through the production of truth” (Foucault, 1980a, 93). Truth telling relies upon knowledges, and some voices, styles, principles and logics are more acceptable as knowledge than others (See Foucault, 1982). This is founded upon a scientific conceptual logic and positivistic ontology which has set the hierarchy of knowledge for centuries (see Foucault, 1982, 181-186). This is clear in UK social policy-making that is reliant upon “what works” “evidence-based” approaches to strategizing social policy priorities (see: What Works Network). Chambers (1997) argues that professionals produce and reproduce hierarchies of knowledge and power that place them in the position of agents who know better, and to whom decisions over action, and action itself, should fall. (Chambers, 1997 in Harding, 2000). This resonates with Foucault’s account of the ways in which ‘regimes of truth’ are sustained through discourses, institutions and practices (Foucault, 1980a, 131-132). This has clear implications for the trajectory of the research and raises questions over how SMD has come to be understood as such, and whose knowledges have gone into its making. The crux of the concept of ‘subjugated knowledges’ is the implications or power effects of “circumscribing the boundaries of what is knowable and treating other forms of knowledge as if they were mere ignorance” and thereby obliterating or devaluing them (Chambers, 1977 in Gaventa and Cornwall, 2008, 177). For Foucault, the privileging of methods of science (as “global unitary knowledges”) subjugated other forms of knowledge, including the local, popular, and indigenous which were exiled from the “legitimate domains of formal knowledge” (White and Epston, 1990, 26; Hartman, 2000). These knowledges were (/are) dismissed. Subjugated knowledges, therefore, are those that have been explicitly disqualified as inadequate to their task or insufficiently elaborated: naive knowledges, located low down on the hierarchy, “beneath the required level of cognition or scientificity” (Foucault, 1980a: 82).

This understanding is aligned with methodologies embedded in decolonial frameworks, as well as feminist and critical race scholarship (Garland, 2014). Within the dominant (Western) idea of knowledge, there is a line. On one side is ‘objective knowledge’ – that which is measurable and scientific and holds the monopoly on truth. On the other lies “the dark world of passions, intuitions, feelings, emotions, affections, beliefs, faiths, values, myths, and the world of the unsayable” (de Sousa Santos, 2014, 5). Science can render these knowledge systems illusionary and dangerous, and therefore are stigmatised. Impoverishing these knowledge holders pushes them further into oblivion. They are dispossessed of their

knowing, and the non-dominant groups become “ignorant, inferior, local, particular, backward, unproductive, or lazy” (de Sousa Santos, 2014, 4). It results in research being conducted that *concerns* marginalised people, rather than accepting knowledge that flows from them. It forms a sort of ‘dispossession’ that whitewashes the culturally specific knowledges that exist around it, and have come before it. This form of ‘epistemic injustice’ is also applicable to considerations of the legitimacy of the knowledge of those, within the UK, who experience poverty and disadvantage (Fricker, 2007). Co-produced knowledge is still resisted within the academy (Herrington et al, 2020) and this could be due to testimonial injustices in which knowledge is devalued (Fricker, 2007). This will be discussed in chapter 8.

Foucault’s “insurrection of subjugated knowledges” can often be conflated with standpoint theory or situated knowledge (e.g. Haraway, 1988). Whilst the two terms sound similar and appear to do similar things, drawing attention to “minority” or “oppressed” “points of view, there is a crucial ontological difference (Bacchi, 2018). Haraway’s (1988) “situated knowledges” are considered “preferred” positions and that “vision is better from below” and provide “more adequate, sustained, objective, transforming accounts of the world” (Haraway, 1988, 583-584). This makes an epistemological claim, a claim that some people are better positioned (situated) than others to produce knowledge. Similarly Harding (1993) describes marginalised “starting points” as “epistemologically advantaged”. These positions are adopted by many proponents of ‘co-production’ within UK policy, research and practice in the UK, who seek to centre and prioritise lived experience as holding the truth on the matter. However, Foucault - or otherwise post-structural research - does not claim that any particular group has privileged access to truth. The analytic focus concerns the political production and effects of knowledge (“truth”) claims. In this way, subjugated knowledges are drawn upon to mount a challenge to dominant knowledges but without an ontological claim about which are *most* truthful. Poststructuralism is therefore a *skeptical* rather than *relativist* stance on knowledge claims, articulating the ways systems of thought work through the world (Bacchi, 2018; see also Bletsas 2010; Chia 1996; Foucault 1984).

Without critical attention to whose knowledge and how that knowledge was gathered one will simply reinforce the existing colonised relations of power. Research methods are technologies (or ‘rituals’) of truth production (Popoviciu, 2006, 406) and power resides with those who design the tools, “it always has” (Tuhawei-Smith, 2011). Research as “an institution of knowledge that is embedded in a global system of imperialism and power”, that reproduces the underlying rules and codes which frame in the broadest sense what is possible and what is impossible (Tuhawei-Smith, 2011, ix). This paradigm compels the post-structural researcher to account for their role in reproducing power-knowledge relations

through the process of conducting research. Certainly the institution of academia must be viewed as a key site of power in terms of knowledge and truth production through various technologies which dictate what constitutes good, ethical research and what does not - ethical review boards and peer-reviewed journals being two sites of power with consequent truth effects (Khan, 2022).

Foucault's approach to challenging traditional power-knowledge dynamics is to play off subjugated knowledges against "the rights of a science that is in the hands of the few" (Foucault 2003: 9). He elaborates:

We must entertain the claims to attention of local, discontinuous, dis-qualified, illegitimate knowledges against the claims of a unitary body of theory which would filter, hierarchize, and order them in the name of some true knowledge and some arbitrary idea of what constitutes a science and its objects.

Foucault, 1980a, 83

We are concerned... with the insurrection of knowledges that are opposed...to the effects of the centralising powers which are linked to the institution and functioning of an organised scientific discourse within a society such as ours.

Foucault, 1980a, 84

How this is achieved in practice receives mixed attention. Popoviciu (2006) suggests that post-structural theoretical frameworks do not always lead to coherence in the research process and can "tend to leave theory outside of methodology" when it comes to the obligations of the researcher (p.407). For Harding (2000), the imperative is actually quite simple:

[W]e must ask people and then listen. And as we listen, we must attend to difference, to particularity, the contradictory, the paradoxical. As we do this, we will attend to that which may be quantifiably insignificant but whose presence may question a more conventional interpretation and expand understanding" (p.22)

Through this approach, 'localised' knowledges mount a challenge to the accepted, self-evident ways of thinking about a subject. This holds potentially transformative possibilities. Seeking out and centralising marginalised knowledges potentiates the transformation of dominant discourses. Hartman (2000) considers the role of marginalised knowledges in shifting accepted understandings and thus realities. She cites how the Stonewall resistance 'potentiated' the insurrection of subjugated knowledge and the eventual official depathologizing of homosexuality, and how mental patients' rights movements and

activism led to a revision of the discourse about, and thus treatment of, mentally ill people (p.21). Similarly, subjugated SMD knowledges might be instrumentalized and tactically used to undermine the veracity of dominant SMD understandings.

4.2.2 Original methodological contribution

This methodology is a novel way of conducting research into disadvantage that seeks to understand the interplay between 'expert narratives' of multiple disadvantage and the narratives of those experiencing it - and how these narratives "combine, contradict, compel and capitulate" in the processes that these people go through (Linville, 2009: 51). By configuring the analysis in this way, the practices of regulating SMD have been deprived of their self-evidence, which, for Foucault, the process carries the possibility of social transformation (Foucault, 2000, 456).

To the author's knowledge, no research to date has sought to examine the concept of SMD within a Foucauldian framework, or generally critique its taken for granted status. Although there are many instances of adopting a Foucauldian framework and using participatory methods, there are none within the field of SMD or related concepts. There are scant examples of studies which employ a governmentality framework as well as seeking to embody more collaborative and participatory research values to the "insurrection of subjugated knowledges" and there are no examples (to the author's knowledge) of research which conducts the particular WPR approach of problem representation analysis whilst incorporating multiple, subjugated knowledges into the research process itself. This is a coherent approach and one which is ripe for methodological exploration, given the similarities between post-structural and participatory epistemologies. By not only seeking out subjugated knowledges but by incorporating collaborative elements that better involve the participants in the research process, this potentiates a transformation in dominant discourse. As Freire argued "attempting to liberate the oppressed without their reflective participation in the act of liberation is to treat them as objects which must be saved from a burning building" and which transforms them into masses which can be manipulated rather than critical agents of their own empowerment (Freire, 2003, 65).

In this way I am aligning theory and method and achieving coherence in a way which mounts an important challenge to SMD research and to the academic institution and its workings more generally (Herrington et. al, 2020). Approaching the research in this manner adds

richness to the study, where rather than seeking to build yet further evidence surrounding the 'problem' of SMD through seeking to know about it, I instead leave open the possibility that dominant problematizations, as well as my own problematizations, can be challenged.

4.3 Desk-work: Post-Structural Policy Analysis

The 'What's the Problem Represented to Be?' [WPR] approach is proposed as a guide rather than a method. The approach is threaded throughout the thesis as a way of contending with the research questions as a whole. WPR can be considered a way of operationalizing a governmentality analytic. Bacchi (2009) adopts a post-structural epistemology rooted firmly within Foucauldian theory, making this approach a solid fit for my PhD project. The focus of analysis is on policy problematizations and I will now describe what that means and why it is a useful starting point for exploring the research problems of this thesis.

The *WPR* approach to policy analysis has a particular focus on 'problematizations' or 'problem representations' within policy (Bacchi 2009; Bacchi and Goodwin, 2016). Problematization is a key concept within governmentality theory; a Foucauldian notion which has been further elaborated most notably by Peter Miller and Nikolas Rose (e.g. 1992, 2008). They describe it as follows: "government is a *problematizing* activity: it poses the obligations of rulers in terms of the problems they seek to address" (Miller and Rose, 2008, 61). Bacchi, too, describes problem representations as the fundamental component of policy since "policy cannot get to work without first problematizing its territory" (Osbourne, 1997, 174 in Bacchi 2009). What this suggests is that we are, in fact, governed by problem representations rather than by policy, since policy solutions can only respond to the problem that has been articulated. Since, as described in the theoretical framework chapter, problems (as an object) are not objective phenomena but a particular constitution of reality enmeshed in knowledge and power relations, therefore examining the particular representation of a policy problem can lead to insights into the rationalities underpinning such thinking.

Policy discourses have a particular potency because of the "powerful problem-solving paradigm at the heart of contemporary social and intellectual life" (Bacchi, 2009, 242). This encompasses the 'evidence-based' approach to policy making, institutionalised across government and the public sector, and epitomised in the 'What Works Network'. This is "based on the principle that good decision-making should be informed by the best available evidence. If evidence is not available, decision-makers should use high-quality methods to

find out what works” (What Works Network, no date). Bacchi highlights the ways in which this positivist paradigm constitutes a schism between ‘knowledge’ and ‘subject’ that assures - through its language and rhetoric - objectivity and a clean approach to solving problems (Bacchi and Goodwin, 2016, 59). Knowledge becomes decontextualized and sanitised. Within an evidence-based paradigm social and political scientists bolster this image through their production of relevant information on which to base ‘knowledgeable governance’, through delivering ‘evidence’ on the questions and priorities set by governments. Bacchi therefore points to policy as an important area of analysis because policy is one of the main instruments of political rationality and governance, and a powerful technology in the way it operationalises schemas for acting upon a population. The WPR approach opens up the space needed to critique representations of problems and call into question the premise of ‘evidence based policy’ and the notion that knowledge is ‘simply information’.

Policy is prevalent in, and able to influence, our daily lives (Bacchi, 2009). Problem representations are constituted ‘in the real’ through discourse. These discourses “construct certain possibilities for thought. They order and combine words in particular ways and exclude or displace other combinations” (Ball, 1990, 17). This grants problem representations the “expressive power to enact worlds” given their relative power within a policy-making context (Anderson and Harrison, 2010, 14). Therefore, real world effects are also able to be considered through problem representations within policy.

WPR operationalises governmentality by drawing out the conceptual frameworks and assumptions underlying discourses through a series of questions allowing the researcher to thoroughly critique a document. These are posed to a text or body of texts (although Bacchi also suggests WPR can be used across media):

- 1: What’s the problem (e.g. of SMD) represented to be in a specific policy or policies?
- 2: What deep-seated presuppositions or assumptions (conceptual logics) underlie this representation of the “problem” (problem representation)?
- 3: How has this representation of the “problem” come about? (Considered in chapter 3)

4: What is left unproblematic in this problem representation? Where are the silences? Can the “problem” be conceptualised differently?

5: What effects (discursive, subjectification, lived) are produced by this representation of the “problem”?

6: How and where has this representation of the “problem” been produced, disseminated and defended? How has it been and/or how can it be disrupted and replaced?

7. Apply these questions to your own problem representations.

Bacchi and Goodwin, 2016: 20

Although the questions do not need to be answered sequentially, Bacchi is clear that all must be considered as they each open up a different angle of analysis. The questions invite attendance to historic as well as contemporary bodies of texts, as well as encouraging creativity on the part of the researcher to find the challenges and disruptions (which for me meant to seek out subjugated knowledges). In the third chapter I embarked on a genealogy of SMD which addressed question 3 of the WPR approach. This included examining documents which related to SMD explicitly, referenced SMD documentation, and also to concepts which preceded it, dating back to the early 2000s and the Social Exclusion Unit. Through this I identified continuities and disjunctures in the discourses surrounding a particular demographic, and considered how SMD came to be constituted in the way that it has, as well as how it gained the political currency that it enjoys today.

4.3.2 Data Collection

The intention has been to draw out the complex ways in which the concept has interacted with policy, research and practice before being expressed by government policy explicitly and for the first time in 2020. Analysing these texts enabled an examination of the technologies of governance relating to SMD - by considering the types of knowledges deployed, and the “discursive”, “material” and “subjectification” effects that may be enabled through them. I hope to have built a credible argument about how SMD has come to be understood as it has.

Foucault recommends starting analysis at the point of ‘practical’ texts, “[t]he supposedly minor texts of those who actually made policy and wielded power” (Rabinow, 2003, 49). Since policy texts are, in effect, “programmes of conduct” (Foucault, 1991a: 75) that are written to offer rules, opinion, advice on how to behave as one should and intend to constitute the eventual framework of everyday conduct (Foucault, 1986, 12-14), they are a key technique of government; enabling “a complex of mundane programmes, calculations, techniques, apparatuses, documents and procedures through which authorities seek to embody and give effect to governmental ambitions” (Miller and Rose, 2008, 55).

I used official documents pertaining to the Changing Futures Programme (e.g. MHCLG, 2020; DLUHC, 2023) as the most recent elaboration of SMD within policy. I also made use of key policy texts for England and Scotland on rough sleeping, crime, drugs and mental health as they meet the SMD criteria. Within each document there was often a subsection which pertained to the SMD demographic, often citing SMD literature, but without necessarily using the term itself. I consider these to be official SMD documents as they form a part of the historical problematizations which preceded the Changing Futures programme in England.

However I did not limit my focus to policy documents but to a much broader range of documents from governmental and non-governmental bodies, from research and practice. This is because the term SMD, as well as its regulation to date, has been created and developed within the charitable sector rather than government (as explored in chapter 3) and funders and third sector organisations have played a crucial role in establishing the dominant problematization in research and in techniques of governing.

4.3.3 Data Analysis

Post-structuralism typically does not draw on a set of practices that can be considered a method (Gannon & Davies, 2012), rather poststructural theory, particularly through the work of Foucault, turns to discourse as the primary site for analysis. Since within my research paradigm “truth cannot be separated from the procedures of its production” (Tamboukou, 1999, 2), my analytic focus has been to consider how ‘truths’ about SMD are produced, what enables them to be said, where they circulate, and how they might impact on individuals. However, my analysis is also a form of knowledge production. I make no claims to truth and therefore my approach to analysis is aligned with a reflexive thematic analysis approach. I did not *finish* analysis, I stopped it (Braun et. al, 2022). There is no end to the documents I could have examined in order to form the analysis, both contemporary and historic. But I felt I had enough data, backed up by my participants' experiences, to form a robust argument. Braun et al (2022) advocate for more detail in the writing up of process of

the method and analysis to build transparency, of what I actually did and why. Above I detailed the data collection method in detail, so below I outline my approach to analysis.

In order to analyse policy texts I applied Bacchi's WPR questions (quoted above) to guide the analysis. These questions pertain to current and past conceptualisations of a particular problematization; attend to its underlying assumptions; its broader application; and the potential effects of such a problematization and then move to consider how else it could be thought about and disrupted. The fieldwork element of data collection made the consideration of these questions much richer, especially in relation to exploring the effects of policy problematizations as well as alternative ways of conceptualising the problematizations.

Policy texts, as well as fieldwork transcripts, were uploaded to Nvivo and coded in multiple phases. Before fieldwork, during the desk-based contemporary and historical policy analysis (chapter 3), I coded the documents abductively in broad categorisations from which to form the basis of this early critique, based on what I already understood about SMD policy. These themes included: early intervention/ prevention, intergenerationality, evidence-based ways of working and neoliberal discourses. I also coded for references relating to: complexity, needs, vulnerability, risk, and resilience. I used these themes to address Bacchi's WPR questions, in relation to the wider governmentality literature on those subjects.

Having concluded this before fieldwork meant that I brought an agenda into the fieldwork, as I had already conducted some analysis and had ideas about what I thought the critique should be. However, in order to increase participant power in the process of thematising the data, as well as decide themselves what the most important issues were for them, I used a democratic form of participatory method called 'dotmocracy' or dot-voting where participants get to place a mark next to what they feel is most important (Diceman, 2010). This is a participatory form of building consensus and setting priorities, and when applied to research is a silent form of increasing voice and power in the research process (Santana, 2020). The top selection were the themes I then looked for when coding for the second time in Nvivo. Whilst I generated more themes through Nvivo after fieldwork had finished, I was able to observe how much of the transcript and policy data was available on my participants' chosen topics. One in particular became a chapter in itself: the problem of overmedication (chapter 5). Having coded the fieldwork data in line with their priorities as well as aligned to my prior desk-based work, I then looked back at policy documents and looked for more documents in order to conduct further analysis based on participant-generated themes. The example of overmedication highlights an important point - medication is not mentioned in policy documents pertaining to SMD and so this "silence" (WPR question 4) enabled me to look

deeper into the issue and consider why and how it has become a part of their lived realities. Furthermore, had they not flagged it as of high importance I would have missed it in my analysis: at the time I felt these discussions around medication were digressions, and I was not able to follow along as they had access to knowledge and experiences about medications and drugs which were beyond my comprehension. Owing to issues with transcription, lengthy discussions around medication were difficult to transcribe due to accents or people talking over each other. However, I revisited these instances in order to see if I could gain any further data, including the accurate names of certain medicines.

From this iterative process, I was able to “make an argument” or “tell a story” (rather than ‘capture’ or ‘describe’) through my analysis of policy, texts, and fieldwork transcripts (Braun et al, 2022)

4.3.4 The Elephant in the Room

Owing to the effects of the Covid-19 pandemic and practical limitations (which are detailed below), my fieldwork was conducted in Scotland with a group of Scottish participants. These participants are not subject to English policy, such as the Changing Futures programme which intervenes upon SMD. In fact, owing to devolution, many of Scotland’s social policies differ from England’s and cited policies in this thesis such as Social Justice: Transforming Lives (DWP, 2012), Troubled Families (DCLG, 2012), and Changing Futures (MHCLG, 2020) - key texts in the genealogy - relate to England only.

Scotland does not have specific targeted interventions into SMD. However, as with the Rough Sleeping Strategy in England (DHC, 2018), Scottish policies have drawn upon key texts in the history of SMD, especially *Hard Edges* (Bramley and Fitzpatrick, 2015). Just like England, policies including the Rough Sleeping Strategy (Scottish Government, 2018), cite SMD research in supporting particular policies into more ‘vulnerable’ or ‘complex’ demographics within broader policies. A statistical profile of SMD in Scotland was commissioned by the Lankelly Chase Foundation and published in 2019 (Bramley et al., 2019) and in fact many of the key researchers working in SMD or previous concepts such as MEH are based out of Heriot Watt University in Scotland. Scotland does, therefore, have an interest in the demographic which SMD denotes (see also Rosengard et al., 2007; Glasgow Homeless Network, 2014). It would be accurate, therefore, to suggest Scotland *does* seek to govern and know about SMD as a distinct policy problem, just not in an explicitly targeted way like the Changing Futures Programme does (note, the Changing Futures programme

currently only works in 15 local areas of England so is not a blanket policy in England either). Therefore, working with a group of people in Scotland is still relevant for a study into SMD.

There is significant influence and coordination of policy between Scotland and England (Nixon et al, 2010). That said, Nixon et. al, (2010) did note key differences in the operationalization of family intervention projects in Scotland and England, identifying the many ways Scotland had influenced the development of policy in England, but how England had adopted a more punitive and disciplinary function. This indicates that the difference in location between the key SMD policy texts and the participants of this research is important. My participants are governed by separate social policies, and the potential effects of their implementation may therefore differ than if the participants were in England and governed by the rationalities and technologies of English social policy on the matter. A key example is in relation to drug addictions. Scotland has witnessed a record high of drug related deaths, the highest in Europe, and more than double the ratio for England. Intervening on drug addictions is therefore a prominent social policy problem within Scotland, where opioid substitution alongside a suite of holistic interventions are being used to bring down the drug related deaths. In the same year England released its own drugs strategy which also describes the opioid substitution treatment options, however this strategy is rooted in a criminalising narrative that Scotland avoids. The texts problematize drugs use differently. This will be elaborated in chapter five.

Therefore, this thesis makes no assertions as to cause and effect in terms of the counter-narratives offered up by my participants. I am concerned with policy problematizations and what this *enables* in terms of the discursive limits (it both reflects and produces), subject positions which are available to people, and material effects, but without looking at the *specific* implementation and the *actual* effects in terms of subjectification and material effects of a particular policy. As will be described, they each fit the demographic of SMD and have experienced many issues which the official problematization describes. They also access a variety of services (such as medical, social services, or general support services) which operate across the devolved nations. Their lived experience is therefore valid in critiquing the official representation of them. My participants then, instead of showcasing the actual effects of SMD policy, are instrumentalized as 'subjugated knowledges' which mount a critique to the official discourses of SMD as expressed in England.

4.4 Fieldwork: Study design and implementation

4.4.1 Recruitment of research participants

This PhD study was a collaboration between the University of Leeds and HumanKind Charity, with funding from the White Rose Doctoral Training Partnership / ESRC. Through this Studentship I had the opportunity to work alongside Mark Crowe who led the West Yorkshire Finding Independence project [WY-FI] which was part of HumanKind Charity but funded through the National Lottery Community Fund. WY-FI specifically worked with people experiencing SMD, attending both to frontline service provision as well as research and data gathering. Mark was also one of my supervisors. I spent time working in their office, meeting people from their peer research team, their front line workers, data analysts, and broader projects from HumanKind Charity as well as local partnerships such as the Review Boards. This lasted from the start of the PhD in October 2019 until WY-FI wound down in 2022 after the end of its funding period. The intention had been to partner with people from WY-FI or a different project within HumanKind in order to conduct the empirical fieldwork of this PhD. WY-FI had an active co-production network and peer researchers which would have provided an appropriate group to work alongside for the purposes of this PhD project. The COVID-19 pandemic inhibited the ease with which I could make arrangements for fieldwork. I received a 3-month extension to my first year transfer owing to physical and mental set-backs, and during this time all contact with supervisors went online. Having successfully transferred at the end of 2020, I was forming my research design during the spring of 2021 whilst the pandemic lock-downs and restrictions were still in place in different forms. I was still intending to work with WY-FI but their co-production groups were no longer meeting in person and the energy had waned somewhat, which made finding a group and designing the fieldwork difficult within an uncertain environment over how we could meet. This was made harder by my living in Scotland and not being closely, physically connected to the environment in Leeds.

I held meetings with other organisations, to explore the possibility of conducting fieldwork with them, and explore the ethical considerations of 'parachuting' into a space in order to conduct research, to examine whether it was possible to create a safe, trusting, empowering space as an outsider within a relatively short time frame (Stefanoudis, et al., 2021). During the summer of 2021 I made contact with a variety of co-production groups elsewhere: two I never heard back from, the Revolving Doors Agency were enthusiastic but never arranged to meet with me, and I met with four related projects: The Poverty Truth Commission (Leeds),

Thrive Teeside (Stockton), the Good Organisation (York), and Life Experience (Leeds). I was very aware of my own privilege as a highly educated, middle class, white woman with no experience of social disadvantage and wanted as best I could to mitigate the risk of reasserting social and knowledge hierarchies through my research. The Leeds Poverty Truth Commission suggested that I did not have long enough to establish a trusting working relationship with members for a project with them to be viable but Thrive Teeside provided me with their internal guidance on co-producing research as an example of good practice.

I had four meetings and multiple further email exchanges with the Good Organisation which was planning to run participatory activities at a cafe for homeless people in York, about the possibility of working with their clients. We met in person to design this project which was due to begin in the autumn of 2021, and my time and involvement was welcome. As conversations developed, however, I realised that I had designed myself out of the research. By wanting to ensure I was not parachuting in with my own agenda and data-collection needs I did not direct the design towards my research aims and as a result I could no longer be sure I would ever obtain data which aligned with my research aims for the PhD. Therefore I let the Good Organisation carry on without me.

I loved how authentic and ethical the conversations have been regarding the design of the research, and I think in doing so I designed my own research out of it. Which is fine...it taps into all the questions of ethics I've been ruminating over the last year. (email to the Good Organisation, 4 October 2021)

4.4.2 The Scottish Project

I was introduced to *The Scottish Project* (name changed for anonymity of participants) in March 2021 by a facilitator who I had contacted about my fieldwork.

I received approval that the sessions could be organised in July, but owing to renovations in the building and a relocation to a temporary space I waited until September 2021 to get back in touch for more accurate timescales. I asked the service director to contact service users with experience of homelessness, since data suggests that such people are likely to have coexisting mental health problems and addictions and would therefore meet the SMD demographic (Fitzpatrick et al, 2013; Bramley et al, 2019). This was a means of targeting participants without being overly direct. The service director gained commitment from a small group of 3-4 for an introductory session in December 2021, and agreed to encourage

increased participation over the Christmas break. Whilst I did send various iterations of a recruitment advert to the service manager, I never knew whether he used these in email or text exchanges or whether he contacted individuals directly to invite them. Participants were therefore recruited by direct invitation and word of mouth.

4.4.3 Participants

I met with a group in December 2021 to introduce myself and the project and what I was trying to achieve. There was then a month break and we started officially in the first week of January. This preliminary session had three people: Graham, Jim and David and we were joined by three more by the first official session in January. One member attended only twice owing to a conflict within the session. Two members missed two sessions and one member missed one session.

I did not demographically profile participants, but in the first session after introducing the concept of SMD and its five categories of disadvantage according to the 'Hard Edges: Scotland' report (Fitzpatrick and Bramlet, 2019) I asked for a show of hands if they had experienced at least three of them. They all raised their hands. I asked no further questions, as this satisfied the criteria. Any specific detail which relates to each domain of disadvantage has been spontaneously offered by participants and never explicitly inquired about. This was in line with my ethical approach which sought to provide a safe working environment, and one which did not ask people to only speak of their pain (hooks, 1989, 208).

4.4.4 Participant introductions

Jim is in his forties and has three adult children and two grandchildren. One of his children does not want to speak to him and he is trying to hold that lightly, and hoping things will improve. He kisses a photograph of his family every night. He lives alone and is scared of the dark. He has a number of physical health problems as a result of addiction and mental ill health: scars from attempted suicide, a catheter, a missing limb, and part of a lung removed. He locates the beginning of his heroin use to an instance of rape in a homeless hostel. Nine months before we first met Jim had been in hospital and "actually died". Since then he has been in recovery and on a supervised methadone prescription. He cried during the session when thinking about where he was nine months ago.

Graham is pagan and celebrates the solstice. Last year he sat on top of Ben Nevis all night by himself and wept as the sun rose, just after he was released from prison. Graham grew

up in care and thinks the lack of support around him, coupled with a well-paying job and redundancy package some years later, led to him living a party life for a number of years. He had previously been homeless, and in prison, and attempted suicide but is pleased he “cut the wrong way”. He had once received a serious mental health diagnosis that he refutes. He had a wife and children but feels he has “done that” now. At 50, he feels the happiest he has ever felt in his life and has learned to be grateful for his life.

Barbara lives in her own flat but has frequent issues in her block with break-ins, loud neighbours, and arson. She had moved from care to working in hotels at the age of 16, because hotels provided her with accommodation. She felt trapped in these jobs and frequently abused by her employers. She has experienced domestic violence as an adult and also sexual abuse as a child. Barbara thinks she is “hypervigilant” to abuse and has been acquiescent over the years. Barbara thinks she experiences support differently because she can pass as someone who is not disadvantaged. She received speech therapy as a child and now she “speaks properly.” She has a chronic health condition for which she has received a lot of medical help but no long term care. Barbara was frequently the voice of dissent in the group but she did not come to the final two sessions, potentially because of an increased anxiety she had been feeling due to Jim’s angry outbursts.

Cameron arrived on a crutch, having fallen off his bike. He described living in an estate which is in a state of disrepair - people are being evicted from their houses, but new ones not yet built; the community had been stripped by a drying up of funding, and the buses had been cancelled leaving many residents stranded. Cameron is an artist, although he does not find much time for it at the moment. He has a partner who was in hospital for mental health reasons and he was also a carer for his mother. Cameron was the other member of the group on a methadone script, and he had been for many years. He felt that support workers had less and less time for him, compared to years gone by, and were frequently burnt out, leaving him stranded with no one to turn to for support.

David is shy and perhaps less steeped in the system because he is the youngest and still lived at home. He joined the group on a whim, having been persuaded by Graham at the lunch table to leave his regular attendance at another activity. *The Scottish Project* was acting as a crutch for him at the time as he was going through a low mental health period. He had recently been to the GP and was in the process of finding an antidepressant that worked for him. David rarely said a lot but his voice can be heard throughout the discussions, usually about what was happening to him rather than broader opinions about services. He also spoke passionately about football.

Brian was only in attendance for two weeks. He was the most experienced in co-production and was active on a homeless network group. He volunteered regularly in a charity shop and held responsibilities there, enjoying the routine and satisfying his interests in music. Though he was prone to lengthy digressions, he also provided valuable commentary on broader problems such as institutionalisation and stigma, which the other members enjoyed. He stopped turning up after Jim and he had an argument resulting in Brian leaving the group.

These six participants held a diverse range of opinions and did not present one homogenous group. For example, whilst Graham, Jim and Cameron felt like some people are “self-homeless” and that “there’s no need to be homeless” and that people should abide by hostel regulations in order to get a room (including drug abstinence), Barbara more critically held the view that “some people don’t like to be caged”. Whilst the analysis combines participant perspective to drive an argument, and develop the themes of the thesis, they do not present one unified ‘subjugated knowledge’.

4.5. Ethics

My overarching hope for this thesis was that the “participants do not bear the burdens and risks of research in vain” (Gelinis et al, 2020, 265). Rather, I wanted the experience of the sessions to produce a net benefit for the participants. My approach to this was through: fair reimbursement for their time and knowledge; creating a safe and trusting working environment which minimised power inequality; treating their stories with care; and providing opportunities for them to exert power, agency, voice and choice. Ethical approval was obtained on 22 July 2021 under the reference 20-122.

4.5.1 Fair reimbursement

Initially I had wanted to pay participants cash for their time as this felt like the most equitable approach, and would not reinforce stereotypes that disadvantaged groups do not know how to spend their money responsibly (Festinger, 2012). However, this became too hard within the university’s processes. As my Research, Training and Support grant was held internally, I had to go through the university’s finance system which would have meant setting each individual up and then to be paid in arrears into their bank. I did not know if they had bank accounts, or if such payments would interfere with benefits. Instead, I used £960 to reimburse my participants using ‘Love2Shop’ vouchers, applied for through the university. Each participant received one £20 voucher per session, which aligned to the living wage in

Scotland in 2021, and this covered 6 participants for 8 weeks. Such fair treatment is “particularly important for economically vulnerable individuals, given the increased financial burden of...participating in research” (Gelinas et al, 2020, 265).

Participants did not know they would receive payment. The Scottish Project regularly holds short and long-term activities across a variety of topics in which members can benefit and learn from for free. I told participants about payment in the introductory session, and they were shocked and grateful.

They were all absolutely shocked that the vouchers were to be £20 a session. I told them it was fair and didn't come from my pocket. They said they would have done it for nothing or £20 just at the end. They were chuffed with some of the places the vouchers could be spent in. (Fieldwork journal 1)

It also prompted wider discussion about who deserved the vouchers and who did not.

Alice: Being paid for what you're doing isn't a bad thing

Cameron: no, it's not

Alice: if someone offered me twenty quid to do something I'd probably be more likely to do it too

Jim: But some people you wouldn't get the right information from them....Wouldn't be interested in anything else [except the money]. Half would come and take the vouchers.

Graham: There's a certain group of people who don't need the vouchers and a certain group of people who do. And we are the second group

Jim: we're the real people, know what I mean? Keep it real.

Over the weeks we spoke about the vouchers. Graham had discovered you could receive cash change from them if you buy an inexpensive item in Iceland. With this in mind, I requested £20 vouchers rather than two £10 vouchers, thinking they could get more change as a result. Unfortunately, these vouchers were plastic card vouchers that had to be registered online rather than paper vouchers that could simply be handed in at the shop. This was a barrier for half of the group who did not have an email address or felt reluctant to hand over information online.

4.5.2 Handling stories with care

I gained approval to obtain verbal consent rather than written consent if literacy was an issue and also on the grounds that markers of 'officialdom' may add stress and distrust and it was my priority to create an equal and trusting research environment (University of Leeds Verbal Consent Protocol, 2019, p.1). Instead, I obtained consent among my group that was "voluntary, informed, and open-ended" (Wincup, 2017).

I obtained verbal consent from all participants at multiple times throughout the process. This was done on session one, before recording, as I was also obtaining consent to record. Each participant was also given a copy of the Participant Information Sheet. Knowing I needed more of an audit trail for consent, since I was not collecting written signatures, I recorded two further conversations about consent, ensuring that participants still understood that the things they said, including direct quotes, might be cited in my thesis.

The first of these follow up conversations included a decision around names. It was decided that first names would be used. However, although Barbara agreed to this she did flag that her name was uncommon and that Barbara from the city she lived in could indeed be linked to her. In the third consent conversation I spoke about the stories used in the report as well as in the board game (discussed later in the chapter). However, this consent was given on the agreement that I would return to the group to discuss my findings and gain their approval that I had not misrepresented them. I did not end up seeing my group again after our last session in March 2022 owing to lots of staff turnovers and a breakdown in communication with the organisation, and so it was decided alongside my supervisors to anonymise the names and location of the Scottish Project. This has been difficult for me because naming them and the brilliant organisation we met through would give recognition to the contributions they made, sharing in the research process, and not render them invisible (Godfrey-Fausset, 2022). However, after writing the thesis, the disclosures of sexual violence and other sensitive stories could be easily linked to the individuals in question given the data I have written about them and felt too risky.

I recorded sessions, and only used a first initial whilst transcribing. Audio and transcribed files were stored on the password protected university cloud drive. I am not under obligation to share data given the findings are not meant to be replicable and my participants are 'vulnerable' and discuss sensitive content.

4.5.3 Safe working environment

The first introductory session entailed verbalising the information about my research and setting expectations. As the session was broadly about recruitment and ensuring participants were bought in I had planned to leave the ground rules to the end, but Jim suggested we establish them at the very beginning

We went through some rules, drawing upon what already existed at the The Scottish Project. They did all of this and I didn't suggest anything, just repeating back in slightly different ways to ensure we meant the same thing. (Fieldwork journal 2)

Participants were given a copy of the Participant Information Sheet at the end of this session as well as the end of the first official session where there were more participants. This ensured every participant received an information sheet. By this time I was sure participants could read and write and this became completely clear as the weeks progressed. Obtaining consent verbally was done at the beginning of the first session and then two times more over the duration of the sessions to ensure all participants had given consent as well as had a chance to reflect on their consent over the weeks after their stories had been shared. Vouchers were then handed out at the beginning of each session, and this ensured participants received their payment whether or not they stayed to the end. People were able to leave when they liked, Jim often leaving early to catch a bus.

The sessions began after a communal lunch where we each received a hot meal and dessert, and was formed of a wider membership of *the Scottish Project*. This ensured we all arrived at our sessions together. The sessions lasted 2 hours each with a fifteen minute coffee break in between, provided by the Scottish Project.

In order to create a safe working environment I wanted to work in groups, rather than one-to-one, and I wanted to engage with a pre-existing group rather than a group who did not know each other since they would feel more relaxed and support could be drawn from existing relationships (Hoppe et al., 1995; Farquhar, 1999; Dew et al., 2018). I valued the opportunity to conduct research at *the Scottish Project* on the basis that they regularly bring people together for shared activities which provide purpose and routine for individuals, and all of the participants knew each other and some were close friends.

By designing sessions to be relaxed and conversational I hoped the group would benefit from having that space open for them for a few weeks and working on a project together. This has been noted in other environments:

Working on an activity, craft or just having some food together cannot be underestimated in the way it gives people a safe space to open up about what is currently going on in their lives, far more than a professional directly asking them ever does. Working on a project, however big or small can also provide some much needed self-esteem that comes from having created something rather than consuming (WY-FI, 2018, 5).

There were many instances of digressions and one instance where we spent half of the session not talking about the project at all. Rather than hold a strict line, this felt important to the wellbeing of the participants. Graham had said at the end of session two “it’s just great having somewhere we can come and chat” and as the sessions drew to a close he said that he would miss them and “Tuesday’s would be shit” without them.

What I did not anticipate, however, was how this desire for a safe environment for the group would affect me too. On my first time there, I recounted:

There were two men smoking outside. One guy in particular was super animated, thin, close hair, and I was filled to the brim with fear. I wanted to go home. I didn’t want to meet him, or any of them. I didn’t want to sit in a room and flounder for 2 hours, and be challenged by this guy, and be found wanting. (Fieldwork Journal 1)

But then I quickly moved on to say

I was introduced to Jim and Graham - the two I saw outside... The vibes were really good. I made small talk and listened to everyone’s banter, joining in when I could... I felt a bit out of place. The other volunteers were cleaning up after me and I worried they judged me for not pitching in. The CEO Johnny burst in and made a big show of engaging with everyone ... Graham introduced me to him, which I thought was very thoughtful. Jim had disappeared outside but when he came back he had brought a card for Charlotte [another Member] that he wanted everyone to sign, including me. (Fieldwork Journal, 1)

Such small acts of kindness, alongside a relaxed group meal before each session started, enabled me to become just another member of the project for a while. During the session I

was also struck by how safe they made me feel : “I stumbled a few times over words and felt the kind patience of the group.”

4.5.4 Trauma Informed Research

Though analysis suggests that the risk of re-traumatisation may be small during research, ethical practice requires that efforts are made to mitigate distress in “trauma related research” (Voith et. al, 2020; Jaffe et al., 2015). I did not know from the outset whether I would be working with individuals who had suffered trauma but “it is reasonable to anticipate some negative impacts on groups disproportionately exposed to adversity and traumatic events” (Voith, 2020, 170). It has been noted by service providers and third sector research how having to repeat painful stories over and over again in order to gain access to services was distressing, and disclosing personal information to strangers led to a feeling they were (only) their problems, becoming a part of their identity (Mayday Trust, 2018, 13). I did not want to reinforce such identities through processes of subjectification which only asked individuals to “speak [their] pain”, but provide space for many other aspects of their identities, interests and hopes to manifest (hooks, 1989).

By asking open ended questions and never asking people to speak about particular aspects of SMD, I intended to not probe or extract trauma for the sake of data generation (e.g. Seedat et. a;, 2004). By adopting a conversational approach I hoped would mitigate such risks of retraumatization and reinforcement of deficit-based identities. All traumatic events recounted were offered up organically by group members as part of broader discussions together. Nevertheless, it is important to reflect on the data I did obtain and question whether I did enough to move away from ‘damage centred’ narratives around disadvantage.

4.5.5. Opportunities for agency

‘Trauma informed’ or ‘healing-centred’ engagement goes further than mitigating distress, but actually enacts environments which promote safety, agency and choice (Fallot and Harris, 2009). Such ‘positive empowerment approaches’ means conceptualising participants as active agents; empowering them to make choices which positively impact their lives and maximising opportunities for positive experiences and impacts of research (Downes et al. 2014). This includes taking into account the “implicit role of institutions, including research and the academy, in the perpetuation of trauma among disempowered populations” and that by ensuring participants’ voices are central to the study helps to “build platforms for disempowered groups to speak” and thereby actively resist retraumatization (Voith, 2020, 172).

By keeping our two hour session quite open, there was room for participants to digress and talk about what was important for them, whilst I acted as a facilitator to bring us back to the broad topic of conversation only after some time had passed. When talking about broad topics there was room for multiple opinions to exist, and all opinions were written up as equally valid. Whilst I cannot make claims to have empowered participants to make positive changes in their lives, I did treat them as knowers and create space for them to have agency within the research process, by voting on topics and by generating ideas (discussed in data collection below). Such practices showcase how I built in both “space to talk” as well as “space to change” in the desire for authentic involvement (Knowles et. al, 2021).

4.5.6 Ethical issues arising in the field

Ethical considerations are not something which stop at the point of the research design being finalised but are a constant consideration throughout the data collection phase through to analysis and dissemination (Ramcharan and Cutcliffe, 2001). Below I detail some instances where ethical considerations played out in the field.

The service manager did not keep me fully informed about recruitment and he did not always communicate on time with participants. I had to cancel my first session as I was unwell over New Year but this was not communicated to the group and they had turned up. During the final session where I had planned to give participants an overview of my argument so they could consent to the findings they did not turn up and I assume the service manager had forgotten to let them know. As it was his final week with the organisation he was busy and then another member of staff was being on boarded and I was not able to make contact with the new programme manager. Ever since I have not received a reply to my emails to the organisation. Not being able to contact participants directly, and not being able to trust if my messages were getting through, caused concern and undermined the way in which clear communication might have ensured trusting relationships were forged. It is possible that this negatively affected participants who were expecting to hear from me insofar as it has reinforced a distrust of authority.

Throughout our sessions there were a number of issues which I found difficult to deal with. Early on, members of the group openly disclosed past sexual trauma. These disclosures did not trigger any compulsory reporting, but nevertheless these stories and the many other stories of abuse, drug problems, and feeling stuck, sat heavily for me. I was fortunate to have a therapist who I could process the emotions with, but my own support was a feature I had neglected to factor into the ethical procedures.

During the third session, Brian turned up late. Jim had taken me outside to tell me he was in a bad way and he felt he would be easily triggered and he did not want to show this side of himself to the group. I thanked him for the warning and suggested he take time out whenever he felt he needed to. When we went back into the room he immediately began shouting at Brian for arriving late, as being late was against the rules. Even though Brian explained to the group that he had let the service manager know, Jim did not calm down and their conflict escalated until Brian left the room. I recorded my feelings after the session:

I followed [Brian] but he had gone and I actually didn't know what I wanted to say to him. I didn't want him to come back. I didn't know what I was supposed to do? Resolve the conflict? Tell him I'm sorry that Jim threatened to throw him out the window? In that situation Jim was so out of order - to which he apologised to the group - but nevertheless I wanted [Jim] to stay; I like the cohesion of our group; it's easy; but I didn't want Jim to be angry at me, or leave...[so] I didn't tell him that he was in the wrong. The others intervened in the same weak vein I did. (Fieldwork journal 3)

I felt terrible for not sticking up for Brian, but I did not feel skilled enough in conflict management or resolution to hold that space for everyone. Ultimately, it was easier without Brian in the group.

In anticipation of difficult situations, I had originally asked during PhD supervision about having someone else with me in the room helping to facilitate. Working with any group, but perhaps especially groups of people going through difficult times, entails risks that may require skilled facilitation. I was "strongly encouraged" by my supervisors and the graduate school not to pursue this route because another facilitator could jeopardise the "independent learning" of a PhD and "shape the data" (email correspondence). I feel I could have argued the case, because within a post-structural framework seeking to increase agency for participants I question any claims to independent, original, generation of knowledge and actively wanted my data to be shaped by others. However, I acknowledged at the time that wanting an extra person was in part because I lacked confidence in facilitating groups and not purely about their -or my - safety so I did not pursue this.

4.6 Fieldwork data collection

The data output for fieldwork included: giant pieces of paper where I recorded key points for our discussions, the iterations of the board game (below), a fieldwork journal, and transcriptions of our recorded sessions.

My approach to the fieldwork journal was to begin writing as soon as I could after the end of the session and capture the sequence of events as well as more reflective elements of how certain instances made me feel (Maharaj, 2016). Whilst I did not imagine using the journal, it became increasingly important as a reminder for how I experienced certain situations, recounting conversations and experiences outside of the room, and remembering feelings which could not have been captured in transcriptions.

I used an encrypted recording device to record our sessions. This felt key to generating robust data and meant I would not be distracted taking copious field notes. Whilst participants were happy to let me do this, I encountered a variety of issues in transcribing which affected the amount of data available as well as my approach to transcribing.

I transcribed myself, straight from the device and onto my laptop without using any transcription software (due to potential ethical considerations of data sharing). Transcription often remains “unproblematized” by researchers, as a neutral conduit between data collection and analysis (McMullin, 2023). And whilst I did not consider *how* I would transcribe at the time, I soon realised the subjective nature of the process of transcription and the “decisions throughout about what to include (or not), whether to correct mistakes and edit grammar and repetitions” (McMullin, 2023, 141). On the spectrum between “intelligent verbatim” and “full verbatim” I made the decision to deploy a blended approach. Whilst I did not record every utterance, throat clearance, or mumble I did include repetitions, pauses, laughter, and grammatical errors when they added meaning and context to what was being said and how. It also felt important to retain slang and colloquialisms and mention when people were talking over each other, whether our session was disturbed, and what parts of sentences I did not understand.

Whilst at the time this felt comprehensive, listening back there are instances in which I have paraphrased or left out repetition, and so a different transcriber will have heard and transcribed differently. Furthermore there were serious issues I encountered. In a few cases, background noise from engineering works interrupted what I was able to hear back. More often, people talking over one another (which happened a lot) meant I could not hear any of

what was being said. When I could hear, sometimes the transcription does not flow as a conversation as it is missing certain contributions and appears patchy. Finally, the local dialect was incredibly difficult to interpret. I found this in my first session

“I was struggling with some of the accents. Particularly Jim but they were all quite broad to be honest. They offered up lots of personal information, not all of which I was able to hear!” (Fieldwork Journal 1)

This was a constant problem for me, and was made worse during transcription by not being able to read lips or understand within the broader context of the conversation that I was part of. Sometimes I was transcribing a few weeks after the session took place. Therefore, there are many instances of transcription which are just left as “ [indecipherable]” where someone local to the area may have captured more of it.

When it came to writing direct quotes into the thesis, I edited quotes where it felt necessary - correcting grammar and repetitions, removing certain contributions if it got in the way of a flowing piece of conversation and convey the appropriate meaning to the reader (McMullin, 2023). Therefore the direct quotes *within the thesis* are transcribed “intelligent verbatim” which, of course, has inserted another level of subjectivity by asserting my own meaning onto the data in order to drive an argument.

4.7 Fieldwork Methods

I used Bacchi’s guide to poststructural policy analysis to plan participatory methods for the field work, bringing her theory into the sessions and ensuring coherence between the desk based policy analysis and the field work (Baachi and Goodwin, 2016). Therefore I ensured the kernel of our discussions were based around ‘the problem’ and ‘the solution’ which speaks directly to the concept of “problematizations” (Bacchi, 2009; Bacchi and Goodwin, 2016; Miller and Rose, 2008).

We spent 1 introductory session together and 7 further sessions together, each lasting two hours with a coffee break in the middle. We spent 1.5 sessions discussing “what are the biggest problems you are facing?” As participants called out their thoughts and recounted their experiences I wrote the broad headlines down on large pieces of Flipchart paper which were blue-tacked to the walls. Between sessions I rewrote these neater to be displayed on the walls as the sessions progressed. After we exhausted this list, prompting Graham to ask

“is all we’re going to do sit here and moan?” we moved on to ‘solutions’ which I framed as “what are the biggest helps in your life?” This enabled me to gather knowledge and experience around what helps each individual, and deepen a critique on policy problematizations by being able to ‘read backwards’ from a solution to their alternative problem representations. We spent 1.5 sessions on this question too. We then spent 1 session thinking about the creative task, and the final 3 sessions developing the creative work.

I then operationalised Bacchi’s questions more directly. Bacchi asks “where are the silences? How could this problem be thought about differently?” (Bacchi and Goodwin, 2016, 2020). In order to answer this, and raise and centre the subjugated knowledges of those with lived experience I formulated a game of ‘fill in the blanks’ whereby I wrote up key sentences from the 2018 Rough Sleeping strategy for England and Wales (DHC, 2018) but removed a part of it, inviting participants to suggest what they thought should go there (not what they thought the government put there). For example:

Alice: We cannot underestimate how vital [blank] is to someone’s sense of hope and recovery. So basically what is vital to someone’s sense of hope and recovery

Barbara: Basic needs

Cameron: Safety?

Barbara: Security

Graham: Trust

Jim: Trust and confidence would be the top one

Barbara: I think..security

Cameron: Safety

Alice: ...And you said housing too?

Barbara: Well you need your basic needs met

This form of data collection served a dual purpose of praxis and raising critical consciousness (Freire, 2003). Whilst I was gaining insight into an alternative conceptualisation of the problems, thereby forming my critique and ensuring it was credible - as it was generated by a group whose lived experience contained unique insight - I was also sharing policy discourses with them, which invited broader discussion and brought them into the critique and my research more broadly.

*Alice: Some people who sleep rough might not want to interact with services because
....*

Jim: they might not want to interact with services because they're so used to what they're doing

Graham: A way of life

Esther: Well they quite often get offered worse housing as well so they don't trust them.

Alice: Don't trust services?

Cameron: And then they might be taken away from everybody they know as well and everything they know

Jim: Their community

Alice: That's not what the policy says.

[laughter]

Alice: the policy says "some people who sleep rough may not want to interact with services because of their complex needs"

Cameron: Ah, because of their complex needs not because of the policy's needs

Barbara: A rejection. That's already a rejection.

Alice: This is assumptions, isn't it. And that is exactly what this PhD is about.

Barbara: Bad character

Alice: It might sound good on the face of it, you know, you want to end rough sleeping. It's not a bad thing to want to do.

Barbara Yeah

Alice: But what is the underlying thing? There are all these underlying assumptions, you know...

Barbara: You're a drinking you're a druggie

This example shows how a simple prompt revealed multiple alternative narratives to a key policy discourse, and enabled participants to be aware of what the policy documents have written about the topic of rough sleeping, and it also acted as a way to offer up rich detail about their own experiences related to the statement.

Toward the end of session 4 out of 7, we began to discuss the creative output. Barbara had just suggested we make a board game during the tea break, and I put this to the participants and was glad to hear their positive responses. It was met with enthusiasm. Lots of ideas were generated which built on familiar board games, such as Monopoly, the Game of Life, and Twister:

Alice: Barbara just had a brilliant idea around the coffee table about making a board game

Barbara: You know to include all these things like stepping stones and then [indecipherable]

Alice: Like a monopoly board?

Barbara: Like monopoly, or building, to make you think differently about building houses.

Cameron: Like a cross between monopoly and something else

Barbara: And maybe we can promote the Scottish Project through it as well

Cameron: [agreeing]

They also expressed an interest in scaling up the board game for sale so as to raise money for the Scottish Project. I was clear in managing these expectations but pleased about the interest in pursuing a creative research activity.

Graham: We could patent it

Barbara: The CEO would like that

Alice: A funding source for the Project?

Barbara: yeah

Alice: But then obviously it would actually cost money to actually make it, to see if it would make money. But there must be...

Barbara: There must be something in it

Alice: We'll see, maybe it will just be for us next week

After suggesting alternatives to the board game it was agreed we would pursue the board game.

Alice: I think we should have a crack at the board game idea

Cameron: yeah definitely I think it's a cracking idea

[unanimous agreeing sounds]

Graham: Because there's loads of spare materials about. Rags. Rags to riches!

Alice: I really like that idea, we could have play next week

Barbara: if we get things written out onto big stickers

Alice: Exactly

*Barbara: You know that big sheeting where you can [indecipherable] in a big room
A we've [only] got this room to play with*

This excerpt shows the way in which an idea forwarded by one participant encouraged the whole group to feed into ideas as well as the method for designing and building the board game. In this way, power felt shared around a co-created purpose. Though I had not come across board game design as a research method at that point, I felt sure in those moments

that it would yield positive outcomes for both participants and data. From the outset, the board game became a metaphor for their experiences. For example,

Graham: just picturing a giant twister board. This is a good thing, this is a bad thing

Alice: and now you're all totally tangled up

Graham: yeah now you're all tangled

Barbara: how you feel when you're homeless

Alice: and then someone then asks you to do something else but you've run out of limbs and there's nowhere else to put your foot

By constructing a game which built on our conversations over the previous weeks I thought I might gain a richer and deeper insight into their experiences of their lives just by how they construct the board which, in itself, would become a microcosm of their worlds.

The final 3 sessions entailed developing the board game idea further. In between sessions I developed the physical board game in line with what we had discussed during that session. The first week I arrived with cardboard and post-it notes. The second week I arrived with a game laid out on cardboard with post it notes to add to the game. The third week I had mocked up a board game which I had painted and had proper cue cards and counters. For the feedback session (which never went ahead) I had made a board game out of plywood as a final draft. Images of these iterations have been provided in Appendix 1.

4.8 Board game design as method

Participatory methods often incorporate a much wider base of what constitutes knowledge (e.g. artistic, embodied), and produce wider understandings of experiences that might otherwise be missed using more conventional methods. Less conventional research methods such as arts based or participatory are seen to draw out and link together a more diverse understanding of a research area, and therefore experiences and life journeys may be better articulated through creative means than more traditional modes of data gathering (Kara, 2015; Leigh 2019). Cornwall (2002) sees the creative exercises as ways of forging connections between different types of knowledge and experience, in order to “bridge the gap between... science, popular knowledge and lived experience” (p.220). In a broader sense, creative methods offer subversive techniques for “producing counter-hegemonic discourses to exclusionary capitalist, patriarchal and colonialist rationalities” (Gastaldo, 2018). Therefore, diversifying the modes of knowledge generated holds the potential to

re-imagine how the field understands SMD in a way that can support systemic change rather than reinforce systemic oppression (Fox, 2014, 27).

Creative approaches are not a fixed method, but have been defined as “knowing about various methods but not being bound by that knowledge...[one] can manipulate and develop theories and methods, within the constraints of good practice, to help you answer your research questions” (Kara, 2015, 21-22). O’Niell suggests that “art makes visible experiences, hopes, ideas. It is a reflexive space and socially it brings something new into the world - it contributes to knowledge and understanding” (O’Niell, 2008, 8) and that artistic methods alongside collaboration and the use of life stories are “transformative, that is they can challenge stereotypical perceptions and received wisdom”. The board game design and play opened up a new way of visualising and talking about their experiences and providing scope for increased participation (Kara, 2015).

There are a number of related literature which concern board games as a research method. The process of board game design is unique, since a key component of board game design is the centrality of play to the process as “the meaning of any game only emerges through play” (Akmal and Coulton, 2019, 1). It was developed through iterative play-testing in which the game was evaluated. Such an iterative and playful approach provided a novel way to build participation into research methodologies. Game design inquiry suggests the process of designing “is more like a conversation with the materials of the situation” and an “ongoing dialogue between the designers, the design, and the testing audience” (Zimmerman, 2003, 176; Stapleton, 2005). Such processes of scrutiny, sense-checking and redesign each week enabled coherence to be found between participants as well as between myself as the ‘designer’ (I was the one to go away and work on the prototype at home) and the participants as the ‘testing audience’ (Zimmerman, 2003).

Crucially, designing a board game is about “synthesis” and not about “analysis” which sets it apart from scientific empirical research (Bayeck, 2020). In order to agree on the parameters and the content of the board, it was required that we all reach an agreement and a shared understanding. As a result, the intuition, creative insights, and tacit knowledge evident in the design activity has produced artefacts capable of expressing research material, as well as an artefact that is playable as a game. This satisfied my desire to fulfil my PhD requirements as well as producing tangible output for participants.

4.8.1 Board game as microcosm or metaphor

Our board game is called 'Spiral' and it is a game of snakes and ladders with a few twists. First of all, there is no end, the board goes round and round. Along the board are squares with fixed scenarios such as "support worker sick, miss a go" or "get a good night's sleep, move ahead two squares". These scenarios are generated from our discussions in previous weeks. Some squares have images also derived from our conversations - such as a cat and mouse, and waves in increasing intensity. The board goes from feeling level to feeling turbulent and back to level in order to mimic how experiences have been for my participants. I wondered aloud if once around this board represented "a year, a life?" Graham responded "a month" which demonstrates both the turbulence of life but also the feeling of 'stuckness' which will be explored in chapter 6.

The remaining squares had a question mark on them (like a chance card in Monopoly) and prompted the pick-up of a card which detailed a scenario. These scenarios could be positive or negative but were often nuanced and containing a choice - is this a snake or a ladder? This would prompt discussion amongst participants after which players would move up the ladder or down the snake. In this way, the board game would be an opportunity for reflection and collaboration for players. The scenarios were taken from participant stories, which Jim had once forgotten "are you in my head man? Are you a fly on my wall or something?" Initially the game never ended and no one won, "it's the taking part that counts" and you would simply stop when you had had enough because the game, like life, was about "survival" (Cameron). However, after playing we realised how frustrated we were (which I thought was experientially useful as it mimicked what life might feel like for participants - the frustration of there being no way to 'win', no way out). However, it was decided we would mark a successful round of the board with acquisition of a star to give the game more purpose.

This is not the first time homelessness or otherwise disadvantage has been conceptualised through the game or metaphor of snakes and ladders (e.g. Croucher et al., 2018). Unite the union installed a giant snakes and ladders board in Leeds in 2022 to highlight how the cost of living crisis has impacted the most disadvantaged (see Unite, 2022). The Cerebra project included a game of "real snakes and fantasy ladders" in its Accessing Services Toolkit (2021, p.38) in order to visualise the experience families go through in trying to obtain support for their children.

This game corroborates my participants' stories and it has fed into and reflected my analysis. Since “[p]layers have to understand the system to interact or engage with the games” (Steinkuehler et al., 2012) to an extent, then, the board game system and rules reflect their worlds. It had to make sense in order for the game to be playable. Instances of disjuncture highlighted this:

Graham: “Support worker off long term sick? That’d have to be very rare, no?”

Alice: “Oh, that’s not the impression I got from our discussions”

Through instances of play the board game world became blended with the real world too. For example,

Jim: how would you personally feel? You land on [this square] and get sent back to the beginning. I’ve done everything right for the last six weeks and now I’m getting put back to the beginning!? You’d be frustrated!

Cameron: But sometimes you haven’t done anything and you get set back

In another example

Jim: “You get punished twice. Support worker not there and you miss a go!”

Cameron: Yeah, like they [support worker] cancel you at the last minute so you can’t get here [to the Scottish Project], and that’s your whole day gone.

4.9 Strengths and weaknesses of fieldwork methods

Board game design served the purpose of building credibility and validity to my research data through the sense-checking of information as well as providing the space for challenge from participants. For example, I wanted to create a variety of scenarios which were neither ‘positive’ nor ‘negative’. One of the examples I created was

“You have been clean for 6 months but have been struggling with your sleep and are not coping. You buy valium off a guy you know so that you can finally get some rest and find you can cope with daily life a bit better as a result”.

However for Graham and Jim this was not nuanced but a clear set back, “it’s a street drug innit. It’s always a bad thing”. So as a result of refining the design through play, each

scenario has been approved by participants and the overall design of the game has been co-created. The process showed itself to be a successful site of sharing power. Throughout the process ideas were generated by participants:

Graham: Maybe you have to explain yourself [when you pick up a card]

Alice: And everyone has to vote!

Cameron: That's a good idea

Graham: Participation for everybody

Jim: We could make someone go backwards

Graham: Everyone moving in different direction, bumping into each other just like...you do, in a place like this

Graham: Taking competition out of it takes the fun out of it. We're trying to compete but we're not getting anywhere

Cameron: Can we line all the post-its up so it's clear?

Jim: Maybe next time you can make the board stand out and get a proper dice

Through these examples of participation it was clear that I was not holding the whole process but that participants felt willing and able to input their ideas for how to make the game better. This meets the needs within my traumatically-informed ethical approach to increase opportunity for choice and agency.

On the other hand, having spent 3 sessions (out of 7) on the board game had clear disadvantages for the amount and quality of data available for analysis. Whilst I enjoyed the developing metaphors for their experience of disadvantage, and this helped deepen my understanding which I took into the analysis phase. I learned about their genuine desire to promote and give credit to the organisations which support them and others. I learned about the experiences they felt were nuanced and those which they felt were black and white.

I had wanted to create space for them to lead some of the research process to ensure it was not entirely my agenda setting the terms and activities, but in the end I was not sure how to effectively facilitate this and ended up holding most of the process - being the one to go away and redesign the board game each week to present back to them, I therefore retained

the role of “teacher” and perhaps did not equalise power differentials as much as I hoped this process would.

Whilst I brought my agenda into the room, such as the statements I consciously selected from the Rough Sleeping Strategy for our ‘Fill in the Blanks’ game which formed a particular polemic of policy discourses in their minds, I also feel this was balanced by the open approach I took to ‘problems’ and ‘solutions’ in which I made no mention of SMD policy and practice and held space for conversation to take its course. So whilst quantity of data was sacrificed in pursuit of a broader commitment to ethical research practice, I believe through these methods I gained enough rich data for the purposes of this thesis, whilst also imparting knowledge, and creating opportunities for participation.

Where I have learned the most is in the tussle I felt of mitigating my research power and how misplaced that was. It felt, at times, like the need to create equality within the room was for my benefit rather than theirs. They were happy enough to have me as their “teacher” and had I taken more ownership of the processes (rather than hoping they would seize more control) we may have generated more data of higher quality. These are lessons for the future. As I did have an agenda, perhaps I asked them to relay too much of their pain and not enough of their hope. The board game design gave many moments of real democratic participation, and as a result there is a material thing in the world which they made and that was an important outcome for me.

4.10 Conclusion and defining ‘good’ research

This thesis is theoretically driven. From the beginning I have sought coherence between theory and method. Bacchi’s WPR approach has provided a neat framework for achieving this. However, it was important for this research to go one step further and involve people with lived experience in the research process, not just make use of their subjugated knowledges for the benefit of my analysis. Once participatory methodologies are introduced, a broader notion of ethics becomes central, and I wanted to achieve coherence here too: to centre the wellbeing of participants even if that meant sacrificing some data.

A post-structural paradigm with analysis located on the level of discourse means traditional metrics of what constitutes ‘good’ research are not applicable. Instead, I adopt Tracy (2010) expansive and flexible ‘big tent’ criteria which takes into consideration both the means *and* the ends. These markers include

(a) worthy topic, (b) rich rigor, (c) sincerity, (d) credibility, (e) resonance, (f) significant contribution, (g) ethics, and (h) meaningful coherence.

I fell short of delivering a truly participatory piece of research, owing to time, PhD constraints, practical barriers, and self-confidence. However, the question is whether the level of participation which I designed and enacted was good enough? Whilst their voices could have been more central, I believe the efforts I made to create an enjoyable and beneficial space for participants were ethically sound, in spite of interpersonal dynamics. By bringing new “voices into the academy”, participatory models increase the likelihood that the research will be “appropriate, meaningful and relevant” to them and wider communities (Pain, 2004, 654; Kesby et al., 2005, p. 164; see also Maguire, 1987). In this sense, this PhD does represent ‘good’ qualitative research. Through the fieldwork methods employed I have produced arguments which are credible, richly rigorous and sincere and by weaving these methods within a broader post-structural framework this thesis is both significant, and meaningfully coherent. Finally, conducting this research when SMD is coming to the fore of social policy as a still relatively nascent concept and whose voices are still not central within policymaking and research, this thesis constitutes a worthy topic (see Tracy, 2010 840).

5. Overmedication

5.1 Introduction

This chapter draws upon the data collected during my research to illuminate and interrogate a disconnect between official and marginalised problematizations of people experiencing SMD. Whilst my participants expressed ‘overmedication’ as one of the biggest problems they face, and spoke about medication and experiences with medication or medical professionals in each session, the official documentation concerning SMD makes little mention of the role of medication in interventions that seek to address SMD. The only exception is in relation to heroin addiction, where prescribed methadone or other opiate substitution therapy is accepted as the officially endorsed intervention. This chapter will examine the medicalised ways in which SMD (as both an object and a subject) is constituted in official documents and consider the lived effects and subjectification of such strategies of governance. It will explore the ways in which individuals who are seen to be experiencing SMD are pathologized in policy narratives and medicalized in their individual experiences, and how this medicalization

frames their regulation and resistance. It draws together evidence from the academic literature with findings from the empirical research with group members.

Using Bacchi's approach to interrogating the problematizations through which governing occurs I examine two official medicalised problematizations of SMD in turn, which are (1) that SMD is defined by the coexistence of multiple and complex illness caused by childhood experiences and later life choices, and (2) that alcohol and drugs are misused. I consider the underlying assumptions and powerful discourses of these official problematizations before using the subjugated knowledges of my participants to present alternative narratives. The alternative narratives encapsulate what Bacchi refers to as the resistances and challenges to the dominant problematizations (Bacchi and Goodwin, 2016). Locating these resistances and challenges within the subjugated knowledges of those with lived experience of disadvantage brings to life the Foucauldian notion that "where there is power there is resistance" (Foucault, 1978, 95).

As set out in chapter 2, policies - as technologies of government - create categories of people, with implications for how they are treated, what they require and who they are. I end this chapter by discussing the dividing practices that constitute the SMD subject as a particular kind of subject with particular limitations around who they are and who they can be by analysing some of the subject positions available to them based on the lived effects they described. I conclude by arguing that these dividing practices are the basis for the disparity in life chances experienced by the SMD subject, which sets up the next chapter.

5.1.1 Missing medication and novel contribution

The Changing Futures Programme (MHCLG, 2020), where SMD has most recently been constituted, makes no mention of the role of prescription medication in responding to SMD. However, in a case study called 'Trevor's Story' 'misuse' of substances is responsible for Trevor's poor diet, lack of money and rental arrears, poor mental health, aggressive behaviour, and barriers to accessing services. Whilst it does not indicate how SMD will be addressed, it does problematize SMD as something that is 'treatable', explaining how lack of access to services 'enabled his complex needs to continue untreated for many years' (MHCLG, 2020, 9). So, despite the absence of any explicit reference to medication, the notion of 'treatment' indicates the possibility of a pathologized and medicalised problematization of SMD.

The absence of explicit reference to prescription medication in the Changing Futures Programme when (as evidenced below) it was such a key concern for my participants points to a deeper consideration. Is the medicalisation of some individuals and groups hegemonic such that the prevalence of prescription medication as a core part of 'recovery' does not warrant explanation, discussion, or contention within discussions of SMD? Nikolas Rose (2007) suggests that this *is* the case, and that medicalisation has literally 'made us what we are' (p.205). This comes from the ways in which Western medicine has shaped our experiences of the world, especially since the Enlightenment period, with the expansion of medical expertise, and the disciplining of the body through medicalised regimes and practices. He argues, however, that this 'is not in itself grounds for critique' since we have to operate within some form of paradigm of thought. He urges that more sophisticated lines of inquiry must be sought (p.702). It is the contention of this chapter that this does warrant critique when the lived experiences of SMD are couched in the medicalised discourses of 'treatment' and 'recovery' which points to a pathologization.

Crucially, Rose (2007) also points out that we are all medically made up in *different* ways. Following Rose, the knowledges that surround those seen to be facing SMD are different to the knowledges that surround those who are not, and the experiences of medicalisation are also therefore different. Therefore, central to this thesis are efforts to ascertain the particular ways in which SMD is pathologized and in which SMD individuals are pathologized and to consider the lived effects of the resulting medicalised practices of governing SMD. Whilst studies have acknowledged experiences which relate to medication (e.g. Bramley et al, 2020; May Day Trust, 2018) the topic has not been examined in depth and as such this presents an original contribution to the SMD literature.

5.2 Official problematization (1): SMD entails multiple and complex mental and physical illnesses

5.2.1 Official problematization in documents.

Official problematizations represent SMD as a 'situation' or 'experience' which is characterised by multiple, complex interlocking factors. These factors include homelessness, substance misuse, mental health issues, domestic abuse and contact with the criminal justice system and may also involve poverty, trauma, physical ill-health, disability, learning disability, and a lack of support network (MHCLG, 2020, 9). More recently it has included neurodivergence which includes acquired brain injury as a factor (DLUHC, 2023, 25). Individuals seen to be experiencing SMD will experience these factors in particular

combinations but the focus of the problematization rests upon the “barriers in accessing the support they need as public services struggle to respond” (MHCLG, 2020, 6).

Relatedly, the SMD demographic are caught up in multiple data systems. They are known about through their contact with homelessness services, substance addiction services, and criminal justice systems and through their accessing mental health services, accident and emergency and other crisis services (Bramley and Fitzpatrick, 2015; Bramley et al, 2019; Crowe et al., 2021). Through their contact with multiple service providers, data about their multifaceted needs are collected routinely, and their ‘journey’ toward recovery is continually assessed (e.g. DLUHC, 2023, Lamb et al 2019). This may be in addition to other assessment procedures undertaken for social housing or universal credit applications, for example.

The SMD subject is recognised as having myriad physical and mental health conditions, which place demands on public services. The Evaluation of the Changing Futures Programme Baseline report states that:

[S]ubstantial proportions of respondents reported experiencing poor physical health: 29 per cent had experienced severe or very severe physical health problems in the past week. Just under half of the cohort had visited A&E in the last 3 months, with ambulances called out to 36 percent of participants.

DLUHC, 2023, v

The proportion of Changing Futures participants with a long-term health condition or illness was very high at 85% which includes mental health conditions (DLUHC, 2023, 24-25). Other sources have measured 41% of people seen to be experiencing SMD as disabled or having long-term physical health conditions (Lamb et al, 2019), which is more than twice as many as the wider population of England and Wales (ONS, 2013).

The morbidity and mortality measurements for those fitting the SMD demographic is striking. They are consistently at a higher risk of premature death than the general population (e.g. Bramley and Fitzpatrick, 2015, Revolving Doors, 2013). The average age of people in contact with SMD services in England who died prematurely was 43 for men and 39 for women (MEAM, 2021). The causes of this are problematized as a combination of social experience and physical illness:

For example, there are increased cardiovascular issues among rough sleepers and a greater prevalence of respiratory conditions, such as COPD and Hepatitis C, for individuals with substance misuse issues.... severe and long-term mental health problems, which in itself can substantially impact on the likelihood of premature death....On top of this, [they are] less likely to have access to both primary and secondary health care services. This may be the result of stigma, a lack of flexibility, accessibility problems, strict eligibility criteria or poor past experiences of treatment... Limited access to health services results in health and wellbeing deteriorating more rapidly.

MEAM, 2021

The Changing Futures Programme Baseline evaluation also reported that “83 per cent reported mental health problems in the past 3 months. There is a high degree of overlap between mental ill health and drug and alcohol problems – almost 7 out of 10 participants have experience of both” (DLUHC, 2023, 24-25). This fits with contemporary drugs and mental health strategies’ problematization of ‘dual diagnosis’ - the coexistence of addictions and poor mental health - as a key area for improvements in healthcare service provision (e.g. Home Office 2022, Department for Health and Social Care, 2011). Figures from service providers suggest that 87-90% of people experiencing SMD have these “co-occurring conditions” (MEAM, 2021, 3) which has meant that “at the referral and assessment stage... if a person had substance use issues, their treatment pathway often stopped” as addictions had to be dealt with first - often requiring abstinence (p.6). Other barriers to support include: individuals being too complex for the mental health support on offer; or conversely their needs not being acute enough for specialised services; or owing to their poor health being unable to keep appointments or follow the set rules leading to discharge; or challenging behaviour leading to discharge (see Lamb et. al, 2019b). This, MEAM suggests, is the result of an inflexible system which requires an individual to ‘fit’ the service rather than fitting the service to the individual (MEAM, 2021, 6-7). This problematization has been articulated over a number of decades in policy and research as the ‘inverse care law’ (Hart, 1971; and in relation to multiple and complex needs by Rankin and Regan, 2004).

The official problematization in policy and strategy for England and Wales as well as wider literature from services catering to the SMD demographic represent the problem of SMD as the experience of multiple and complex illness alongside social problems such as homelessness or involvement with the criminal justice system. Crucially, the problem is represented as relating to the inadequacy of services to meet the complexity of these needs.

5.2.2 Official problematization - corroboration by research participants

The official depiction of the SMD subject as experiencing multiple and complex health problems fits with the experiences of my research participants. They had all experienced at least 3 out of the 5 core domains of SMD which would render them eligible for specific SMD services. But in addition there were a variety of other factors which played a crucial part in their experience of their lives and their need for, and ability to access, statutory services. Jim, for example, is recovering from a heroin addiction, sees a psychologist once a week, and has lost an arm and his bladder as a result of his drug use. He had been in recovery for 9 months after his addiction saw him carrying around a rucksack of gas wherever he went, and after a severe overdose in which he was hospitalised and 'actually died'. This prompted him to get himself better. Jim attributes his addiction to early life trauma :

[I was] raped when I was eighteen and [it] only came out about six weeks ago...things I found out about my dad as well...he was raped when he was eleven...if that hadn't come out I probably would have killed myself, know what I mean. That's when I started using heroin.

Jim's story allowed Barbara to contribute her own:

You know I'm actually going to speak out so that happened to me when I was eleven and I'm actually talking to the COD about that ... I expect people that do that have done that about twenty or thirty times. No? You don't do that to an eleven year old and don't repeat it.

Barbara was homeless from the age of 16, although she now lives in settled accommodation. As she explained, she has a lifelong disability:

I've got spina bifida, arthritis and bone disease and stuff ...if I walk too much then I can't get off the floor...It's a hole in the spine, it can trap nerves and things but it can put your whole spinal balance out so it's all damaged... it's an imbalance.

For this condition she is often prescribed various medication. She stated that "what they wanted to give me was gabapentin, but it's a dangerous one it's an opiate". She went on to suggest that doctors do not offer the sorts of treatment she would actually like, saying that "if I could get some therapy and see a physio I'd get much better" or else do not take her

condition seriously “but all these idiots they just don’t believe it”. Whilst Barbara was the only participant that did not fit the official problematization which focuses on coexisting drug addiction and poor mental health, her experience does fit with evidence which suggests that women’s experiences of SMD are often different to men’s, although just as severe (Sosenko et al, 2019; DLUHC, 2023).

All participants were somewhere on a journey with their mental health. David had only recently contacted a GP for mental health support:

Last week I went back to see the doctor and I just came out with it and they’re getting me the support but I don’t know how long it’s going to take me, it took me a long time [to go to the doctors].

He told me his parents were really worried about him, he was taking a lot of drugs and alcohol, which was brought on by his support network disappearing during Covid, his mum being in hospital and his nan dying. At the other end of the spectrum, Graham admitted that he was “diagnosed with psycho.... psychotic personality disorder with psychotic tendencies” and said a “psychiatrist called me a serial killer” (which may have been Graham’s interpretation of receiving such a diagnosis). Although Graham had admittedly been on “loads of stuff” for “insomnia, anxiety, depression”, he was off all medication during the data collection period and to my knowledge had recovered from past drug addictions.

The project participants also reported experiences of system inefficiency when it came to accessing healthcare which fits with the official problematization around services being inadequate to meet the complexity of SMD needs. Graham, for example, lost his support worker when he was moved from a hostel into temporary accommodation as he had changed GP practice, but then was not able to obtain a support worker elsewhere as he had to have been homeless, which Cameron described as “one step forwards two steps back”. Jim also recounted losing his support worker. Cameron’s Community Psychiatric Nurse “don’t have that kind of budget any more” to spend proper time with patients: “They’re supposed to only spend ten or fifteen minutes with people...every eight weeks”.

The Scottish mental health strategy as well as Public Health England recorded that people with life-long mental illness are likely to die 15-20 years prematurely because of physical ill-health and that people with a mental health problem are more likely than others to wait longer than 4 hours in an Emergency Department (Public Health England, 2018; Scottish Government 2017; see also Chessney et al 2014). The role of stigma in enabling these

health outcomes is evidenced there (e.g. Knaack et al 2017). Participants felt such stigma in accessing emergency healthcare:

Well I just don't get listened to when I have gone... I think they're apathetic to it... just cause you don't go in with your wrists slit doesn't mean you're not telling the truth (Barbara)

5.2.3 Underlying assumptions of official problematization

The official problematization is rooted in causal assumptions which direct the solution toward the individual (rather than the structures), as seen in a service provider document:

[SMD] create[s] a level of complexity of need that can be difficult to address. Issues are often mutually reinforcing. The effects of one impacts on the ability of individuals to cope with or manage another (Lamb et al, 2019).

Part of the examination of official problematizations entails observing where the state constitutes its own role in the solution of the problems it has defined (Bacchi and Goodwin, 2016). The state response in the Changing Futures programme is limited to increasing the joined-up working of local authorities in order to provide effective care to those experiencing SMD, who are often excluded from services. Whilst this may seem caring, it also represents a limited response which situates the problem of SMD within the individual body. This is clearly seen in England's 2018 Rough Sleeping Strategy:

[A]round 31% of homeless people have complex needs, which means that they have two or more support needs. There is also evidence that a person's support needs increase the longer they stay on the streets, and also with age. Many people who sleep rough will have additional support needs including emotional needs. They may have poor financial or interpersonal skills and will need support to engage more positively with society, to find employment or to set up and maintain a home. (DHC, 2018, 16)

Listing needs in this way problematizes rough sleepers as unable to help themselves in any sphere, because their needs are too great. Where other groups are required to partake in their own support (see for example Bevan, 2021), people experiencing SMD are expected to be completely docile, needing to be 'wrapped around' with support, and navigated through the system (e.g.DHC, 2018, 24, 26). This problematization of individual complexity serves to

absolve the government of blame and avoid focusing on other, structural, constitutions of SMD.

Yet, at the same time, whilst ‘treatment’ for SMD involves statutory support, actual ‘recovery’ and the transformation of the self from experiencing SMD to no longer experiencing SMD is based on individual endeavour. Trevor’s case study in the Changing Futures Programme elaborates the individualising, responsabilizing conceptual logic underpinning the official problematization of SMD:

He struggled to access services due to his substance misuse, but his substance misuse was fuelled by his mental ill health. This left Trevor with very few options, and enabled his complex needs to continue untreated for many years...

(MHCLG, 2020, 9)

In accessing support he took up ...

... [a] programme of Cognitive Behavioural Therapy, looking at ways to change and not give in. Perhaps most importantly, Trevor was encouraged to admit and accept that he had an addiction to substances. This enabled him to properly start dealing with his addiction...This led Trevor to focus on other activities in his life, and he regularly attended the gym and practised Buddhism. This positively impacted his mental health, and also his behaviour towards others...[he] aspired to be a Drug Support Worker in the future.

(MHCLG, 2020,9)

Trevor’s addiction is constituted as a behavioural problem that has its roots in his upbringing but which he could only overcome by taking particular actions (such as having therapy, and learning ways to not give in, admitting he had an addiction, and then being able to focus on other activities. His poor decision-making is also constituted as part of the problem, because it has resulted in his “needs” “escalating” and “becoming entrenched” (p.9).

In the Changing Futures Programme, Trevor “grew up in what he would call a ‘dysfunctional’ family’ where his parents normalised drinking” (2020, p. 9). A key conceptual logic which correlates to the individualising, responsabilizing discourse is on the taken-for-granted notion of early intervention and focusing on early childhood experiences (and parenting) in the continuation of cycles of SMD. The focus seen in recent years on the most ‘troubled families’ could be seen as another technique to mark off, count, individualise and treat disadvantage

as a pathology instead of focusing on the effects of economic redistribution (Edwards et al., 2018).

The accepted status of early intervention approaches to prevent intergenerational cycles of disadvantage are based on a coherent individualising discourse (Mortimer et al, 2018). Some commentators suggest that it risks pathologization, especially when combined with biological discourses that are increasing in popularity, such as epigenetics (see for example, Wastell and White, 2017) or neurobiology (Hakamata et al, 2022; Herzog, 2018; Weems, 2021). Edwards et al (2018) have cautioned against the increasing biogenetic discourses creeping into discussions around Adverse Childhood Experiences [ACEs] which then discard structural factors as relevant to an individual's circumstances. For example, studies show that low family income may be a stronger predictor of poor physical health outcomes than many of the original ACE categories (e.g. Gupta et al 2007). However, some writers suggest that it is becoming routine within SMD practice to enquire about childhood experiences as these have been found to be indicators of later disadvantage (Bramley and Fitzpatrick, 2015; Pearce et al; DHC, 2020) and reports suggest 47% of the general population have one Adverse Childhood Experience and 9% have four or more (Bellis et al, 2014). The Changing Futures programme collects such 'historic experiences' as part of their questionnaire for participants rendering these past experiences an important component of building knowledges about SMD (DLUHC, 2023).

5.2.4 What is missing? How can this be thought of differently?

O'Connell (2016) cautioned against "locating indicators of inequality in the brain, which then invites pharmaceutical interventions to address them, alongside, or in place of, traditional social welfare measures" and stresses the difference between solving an individual problem and changing the social conditions which caused it (pp.70-71). Despite these concerns, neurobiology and structural discourses can work together to produce progressive arguments. For example, scientific studies have looked at the role of stress on the brain and its intersections with poverty, noting poverty as a driver in producing the kinds of toxic stress which affects decision making processes (Blair and Raver, 2018; McManus et al, 2022). So it is not the medicalized discourses which individualise *per se*, but the way medicalized and *individualised* problematizations work together in lieu of medicalized and *structural* problematizations to pathologize SMD.

Navarro (1976) linked medicalization to the oppressive conditions of capitalist societies arguing that social issues such as poverty and social inequality are deflected into the realm

of 'disease'. At the same time, medicine obscures the underlying causes of 'disease' such as poverty, and instead presents health as an individual issue (Du Rose, 2015). Research from the May Day Trust (2018) concluded exactly this:

[S]ignificant numbers of people talked of being prescribed drugs for anxiety, depression or bipolar disorders, when in reality, their emotional distress was related to their homelessness, isolation and abuse from people around them. Many people were referred to mental health services and community psychiatric teams due to behaviour that was later identified as post-traumatic stress. Suicidal thoughts or attempts were often a result of events in the past or their circumstances – for example, living in unsuitable housing where they were intimidated or didn't feel safe (p.9).

It was the act of having social problems medicalised which led to a pathologizing subjectification, and institutionalisation which prevented being able to change their situation (p.9). As long as SMD is problematized as a condition to be 'treated' and 'recovered from', the structural factors which may underlie trauma, homelessness, offending, poor physical and mental health, or addictions may be silenced and marginalised whilst interventions on the body are spotlighted. Medicalized problematizations mean that relational responses or social justice responses, or economic redistribution responses, are occluded.

5.2.5 Alternative narrative from participants

Whilst the lived experience of my participants fit with the official discourses surrounding SMD and coexisting mental and physical ill health - where the experiences of my participants differed, and offered an alternative or marginalised problematization of SMD - is in the *experience* of the (health)care provided. Since the official documents rarely discuss the role of prescription medication, these subjugated knowledges provide a valuable insight into a different side to the healthcare experience of SMD.

When asked "what are the biggest problems you face in life?" Cameron replied "Overmedication. Overprescribed, just overmedicated", to which Graham agreed that "doctors will give you anything". When we later voted on the long list of problems, 'overmedication' came out as one of the top problems. So whilst the participants accessed healthcare and received medication - which constituted help and support- they experienced it as *over* medication, as different from the help and support they would prefer, and ultimately unhelpful and with many adverse side effects. This was illustrated by Cameron, who said

that he was currently prescribed diazepam and the quantity of pills was a problem for him. Although he was reducing his dose, he stated:

I've been reduced five or six times...six yellows to four yellows a day....now the doctor wants to put me on whites and I know what's coming next. That's going to be ten whites a day instead of four yellows

He stated that he “can’t even contemplate” the idea of swallowing 6 extra pills a day, saying “all that chalk...goes through your kidney and your liver, where’s the health sense?” Jim was also taking a lot of prescribed medication - “forty tablets a day I’m taking” which he said was eighteen different types of tablet.

The experience my participants regarded as ‘overmedication’ fits with wider literature that charts people’s experiences. For example, research from Lankelly Chase about SMD in Scotland quote corroborating experiences: tablets prescribed by the doctor which puts you to sleep but is “not really helping us” and the feeling that doctors do “the pill and goodbye strategy” leading to years of cycling through different medication if one does not work (in Fitzpatrick and Bramley, 2019, pp 166-167). The May Day Trust found that in their client group “significant numbers of people talked of being prescribed drugs for anxiety, depression or bipolar disorders” (May Day Trust, 2018, 9). This is also acknowledged by the Department for Health and Social Care (2021) who noted that those in the most deprived areas were 2.8 times more likely to be on more than eight medications than those in the least deprived areas and consequently the risk of overprescribing is also greater. They also acknowledge

[m]any patients do not feel that they experience a compassionate, coordinated service that pays enough attention to their individual needs, assets, values, preferences and priorities' (p.17)

Where the problem for Cameron and Jim was in the number of pills, an additional layer to their experiences was a distrust of authority in administering such medication. Cameron said that doctors prescribing methadone “were more than happy, happily giving you 100 [mg], 110, 120, anything... 150, 180, 200. Up to 200 easy. And 100 is enough to kill” which indicates a level of distrust towards doctors. When Jim expressed that he was taking “tablets and all that but it’s making things worse” Barbara replied “And they know that”. She experienced prescription medication as counter to “long term help” and stated tablets are what you:

'[J]ust get given... but they don't explain ... and give you alternatives...not giving like physiotherapy which would give space in your spine which would impact on the nerves which would not eventually damage them badly.

It might be expected that those experiencing the most physical and mental ill health problems would be at the greatest risk of what the Department for Health and Social Care in England describe as 'overprescribing'. However, it warrants critique and should be unpicked as a taken-for-granted reality for people fitting this demographic, which is not reflected in official policy documents on SMD which make little reference to medical treatments (other than in relation to addiction). Such overprescribing practices are acts in which the wellbeing of one demographic is neglected, and whose life chances are affected further as a result.

My participants cited various effects of what they experienced as over-medicalisation. These ranged from a rash from the first antidepressants David was prescribed to insomnia. David said "I got new ones now but...the last three nights I've been up till like five o'clock in the morning...I didn't sleep well" and this experience was corroborated by Jim who said "It's not nice when you can't sleep at all. Every night I'd lie awake with my eyes shut...and I still can't get to sleep".

Many participants also experienced a level of sedation from prescribed medication. For Graham it "does help you sleep but [you] feel like a zombie during the day" and he reported feeling better for having come off all medication (and now uses mindfulness and counting backwards to help him sleep). Barbara queried whether service providers might benefit from the over-medicalisation of service users. She questioned whether they "were used to people so drugged up to the eyeballs by doctors that they don't want anything, don't need anything...want to stay in the same place...I think that's what they wanted from me".

The overmedicalization thesis has been discussed since the 1970s, prompted by the existential threat posed by the changing role of medicine and its expansion into controlling deviant behaviour, commodifying health, and obscuring social and political contexts of illness (Sholl, 2017, 266). Commentators noted how the West has moved away from a religious or legal framework of behaviour regulation to a medicalized one (e.g. Zola, 1972, Freidson, 1970, Lutpon, 1997) and in which medicalized knowledges act as tools of social control (e.g. Harris and McElrath, 2012). Whilst some critics have framed the individual as powerless to the expansion of medicalization (e.g. Illich, 1975), Rose (2007) cautioned against such a blanket critique of medicalization, especially that which assumes the docile, passive body of

the 'lay person'. He pointed instead to the "delicate affiliations between subjective hopes and dissatisfactions as well as the alleged capacities of the drug" (Rose, 2007, p.702). David had recently had a quick and positive experience of accessing mental health support through his GP but was desperate for them to prescribe him pills to make him feel better, even when the first prescription brought on a rash: "well, they're gonna have to do something". Barksy and Borus (1995) argue that the public has exerted power through changing demands for medical attention which reflects a lowering tolerance toward symptoms and infirmities such that "uncomfortable bodily states and isolated symptoms are reclassified as diseases" (p.1931). Dorwick and Frances (2013) and Shaw and Woodward (2017) have also critiqued the medicalization of what used to be considered a normal and human response to life's adversities.

As an alternative to medication there is research which describes the positive impact of therapeutic support in helping people who are experiencing SMD (such as WYFI, 2020; Sandu et al, 2021) or the role of therapeutic support in reducing shame around substance use (Luoma et al, 2012). The unavailability of the necessary therapeutic support is also noted (in Scotland Bramley et al., 2019, Rosengard et al., 2007; see also Prewett, 2000; Noel et al, 2005). My participants' experiences corroborate this landscape. Jim was the only one of the 6 participants who was receiving therapeutic support, despite others recognising that it would be beneficial. For example, Barbara stated that "*if I could just get some physio and see a psychologist I'd get much better*". Instead of receiving therapeutic support, however, participants felt stuck in a pharmaceutical model of care. Further to this, participants felt the level of mental health support which was available was inadequate.

Jim: It's wrong...you should be on it forever

Alice: [to] keep you on

Cameron and Graham: ...an even keel!

Barbara: even give you the chance to do something

[Jim then began to gesticulate up and down in a wave motion to describe what mental health support should do. Rather than aiming for completely level, just help to reduce the waves from big ups and downs to small ups and downs which 'you can deal with'].

5.3 Official Problematization 2: alcohol and drugs are misused by people experiencing SMD

5.3.1 Official problematization in documents

A second medicalized problematization surrounding SMD relates to the consumption of (and addiction to) drug and alcohol by people experiencing SMD. In official representations, particularly in England, this is depicted as ‘misuse’ and harmful to individuals and wider society because of a belief that these substances cause or contribute to crime, antisocial behaviour, illness and death. Addiction is medicalized in clearly stated ways because treatment is rooted in prescribing drugs like methadone or “promising innovations, such as forms of long-acting buprenorphine” (Home Office, 2022, foreword). This drug is an opiate and seen as an alternative to methadone prescriptions as it lasts longer in the body.

Scotland has one of the highest drug death rates in the ‘developed world’ with a record of over 1300 in a single year in 2020 (Population Health Directorate, 2022, s.3). The prevalence of people with ‘problem drug use’ was recorded as 1.62% of the population - which is more than double the rate in England and Wales. Though lower as a percentage, drug deaths in England and Wales also reached their highest on record in 2020. Public Health Scotland identified a cohort of Scottish males in their 30s and 40s living in deprived areas as a demographic of particular concern (Population Health Directorate, 2022, s.3.1-3.2). This demographic fits the statistical profiling of SMD, and attention is paid in the most recent drugs strategy to “the needs of people with multiple and complex needs”(Population Health Directorate, 2022, s.2). As such Scotland is paying attention within policy toward drug dependency within Scotland, especially in relation to SMD.

Opioid Substitution Therapy [OST] is described as the solution so long as users “receive optimal dose and are supported to remain in treatment for as long as it is needed” (Population Health Directorate, 2022, 5.16). Although Heroin Assisted Treatment [HAT] is cited in official documents as potentially useful, methadone (as a tool for abstaining rather than HAT which seeks to make heroin use safer) remains the most used intervention and both Scotland and England seek to make OST more available, more quickly.

Whilst the meaning of treatment is clear in the official documents, recovery is less well defined. England’s drug strategy is designed to reduce harm and support detoxification; where the people who need it are provided with long-term support (Home Office, 2022, 3.3). In Scotland the ‘Recovery Oriented Systems of Care’ aim is to ensure people receive optimal dose and are supported to remain in treatment for as long as it is needed (Population Health Directorate, 2022, 5.16). In general, effectiveness is measured in terms of reduction in drug-related deaths, reduction in blood-borne viruses, and public sector savings from

reduced social work and criminal justice interactions (Tweed and Rogers, 2016; Bryford et al, 2013). In this way, improved retention in treatment is considered effective, but complete recovery is not a concern. This problematizes drug addiction as primarily risk management.

To illustrate the lack of attention to recovery, McKegany et al (2009) noted that despite the adoption of OST in Scotland only 5.9% of females and 9.0% of males in Scotland had been totally drug free for a 90-day period within a 33-month period despite becoming ‘drug free’ being the expressed goal of the majority of drug users recruited into the study. This nebulous non-commitment to becoming drug free or another notion of a full recovery is in contrast to how mental ill health is considered, where everyone should “expect recovery, and fully enjoy their rights” (Cabinet Secretary for NHS Recovery, Health and Social Care, 2021, foreword). This problematization is consistent with the experience of Cameron, a participant, who felt stuck on methadone without any support to ever come off it, as illustrated by his belief that “that’s me in ten years I’ll still be on my maintenance script” (see also Bramley et al., 2019). Data corroborates this, suggesting that for most people prescribed methadone “a lifelong duration is required” (Anderson and Kearney, 2000; Goldstein and Herrera, 1995).

5.3.2 Underlying assumptions of the official problematization

Scotland roots its drugs strategy within public health and situates drug problems within poverty and trauma - their response is to be psychologically informed, and attention is paid to intersections of mental health, physical health, housing and other statutory support. England’s drug strategy is, in its title, leading with crime prevention and rooting drugs use within a criminological narrative:

There are more than 300,000 heroin and crack addicts in England who, between them, are responsible for nearly half of all burglaries, robberies and other acquisitive crime. These serial offenders should be properly punished for the crimes they commit, crimes which cause misery in communities across the country. But they should also be given the chance to get off drugs and turn their lives around. (Home Office, 2022, foreword)

In England’s Drug Strategy, drug-addiction is referred to as “substance misuse” and this is contrasted to “non-dependent, so-called ‘recreational’ drug use. For example, users of cocaine” (Home Office, 2022, foreword). The implication then is that ‘misuse’ is related to addiction and ‘use’ is related to non-addiction. It is interesting, though, that ‘recreational’ drug use is criticised in the strategy for its role in perpetuating local and global exploitation and

crime (1.13). Yet it is still not considered a 'misuse'. This use/misuse reflects and creates a dichotomising problematization in which people with addictions are pathologized in a way in which recreational users of other class A illegal drugs are not. Du Rose (2015) argues that this is to do with risk management. The key premise is that it is not any inherent quality of a drug that makes it harmful, but the consumption choices of individual users. There is a distinction between those who are knowingly, consciously choosing to take drugs for - for example, pleasure or pain management - and those who are addicts. On the addict side of this binary, trapped in a pathologizing problematization, the person who is dependent on heroin has their autonomy stripped: using must occur without reason and is compulsive, and requires legal and medical intervention. Consequently, the needs of the person with an addiction are "individualised and psychologised, and the underlying conditions for substance use, such as poverty, violence and trauma, are seen as mental health issues" (Du Rose, 2015, 109). Further, there are notions of an 'addict personality' at play which fit with the discourses around responsabilization, suggesting that some people are more prone than others to addiction; even personalities which shape preferences over which drug they become addicted to (e.g. Khantazian, 1997; 2003).

Within this discourse, the drug addict is represented as posing a risk to themselves and others. Accordingly, the approach to contending with people addicted to drugs is rooted in a harm reduction philosophy which fits within neoliberal discourses surrounding security and risk status (see Bevan, 2021; Higgs, 1995; Castel, 1991). Managing people addicted to drugs is about minimising harm to them and to the wider public (through criminal and antisocial behaviour) (Strang et al, 2015; Byford et al, 2014). This approach has been criticised for its focus on the management of risk rather than the promotion of wellness (Bryant et al, 2022). Furthermore, there is stigma within the opinions of drug use - with more of the public finding everyday use of heroin or cocaine to be "not at all acceptable" and fewer viewing the use of party drugs as negatively (Bryan et al 2016). Evidence has also pointed to the higher levels of harmful alcohol consumption amongst wealthier groups, with unequal health outcomes for more socioeconomically disadvantage groups - known as the alcohol harm paradox (Brierly-Jones et al., 2014; Public Health England, 2016; The Guardian, 2016).

5.3.3 Alternative narrative

What is missing from the problematization within England's Drug strategy is an awareness that drug use is both a response to social breakdown and an important factor in worsening the resulting inequalities in health. More than that, the dichotomized view of drug 'misuse' prevents any understanding of what purpose drugs serve to individuals. There is no scope

for the person using heroin to be consciously, willingly, doing so in order to derive pleasure or manage pain. Du Rose argues that drug dependency may not be so much about a lack of will, but instead is continued as it serves a useful or positive function in the lives of users (2015, 95-96). This was illustrated by Cameron, who said “Well you don’t take it to feel worse you take it to forget”.

Lee (2020) argues that using the term ‘misuse’ in relation to alcohol “imposes a moral judgement, or that individuals lack a comprehension of how to carry out the action of consuming alcohol...the term “misuse” presents a hostile and uncompassionate interpretation of alcohol use” (p.575). Instead, he suggests that alcohol might be used as a coping strategy through active self-medicating for those in psychological distress. Many people use alcohol and drugs to blunt distress, commonly referred to as ‘self-medication’ (Klee and Read, 1998). But it is more acceptable for some than others. One participant said as much: “For us it’s [not]...we’re not allowed to self-medicate” (Cameron). Barbara also suggested that “it’s self-medication you know? Cause no one will give you the help, or, or no one will listen to you”. This alternative problematization shifts the responsibility toward the people and systems that have let down the individual and away from individual fallibility. Klee and Read (1998) situate the role of drug taking on a society-wide level arguing that “drug use is one form of stress management that is widely adopted by many people”, however it is the “nature of the stressors endemic in homelessness [that] leads to a much increased vulnerability to such self-medication when other coping strategies fail” (Klee and Read, 1998, p.115). Illegal drugs are turned to as a way of coping and do not just serve negative functions.

Du Rose (2015) sets the counter argument up in her study on the governance of female drug users. She states:

The use of illegal drugs is perceived as ‘dangerous’, while pharmaceutical companies profit from drugs prescribed to women with similar effects, the risk of dependency and serious side effects (p.96)

She goes on to say that the prescription of legal drugs by experts serves to normalise these drugs as ‘coping mechanisms’ which are considered ‘deviant’ when self-administered (p.96). Jim falls into this category. He is on a methadone maintenance programme but frequently tops up his methadone with Valium (known as ‘extras’ to boost the effects of the methadone). Evidence suggests that methadone maintenance programmes are unsustainable and likely

to lead to non-adherence (e.g. Frank, 2021), but Jim's actions to self-administer would not be considered acceptable.

5.3.4 Lived effects (1) Stigmatising experiences

individualised recovery discourses enable stigmatising experiences. Bacchi, in an evaluation of drug policy in Santa Monica, argues that situating 'recovery' within an individualising discourse can lead to marginalising and stigmatising effects (Bacchi and Goodwin, 2016, 64) and this is corroborated by the experiences of my participants in accessing their methadone prescription. Jim had recent experiences of poor treatment by professionals related to his methadone maintenance treatment. He recounted an experience of being forced to take his methadone on the doorstep of the pharmacy, out on the street, whilst a queue of members of the public waited behind him:

*Jim: I'm supervised in the morning right so like one time, right, there were people at the front door, on one bit of carpet, and they gave me my f***ing methadone to take at the door*

*Barbara: *gasps**

Jim: Sorry for swearing but there were loads of folk standing there, know what I mean, and I was like I'm not taking that here, and that was after forty five minutes [of waiting].

This was experienced by Jim as profoundly shameful. Cameron, the other group member currently prescribed methadone, confirmed Jim's experiences:

Jim: Go to the chemist, asks what you're there for and like

Cameron: and the chemist will hand it over to you in front of people!

Jim: know what I mean!

Cameron: in green glass bottles. It's pretty obvious what you're getting like

Jim: especially if you're supervised as well.

The pharmacy has been noted as a key site for positive health interventions to support people in recovery from opiate addictions (NHS Lothian, 2009). But the felt reality of this sort of exposure of "undeserving customers to the public gaze" when visiting the pharmacy to undertake supervised methadone maintenance has been researched and found to have poor implications for recovery (Harris and McElrath, 2012, 810; Matheson, 1998; Vigilant, 2004). Furthermore, the effect of strict methadone procedures - usually requiring the individual to

attend a pharmacy every day - leads to poor treatment retention rates, being felt like 'liquid handcuffs' (Frank et al, 2021).

Research has considered the role of addict stigma on people who are recovering - who are trying to move away from stigmatised addict identities - and this is supported by Jim's experiences (McPhee, 2013). He told a story about his interactions with the pharmacist going from amicable to sour as soon as she learned what he was there for:

As an example, I don't ken [know] nothing about you, you ken nothing about me. The woman at the chemist as soon as she knew I was on methadone, boof. Nothing. Next day I was in, time I was in, nothing. I'm a. Ken. See I'm trying to better myself, I'm a better person than you hen.

This, Jim thought, was:

If you're on methadone it's like you're looked at in a different way when you're on methadone eh. You're a dirty person. And less of a person. Cause heroin is a dirty drug right, but when you're on methadone right, and you're not seen as people who are trying to get off drugs when you go onto methadone.

Perceptions of discrimination are seen to mount up and act as a key cause of health disparities among certain demographics (Skosireva et al, 2014; O'Conner and Rosen, 2008) whether affecting the seeking of treatment or the experiences of healthcare. Abdulkadir et al (2016) found that "dignity and respect were things that were rarely experienced whilst homeless...stigma and negative stereotypes were common for all participants" in their study (p.9). Those fitting the demographic of SMD may experience the additive nature of stigma or perceptions of discrimination more keenly as they are likely to experience 'dual diagnosis' and be in contact with multiple health systems (O'Conner and Rosen, 2008).

5.3.5 Lived effects (2) Recovery limbo

Participants Jim and Cameron were in long-term receipt of methadone maintenance for heroin addiction. Cameron echoed a sentiment expressed in other research of feeling stuck on methadone for long periods without the support to come off it (O'Leary et al, 2022; Fitzpatrick and Bramley, 2019; McKegany et al 2009). Cameron had persistent problems with his Community Psychiatric Nurse who was often off sick, and when they were at work could

only give fifteen minutes to him, which was only enough time to make a new prescription. When asking for more help, Cameron recounted:

I called up and said 'ah can you help me I'm cracking up I'm losing the plot...' and he said 'I'm not that kind of CPN I've just been drafted in to give you your maintenance script'.

To this, he concluded:

Yeah, exactly, there to offer me maintenance to keep me going so that's me in ten years time I'll still be on this maintenance script.

The outcome of harm reduction policy being experienced as a recovery limbo could be viewed as the effects of pathologizing discourses which prioritise risk management over wellbeing, and producing 'docile' bodies that are easy to control. This would fit with related literature, for example surrounding the role of methadone as a regulatory technology which aims to create productive and obedient subjects (Keane, 2008, 450). Jim demonstrated some indications of this, suggesting that he had some autonomy over when he reduced his dose and how he would always be honest with his support worker if he did something wrong because he knew it was not in his best interests. A more sinister view on governing subjects through medication has explored the use of psychotropics on female inmates (Auerhan and Leonard, 2000) and the difference in how opioid addiction is framed which pathologizes addicts from lower socioeconomic backgrounds whilst constituting those accessing private treatment as active agents in their recovery (Lacobucci and Frieh, 2006).

5.4 Discussion: biopolitics and making of the SMD subject

This section focuses on how powerful pathologizing discourses have manifested in the real, and "how interventions were devised that were appropriate to the object that was simultaneously a subject" (Miller and Rose, 2008, 7). In this case the object and subject are both SMD and the 'appropriate' interventions are those which are medicalised, targeting the individual and their life choices, and therefore pathologizing. This encompasses technologies of governance - the mundane knowledges, techniques and procedures undertaken by the 'little engineers of the soul' (Miller and Rose, 2008, 5) which encompass policy-makers, pharmacists, and service providers. Crucially it also considers the 'dividing practices' which result.

Practices that are designed to address SMD problematize the issue in particular ways, and generate knowledges in relation to those experiencing it. It is these practices which place individuals in geographical and conceptual space, and which order the SMD governance processes. These processes “give rise to individualisation and individuation” and ‘also give rise to an analysable and describable...subject’. (Grocock, 2008, 19). SMD subjects are ‘distributed in space’ in a particular way, making them identifiable - and thus governable - by the complexity, history, and numerousness of their material and health needs. During interactions with service providers, the prevalence of disability, chronic ill-health, and learning difficulties are measured; as well as their morbidity and mortality likelihoods; and more recently their number of ‘adverse childhood experiences’ [ACEs] may be scored.

This biopolitical rationality frames particular understandings of SMD which affect life outcomes (Foucault, 1976). Consequently, as my group members testify, they are taking or have taken a variety of different prescription medications over the years to contend with these numerous issues ranging from physical disability, to mental illness and poor sleep, to heroin addiction. I argue that their experiences of being prescribed, dealt with, and maintained have caused deleterious consequences which deny them the opportunity to partake in society in the way other members of the public can and are expected to do. Such a fall out only serves to keep the SMD demographic as ‘other’.

Bacchi elaborates three types of effect of problematizations (Baachi and Goodwin, 2016, 23). There are discursive effects - that which places limits upon what (else) is possible to think about a subject. These have been explored through the official problematization in policies and the underlying assumptions and discourses which underpin the problematizations. The second are the lived effects which are the real world implications of problematizations, which I have explored via the effects of medication, lack of autonomy and choice in healthcare, stigmatising experiences of healthcare and the feeling of recovery limbo. Finally, there are ‘subjectification’ effects:

The different modes by which, in our culture, human beings are made subjects...[the] modes of objectification that transform human beings into subjects (Foucault, 2000, 326)

These are the ways in which problematizations entail “dividing practices” which produce subjects in dynamic practices of differentiation and subordination, which also prove to be key

governing mechanisms. (Bacchi and Goodwin, 2016, 51). These subjectification effects place limits upon who we are and what we can be.

SMD is both an object and a subject. It denotes a set of circumstances, with knowledge and data coalescing around an understanding of how things are, as seen in the official problematization. It also denotes an individual experiencing these circumstances. The status of this individual, as described in official documents, can be changed and transformed. SMD can be 'treated' and 'recovered' from and therefore is not a fixed state. However, this individualisation risks stigma and blame for those who remain in that position. The problematization is couched in early life discourses surrounding ACEs and their consequent effects. So whilst it is not the individual's *fault* for experiencing SMD as it began in childhood, they are responsabilized for the work of transformation.

Those who are not yet in contact with the relevant support services and who are experiencing SMD are problematized as being costly to the public purse owing to their disproportionate use of emergency services, or their involvement with the criminal justice system owing to drug addictions, and often present with "challenging behaviour" (Bullock and Parker, 2014, 7). Engagement with services is represented in policy documents as a necessary source of support and help to get people to a place where they can make better decisions. Despite acknowledging that it is also services which let down those experiencing SMD, specific types of statutory support by way of 'navigators' and those which 'wrap around' the individual are considered key to assisting them in getting the support required to get better (this will be explored in the next chapter). In this problematization of SMD, the subject is considered too complex to be able to help themselves and too complex for the support systems in place. If those experiencing SMD want to be able to access services which are known to be difficult to access (due to 'dual diagnosis' for example) then they must submit to being wrapped around and navigated, to become docile and malleable and moved through the system with the help of someone else. In relation to addiction recovery, individuals are expected to attend a pharmacy every day for methadone maintenance and eventually share decision making in their dose reduction.

Those who do not engage with support are problematized as being too complex to engage with the assistance on offer. For example, the 2018 Rough Sleeping Strategy stated "some people who sleep rough may not want to interact with services because of their complex needs" (DHC, 2018, 19) and this has led to what is commonly known as 'assertive outreach' which entails a more persistent or coercive approach to making contact with individuals ("proactively identifying") and helping them into statutory support (e.g. DHC, 2018, 41). In

this sense, someone experiencing SMD is not able to choose not to engage. There is no way out of the complex needs discourse - either they are so complex they need to be navigated toward help or they are too complex for their own good. This was summarised by Barbara:

I asked if they were used to people so drugged up to the eyeballs by doctors that they don't want anything, don't need anything?

Individuals experiencing SMD are therefore deemed either submissive and docile or challenging and criminal. This subjectification effect - rooted in powerful individualising discourses - prevents other ways of seeing phenomena. For example, the challenging behaviour which has become ubiquitous with problematizations on SMD and service engagement has elsewhere been constituted as a result of neurodivergence which includes autism, learning disability and acquired brain injury (e.g. O'Sullivan et al, 2015; Revolving Doors, 2022). Challenging behaviour has also been evidenced as a side effect for some people of many prescribed drugs for common conditions such as depression and anxiety (Moore et al, 2010). There is also a compassionate response which views challenging behaviour in light of persistently dissatisfying experiences with statutory services, leading to a breaking point during times of crisis (Lamb et. al, 2019b).

5.5 Conclusion: Residual subjects and surplus population

Foucault coined the terms biopower and biopolitics to denote the particular ways in which populations have come to be understood and governed. Questions such as 'what is health?', 'who can be healthy?', and 'what are the most pressing health issues?' are political and contentious (Foucault, 1976, 137-138; Baquero, 2021). The vastly lower morbidity and mortality ages for people fitting the SMD demographic suggests where biopolitical practices are at play (MEAM, 2021). In life, my participants have experienced a lack of choice in their healthcare - cycling through various prescribed medications when alternative therapies would be preferential, and experiencing adverse side effects that prevent them from being able to function optimally. They have experienced a lack of concern for long-term help or wellbeing and are in a limbo state where their life is maintained. The practice of methadone maintenance raises questions about the lack of emphasis on wellbeing. As Terry and Cardwell (2016) stressed "the absence of something negative is not enough – it is about a life with purpose and meaning" (p.3). If people experiencing SMD are taking lots of prescription medicines for a variety of health problems - with the potential for myriad side

effects that make the individual unable to function - they are unlikely to be building a “fulfilling life over the long term” (Terry and Cardwell, 2016, 3). This lack of attention toward well-being constitutes a dividing practice between those who are well (and wealthy?) and those who are experiencing SMD. After all, if methadone is not designed for recovery but just for maintenance then what subject does that assume and produce?

It is a key argument of this thesis that people with SMD are constituted as a problem to be managed, rather than a life to be nourished, and that the attention paid to this demographic is more focused on the minimisation of harm than the promotion of wellbeing (Bryant et al, 2022). Do SMD demographics amount to 'surplus population' and do the technologies of government distance this surplus population from the communities whose lives are fostered (Bush, Partman et al., 2021)? Though policy stresses the inadequacy of the system to meet the complex needs of these individuals, it still maintains that the problem is a result of their life choices or their parents. Discourses which emphasise individual factors such as substance misuse and mental illness for poor life outcomes, shift responsibility away from the state and onto the individual.

6. Critiquing 'support' for individuals experiencing SMD

6.1 Introduction

This chapter examines the way in which support for people experiencing SMD is constituted within official policy documents as well as past research and contemporary interventions into SMD. It calls into question a taken-for-granted problematization that the reason for SMD persisting is that support systems are not joined-up enough to effectively deal with the complexity of individuals experiencing SMD. This sentiment is not new and has become central to the problematization of SMD. My participants, too, corroborate the view that systems are inadequate to meet their needs. However, this chapter illuminates and interrogates the discourses of individual complexity that pervade the policy and techniques of intervention. Whilst 'system failure' is widely acknowledged in policy, the proposed solution nevertheless remains the transformation of the individual through targeted interventions. To illustrate this, I examine two particular techniques of monitoring and evaluating SMD interventions to highlight their responsabilizing function, which enables a deeper critique to be mounted. Stories from my participants present narratives which complicate the discourses of individual complexity that inform these techniques of governance. Instead of being incapable of helping themselves and thus in need of governmental assistance, my participants suggest that the system has rendered them 'stuck' and unable to participate in society as they would like to. Finally, I deploy Foucault's 'docile bodies' and 'dividing practices' to discuss the potential implications of the techniques for managing SMD as well as the effects of a limited discursive field in which challenge is considered transgressive or irresponsible.

6.2 Official Problematization

The heart of the official problematization of SMD is that the problem exists in the space between individual and support services. "Local systems" require "long-term and sustainable changes" in order for "improved outcomes for individuals experiencing multiple disadvantage" (MHCLG, 2020, 8). The problem is further outlined in the 2023 Base Evaluation of the Changing Futures Programme:

- Services are not accessible or coordinated and/or do not meet needs appropriately.

- Multiple disadvantage and high levels of needs... are not easily addressed by a single service/disjointed system.
- Services focus on the issue rather than the person.

(DLUHC, 2023, 75-76)

Framed in this way, the better coordination of services to meet the levels of need are constituted as the solution to SMD. What is missing - in their view - is “strong multi-agency partnerships, governance and better use of data” (DHCLG, 2020, 8). Whilst service delivery is critical, so is a “joined-up local strategy that seeks to improve services and systems and inform future commissioning” and a “strong focus on data ” which will inform “system change” (p.8). Joined up working is constituted as necessary: to “maximise the impact of the support available, we know that services need to work together in partnership” (DLUHC, 2022, 86). Within the Changing Futures programme the service change deemed necessary is to:

- Coordinate support, and better integrate local services that support adults experiencing multiple disadvantage to enable a ‘whole person’ approach;
- Create flexibility in how local services respond to adults experiencing multiple disadvantage, taking a system-wide view with shared accountability and ownership leading to better service provision across statutory and voluntary organisations and a ‘no wrong door’ approach to support.

(MHCLG, 2020, 10)

Such an emphasis on cross-government working and joined up approaches is not new. Social policy documents setting out how to deal with rough sleeping, as one example, have routinely called for joined-up working since at least 1998:

Responsibility for helping rough sleepers is split between many different bits of central and local government and other agencies. Yet it is a joined up problem. Without a more integrated approach there is little that can be done to reduce the numbers sleeping rough.

(Social Exclusion Unit, 1998, foreword).

Joined-up implementation of policy with new units such as the Children and Young People's Unit, the Rough Sleepers Unit and the Neighbourhood Renewal Unit bringing together staff from a range of backgrounds in and outside Whitehall to see through action that crosses departmental boundaries.

(Social Exclusion Unit, 2001, p.16)

Commentators have been dubious about this call for "partnership working" since New Labour, seeing it as no more than "rhetorical appeal to the unmitigated benefits" without much evidence to suggest it works (Lymberry, 2006, 1119). This historical context calls into question the apparent simplicity of joining up government departments.

Couched within the problematization of disjointed services surrounding SMD is a rooting of this failure of services within a discourse of individual complexity. As a result of complexity, SMD is constituted as bringing a high "amount of demand" which services struggle to respond to and which leave people to access services only "in crisis or not at all" (MHCLG, 2020, 9; DLUHC, 2022, 86):

The need for system join-up is particularly acute when considering the needs of people facing multiple disadvantages... Evidence suggests that some services struggle to meet this amount of demand or that people can face barriers to accessing the services they need, such as being refused access to mental health services due to substance misuse. (DLUHC, 2022,86)

People who sleep rough often have a combination of needs which will mean that they come into contact with a range of public bodies. This includes the costs of providing health care, drug and alcohol treatment, emergency services and costs to the criminal justice system. (DHC, 2018, 19)

The cost of the individual experiencing SMD to the 'public purse' is of wide interest in policy and research surrounding SMD. Individuals are seen to be "placing a high demand on local response services, but for whom current systems of support are not working" and the specific cost of this issue widely speculated (MHCLG, 2020, 9). The additional cost of rough sleeping to 'the public purse' is estimated between £7,100 and £15,200 a year for those with additional support needs such as addiction (Bramley and Fitzpatrick, 2015; DHLC, 2018).

Further, these figures relate to those known to services. Complexity is also constituted as responsible for why people do not want to engage with services "because of their complex needs" (DHC, 2018, 19) and these people are framed as needing to be reached too.

Particular focus should be given to ensuring that the programme reaches people who are not well-connected to existing support services and therefore may be missing from service data and local needs analyses, despite potentially placing high demand on reactive services (MHCLG, 2020, 10)

This is rooted in a complexity discourse which, whilst acknowledging the role of support services in letting down individuals, renders individual complexity responsible for the lack of support received. The situation is evidenced by listing various needs. SMD is defined by the intersection and multiplicity of core domains of disadvantage which are homelessness, offending, and addiction and mental ill health, but it is rendered more complex by additional needs:

Many people in this situation may also experience poverty, trauma, physical ill-health and disability, learning disability, and/or a lack of family connections or support networks. (MHCLG, 2020, 10)

A further example of this problematization of SMD is provided by the DHC:

[A]round 31% of homeless people have complex needs, which means that they have two or more support needs. There is also evidence that a person's support needs increase the longer they stay on the streets, and also with age. Many people who sleep rough will have additional support needs including emotional needs. They may have poor financial or interpersonal skills and will need support to engage more positively with society, to find employment or to set up and maintain a home. (DHC, 2018, 16)

It is coherent, then, that the governmental response is rooted in bringing diverse and disparate services into alignment:

We recognise that they also need wider support through health care, mental health, substance misuse and support service...we need all parts of government, local authorities, the care system, the health service, prisons and probation services, the police, immigration services and JobCentres to come together so that public services are working to support the most vulnerable. (DHC, 2018, 65)

6.2.2 Corroboration by participants

The updated Rough Sleeping Strategy for England and Wales (2022) explains that "local systems can often be complex and for some of the people ...finding a way to access the support they need can be challenging" (DLUHC, 2022, 118). My participants corroborate the

view that systems and services are inadequate for those fitting the demographic profile of SMD. As introduced in Chapter 4, in a game of 'fill in the blanks' I asked (quoting the Rough Sleeping Strategy, DHC, 2018) "It is clear that WHAT makes it difficult for people to navigate the welfare system?" This game was designed to answer Bacchi's WPR question "Can the problem be conceptualised differently?" (Bacchi and Goodwin, 2016, 20).

Graham answered "*can you just put society in there? It is clear that society can make it difficult for people to navigate the welfare system? Or just people?*" Cameron interjected "*no it's clear that the welfare system can make it difficult for people to navigate the welfare system!*" We all laughed. Conversation continued:

Cameron: I'm not kidding. I'm really not, because I can't get any answer from most of them and it's all on the phone.

Graham: None of them seem to know.

Cameron: None of them know nothing. Last time they phoned me back it's just ...none of them seem to know anything. I don't know...Everything's changing just now. I don't know the system at all.

Alice: Maybe you shouldn't have to. Maybe they should?

Cameron: But when you're in it you do have to. Otherwise if you don't then you're definitely getting less than you should.

Alice: Losing out?

Cameron: Yes, losing out yes.

Alice: We haven't guessed the right answer. Which is...it is clear that the highly complex needs of people makes it difficult for some people to navigate the welfare system.

Cameron:...the person's needs not the policy's needs.

Reasons participants gave as to why the welfare system was difficult to navigate included difficulty in finding out information from services (as cited above), and also not knowing what help was out there: "*some people won't know there's help....'cause I didn't know there was help [so] I worked in hotels just to have a room*" (Barbara). Participants were asked if this could be described as lack of access to services. Their response focused on a "*lack of information*". As Barbara noted, "*we have to mention knowledge in all this 'cause often when you're in this situation you don't know the knowledge about where to go, or what there is.*" Brian added, "*depending on what kind of support you've got, unless you've got a care worker or support worker...I mean, how do you even get referred to social work? There's a different starter!*" Barbara responded by saying that "*you can't.*" Cameron, despite having 'multiple

and complex needs', stated that *"I've not been referred to social work."* Brian further illustrated the problem when he said: *"What do you do? Go through your doctor? Get down on your knees on the floor and beg?"* The lack of knowing what help is available and how to access it is made worse by interactions with services which seem unable to provide the information required:

Jim: and you ask them something and they say you need to talk to that department and that department and that department, dinnae ken [don't know] err...why have I been put back here? And, ah, that department doesn't ken a clue...ken what I mean, so I've been brought back to you...it's crazy.

Barbara agreed. She stated *"I get the impression that mine [support workers] don't seem to know anything that I ask for."*

Further, respondents suggested that, of the support services they had been involved with, the quality of the care was mixed and felt like a lottery:

Barbara: yeah once I had a good support worker but the majority aren't.

Cameron: My key worker is off and my support worker was sick 6 out of 12 months and then some...couldn't seem to get anything done at all, no phone calls or anything. My CPN [Community Psychiatric Nurse] was off ill last year, had a mental breakdown so ...

Alice: They must be under a lot of pressure?

Cameron: Yeah. Too much. They're supposed to only spend ten or fifteen minutes with people...every eight weeks. It's geographical, a postcode thing.

Graham: You know the [local support centre]? I was with them ...[for] two years every week then I moved to temporary accommodation and I got a doctor, a local doctor... and when I went back and told them I had changed doctors they cancelled my CPN.

Cameron queried this, saying: *"If you're at the [local support centre] you can get a CPN"* but Graham corrected him, saying that *"you have to be homeless"*, which he no longer was. In a moment of recognition, Cameron replied *"Ahh, one step forwards two steps back."*

Participants provided further accounts of receiving inadequate support:

Cameron: You seriously want to know what my CPN said on the phone two days before he left the medical practice?... He said 'I'm finishing in two days anyway',

and I said 'can you help I'm cracking up I'm losing the plot blah blah' eh and he said 'sorry I'm not that kind of CPN I've just been drafted in to give you your maintenance script'.

Barbara: Some people just want money don't they. Their wages....I once had a very very good support worker...she was really educated about it all as well

Alice: How long ago was that?

Barbara: Two years ago... it just depends who you get.

Conversely, Graham has found a good support worker through a referral from an organisation that works with prison leavers:

"He's like a walking Google! We'll meet up sometimes and he'll just say 'right, have you got any questions? Give me everything'...He's helped me a lot getting temporary accommodation and that. I can't complain, I listen to people who [have had bad experiences]"

Graham proceeded to reflect upon what might have helped him. He stated: *"I wish I had a personal advisor when I was a care leaver at sixteen...I was just given a flat and a job...what am I supposed to do here!?"* Graham put this lack of support at sixteen down to his decision to move abroad and live a party lifestyle after a redundancy package from the work he briefly held after he left care.

These stories from participants confirm the official problematization surrounding the lack of joined up care available to people experiencing SMD and the lack of easy, accessible information. The difference between a 'good' support worker and a 'bad' one are crucial to each of the participants in feeling heard and being helped. The key worker model in place through the Changing Futures Programme might therefore address many of the poor experiences participants had faced. However, this form of intervention also warrants critique, as discussed below.

6.3 Critiquing the Official Problematization: constituting and individualising complexity

The techniques of governance within SMD are underpinned by notions of a problematic dynamic between service providers and individuals in managing SMD. For example, key workers called 'navigators' are often found on the front line of SMD service delivery with the

goal of helping individuals navigate the system and obtain all the support they need and are eligible for. For example, it is stated that key workers are there “to guide rough sleepers through support systems and get them the help they need” (DHC, 2018, foreword). This constitutes the system as inaccessible. At the same time, however, it co-constitutes the individual as complex.

An early literature review identified two types of people with multiple and complex needs:

Those ... who aren't engaging with the services they need and those with multiple and complex needs who are already heavy users of services but who may be experiencing inappropriate service responses, due to the challenging, intense or 'revolving door' nature of their needs. (Gallimore et al, 2009, 6)

Such a narrative was buttressed in early SMD literature by complexity theory:

A complexity theory perspective leads us to understand that an individual's support needs might be interdependent in subtle and complex ways....interconnectedness is about how different support needs are interdependent... 'within' one person. (Fisher, 2015, 8-9)

The Changing Futures programme hones in on this complexity, stating that “different groups engage with services in different ways and may require distinct and targeted solutions” (MHCLG, 2020, 11-12). Complexity discourses around SMD encourage services to adopt a 'holistic' or 'whole person' approach “because of the potential (and often likely) connections between needs” (Fisher, 2015, 9). Services are encouraged to take a 'whole person' approach which ...

Takes account of a full range of a person's strengths and challenges and works flexibly and intensively towards a person's aims and goals to sustain long-term recovery. (mHCLG, 2020, 9)

It is not just the people who are complex, but the SMD system is also constituted as a complex entity to grasp, and requiring distinct “methodologies which are appropriate” for garnering evidence (Moreton et. al, 2022b, 11, and see Fisher, 2015). Rather than reflecting complexity, the complexity discourse should be seen as *constituting* complexity; individuals are constituted as complex through policy narratives when in reality service provision seems to *create* complexity. Valentine (2016) argues that - in relation to the concept of Troubled Families the then nascent concept of “multiplicity” runs ...

... the risk that we project the complexity of our systems of knowledge onto the lives of disadvantaged people, and attribute our failure to provide good support to the complexity of their needs. (p.247)

Valentine acknowledges that the shift to 'complex needs' was to emphasise that "the policy concern is the relationship between families and services, not the characteristics of families themselves" (p.247). This is also true of the concept of SMD which was intended to place emphasis on the social and dynamic elements of disadvantage rather than their individual deficits (Duncan and Corner, 2012). However, in the end, such categories have political effects and by attributing complexity to the problems of people Valentine argues that this leads to a focus on the *behaviours* of the "multiply disadvantaged" and not the systems that fail to ameliorate it (2016, 247). The May Day Trust acknowledged this in 2018:

We stopped viewing people as having complex needs and shifted the focus of the problem toward the broken, disempowering system that was designed to 'support' them. (p.27)

Contemporary governmental strategies demonstrate the way in which individual complexity discourses are foregrounded and structural failings marginalised. The specific monitoring and evaluation mechanisms for the Changing Futures programme and beforehand the Fulfilling Lives programme stretch back to around 2008. The main tools are known as the Home Star and the New Directions Team Assessment (previously known as the Chaos Index Score) introduced in chapter 3. These standardised monitoring requirements for those in receipt of funding are governmental technologies which reflect, operationalise and thus constitute a responsabilization imperative at the heart of SMD governance: that of managing risk and encouraging responsibility, which all belie a neoliberal individualisation agenda.

According to the Fulfilling Lives paper entitled 'learning from a programme evaluation' (2022), the Home Star was:

a tool for supporting and measuring change in people experiencing homelessness and related forms of multiple disadvantage. The Star was completed by beneficiaries with support from their support workers...A total score is also calculated, with an increase in the score indicating progress towards self-reliance (p.14)

The Home Star is a widespread form of outcome measurement used by homelessness service providers, invented by commercial organisation Triangle in 2003 in conjunction with homeless charity St Mungo's to serve the "new managerialism" requirements of evidencing progress (Johnson and Pleace, 2016).

The Home Star covers ten key outcome areas:

1. Motivation and taking responsibility
2. Self-care and living skills
3. Managing money and personal administration
4. Social networks and relationships
5. Drug and alcohol misuse
6. Physical health
7. Emotional and mental health
8. Meaningful use of time
9. Managing tenancy and accommodation
10. Offending

The underlying model of change for the Home Star follows the core 'Outcomes Star Journey of Change' (that underpins all of the outcome stars developed by Triangle):

1. Stuck
2. Accepting help
3. Believing
4. Learning
5. Self-reliance

The tool assumes that those who are 'stuck' are not ready to accept support. This assumption was challenged by the project participants, as discussed in the next section. Once accepting support, the Home Star "can support someone to gradually change their habits through small steps which can be very enabling" (Outcome Star, no date, 2)

A critique of this technology by Johnson and Pleace (2016; 2017) notes how the Home Star "ignores people's strengths and capacities, it is predicated on overcoming individual deficits that create barriers to exiting homelessness" (Johnson and Pleace, 2017, 196). They argue that in each of the ten 'key outcome' domains "the effects of structural, biographical and situational factors are ignored" (Johnson and Pleace, 2016, 39). For instance, the Home Star couches acquiring settled accommodation within "behavioural modification, changing their (presumed) 'bad' habits and complying with treatment" which ignores the possibility that independent living may be constricted by poor access to housing rather than anything to do with the motivation and skills needed to render an individual "housing ready" (Johnson and Pleace 2017, p. 196). Consequently, those who score poorly or fail to improve "are in danger of being labelled unmotivated and irresponsible", while individual positive changes are

measured in terms of how ready beneficiaries are to become economically productive (2016, p. 33). Triangle Consulting (who have created and sell the star tools) describe this logic:

While practical changes in a person's circumstances, such as new accommodation, may be important, by themselves they are not enough to bring lasting change. Change within the person is a key active ingredient and it is therefore the relationship of the individual to the challenges they face that is the primary focus (Empowerment Star, no year, 6).

The responsabilization literature fits neatly within this critique. Although it is usually associated with 'governing at a distance' (see Miller and Rose, 2008), it also describes instances in which individuals require responsibility to be constructed through the mobilisation of the state and "new forms of intervention" (Peeters, 2019, 55). In the case of 'navigators' on the Changing Futures programme, and technologies such as the Home Star, professionals work persistently to "be there during the entire process towards more *self care*" (Batty and Flint, 2012, 346, emphasis added). Triangle Consulting continue to say:

Underpinning the Outcomes Star is an understanding that, in order for change to take place in people's lives, service providers need to engage people in the motivation, understanding, beliefs and skills that are needed for them to create that change themselves (Empowerment Star, 5)

Peeters (2019) refers to these techniques as a form of *behavioural power*

[T]hat seek[s] to realise behavioural change by working upon people's understanding of responsibility as a moral imperative and upon the rational or psychological mechanisms that constitute the choices they make and the attitudes they have (p.59).

Through these processes, "disadvantage and exclusion are re-framed as matters of choice and not of structural processes" because "not to engage in risk avoidance constitutes a failure to take care of the self" (Kemshall, 2002: 43; Hunt 2003; 182). This is particularly true of the Home Star which is completed alongside the individual in receipt of support. The New Directions Team Assessment (NDTA), on the other hand, is completed by a worker *about* the individual. The NDTA was developed in 2008 by the St George and South West NHS Mental Health Trust. It was developed as follows:

A brief review of the literature of people who did not engage or were rejected by mental health services was undertaken to identify key individual

characteristics...[they were] keen that the Chaos Index [original name for the NDTA] focused on behaviours.

(SW and St Georges NHS Mental Health Trust, 2008, 1)

The NDTA was deployed in the Housing First pilot in Scotland (I-Sphere, no date), and across the UK (MHCLG, 2020), as well as across the Fulfilling Lives and Changing Futures programmes. It is described as:

...[A] tool for assessing beneficiary need, risk, and involvement with other services. It is completed by the support worker and covers ten areas, such as social effectiveness, self-harm and housing. (Fulfilling Lives, 2022, 14)

Situating this within governmentality literature, the NDTA can be seen as a technology which ensures that “people who pose a threat for their own health or wellbeing are not merely left to take responsibility for themselves, but are approached through outreach interventions” (Peeters, 2019, 57). Those who score lowest on ‘engagement with services’ are immediately the most eligible for the intervention. Engagement with services is constituted as a key metric of ‘good’ and ‘responsible’ behaviour. This denies individuals the opportunity to willingly and consciously be disengaged. It also obscures the possibility that engagement is impossible due to the complexity of the system.

The numerical score from the NDTA measures an individual’s level of ‘vulnerability’ based on their level of risk taking and the risk they pose to others, with many metrics revolving around ‘challenging’ and ‘aggressive’ behaviour. Hannah-Moffat (2005) argues that the “strategic alignment of risk with narrowly defined intervenable needs contributes to the production of a transformative risk subject...[who is] amenable to targeted therapeutic intervention” (p.29). The NDTA is also completed at regular intervals, allowing the individual to reduce their score by becoming less chaotic and more engaged with services.

Analysing these practices enables an interrogation of the governing of SMD and how it is fostered and forged in particular individualising ways, rooted in a complexity discourse which encourages certain ways of being (Bevan, 2021). These two techniques for assessing and monitoring particular individuals provide a biopolitical mechanism of increasing specific forms of knowledge about particular groups which buttress behavioural norms. The data was collated into national evaluations (e.g. Moreton et al, 2016; Moreton et. al, 2022a, 2022b) and it can be argued that these technologies enable a wide range of effects. Given that these are the primary modes of evaluating the Changing Futures programme (DLUHC, 2023) and have been widely deployed in the past, the discursive field for what can and cannot be said about SMD is restricted to an individual complexity problematization which measures

responsibilization. In addition to this, “[b]y constantly comparing, observing, and examining individual bodies, disciplinary power conditions individuals by dictating their desires and coercing them into particular ways of acting” (Havis, 2014, 110). The May Day Trust, a service provider in England, have rid themselves of outcome monitoring systems and are critical of what they perceive as deficit-based service provision, noting that for their beneficiaries

There was limited opportunity to discuss what they had been good at in the past, what they really enjoyed and what their abilities and talents were. The focus wasn’t on exploring who they were and what they could build on or aspired to be. Most had no day to day evidence of personal achievement or success. Their predominant experience was of failing. The focus on goals aimed at ‘fixing’ problems meant that often, they didn’t manage to sustain coming off drugs or keep up with their commitments. Motivation crashed because they felt trapped in a system that told them they failed.

May Day Trust, 2018, 15

It is worth noting that the worker-client relationship is much more flexible and much less punitive within Changing Futures and other SMD services than many other services which have more stringent requirements for particular behaviours (such as homelessness pathways or the JobCentre. See Juhila et al, 2017). The Changing Futures programme has allowed for a more wide ranging tolerance for behaviour and engagement, focusing on building trusting relationships and this was adopted after the Fulfilling Lives programme:

...demonstrated that, when support is flexible, person-centred and based on trusting relationships, services can engage people with the most complex and entrenched forms of disadvantage, and can help them to achieve positive changes in their lives

(Fulfilling Lives, 2022b, 8)

Nevertheless, individuals who benefit from an additional support worker to ensure that they get the support they need and are entitled to are required to partake in evaluation processes which focus upon their behaviour and identity, making them think about many facets of their lives on an individualised scale between ‘stuck’ and ‘self-reliant’. This obscures the alternative problematization that the reasons for their poor health, poor uses of time, or poor tenancy management could be due to deep-rooted, structural reasons and not their own ‘stuckness’. Such responsibilization - though we are all subject to it - takes on a potency at

the “margins of welfare services” because those accessing them are unlikely to have the resources to opt out and are therefore reliant on them (Juhila et al, 2017).

6.3.2 Reframing Causality

The Home Star creates subjects who are not responsible, who need navigation to become responsible or “self-reliant” enough to not need the service, and it relies on deep-seated assumptions of individual complexity and deficiency. Another unquestioned assumption within the official problematization is that services are beneficial as well as necessary and moreover there is an assumption that services do not create the situation which it then goes about solving. My participants challenge this view and reframe the narrative in a way which highlights that their behaviour and feeling ‘stuck’ is the result of long-term disillusionment with poor service delivery. They express a distrust of services and professionals rooted in poor experiences, which then lead to a lack of confidence, motivation and hope. At the same time, however, they are dependent on those professionals to give them referrals to projects or other forms of support that they want to obtain. These experiences enable powerful dividing practices in which participants feel treated unequally whilst also feeling that the system has trapped them inside it.

6.3.3 Counter Narrative 1: cannot trust the system to help

The participants were asked why people disengage from services. Cameron instantly responded “trust”, which prompted the following exchange:

Cameron: I never tell anything to social work

Jim: They take away your life eh

Cameron: Don't answer anything it'll get used against you...just don't trust a social worker.

Jim: I never talk to social work man

Barbara: That's quite sad isn't it

Cameron: I've heard they can help people and I've heard that people they've helped... a quarter and that's me being generous

This sentiment challenges the view that “some people may not want to engage with services because of their complex needs” (DHC, 2018, 19). It suggests that some people do not want to engage because they do not feel service providers have their best interests at heart, which is more likely to result in an intervention being considered unacceptable (Magwood et al, 2019). Jim said “*I don’t trust anybody whatsoever*” and this is coherent with broader literature on the role of trust in service disengagement (Magwood et al, 2019, Sandhu, 2022), the correlation of distrust with traumatic experiences (Allisson et al, 2015), and the importance of building trusting relationships in positive service experiences (e.g. Revolving Doors, 2018). Allison et al (2015) go one-step further and argue that loss of trust lies at the heart of entrenched multiple exclusion. At a time where “services are designed to work with clients for ever shorter periods of time” trust is harder to build between client and worker, and that if attempts to get help backfire trust is further undermined which leads to further backing away (pp.9-10). This is supported by Sandhu (2022), who refers to young people facing SMD as having an “acute assessment of people” which can result in “backing away” from help.

Barbara: Social work already told me I’ll never get anything done that I want done...[I’m] in these meetings and she’s not asking me the questions they’re meant to be asking me ...and then she tries to blame me for lack of support saying ‘It must be something in my personality’.

Cameron had recounted an instance in which he had received communication from a support service

Cameron: “They’re sending us texts and stuff saying ‘if you dont text back we will assume you’d like to continue receiving support’. So you can’t text back. But it’s the way it’s worded, it’s like if you don’t text back it’s like you’re getting continued support

Alice: But you weren’t

Cameron: I wasn’t getting any support, my mum wasn’t either

The participants also described being turned away from crisis services, which the policy documents described as places where people with SMD go when they cannot access services elsewhere:

Graham: You can go to A&E if you’re suicidal.

Alice: What do they do there?

Barbara: Nothing. ... I just don’t get listened to when I have gone.

6.3.4 Counter Narrative 2: Reliant, trapped, and unmotivated

Set within the context of distrusting services to help them, my participants are nevertheless reliant on relationships with these professionals and services. As Juhila et al. (2017) state “clients at the margins of welfare often have scarce resources and limited choices, and are therefore dependent on existing services and workers support” (pp.6-7). Instead of being stuck because they are not ready to accept help, as the Home Star frames it, there is a counter narrative that the system traps them and makes them stuck.

Participants expressed this as frustration or disillusionment with the systems in place for getting support through referrals. Barbara suggested that “*you have to learn to speak double Dutch and punch the gatekeepers in the face*” in order to navigate the social care system and get what you want. Brian had previously echoed this sentiment with the question “*how do you even get referred to social work? What do you do, go to your doctors and get down on your knees and beg?*” Regarding referrals to activities or groups, Brian continued:

[There are] good places you can walk in off the street but a lot of places...you have [to have] a care worker or, you know, someone in social work... you need someone to refer you to get your foot in the door.

The conversation went on:

Barbara: I actually felt like not going to anything anymore because you have to book or you've got to find some weird pathway to get to something.

Alice: And that feels too much?

Barbara: Yeah it feels just too much crap, someone's hoops to jump through. A lot is about the gatekeepers of the system. It is controlled by the gatekeepers.

Cameron: Referrals.

Barbara: Write that down! Referral versus non-referral because I'm not being funny but it is so hard to meet the criteria for me for anything apart from fuck off out of our room.

They don't care, just go die...and if you go to the [local hospital] they just shut the door in your face.

In addition to a generic frustration with having to go through ‘gatekeepers’ to access support, there were experiences of being barred from partaking in the sorts of activities that are often

listed as beneficial to an SMD recovery journey. Graham, for example, was trying to become a mentor:

Graham: I can't be a mentor because of my criminal record.

Alice: But that would make you quite a good mentor?

Graham: You would think so, yeah.

Cameron: I think you'd make a brilliant mentor.

Graham: Yeah it's 6 months [sentence] or less....I don't know...

Barbara: That's strange

Graham: [My support worker] said 'I know exactly why you're not allowed to mentor because if you've been in prison you can tell someone that prison isn't so bad, you're not allowed to tell people that prison...'

Cameron: ...is not the bad scary place.

Graham: That's what I was being prevented from doing ...to tell people it's not alright to commit crime but it's...

Cameron: ...that you might speak the truth.

Graham: Yeah. I just gave up.

[someone suggests another organisation to apply through]

Graham: I gave up with them as well

This feeling of jumping through someone else's hoops, or having to beg an authority for referral, or with Graham being blocked multiple times from pursuing an activity he wanted to do, had led to instances of giving up. This engendered a lack of hope and loss of motivation

Cameron: can't find it [the help] or don't have the motivation

Barbara: I think sometimes it's hard to motivate yourself when you're very ill. You have to have a very strong will because that's when no one wants to help you. It's a lot to combat.

Cameron: Trying to self motivate.

Barbara: That's when you need to fight for yourself...because the time that you need [help] is the time that everyone stamps on you...

Cameron: At your worst, yeah.

Barbara: ...Most people don't argue enough so aren't getting the help.

It could be argued then that the helplessness experienced or perceived lack of 'self-reliance' is an effect of SMD technologies according to which individuals are reliant upon authorities to

provide access to opportunities. And, more importantly, to the sorts of opportunities that they actually want:

Graham: [I'm] real surprised that employment or unemployment isn't on [our list of problems].

Barbara: We're used to it.

Cameron: We're used to not getting it.

Barbara: And employment that's ... spiritually good for you, not just... Why should people with disabilities do the crappiest and most physical jobs?...Why are we not getting the chance to get a job that suits our abilities? Jobs that are really supportive for us to do something good. Like training. Why can't we get training... that suits us with our disability or our problem or our mental health?

Participants described the feeling of being trapped or tangled up in the system when (as described in Chapter 4) we were designing a board game which reflected our conversations over the previous weeks:

Graham: I'm just picturing a giant twister board. This is a good thing, this is a bad thing.

Alice: And now you're all totally tangled up.

Graham: Yeah now you're all tangled.

Barbara: [Which is] how you feel when you're homeless.

Barbara: [A] tunnel could be an escape route. Could be a mousetrap. [I] do feel trapped.

Alice: That's the thing, there is a sense of feeling trapped by the system.

Graham: House trapped.

Barbara: Stay in the tunnels, going round and round.

Alice: There could even be a way to not be able to win?

Jim: Nobody wins at this game. There's no winner.

Cameron: It's survival.

As an example of getting trapped, when David told the group he had gone to his doctor to talk about his mental health, and the doctor was going to refer him to support, Barbara said:

I can give you a [phone] number and they do a course and teach you what [support] package to take and, whatever you do, do not take [number] three because that's the one the council get you on and they will never let you leave.

Cameron: and grow.

Barbara: they keep you stuck ...I'm going to get a number for you because you have to fight.

In another moment of fear, Barbara, when expressing frustration at the lack of help provided by the hospital said “if you go to the [hospital] they just shut the door in your face” and Cameron responded “well it’s better than them shutting the door behind you to be honest” referring to the experience of being sectioned.

The feeling of being trapped and losing motivation should be considered in conjunction with the conclusions of the previous chapter on medicalization in which my participants expressed a similar lack of agency and control over their healthcare and, perhaps more pervasively, the sedative side-effects of their prescription medication which left them in a state of recovery limbo.

6.4 Discussion: Division and Docility

Foucault’s concept of ‘docility’ is useful in considering how SMD subjects are constituted and divided from others. The notion of ‘docility’ “joins the analysable body to the manipulable body. A body is docile that might be subjected, used, transformed and improved” (Foucault, 1977, 136). SMD subjects are seen as transformative subjects. The governmental interventions described above demonstrate this possibility clearly through their use of monitoring scales to chart progress and change. The notion of docility alone is not enough to explain the governmental strategies at play here, however. Contemporary scholars, especially those rooted in Foucault’s later concept of governmentality, note how everyone in a neoliberal society is rendered docile through the subtle management of their desires so that even when following their own self-interest “will do as they ought” (Scott 1995, 202). Through practices of *normalization* we are governed at a distance and feel we are free but are actually subject to a host of forces which act upon our conduct. What is important about docility from an SMD perspective, then, is the *particular* ways in which their conduct is constricted and which sets them apart from others and affects their subjectivity.

Within a neoliberal governmentality, in which the ‘entrepreneur of the self’ is encouraged, my participants find that they are not able to act autonomously: they have to go through gatekeepers, they are blocked from activities, and turned away from services. Arguably, those fitting the demographic of SMD cannot practise agency because they do not fit prescribed *norms* of behaviour: they are not usually economically productive, and they access “costly” public services (Commons Library Research Briefing, 2023, 26), and they

therefore exhibit 'deviant' or 'transgressive' behaviours. They are therefore subject to a "disciplinary gaze" from figures of authority who are able to approve or deny them the opportunities and support that they are seeking (Havis, 2014, 113). On account of their being at the 'margins' of welfare they lack the ability to fully disengage from the support that is on offer and make different choices (Juhila et al., 2017). Therefore, they must choose to submit to the forms of support available. This constitutes SMD as different from other people and suggests a more active form of intervention is required in rendering them docile.

Whilst they are free subjects in the sense that they are "faced with a field of possibilities in which several ways of behaving, several reactions and diverse comportments may be realised" (Foucault, 1982, 790), it is in feeling that they are not free in the same way that others are free that a process of differentiation lies. The participants have, in various ways, exercised their freedom by being angry, expressing critical resistance, and actively disengaging. Yet this behaviour is co-opted by an official problematization of them as deviant. This raises questions about the extent to which they can practise their freedom and shift the subject positions which are available to them through the problematization and government of SMD. If they choose not to engage, they are deemed "too complex" and not able to manage themselves or act in their own best interests. The same is true if the system proves impossible to navigate and they are *unable* to engage. Regardless, this justifies persistent or assertive outreach responses. Therefore, the SMD subject is positioned as unable to regulate themselves responsibly. Only support services can intervene to improve their situation and help them to become responsible. In need of support but constituted as irresponsible, they must submit to monitoring and be docile and malleable, 'wrapped around' and 'navigated'. What has been silenced in this problematization, then, is the possibility that these subjects know already what they need, want, and ought to have, but the system fails to provide it. These knowledges are not valued in the same ways and so the discursive limitations of the SMD problematization as individual and complex continues.

6.4.2 Conclusion

This chapter has critiqued the official problematization surrounding support for those experiencing SMD. Whilst my participants agree with official documents that the services and systems in place fail to meet their needs, they disagree over the causes of the problem.

The Changing Futures Programme operates on the assumptions that engaging more people in services (output) will lead to sustained improvements in health and wellbeing and progress toward inclusion, and increased capacity, opportunity and motivation (impact) (DLUHC, 2023). My participants tilted this on its axis. They are stuck in a role they cannot get out of.

They cannot get information, their support workers are off sick, and do not always do their jobs properly, they do not have access to fulfilling work, they are blocked from volunteering opportunities, and any other informal sources of support require them to go through 'gatekeepers' who they do not trust have their best interests at heart. This disconnect can enable a range of harmful effects. Techniques for intervening upon SMD rest on the individual body's potential for transformation in line with societal norms. Through interventions, it operationalises a problematization in which individuals are stuck *because* they are not ready to engage and only after engagement and with self-belief can come self-reliance. My participants present a strong challenge to this direction of causality. Whilst they do indeed constitute themselves as stuck and lacking motivation they see this as a result of the system and not a deficiency inherently in themselves.

The discursive field has been limited by the widespread use of monitoring mechanisms such as the Home Star and NDTA, technologies founded upon an assumption that those experiencing SMD require interventions to make them responsible. The subjugated knowledges of my participants challenge this narrative, and provide instances of critical resistance. However, these forms of resistance - rather than challenging the official problematization - can be co-opted into the pervasive complexity discourse in which their behaviour is challenging, transgressive and simply proves that they do not know what is best for themselves. This critique poses important questions to the trajectory of SMD policy which constitutes SMD subjects as unable (and possibly unwilling) to help themselves, and requiring direct intervention by professionals in order to responsabilize them.

Despite such a pervasive feeling of being 'stuck' my participants are well aware of what they need, of what works for them, of what helps. Their insight and wisdom will form the basis of the next chapter which develops the critique of the official constitution of support.

Chapter 7: Reconstituting 'needs': belonging, meaning, and safety.

7.1 Introduction

Throughout the previous two chapters, the subjugated knowledges of my participants have troubled the taken-for-granted status of SMD as a particular phenomenon, and challenged the problematization of SMD with their own experiences and insights. This has enabled a critique of SMD policy and the harmful effects it may make possible. There is scope, however, to develop the counter narrative. This final analysis chapter centres on the knowledge and experiences of my participants and their articulation of what *does* help. This fits with Bacchi's framework of analysis which considers how the 'problem' (in this case, of SMD) can be conceptualised differently, how it has been disrupted, and how it can be replaced. (Bacchi and Goodwin, 2016, 20).

This chapter will throw the current practices of managing and regulating SMD into high relief by exploring what my participants do want, what they believe would help them and what does act as a positive force in their lives. In order to develop the argument I first start by redefining what is meant by 'needs'. I argue that what is meant by 'needs' in the policies could be reconstituted as something shared by everyone and not specific to this demographic. The factors which my participants agreed were helpful aligned with alternative understandings of needs. These were: (1) access to spaces where they feel they belong and have community; (2) opportunities to take part in meaningful activity, especially when self-directed and (3) opportunities to be helpful. Further to this, they spoke about (4) accessing states of feeling safe. These themes mount a challenge to the current prioritisation of SMD service delivery. By shifting the problematization toward my participants' articulations, policy responses could look very different.

7.2 Reconstituting Needs

Whilst the contemporary official problematization of SMD uses the term "needs" less than older writing which contended specifically with the notion of "complex needs", it is nevertheless still a prevalent idea. The Changing Futures Programme takes a 'whole person approach' which means taking into account the "full range of a person's needs, strengths and resources" (MHCLG, 2020, 9) but what is meant by a 'need' is implied rather than detailed. In 'Trevor's Story' - the case study used by the Changing Futures Programme - we are told:

...The lack of support available to Trevor, particularly in his teenage years and early twenties, meant that *his needs escalated* and became entrenched...

...*Trevor's needs also impacted his ability to maintain a tenancy.* Due to spending money on substances, he was frequently in arrears with rent...

...*Trevor started to consider all of the needs he was facing,* and received help accessing services...

...Trevor believed the system could be improved if support systems are set up to address *all of a person's complex needs collectively,* and not as individual needs.

MHCLG, 2020, 9, emphasis added

In the 2018 Rough Sleeping Strategy for England (DHC, 2018, 16), needs are constituted as:

...[C]omplex needs, which means that they have two or more support needs. There is also evidence that a person's support needs increase the longer they stay on the streets, and also with age. Many people who sleep rough will have additional support needs including emotional needs. They may have poor financial or interpersonal skills and will need support to engage more positively with society.

Needs therefore are constituted by the policies as being the result of a lack of support, and also of requiring support. Needs appear to be the cause of not managing oneself - such as being unable to maintain a tenancy. Needs are furthermore something which can be more simple or more complex, and that over time needs can become more severe and more entrenched. There is still a lack of clear definition surrounding what exactly constitutes a need, however.

The concept of 'needs' are given meaning and status through the powerful discourses in which they are articulated. What is meant by 'needs' are never fully explored in documents relating to SMD. It is an underlying assumption, a 'taken-for-granted' concept which has gone unchallenged in SMD documents and in the concepts preceding SMD such as multiple and complex needs and social exclusion (Baachi and Goodwin, 2016, 20-21). Broadly, needs could relate to 'basic needs' such as housing and sustenance as well as 'psychological needs' which are more relational, such as intimate relationships, psychological safety, and autonomy. Maslow's hierarchy is a highly popularised articulation of human needs in which material needs are at the bottom of the ladder or pyramid and are required to be met (are prepotent) before relational needs can be met. When these are met, generally, people are better able to tend to their 'self-actualization' (Maslow, 1943). Crucially for this chapter, the needs which SMD problematizations centre around are neither basic/material needs nor relational. As quoted above, 'need' is more related to a lacking or a deficiency within the

individual, and one which is beneath material needs (to continue with the ladder/pyramid image) since it is these 'complex needs' which prevent Trevor from maintaining a tenancy or eating well. In Trevor's story, Trevor jumps from addiction to self-actualization: he begins to meditate, go to the gym, volunteer, and develop career aspirations. What is "silent" (Bacchi and Goodwin, 2016, 22) in this story is attention to the role of the state in providing structural support in relation to housing and healthcare; nor the role of relationships or community in recovery journeys - widely held to be fundamental to human flourishing (e.g. Wyke and Hilios, 2020). Therefore, I argue that SMD official problematizations of needs is one consistent with a neoliberal conceptualisation of the self as an autonomous individual actor, which will be explored below.

There are alternative frameworks which have sought to explicitly define human needs and which reconstitute 'needs' away from the official policy discourses on SMD. One of these frameworks stems from the Human Givens Institute - a BACP accredited school of psychology - "fundamentally grounded in the organising idea that human beings have both needs and resources and, like all living entities that thrive, require these needs to be met and these resources to work effectively" (see Human Givens Institute). The needs listed are: the need for security, the need for autonomy and control, the need to give and receive attention, the need for intimacy, the need for community, the need for meaning, for becoming competent and achieving, the need for status and the need for privacy. These needs contrast to those listed in the policy documents but are coherent with other literature, for example Tay and Diener's (2011) study of global subjective wellbeing includes "the respect of others, learning new things, and supportive social relationships" as "fundamental universal needs that do not require secondary pairing with more basic needs to influence [subjective wellbeing]" (p. 354). They refer to Ryff and Keyes (1995) and Ryan and Deci's (2000) seminal works on psychological wellbeing and self-determination theory. Ryff and Keyes (1995) spoke of six distinct dimensions of wellness: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life and self-acceptance. This has more recently been summarised as freedom, connectedness and purpose (Boyce et. al, 2020) and as Connectedness, Hope, Identity, Meaning, Empowerment (CHIME) within recovery movements (Wyker and Hilios, 2020). These needs reflect those articulated by my participants as being most important.

By defining needs more relationally, as above, it becomes possible to go beyond the specificities of 'complex needs'. Rather than individualised deficiencies relating to addiction, criminality, and homelessness, we can bore down into the more universal needs which SMD groups lack. Rooted in a matrix of relational needs for safety, belonging, purpose and

meaning - that all humans share - we find that SMD groups may have unequal access to these and it is these which are the important focal points for the remaining analysis. It also means SMD can be situated as part of the whole of society, rather than 'complex needs' being instrumentalized as a dividing practice which sets SMD apart from the rest of the population.

Vulnerability theorists add weight to this argument. Fineman (2008), for example, argues that vulnerability is inherent to all humans, given we are all open to harm. And yet, our vulnerability is particular - linked to the resources and capital we control and have access to (Fineman, 2017, 2019). The aim of Fineman's vulnerability model is to conceive of state responsibility and shared responsibility differently to neoliberal norms (2019) and thus highlight the distributive inequalities that make "some citizens more vulnerable to the vicissitudes of fortune than others" (Mackenzie, 2019, 36). Fineman writes

[A]ddressing human vulnerability calls into focus what we share as human beings, what we should expect of the laws and the underlying social structures, and relationships that organize society and affect the lives of everyone within society. (Fineman, 2019, 342)

Fineman argues that the human condition is defined by vulnerability and need rather than rationality and liberty (2019, 353). She therefore calls into question the myth of 'autonomy' and the "[t]he valorization of the individual and its implications for the diminishment of the social" predicated on "a flawed conception of citizens as self-interested, independent, rational contractors" in which the market is the only social institution through which individuals gain freedom (2019, 352). Mackenzie challenges Fineman's dismissal of autonomy. When defined *relationally* rather than *individualistically*, the notion of individual autonomy remains important to questions of social justice and the concept fits with my participants' stories in this chapter and those preceding (Mackenzie, 2019).

7.3 Needs and neoliberalism

As developed earlier in the thesis in chapter 2. SMD is constituted within a neoliberal *dispositif*. Neoliberalism is founded on assertions that well-being and progress can be secured by increased entrepreneurial freedom, and opportunity for ownership and responsibility whilst keeping direct state involvement to a minimum (Becker et al., 2021, 948). The individual experiencing SMD is constituted as *homo economicus*, just as the rest of the population are, which is seen in the frequent collection of data pertaining to the "cost" of each individual experiencing SMD to the public purse compared to an "average" citizen

(Foucault, 2008, 147). It is also reflected in the narrative that people experiencing SMD are not (yet) engaging positively in society or communities. Neoliberalism and the rise of *homo economicus* has profoundly reshaped many spheres of social life as well as the self (Hall and Lamont, 2012, 6). Personhood has been recast within individualistic terms resting on productivity, and leading people, cast as an “entrepreneurial subject”, to approach their lives as if it were a project or “a work in progress” (Kelly, 2006, 18). A neoliberal discourse of self elevates market criteria of worth, thus classifying people into a hierarchy of affluence; and marginalising and stigmatising those with fewer economic resources (Hall and Lamont, 2012, 19). Neoliberalism sets the limits (or horizon of possibility) over who one is able to be and aspire towards.

As a result of neoliberal policy, such as the deregulation of industry and decreased public sector spending, material inequality has risen (Manstead, 2018). Such inequality is intended to serve as a mechanism to increase competition which encourages individuals to strive harder for self-actualisation, personal growth and happiness (Becker et al., 2021, 947). On the other hand, such rising inequality has contributed to emotional distress across society (Case & Deaton, 2020; Wilkinson & Pickett, 2009) and the fall out for those who are poorer is more keenly felt since neoliberal policies often support tax cuts for the wealthy whilst withdrawing support for public services. Austerity measures since 2010 in particular have led to widening inequalities as well as increases in poor mental health (Barr et al, 2015). At the same time, insecurity and inequality has been internalised as the responsibility of the individual (Silva, 2012; Sharone, 2013) and indeed, there is a trend for people to view economic disparities as accurate reflections of hard work or deservingness (Becker et al, 2021, 947; Clery, et al 2013; Valentine, 2014, 2; Bryan et al, 2016) . This has led Hall and Lamont (2012) to argue that modern society is characterised by social exclusion and not social capital. Participant Barbara described this experience thus:

Well poverty goes on different levels: you don't get the social skills, you don't get the social chances, you don't get the social knowledge and if you try and step into these things you get kicked out.

Many commentators argue that it is not just those who are poorer who lose out because of neoliberal policy agendas. The fostering of inequality can have negative impacts on wellbeing at a societal level too by promoting social disconnection, competition and therefore loneliness (Becker et al., 2021; Oishi, Kesebir, & Diener, 2011). A “culture of affluence” has been said to lead to high distress amongst upper-middle class youth (Luther et al, 2013) as has “relative economic disadvantage” amongst middle class young people (Berger et al,

2023). Oishi et al (2011) argue that happiness declines with inequality because of a decreased perception of fairness and trust. Interpersonal competition is found to have negative impacts on people, especially if “prolonged and inescapable” (Becker et al., 2021, 249; Teo, 2018, Adams et al., 2019). Such experiences as feeling a failure for personal debt (Sweet, 2018); feeling lonely because others are a source of competition and not community (e.g., Adams et al., 2019; Scharff, 2016; Teo, 2018) and reduced access to social connections (Haslam et al., 2018; Hopkins et al., 2016; Jetten et al., 2014; McNamara et al., 2013, 950), can be argued to be a consequence of the neoliberal social imaginary (Pickren, 2018). Coping mechanisms for stress and burnout amongst workers include widespread alcohol consumption, high levels of smoking or use of narcotics (Bowen et. al, 2014). Zeira (2022) described how antidepressant use has increased by nearly 65% in 15 years and in 2019 almost 20% of adults in the US experienced a mental illness. These trends are said to be a consequence of neoliberal economic policies (James, 2008). The medicalisation of anxiety and depression was discussed in chapter 5.

In sum, those experiencing SMD bear the brunt of neoliberalism as they feel the withdrawal of social security expenditure and, if employed, the increasing precariousness of low pay more keenly and bear the brunt of stigma and internalised stigma relating to their social and economic status (Gautie and Schmitt, 2010 in Hall and Lamont, 2012, 15). But arguably, neoliberalism, - in favouring “individualism, materialism and competitiveness”, has negative wellbeing impacts on us all by eroding support mechanisms, and replacing them with values that are not compatible with “human needs such as social connection and community” (Zeira, 2022) . This is important because what my participants describe as positive forces in their lives (belonging, meaning, purpose and safety) are facets of experience which neoliberalism has undermined for society as a whole. The opportunity for a few to acquire wealth has come “at the expense of collective freedom, social equality, social justice, and solidarity in societies” (Becker et. al, 2021, 951) because hardship has become so vigorously individualised. This section has outlined a counter discourse to the problematization of SMD and what is constituted as *need* - both in terms of what is wrong as well as what will help. A universalization of needs is much more fitting to the data from my participants, and so the ensuing discussion will remain rooted in a paradigm of human needs based on community, connectedness, meaning and safety.

7.4 The need for spaces of belonging (community)

Places such as *The Scottish Project* provided a space for gathering, sharing food, and talking to people which fostered a sense of belonging for participants. By attending a session there, each member would have a two or three course sit-down meal together. Barbara contrasted “*Eating with people rather than just scavenging a horrible processed meal or something*” and continued:

Barbara: ...even though it might sound funny ... when you're talking [to others], I actually feel quite happy I don't know how to explain it to people but it makes me feel like I'm not so alone in the world

Alice: There's something about eating with and sharing food that...

Barbara: Yeah you're just chatting away, you're sitting, there's something about it I don't know

Graham described how it felt within *The Scottish Project*

It's not them and us is it? ...It's not like an office where you have to go and speak to somebody who's been trained to talk to you about what. You feel safe here, there's not many places like this...I'm quite proud to tell people [i'm a] member of The Scottish Project.

Such positive sentiments were shared by the group:

Brian: This place is a massive positive...There's so many people here who are going through the same kind of scenario. There are variations of it but that's the value...

Barbara: Someone understanding you. Solidarity.

Cameron: Yeah solidarity! Being able to speak to your peers.

Barbara: Seems like a family here

Brian: And there's so much local knowledge you don't even realise what's on your doorstep

Graham: And you get walks and holidays and stuff [through the project]. [There's] so much more to it.

Research backs up these stories. Research by Becker et al., (2021) study into neoliberalism and disconnection cited key literatures which evidenced how joining community groups is an important way for people to stave off depression and overcome social isolation (p. 949; see

also: Cruwys et al., 2014a, 2014b). These opportunities hold value for members of marginalised groups who face increased likelihood of social isolation and exclusion, and stigma: “there is comfort in realising from these interactions that one is not struggling alone” (Herrington et al, 2020, 142). Research from similar fields notes how, counter to the logic of the official discourse, addiction may be perpetuated due to the communities formed around drug use (Wyker and Hillios, 2020; Best & Lubman, 2017; Dingle, Cruwys & Frings, 2015). This is why peer recovery groups are deemed so important in the journey to recovery from addiction (Longabaugh, Wirtz, Zywiak, & O’Malley, 2010; Best, et. al., 2012; Wyker and Hillios, 2020). Regardless of whether medicalized treatment is sought, arguments are made that community and belonging lie at the heart of helping people with addictions as well as poor mental health (Best, 2012; Bashir et. al., 2019).

For example, David described calling a doctor because he felt like he would “do something stupid” and he recounted: “my doctor asked ‘do you have people to see?’, and i was like yeah i’m going to my [*Scottish Project*] and she was like ‘go there, and do something’”. For David, as other participants, coming to *The Scottish Project* and meeting new people, talking to the service manager, or talking to peers were a lifeline. Jim expressed how Graham - who he had only met because of *The Scottish Project* - was “not like a dad but you know what I mean?” to which Barbara tried to elaborate

Barbara: It's a bond, because you've had similar experiences you understand

Graham: for sure, for sure

Barbara: my friend is 17 and had terrible things done to her and we're like that [crosses fingers]. There's such power together you can never tell anyone else what's happened because they cannot hear it, you know? They don't hear it. They don't want to hear it.

Hall and Lamont (2012) have written about social resilience within a neoliberal context, and examined the ways in which groups have sustained themselves by ‘bonding’ together “to sustain and advance their wellbeing in the face of challenges to it” (p.6). In contrast to the official discourse on resilience which is individualised (Joseph, 2013), Hall and Lamont trace the “social and cultural frameworks underpinning resilience” (2012, 7). As Fineman (2019) argues, “human beings are not born resilient” and it is not “naturally occurring” but “a product of social relationships and institutions” (p.362). Whilst “social capital...creates connections within (bonding) and between (bridging) communities can grow resilience, protect against health risk factors, provide social support, and enable people to access a range of material, social, psychological and economic resources, including work opportunities”, neoliberalism

denies people access to this “curative potential” owing to its emphasis on on competition (Elliot, 2016, 21).

Alice: And is there something about having a support network of people who have faced an injustice?

Barbara: it makes a difference

Cameron: coming here makes a massive massive...knowing people here have problems and can sympathise with empathise with the fact you might have them too

Barbara: You realise you're not subnormal

Cameron: Realise you're not alone

Connectedness has been seen as a protective factor when it comes to wellbeing and individual resilience (Roffey, 2011; Benard, 1991; Blum, 2005; Libbey, 2004), with Lyons et al (2016) evidencing how collective resilience is linked to increased individual resilience, higher wellbeing and greater life satisfaction. Similarly, McLaren and Challis' (2009) small study found a sense of belonging to be a significant protective factor in depression and suicidal ideation amongst male farmers; and Alizadeh et al (2018) found resilience among women with breast cancer to be improved by social support and sense of belonging. Stigma, conversely, directly impacts resilience by decreasing help-seeking (Shih, 2004) at the same time as peer support is deemed important in promoting recovery, especially surrounding addiction (Tracy and Wallace, 2016, Bashir et al, 2019; Wyker and Hillios, 2020). This is what makes places like *The Scottish Project* so valuable. Community is portrayed as an antidote to the social isolation and trauma which underpins many addictions. Recovery communities position themselves as necessary to intervene upon the ways in which some addiction is maintained by communities of users, pointing to social isolation as a key causal factor (see Wyker and Hillios, 2020 and Bashir et al, 2019).

Barbara spoke more about feeling like an equal in other projects she described as positive

[They were] short projects but they used to treat you; take you to a restaurant...Or they did 'start a language' or art or archaeology. Stuff like that! Leave all these 'problems'. They don't want to see you as multi-disadvantaged. They want to see you. They just call it a banner of education, because when you're doing that, you're out of the mindset of victim and you're equal. It's equality.

Whilst she spoke highly of this project and others she explained “they kept losing funding so I lost the will to live by chasing them”. Relatedly, Cameron when asked about community described a similar relationship between community and funding

Alice Do you feel like you are part of a community?

Cameron: Not my community. There is no community. It's all been taken away

Alice: Where you're living?

Cameron: Yeah

Alice: Taken away by...?

Cameron: Funding

Alice: Funding.

Cameron: I spent a lot of time on “the spirit of [his neighbourhood]” for a few years ...and we got a lot of things organised... It was really, really rewarding but it's just a shame to see it all disappear.

Alice: Everything dried up?

Cameron: It's just like a big wind and tumbleweed came and it was over

Alice: When was that?

Cameron: Nearly two years ago and it's pretty destitute now...

In both these examples is a sense of precariousness based upon external funding which my participants have no control over, but which the state does by way of its funding to local authorities as well as methods of distributing funding to services - with tighter funding diminishing service provision (MacDonald and Shildrick, 2018, see also Tickle, 2016). For Fineman, this could contravene certain groups access to social, human and existential resources which would build their individual resilience and foster wellbeing (Hall and Lamont, 2012, 16; Fineman, 2017).

7.5 The need for meaningful activity

Participants longed for opportunities to take part in activities which were considered meaningful. It could be a research project like this thesis which participants said they enjoyed coming to and would miss when it was over. Three participants also spoke often of a previous project with a local MA student in which they researched and created a booklet about where people could find free food in the city. Here described as meaningful activity, but elsewhere described as purpose, this is considered a fundamental psychological need in order to promote wellbeing and quality of life (Boyce et al, 2020, 3; Wyker and Hillios, 2020,

3). It is not necessarily important *what* exactly that meaningful activity consists of (see Best et. al, 2012). For example, Barbara was proud to show us a bag she had made at a project recently

Barbara: Do you like the bag it's the first thing I sewed

Graham: You made that all yourself?

Barbara: Yeah, well I went to [local project] and the teacher just helped me a tiny [bit], well she just showed me what to do

Cameron: And you made that yourself?

Barbara: Yeah

Cameron: The whole bag?

Barbara: From a skirt

Alice: Wow

Brian, similarly, spoke proudly of his time and responsibilities as a volunteer which sparked wider conversation around our topic of 'positive influences':

Brian: Well I've been a volunteer [in a charity bookshop] for years

Alice: Have you?

Cameron: Oh wow

Alice: And you would say that volunteering has positively changed your...

Brian: Well I like it because I like music so... I price records and drink tea all day. What's not to like?

Barbara: It's got to be reputable. Because I volunteered for idiots in a hotel and worked for nothing.

Brian: Here, anybody can just walk in off the street.

Barbara: It's good because it gets you out for a couple of hours, you've got that social interaction.

Cameron: And it gives you a bit of a routine as well

Brian: Well it's good because my shifts are on a Monday morning and it gives you the motivation, because the shop opens at ten in the morning I've got the motivation I need to get out of my bed at half seven. And I need to be up, showered and ready to go for nine o'clock because I've got to be there for quarter to ten to open up the shop. And that's another thing I do as well, apart from pricing records, I open up the shop, turn off the alarm and do the banking.

Cameron: Responsibility!

Barbara: Trust!

Brian: I take the money up to the bank and get it cashed! I know how to do like sixty pound floats every day.

Barbara: you've got a lot of trust in you there, you know, so it's good

Cameron: responsibility and trust

This interaction relates to several key themes throughout this thesis. Barbara and Cameron were impressed with Brian's level of responsibility and were keen to point out that further to volunteering his time there were numerous associated benefits, such as the social interaction and routine (which Brian agreed gave him motivation) as well as being trusted and given responsibility. (The reason they called out words such as "responsibility" and "trust" were because we were writing up a list of things which were considered helpful or positive forces for them). Trust and responsibility were otherwise lacking in my participants' lives, whether that is having to go through gatekeepers to access opportunities, or even being denied access to them (chapter 6) or being supervised with methadone scripts or otherwise not able to choose their healthcare (chapter 5) which hampered their sense of motivation (chapter 6). Barbara touches on a key argument in a broad debate around the role of work. Where policy and politicians suggest that "[h]aving a job is key to overcoming multiple disadvantage" (Stephen Timms, Labour MSP in Fabian Society, 2019, 28). Barbara makes clear that for it to promote flourishing it has to be "reputable" and somewhere where you are "treated properly". In another instances she elaborated this distinction within:

Barbara: They say a cure is a job but it's not that, it's something that fulfils you

Cameron: Yes

Barbara: I'm done with these horrible jobs. Why are we not getting the chance to get a job that suits our abilities? Jobs that are really supportive for us to do something good. Like training. Why can't we get training?...That suits our disability or our problem or our mental health, and employment that's actually in a way that's spiritually good for you. Doctors were saying they're happy if you were working but what they meant is, it's how you're treated. It has to be helping you a little bit. Why should people with disabilities do the crappiest jobs and most physical jobs? You get it in third world countries.

This fits with evidence surrounding poverty and mental health:

It is good work, rather than simply a job, that is associated with good mental health. 'Good' work and employment is a substantial health asset. Work is central to individual identity, social status and social roles. It meets important psychosocial

needs in societies where it is the norm... Psychosocial attributes (insecurity, demands, control and support) and material aspects such as income are ways in which people weigh 'good' or 'bad' work. (Elliot, 2016, 29)

Whilst Brian's role was voluntary, the other participants were impressed by the manager's level of trust in Brian to open up and handle cash floats. The Revolving Doors Agency (2015) expressed how "a person must perceive an opportunity or event as meaningful for it to make a positive impact" and how "services must have the skills and flexibility to support an individual to pursue what is personally meaningful and motivational for them" (Terry and Cardwell, 2016, 4, 21). Whilst official documents, such as the APPG on Complex Needs and Dual Diagnosis (2018), do endorse the need for meaningful activity, such as volunteering or peer support, in recovery, participant Graham in particular felt as though this was not always possible within the system. As discussed in chapter 6, he was barred from being a mentor because he held a criminal record. He also told me how he was at risk of benefit sanctions from the Job Centre because they did not recognise his involvement with projects at *The Scottish Project*, nor his training to become a volunteer tour guide, as work in the sense they define. As Terry and Cardwell (2016) conclude, "[b]lanket ambitions for full-time employment, for example, are unlikely to be an effective application of recovery" (p.21)

Alternative approaches to service provision that take a 'strengths based approach' note the importance of "be[ing] led by what is important to the person and respond[ing] on an individual basis...to work alongside them on the things that the person feels are the most important... to identify and build upon the individuals' skills, talents and abilities to tackle situations" (May Day Trust, no date, 22). This was felt by participants at *The Scottish Project* who recount "[the service manager] asks what you'd like here [and] what your thoughts maybe are for the future" which is aligned with strengths-based approaches. The May Day Trust add colour to the importance of this through their research into traditional models of homelessness provision:

There was limited opportunity to discuss what they had been good at in the past, what they really enjoyed and what their abilities and talents were. The focus wasn't on exploring who they were and what they could build on or aspired to be. Most had no day to day evidence of personal achievement or success. Their predominant experience was of failing (May Day Trust, 2018, 15).

These themes build on the experiences of participants in the previous chapter of feeling like they had to jump through hoops and go through gatekeepers to access opportunities, making them reliant on authorities.

Barbara: That's the thing without a support worker you can't go to anything. And some need a referral for their funding...[they] can only give you a very limited time with them and then after you have to go out

Counter to this, vulnerability theory describes the importance of autonomy for human flourishing (Mackenzie, 2014). A meaningful life “requires all of us to experience agency and control; freedom from oppression and freedom to pursue our own well-being” (Boyce et al., 2020, 6; see Sen 2009). The Revolving Doors agency (2015) noted how “people must be able to see an opportunity to change *and their ability to seize it*” (p.12, emphasis added) . Mackenzie’s work on relational autonomy (2019), describes three core concepts: self-determination (being free and having opportunity), self-governance (able to enact choices aligned to our values), and self-authorization (regarding oneself as in charge of one’s choices and direction). Seen this way, she argues that the notion of autonomy can be reconciled with “social obligations to mitigate vulnerability”. Relational autonomy is a useful paradigm to view services through since they play a role in “potentially undermining people’s choice, control and responsibility” at times where such individuals “need to remember or learn for the first time their capabilities, agencies and motivations” (Terry and Cardwell, 2016, 21). Not being free to pursue activities, as all my participants felt, consequently denied them opportunity to enact autonomy, choice and control *as well as* practical barriers to accessing meaningful activity, all of which are considered important psychological factors for wellbeing, which includes the related benefits of routine and motivation. The need for an individual’s own will and preference, therefore, should be centralised (Keeling, 2017, 86).

7.6 The need to help others

Policy surrounding SMD constitutes the person experiencing SMD as “those who most need help” (DLUHC, 2023, iii). They have been constituted as “on the margins” and “some of the most vulnerable in society”, as well as exerting a “disproportionate cost to society” (DCLG, 2015, 14-15). In some instances they are depicted as not currently part of the community, “and will need support to engage more positively with society” or “support successful resettlement into the community” (DHC, 2018, 16; DLUHC, 2022, 15). It could be argued that this denies people experiencing SMD the opportunity to be helpful - by constituting them as solely in need of help, and moreover in suggesting they are not already part of communities. Barbara felt this

The actions of everybody should...get the same standing: even a good deed to someone ...or directing someone somewhere to get help. Trying to help somebody. You don't always have to be an advantaged person to give help or care.

Furthermore, the individualised deficit narrative diverts attention away from all the instances in which individuals are already participating ‘positively in society’ by way of involvement in projects or helping others. *The Scottish Project* holds this as central to their mission, even when people feel at their lowest, they can contribute something precious to our lives (email correspondence).

And this is understood by participants “we’re all members, we’re supposed to help people when we’re here, you know?” The membership model of *The Scottish Project* serves to try and undermine dominant narratives about who needs help and is thus much more aligned with a universal needs understanding. By referring to everyone as members and providing volunteering opportunities to all, ensures everyone has the opportunity to both give and receive support. Such ‘mixed purpose spaces’ are effective in breaking down boundaries (Terry and Cardwell, 2016, 19). Hauerwas and Cole (2008) explored the transformative potential of such ‘radically ordinary’ practices as gathering and tending to one another which enable new patterns and constitutions of coexistence to take place, stating “we stand to receive far more than we can give in such relationships” (p.248). As I noted in my methods chapter, I benefited from the model operated by *The Scottish Project* too.

Participants from the outset considered their involvement with my research two-way “we’re here to help you” (Jim) as well as “to learn”. “Why not help each other? That’s what we’re here for” (Cameron). I was often struck by their desire to give back to the organisation. When formulating our board game design, participants were both keen to acknowledge every place in the locality which provided help and support, and felt they should be awarded points within the board game

the ones who give a lot they [should] end up winning something in the game, they get something. Because the churches, they do so much. The Scottish Project does a lot.

They also hoped to patent and sell the board game in order to raise funds for *The Scottish Project*. Other acts of kindness I encountered included Jim running out to buy a birthday card for a member of *The Scottish Project* on her birthday and making sure everybody signed it (including me who had only just arrived and for the first time); Graham took the time to tell Jim he was proud of him for taking himself off when he was angry; and Graham introduced me to other members and the CEO on my first visit.

The desire to help demonstrates a disconnect between the constitution of SMD subjects as ‘vulnerable’ - within which individuals are framed as not engaging positively with society, are

costly, and are most *in need* of help - and what I heard and witnessed from them. Scully's (2014) notion of 'ascribed global vulnerability' is useful for considering the way in which a vulnerability in one aspect (such as homelessness or addiction) is "expanded to a general vulnerability in everything" which damages individual agency (see Keeling, 2017, 84). Linked to the previous section on 'meaningful activity' and harking to chapters 5 and 6 and the role of gatekeepers in accessing opportunities and healthcare, it is possible to see how a 'pathogenic vulnerability' can be materialised: the ways in which interventions designed to ameliorate harm can actually increase dependency and thus vulnerability (Mackenzie, 2014). Keeling (2017) describes the disempowering nature of restricted decision making as creating a subject as "object" - "a problem that needs resolving, rather than a person who should be empowered, and equipped" (p.82).

A model such as *The Scottish Project* has the potential to completely reorganise previously considered forms of help as being top down and rooted in bureaucracy (Hauerwas and Coles, 2008, 246). It also potentiates the transformation of socioeconomic othering - by acknowledging how everyone is involved in caring relationships of both giving and receiving at all times, and broadening opportunities for helping, such 'radically ordinary' acts of tending to each other has the power to overturn notions of wealth and poverty (Hauerwas and Coles, 2008, 9). This reorganisation of relations challenges the notion of who is vulnerable and who can help and enables a consideration of "the type of environments in which we are situated, and how these can be better developed to prevent harm in the first place" (Keeling, 2017, 86).

7.7 The need to feel safe

For participants, harnessing feelings of safety was an elusive feeling but one which was absolutely critical to their experience on a variety of levels. This was introduced within an early interaction between us all. I told them I had not experienced any domains of SMD - to which they were shocked and probed: "what, none of them?" When I answered that I had experienced periods of poorer mental health as well as a period of not having a fixed address, or sense of having anywhere to go, Cameron responded

Cameron: But you were safe?

Alice: I was safe.

Cameron: And that's the difference.

Alice: Exactly

Barbara: I think people who manage to do things have confidence, and that comes

from safety, and hav[ing] their basic needs [met]. But especially safety. If you don't have safety, that's really hard. And trust...

This notion of safety operates beneath other experiences, but has pervasive effects. Psychological safety appears to have two sources. One is spatial and the other is relational. This was conceptualised in the following conversation during our 'fill in the blanks' game:

Alice We cannot underestimate how vital [something] is to someone's sense of hope and recovery

Barbara basic needs

Cameron safety?

Barbara security

Jim trust and confidence would be the top on

Barbara I think..security

Cameron safety

Alice: And you said housing?

Barbara: well you need your basic needs met

Examples of feeling spatially unsafe included experiences in hostels:

Barbara: I didn't want to go back [to the hostel], didn't feel safe again. I've got everything taken off me at women's aid. One of the things hostels should have is a place people can put their own belongings and have a padlock that no one can get into, especially staff.

Alice: The things I've read about hostels are about how they're a part of the solution to rough sleeping, but actually they're not very helpful for people who are there, because they're not safe.

Cameron: [You're] lumped together with people who are either aggressive or people who are the exact opposite, know what I mean?

Such experiences of feeling unsafe within support institutions are contrasted to examples of where participants had felt safe:

Jim: You get everything. If you're a criminal you get everything, you know what I mean?

Alice: What sort of everything?

Jim: You get a roof over your head right.

Barbara: You get therapy.

Jim: You get protection.

...

Brian: homeless people can be in prison and then be released from prison and there's no support network they're just flung back out on the streets and they'll do anything just to be arrested because they know straight away, the whole cycle they're in, they'll get a prison sentence and they'd rather be in jail as they've got that safety....

Jim: A lot of people [have] been in prison and that's all they've known, it's security for them...

Graham You're safer in prison than you are on the streets.

Alice: You really think so?

Graham: It's nothing like the programmes... it's better and safer. You get psychological help in prison.

Cameron: You get qualifications and that. You can get your, what's it, City and Guilds.

This conversation echoes the recounted experiences in chapters 5 and 6 where participants could not get psychological help or access to training and opportunities as free citizens. Other research has evidenced how prison can be a place of safety for certain groups (Bradley and Davino, 2002; Schneider, 2023). However, policy is more focused on prison as keeping *society* safe, not the prisoners. The 2016 Crime Prevention Strategy listed the 6 drivers of crime as: opportunity, character, profit, drugs, alcohol, and system inefficiency (Home Office, 2016). This interaction challenges the 'character' based discourse that "certain character traits in individuals are related to their propensity to commit crime"(p.17). This roots criminality in individualising and biologizing discourses

[E]ven in adults, the brain can still learn new patterns of behaviour – it is like a muscle that responds to exercise. This means even those with a high propensity to offend can still improve traits such as empathy and self- control throughout their lives (p.17)

An alternative framing through a lens of safety and basic needs challenges this problematization and opens possibilities to attend to the structures and situations which have led people to feel unsafe.

*Graham ...it's a very weird experience when you get a prison door shut *sighs**

Jim: That's you safe

For those who had been released from prison, securing safe spaces were hard to come by. For Graham, he had two safe spaces. One was his bedroom (he lived in shared temporary accommodation with eleven other men), and the other was *The Scottish Project*, “coming here is my safe place.”

Graham: [The Scottish Project] is like the classes I was going to when I was in prison.

Cameron: We need more of these projects

Graham: Yes

In another instalment of ‘fill in the blanks’ we also explored the relational nature of psychological safety:

Alice: ‘10% of people sleeping rough were in care as a child this indicates how vital it is to ensure these young people [finish the sentence]’

Barbara: Well I would say love but if you asked ‘do they feel loved?’ They’re moved around and they don’t get love... so they don’t get attached... but obviously it’s, erm, what they really need is love. To get through and get confident.

Alice: So how would we put that: ensure that these young people feel loved?

Barbara: No, young people, erm, how would you call love when you really care for someone? You make them secure you [give them] confidence you....You don’t abuse them...[they] move people around and around and around so they can’t form relationships with foster parents...

Graham: To feel safe, just to feel safe. I [also] think mentoring is [good], so a young person has someone to look up to, because [there’s] nothing better than the experience of somebody who’s been through it all.

Here, Graham and Barbara - who had both been in care as children - discussed what they thought children needed and they answered love, safety, and someone to look up to, from which they felt the child would be able to ‘get through’ and ‘get confident’. Security is contrasted, by Barbara, with ‘you don’t abuse them’ and love, she thinks, is prevented by the nature of the care system moving children around. Their responses focus on relational aspects, in contrast to the actual stated policy solution which was “skills to live independently in later life.” (DHC, 2018, 35). Care leavers are disproportionately represented in homelessness (Reeve et al, 2011), prison and the criminal justice system (Berman, 2013; The Centre for social justice, 2008), and less likely to be in education, employment or

training at age 19-21 (Department for Education 2022a; 2022b). Access to feelings of safety could provide a crucial aspect of prevention and ‘recovery’.

In her review into mental health and poverty, Elliot (2016) described the importance of “loving, responsive and stable relationships with a caring adult that provide social support and build secure attachment are fundamentally important for buffering the effects of stressors and coping with them” (p.25). She points to familial and community social supports as well as positive beliefs such as optimism, self-esteem, and agency in buffers from childhood into adulthood (p.16). Positive beliefs could be aligned with Barbara’s notion of love and safety to “get through and get confident”. Whilst the role of poor childhood experiences and their effects into adulthood have been evidenced (e.g. Bowlby, 1969; Rogers, 2004; Young et al., 2019) and are politically potent in terms of ‘early intervention’ (as discussed in chapters 2 and 3), my participants have felt unable to access safe relationships and spaces in *adulthood*. They don’t have access to long-term therapeutic support in which to access the safety of ‘unconditional positive regard’ from a therapist (Rogers, 2004), and they have been frequently let down by support workers who they do not always feel have their best interests at heart (chapter 5 and 6). They feel like

Cameron: When you need help the most is when you have to fight for yourself the most

Barbara: Be the strongest

Cameron: [You] pull yourself along, which is good, you have to do it

Barbara: You’d be quite happy in your bed

Within the Changing Futures programme (DLUHC, 2023, 1) there is attention to “improving health, safety, wellbeing and access to services” but safety is not defined relationally, and is measured in terms of the NDTA vulnerability assessment of harm to and from others (chapter 6). That said, the role of long-term, flexible and personalised working relationships has become a central pillar for interventions into SMD, both in the Changing Futures programme and in the preceding Fulfilling Lives initiatives. This model is based on a trauma-informed model of care and is designed to enable trusting relationships to form, and promote relational and psychologically informed ways of working (e.g. Tickle, 2022). Given their stories across the three findings chapters, access to such a support worker would be beneficial for them but perhaps would not meet the whole range of spatial and relational psychological need to feel safe which places like *The Scottish Project* are filling.

7.8 Discussion and conclusion

My participants reflect an alternative discourse on needs which fits better with the literature on psychological needs rather than the individualised discourse seen in policy - which hones in on a perceived lack of self-regulation. Since policies focus their attention on the *needs* of *this* group it obscures an alternative narrative in which their needs are shared by the population as a whole, and it maintains a dividing practice in which SMD is othered. From this new vantage point, it is clear that honing in on SMD needs obstructs attention from a wider analysis of modern, Western society and the ways in which neoliberalism carries deleterious consequences for all of us by emphasising competition and individualisation over community and solidarity.

Neoliberalism has “hollowed out” the foundations of Maslow’s pyramid by venerating self-actualization without attention to the structural forces preventing people from meeting their basic and psychological needs (Trehu, 2017, 533). This was clear in Trevor’s case-study in which he leapt from complex needs to hard working, reflective and aspirational. For vulnerability theorists such as Martha Fineman, there is a state role in producing as well as mitigating the risks of harm of not being able to meet one’s basic needs. She conceives of resources or *assets* which form the basis of building resilience - this includes material as well as social factors such as money, housing, transport, education, health, family, social networks, systems of meaning, caring for others or vocation. Through a human vulnerability model, judging outcomes on the basis of people’s access to these resources and thus having the resilience to contend with the embodied vulnerability of being human would be the metric by which to judge policy success. She asks “If to be human is to be universally and constantly vulnerable, how should this recognition inform the structure and operation of our society and its institutions?” (Fineman, 2019, 21). She might argue, therefore, that for my participants, what is undermining their resilience is lack of access to financial resources to secure housing, lack of access to human assets via opportunities for education and employment or vocation; and lack of social assets by way of their access to social networks and community. This was evidenced in Cameron’s experience of going from a thriving local community to a desolate one following the withdrawal of funding. It was also evidenced by participants’ discussion of prison offering them housing, education, therapeutic support and a general feeling of safety that being out of prison did not.

However, Fineman is less concerned with individual autonomy, but this concept was important for my participants. Mackenzie’s work on relational autonomy, therefore, fills this gap by exploring the role of self-determination, self-governance and self-authorization as

being important factors for human flourishing (Mackenzie, 2019). This is supported by other research relating to psychological wellbeing and self-determination theory, discussed at the beginning of the chapter (Ryff and Keyes, 1995; Ryan and Deci, 2000; Wyker and Hillios, 2020). Factors such as autonomy, environmental mastery, personal growth, purpose, identity, and empowerment all fit within Mackenzie's notion of relational autonomy. It is clear, from my participants' stories, how their ability to meet these needs has been compromised by the way in which they feel 'stuck' and 'trapped' within the system and within a discourse that casts them as subjects in need of intervention and wrap-around support (chapter 6). There is very little scope for them to pursue opportunities or exert agency over their life - be that relating to health or employment - without coming up against authorities who can grant or deny them. This form of disempowerment might lead to a "learned passivity" or "pathogenic vulnerability" and could be a result of a societal rejection of the notion of human vulnerability (see Mackenzie, 2014, Scully, 2014, Hollo, or Keeling, 2017 for overview). In constituting vulnerability as weakness and as a global weakness, those seen to be more vulnerable in one domain are therefore seen as "less agentive, their choices and decisions are less likely to be respected, and they are excluded from full citizenship" (Keeling, 2017, 84).

Chapter 5 concluded by considering whether SMD demographics are akin to 'surplus population' whose lives are to be managed rather than nourished, where policy attention rests on the minimisation of harm rather than the promotion of their wellbeing. Chapter 6 furthered the consideration of the dividing practices which might trap SMD demographics within statutory support services. This chapter has continued this argument but from a different angle: having identified what does help my participants and act as a positive force in their lives it has been possible to consider where policy discourses and practices help or hinder them. Since the needs which they articulated - belonging, meaningful activity, helping, and feeling safe - are shared by many others outside an SMD demographic, vulnerability theory was useful to consider inequality in opportunity to meet these needs. Furthermore, these relational needs are absolutely central to my participants but are marginalised and given much less weight in policy narratives.

8. Conclusion

8.1 Introduction

This thesis has examined the complex ways in which SMD has been produced, regulated and contested. It has done so by attending to the circulation of powerful discourses and knowledge practices within the main policies which seek to govern SMD explicitly, and also broader policies which affect those experiencing SMD as a demographic. Moreover, it has situated SMD historically to reveal “a body totally imprinted by history” (Foucault, 1991c, 83) and highlight how this demographic has been problematized by governments in England and Scotland in similar ways for many decades. In particular, it has used key Foucauldian concepts such as governmentality (in particular neoliberal governmentality) to examine the underlying assumptions which influence the contemporary constitution of SMD as a particular sort of problem, and ‘biopolitics’ and ‘dividing practices’ to consider the subjectification and material effects which SMD governance may enable.

8.2 Addressing the research questions

To recap, the research questions outlined at the start of this thesis were:

1. How do the contemporary narratives around those experiencing ‘severe and multiple disadvantage’ fit with historical narratives (surrounding individuals experiencing poverty, deprivation etc.)?
2. How do contemporary representations or problematizations of people experiencing SMD shape their governance? Which representations have the most currency?
3. How do these problematizations (of the experience of SMD) and assumptions (e.g. about why people disengage, and whether engagement would be better for them) fit with the lived reality of people defined as such?
4. What effects are produced through the regulation of SMD framed by these dominant problematizations and/or resistance to them?

The first and second research questions were addressed by the genealogy of SMD presented in chapter 3. This historical perspective sought to situate SMD within its recent conceptual history, and the concepts, knowledges and practices which have influenced the Changing Futures programme. A recent history was undertaken to the task of undermining any taken-for-granted notion that SMD represents anything new. I showed how it draws upon a diverse range of research and practice that has sought to deal with a similar social group, such as 'social exclusion' or 'multiple exclusion homelessness'. This genealogy focused on 2006 to 2020 and the shared concerns relating to the complexity of individual needs as well as cost to the public purse. Of particular interest were the discourses which stuck and those which were marginalised during policy formation and operationalisation. Specifically, I drew upon the differing funding models of the Lankelly Chase Foundation - who coined SMD in 2015 - versus the National Lottery Community Fund who funded a multi-year national programme of intervention (Fulfilling Lives Programme) on SMD until 2022, noting the eventual ascendancy of the Fulfilling Lives approach in the formulation of the Changing Futures Programme in 2020.

Chapter 3 also attended to question 2, about how contemporary problematizations have shaped the governance of SMD, by arguing that these problematizations are imbued with neoliberal rationalities: that SMD is an individualised and intergenerational problem; that those experiencing SMD need help before they can help themselves; and that SMD is a state that can be transformed and changed. It drew upon certain local practices of monitoring and evaluation which reflect these underlying assumptions about SMD. Questions 2, 3 and 4 were explored in depth in chapters 5, 6 and 7 in which the lived realities of people defined as experiencing SMD were held up against the official problematizations to form a critique. Whilst their similarities in narratives were acknowledged, in each chapter a critique of the official problematization was mounted which highlighted significant differences in their representations of what the problems are. More than this, their differing experiences point to the potentially harmful effects of the official problematizations.

Chapter 5 on the medicalization of SMD began with a problem of 'overmedication' as expressed in my participants' own terms. This theme was voted unanimously by my participants and its inclusion reflects the value I wish to place on their lived expertise. The problem of medication, as they expressed it, might otherwise have been overlooked, as it does not form an obvious part of official documents relating to SMD. Only when prompted to view SMD through the lens of medication did I observe the pervasiveness of medicalized discourses, both in relation to the constitution of SMD as being made up of complex physical and mental illnesses as well as the constitution of drugs and alcohol as being 'misused'

rather than used to serve specific purposes. Key to the official problematization is the notion that SMD can be changed through ‘treatment’ and ‘recovery’, terms imbued with biomedical assumptions, that fit with narratives around other social problems such as rough sleeping. Whilst my participants do experience a variety of complex physical health conditions and have histories of poor mental health and addiction, their criticism was over *how* their healthcare was administered. Since they had multiple health needs, they have experienced stigma on a variety of fronts, from the pharmacy to the GP to the hospital, and have felt like they have been plied with medication (as well as methadone) which sedates them rather than promoting their recovery. I have argued, within a Foucauldian framework which pays attention to neoliberal governmentality and the biopolitics of SMD regulation, that people experiencing SMD are less free to pursue their own healthcare, despite experiencing a lot of health conditions. Polypharmacy guidance does acknowledge that overmedication is a problem amongst certain groups. Nevertheless, this raises important questions over the different ways that SMD groups are medicalized compared to other groups, not only in terms of their life chances, but also their quality of life when medical authorities do not seem to care about their wellbeing beyond being kept alive.

That my participants feel like objects to be managed rather than people with lives to be nourished is further developed across the following analysis chapters. Chapter 6 concerned participants’ experiences of support services. Again, I commenced with the elaboration of the official policy problematization and how my participants’ experiences fit with and corroborate this narrative. The problematization centres on the inefficiency and ineffectiveness of services to contend with the complexity of the needs of individuals experiencing SMD. In this sense, the problem of SMD is represented as one which exists in conjunction with the problem of support services. However, as in the previous chapter, I then mounted a challenge and critique of this problematization. This drew in particular upon the Home Star and NDTA forms of SMD monitoring and assessment to highlight some underlying assumptions about the SMD individual and how they are governed and regulated, which also prompted a broader critique of notions of ‘recovery’. Rather than being helped, my participants felt stuck within a system without the ability to find help nor help themselves, which engendered a sense of helplessness and a lack of motivation. This alternative framing of cause and effect stands in contrast to the official problematization which assumes people need interventions in order to gain motivation and independence.

Chapter 7 centred on my participants’ articulation of solutions. These I constituted as ‘needs’ in order to contrast their framing with the official discourses on needs. Officially, needs are related to individual deficiencies which prevent people from being able to take care of

themselves. However, what my participants felt they needed more of were: spaces where they felt like they belonged; the opportunity to take part in meaningful activity; the opportunity to help; and the desire to feel safe. These 'needs' were situated within broader literature on psychological wellbeing and therefore I framed them as universal, rather than particular to an SMD demographic. From this alternative narrative it was possible to consider the literature on how neoliberalism undermines everybody's access to the wellbeing benefits of community, for example, as well as to examine how SMD demographics may have unequal access to meeting these needs. Vulnerability theory and its emphasis on the human condition being defined by need and dependency rather than individual autonomy was therefore appropriate to consider how my participants were restricted in certain ways (Fineman, 2019). In combination with chapters 5 and 6, the notion of a 'pathogenic vulnerability' or 'learned passivity' or 'ascribed global vulnerability' are useful concepts to explore how and why participants feel disempowered, trapped and unmotivated (Mackenzie, 2014; Keeling, 2017; Scully, 2014 respectively). Through being constituted as subjects who are vulnerable (as a weakness or safeguarding concern) and deficient (as the complex needs discourse describes) they are not able to also be subjects who are self-directing, self-governing, and self-authorising (Mackenzie, 2019).

My participants' experiences of resistance to date have been drowned by discourses much more powerful than their actions. By disengaging, for example, they are constituted as not knowing what is best for themselves; not being motivated; or not having ambition. So this thesis represents a contribution to the resistance of the regulation of SMD (question 4). In this thesis I foregrounded my participants' stories and used them to challenge received wisdom that underpins policy and practice, especially the highly individualised conceptual logic which frames SMD as a personal, rather than structural, problem. This resistance potentiates transformation.

These conclusions add new knowledge to the nascent domain of SMD studies. They complement the qualitative components of SMD research (such as Fitzpatrick and Bramley, 2019; Sosenko et al, 2020; Sandhu, 2022) but provide a novel reframing of SMD by viewing the concept as contingent, rather than self-evident. Bacchi's post-structural approach to analysing policy problematizations (2009, 2016) provided a useful and accessible tool for critiquing policy, attending to multiple facets of its formation, and leaving room for subjugated knowledges to be instrumentalized. This framework complemented Foucauldian governmentality theorists, enabling coherence throughout the thesis in relation to attending to discourse and knowledge practices. This thesis also adds to the growing body of work which makes use of Bacchi's WPR approach.

8.3 Key Message

The key message is not that SMD policy has produced the particular effects that I have explored through this thesis. The key message is both a methodological and ethical one. Methodologically, the centering of the voice of lived experience in order to question the self-evidence of SMD as a taken-for-granted concept raises important questions about the lack of people with lived experience as experts in the policy making process. This thesis has drawn conclusions which would have been impossible through a traditional policy analysis, and which are valid and credible because they have been created alongside a group with lived experience of SMD (Herrington et. a., 2020). These conclusions could significantly transform policies which pertain to SMD. However, it would be more valid if policy commissioners gathered groups of experts by experience in order to critique and rework their own policies and draw their own conclusions, rather than taking the specific conclusions of this thesis. This thesis presents a proof of concept.

It would not be uncommon for a policy analysis to conclude with a list of policy recommendations. However to do so would be to miss the point. My desire is to promote greater participation in the policymaking process by revealing the disconnect between official problematization and lived experience; to suggest that policymakers lack the direct knowledge and wisdom of the subject matter and it is therefore necessary - even commonsensical - to start with this knowledge; to design it into the earliest stages of a policymaking process so that the problematization can be agreed by demographics targeted by that policy. That this is not standard practice could be twofold: we operate within a policymaking environment which relies upon certain forms of evidence provided in certain ways, and which has gone through certain systems, many of which are already in place. Therefore change is hard and slow. The second is a problem of epistemic injustice.

8.4. Participation in policymaking

The benefits of more inclusive policymaking processes have been succinctly expressed by Veit and Wolfire (1998). They summarise the benefits as: better informed policies, more equitable policies, strengthened transparency and accountability, strengthened ownership, enhanced capacity and inclusion of marginalised groups, enhanced government capacity, and increasing common understanding.

Calls for increased participation have increased exponentially in the last decade. There is more evidence of practice on a local level, in informing service delivery locally (see, for example, case study of Surrey by Governance International). Often, participation is driven

from the 'ground up' (see for example, User Voice, 2021). It is also increasingly common within services themselves (for example, May Day Trust, 2015). The Changing Futures Programme describes co-production as core to the design and delivery of each of its 15 projects, and it was also considered important to the Fulfilling Lives Programme.

Nationally, progress has been much slower. This could be because national policymaking is a complex affair. Whilst it has traditionally been modelled as evolving from problem formulation to evidence to implementation (the policy cycle was first coined by Lasswell, 1956), others have suggested that the policymaking process is far more opportunistic, being driven by events and public opinion whilst also being profoundly shaped by the policies which have come before it (e.g. Rein and Schon, 1977). Furthermore, it can be incremental and haphazard; shaped by conflict resolution, compromise and adaptation (Keeley, 2001; Sutton, 1999). Exactly where participation is meant to fit is therefore not straightforward.

The challenges and risks of participatory policy making include: time and resource needs, giving false expectations, conflict management, loss of independence and power of policy makers, and political risks. These, in conjunction with the messy reality of policymaking, mean that authentic participation in policymaking is not commonplace and, as such, there is no one way to conduct participatory policymaking. Karl (2002) suggests seven levels of participation:

1. Contribution: voluntary or other forms of input to predetermined programmes and projects.
2. Information sharing: stakeholders are informed about their rights, responsibilities and options.
3. Consultation: stakeholders are given the opportunity to interact and provide feedback, and may express suggestions and concerns. However, analysis and decisions are usually made by outsiders, and stakeholders have no assurance that their input will be used.
4. Cooperation and consensus building: stakeholders negotiate positions and help determine priorities, but the process is directed by outsiders.
5. Decision making: stakeholders have a role in making decisions on policy, project design and implementation.
6. Partnership: stakeholders work together as equals towards mutual goals.
7. Empowerment: transfer of control over decision-making and resources to stakeholders.

Policymaking usually operates on levels 1-3: evidence is amalgamated which may be derived from polls, surveys and online consultations. Most examples of participatory

approaches at a national level are drawn from the practice of citizen assemblies (Karl's level 4) where demographically representative groups of society are invited to hear evidence and form policy solutions to wide ranging policy issues such as climate change, rural policy, and social care.¹ The efficacy of such processes, which are time consuming and financially intensive, is mixed. Further, this operates on a narrow level of participation in policy making. Namely, it does not view the citizens as the experts, but as people whose opinions are valued. They deliberate evidence generated by experts, and the whole process is overseen by stakeholder and technical advisory groups who select the experts. To this extent, within a Bacchian framework, the problem will be represented to these panels in a certain way, and the chance to disrupt this, given the lack of agency over what evidence is presented, will be minimised.

It is far rarer for policymaking to incorporate levels 5-7, and such *active* participation is hard to evidence. There is traction within Scotland in which a commitment to coproduce social policy has been written into legislation, where it has not in England, and written into theories of change (Observatory of Children's Human Rights Scotland, 2022). In Wales, one 'good practice example' describes the coproduction of guidelines for enacting the Social Care and Wellbeing Act 2014 (Wales). However, the evaluation notes that whilst effort was put into creating and sustaining a lived experience panel, members were kept separate from other professional stakeholders and at the end were not able to identify how they had influenced the output (Jones and Cross, 2017).

In a literature review of poverty-related co-production in Scotland, no papers were found to have actively engaged people with experience of poverty in their methods (McKendrick, 2021). This raises additional questions when considering participation in policymaking and why progress has been slow, which relates to epistemic inequalities based upon what constitutes evidence and who is constituted as an expert.

8.5 The problem of epistemic injustice.

Questions raised by Bacchi in relation to who counts as an expert and what counts as expertise are prescient to considerations of participatory policymaking and align with Miranda Fricker's seminal work on the concept of 'epistemic injustice'. Epistemic injustice is defined simply as "a wrong done to someone specifically in their capacity as a knower" (Fricker, 2007, 1). Fricker then differentiates between two forms of epistemic injustice: testimonial and hermeneutic injustice. Testimonial injustice entails the decreased credibility accorded to

¹ For an extensive list of examples of Citizen Juries in the UK, including links to their methods and impact, see <https://www.sortitionfoundation.org/where>

testimony based upon prejudices that have nothing to do with whether the speaker should be granted credibility (Byskov, 2020, 117). With hermeneutical injustice, a speaker's knowledge claims "fall into lacunae in the available conceptual resources" which blocks their capacity for their experiences to be understood (Code, 2008). In both cases, other social groups' knowledge has prominence because there is an underrepresentation of the experiences of marginalised individuals and groups. The data gathered from my participants strongly adhere to the concept of testimonial injustice - especially Barbara's experiences with care professionals - be that A+E, her doctor, or social workers - in which her experiences were dismissed as well as her articulation of needs.

Barbara: You can never tell anyone else what's happened because they cannot hear it, you know? They don't hear it. They don't want to hear it.

Within the concept of epistemic injustice, structurally, members of some groups are marginalised and reduced to unintelligibility through patterns of testimonial injustice, and as a result "the powerful have an unfair advantage in structuring collective social understandings" (Byskov, 2020, 117). She explains:

[I]f the stereotype embodies a prejudice that works against the speaker, then two things follow: there is an epistemic dysfunction in the exchange—the hearer makes an unduly deflated judgement of the speaker's credibility, perhaps missing out on knowledge as a result; and the hearer does something ethically bad—the speaker is wrongfully undermined in her capacity as a knower. (Fricker, 2007, 17)

Fricker's interest is in "identity power" and the harms enacted when hearers deny or withhold credibility to people of a certain "social type" (Fricker, 2007, 4). Fricker argues that such recognition (as a knower) is essential to achieving human value. Fricker uses the notion of *systematic* injustices to explore how testimonial injustice connects to other injustices via a common prejudice. In this context, prejudice and thus injustices 'track' subjects through different areas of life. As such it is not just the testimonial injustice which does harm, but the systematic connection of "a gamut of different injustices" (Fricker, 2007, 27). This speaks to Foucault's concern with the manner in which people are subjected through power relations: they are subjected through prevailing regimes of power/knowledge and are also constituted as subjects of a certain type (Allen, 2017). Where Fricker goes further than Foucault is to "meaningfully formulate ... judgement of justice and injustice" within the critique and in this sense impose a normative judgement (Lorenzini, 2022, 541, Allen, 2017).

The concept of testimonial injustice is relevant to critical policy analysis because it “concerns the exercise of power, the design of public institutions ...[and] public discourse” (Byskov, 2020, 118) and there are real, practical outcomes in terms of creating, reproducing or exacerbating socioeconomic inequalities and injustices (Fricker, 2007, 43).

Byskov (2020) has furthered Fricker’s concept of epistemic injustice to include a further three categories of injustice which speak more directly to the call for increased participation in policymaking. They add that in order for someone to be unjustifiably discriminated against as a knower they must: 1) be somehow affected by the decisions that they are excluded from influencing (the stakeholder condition); 2) possess knowledge that is relevant for the decision that they are excluded from (the epistemic condition) and 3) at the same time suffer from other social injustices (social justice condition) (Byskov, 2020, 118).

This thesis has mounted an argument for the epistemic rights for inclusion of people experiencing SMD in the formulation of the policies which affect them because, as I have shown, their experience is at odds with the official problematization and they possess knowledge which is relevant for the decisions made about them and which will affect them. The power of shared decision-making was illustrated during my research by Barbara who, whilst voting on our most important problems, drew a big dot on the page (rather than a small dot), stating “*if I’m gonna speak, I’m gonna shout it*”. This sentiment stands in contrast to a previous comment from her:

There was a study [into theft from hostels], I looked it up. I was trying to get a voice, [but] there was nowhere I could speak... Nothing came of that study. I was trying to get something to happen...and you just get silenced.

Such remarks align with Fricker’s conceptualisation of testimonial epistemic injustice. Across the thesis, participants’ experiences of not feeling heard by health or social care professionals may point to underlying prejudices which disadvantage them as credible knowers. SMD policy is imbued with an underlying narrative that people experiencing SMD do not know what is best for themselves but, as chapter 7 showed, they know exactly what they need but do not have access to the necessary opportunities. This lack of access is caused by various structural disadvantages which prevent them from the sort of ‘self-actualisation’ that responsibilized neoliberal individuals are expected to achieve.

8.6 Strengths, Limitations and Further Study

8.6.1 Revisiting the Elephant in the room

As explained in chapter 4, multiple challenges meant that whilst the discussion of policy and practice focused on England and Wales, the project's participants came from Scotland. This has meant that there is a lack of *direct* comparison between the policies and strategies of - for example - the Changing Futures Programme - and those who are beneficiaries of this service. My participants were not subject to the Home Star or the NDTA forms of assessment, for example (though those practices do exist in Scotland), and therefore their knowledge and experience relate to other systems they are governed by: systems such as medical systems, social work, and other support services that also exist in England and Wales.

Within a post-structural paradigm, the subjugated knowledges of my participants reflect the marginalised discourses which have been sidelined by the official discourses surrounding SMD and other social policy problems. Given power, knowledge and discourses circulate broadly through the fabric of society it was not incongruent that my participants lived in one of the devolved nations subject to their own social policy on the matter. What was important was that the participants fit the SMD demographic and had relevant lived experiences which fit with the official discourses surrounding SMD. The knowledge and wisdom of those experiencing SMD is lacking in the official problematization and therefore are instrumental to the critique. That their knowledge informed the analysis adds validity and credibility to the conclusions I have reached through this critical policy analysis.

Nevertheless, a further study of SMD would greatly benefit from participatory research alongside current beneficiaries' of the Changing Futures programme. This would strengthen any challenge to the official problematizations of SMD and their consequent forms of regulation and management.

8.6.2 Knowledge trade-offs

The data that I did obtain was driven by participants and within an ethical framework based on increasing agency and safety. This is aligned with a participatory value set which believes that "those who are directly affected by the research problem at hand must participate in the

research process, thus democratising or recovering the power of experts (Gaventa and Cornwall, 2008, 178).

Whilst the thesis does not benefit my participants directly as a PAR project should, I designed an ethically sound fieldwork: we met in a place they were already involved in, in which I was the outsider; they were paid fairly for their time and expertise; and we produced a board game which was their idea and which the organisation will have for its own benefit. That this board game does not feature more widely in this thesis is testament to a participatory value set in which not everything must be extracted for the purposes of research; but that participant benefit and wellbeing can operate as an important factor in and of itself, as part of an ethical paradigm of academic research.

The drawbacks of this approach and choosing to foreground the voices of my participants, however, meant that I exerted less agency over the direction of our discussions and as such some issues did not receive as much attention. For example, one of my supervisors who is an SMD practitioner, said he was “surprised to see that housing issues aren’t discussed” as an important problem my participants were facing, when a stable and secure home is widely recognised to be a fundamental part of the necessary support. However, whilst housing was identified as a problem by my participants it was not voted as one of the most important problems for them. Additionally, as I was not probing participants about specific topics but being led by the topics on which they wished to place most emphasis, I did not go looking for, or garner, more information pertaining to housing specifically as an issue except for when it came up in conversation. As a consequence, my transcripts contained very little data pertaining to housing as a specific issue with which to add to the policy analysis.

Further study could use this empirical data as a starting point for further analysis. The themes of overmedication and of feeling trapped within the system would benefit from increased evidence, especially the increased understanding of the specific practices, or technologies, which underpin these experiences. If I were to work with my participants again I would seek to conduct 1:1 interviews in order to gain more knowledge about specific facets of their experiences and add greater depth to the arguments of this thesis. This was a limitation of my methodological approach. However, as I was unable to shake the role of “teacher” given to me by participants I do not think it would compromise the ethical approach of this study to lean into that power dynamic and continue our work together. Further study could also *start* from the theories of epistemic injustice (Fricker, 2007) and relational autonomy (Mackenzie, 2019) rather than ending with them. These theories add weight and

depth to the experiences of my participants and pull all of the themes together. Together they challenge both the means and the ends of SMD policymaking.

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10. Appendix. Images of board game design iterations

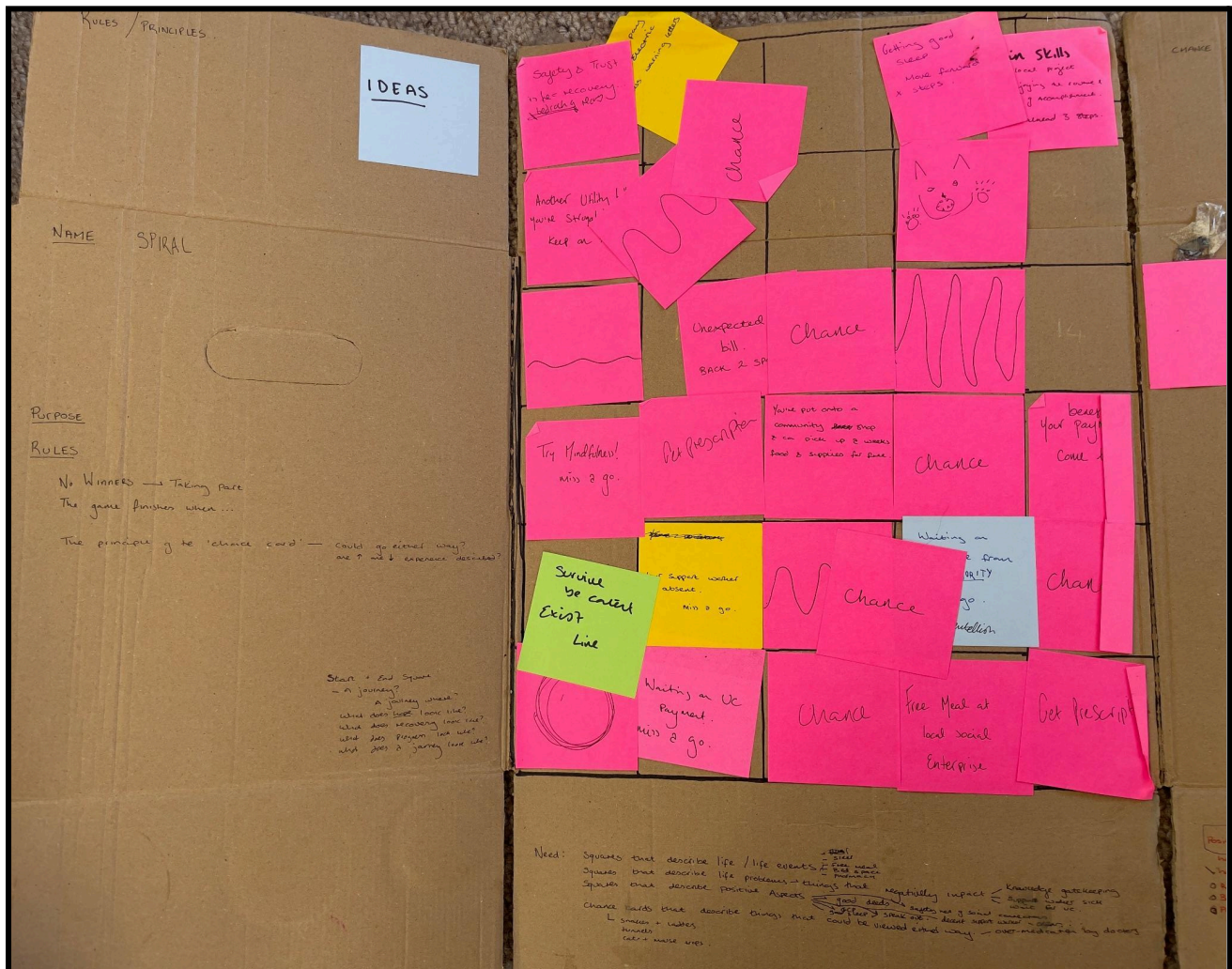


Fig.1: First iteration of the board game.

This was session 6 of 7. I arrived with a scrap of cardboard and a rough board laid out so we could further shape the game together. There was space to begin drafting rules and the use of sticky notes meant we could create 'squares' on the board game and move them around/ create limitless ideas. Participants joked at my use of scrap cardboard and the lack of professionalism. I spent more time crafting the next iteration on figure 2.

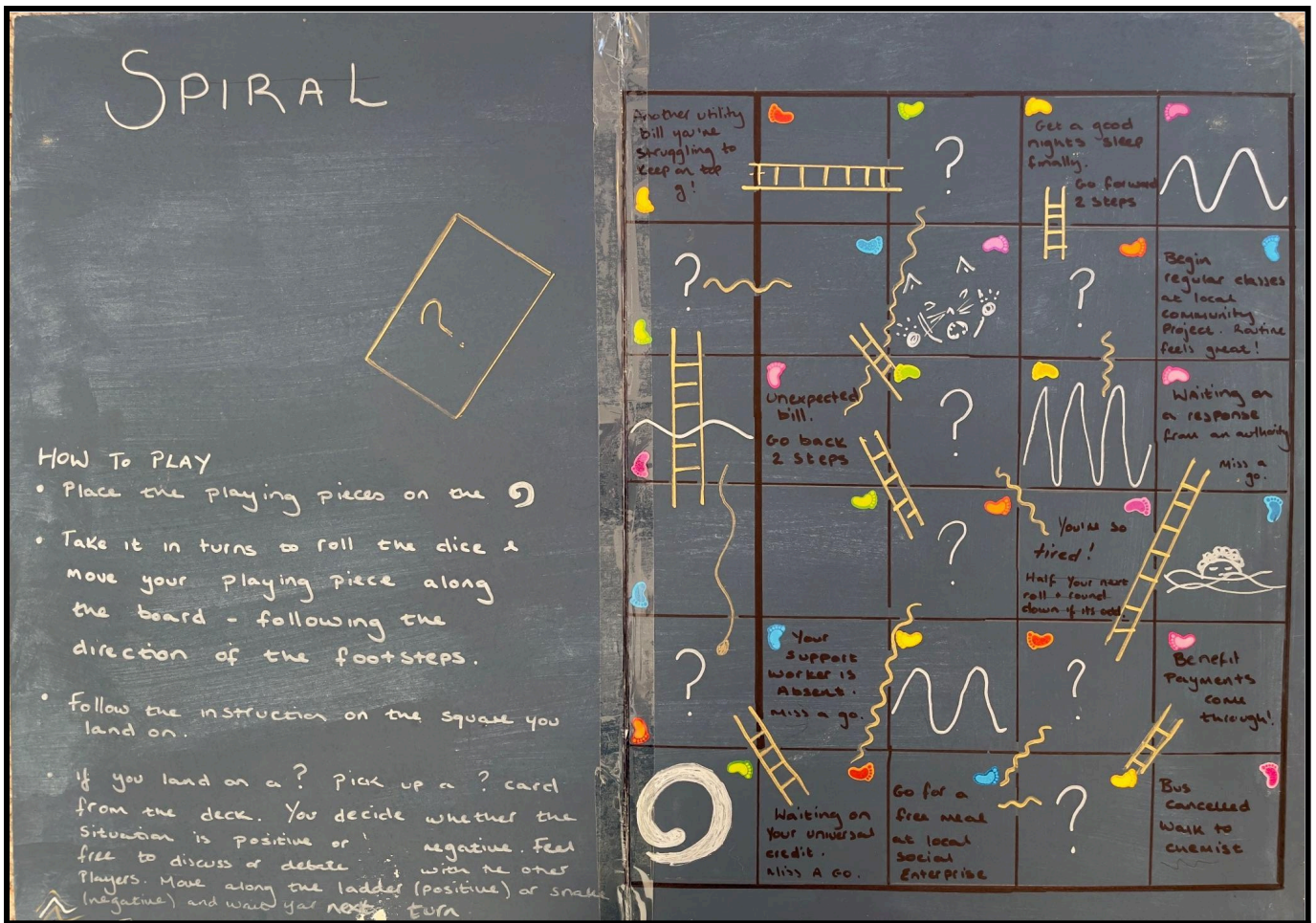


Fig 2: second iteration of the board game

For session 7/7 I presented this cardboard board game draft, including cards for the ? squares with scenarios written out, and temporary dice and figurines. Participants were touched by the effort I had put in and said that it was “mint”. In this session we began by playing the game, to experience how it felt and feedback on the rules and content. Graham did not like how dark the board was, making it hard to see. The square board also made the spiralling nature confusing to follow.

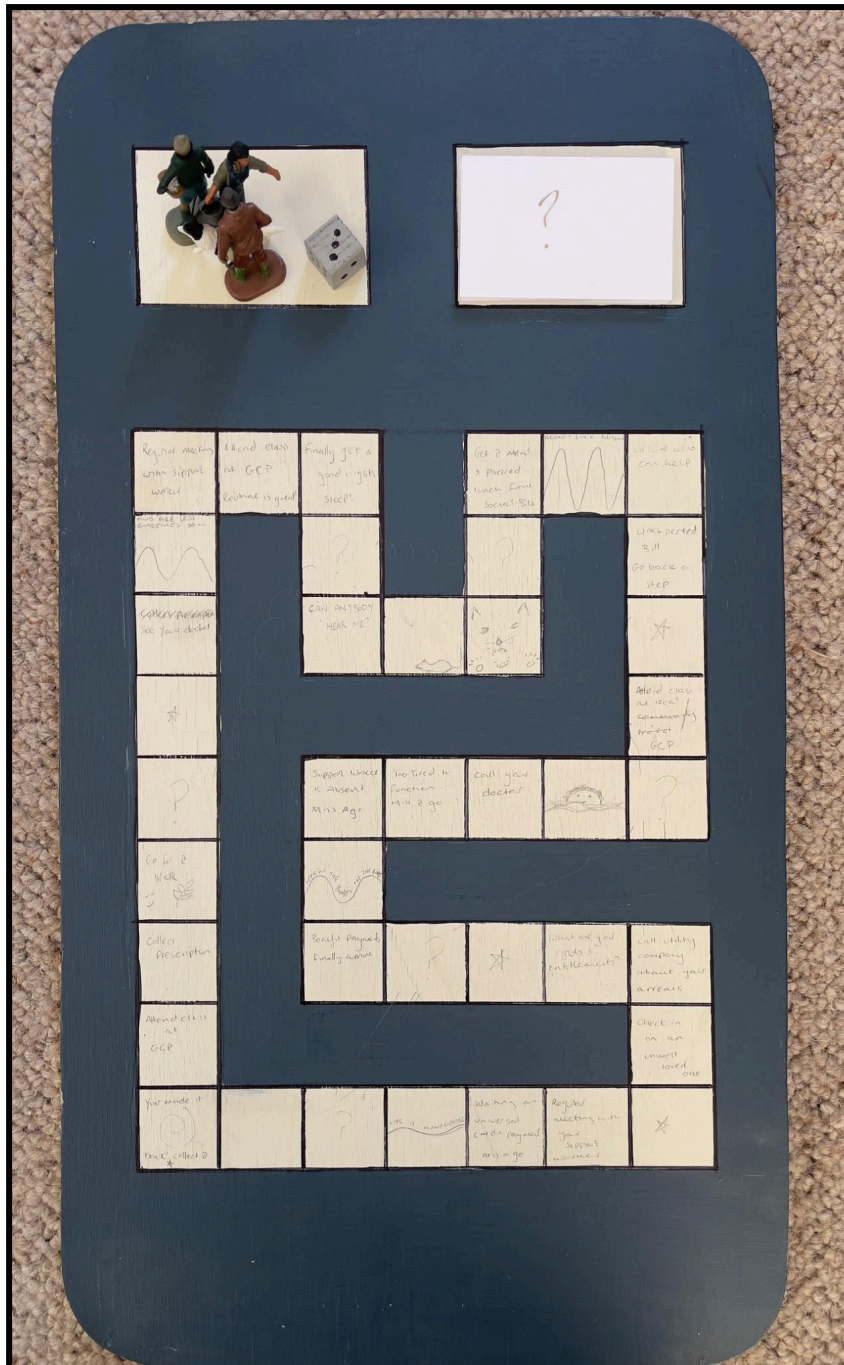


Fig 3. Final iteration of the board game

For the feedback session (which never took place). I constructed the game out of plywood which I had painted. This was going to be the final design before the game would get made by the woodworking team at *The Scottish Project*. I had made the board clearer in line with Graham's feedback and updated board and cards in line with our experience of playing in the previous week. After signing off from the CEO and Service manager, this board game would be made and available to play in the public cafe.