

## CHAPTER 2: RESPONSIBILISATION IN GOVERNMENTALITY LITERATURE

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### **Introduction**

Responsibility is one of the concepts that has been intensively used and analysed in social sciences during the last three decades. In this chapter our interest is primarily in responsibility literature that discusses responsibilities in regard to the changing roles of citizens, clients and providers in Western welfare societies. This interest brings us to the formulation of the concept that describes the claimed direction of this change, namely *responsibilisation*. Since the 1990s this formulation has gradually become more and more common. As Brown and Baker (2012: 18) note, the concept of *responsibilisation* “is appearing with increasing frequency in accounts of management, social policy, health and welfare”. The concept has also entered *The Sage Dictionary of Policing* where O’Malley (2009: 277–279) defines it in the following way:

‘Responsibilization’ is a term developed in the governmentality literature to refer to the process whereby subjects are rendered individually responsible for a task which previously would have been the duty of another – usually a state agency – or would not have been recognized as a responsibility at all. The process is strongly associated with neoliberal political discourses, where it takes on the implication that the subject being *responsibilized* has avoided this duty or the responsibility has been taken away from them in the welfare state era and managed by an expert or government agency.

This straightforward definition works as a good starting point for this book, which concentrates on the margins of welfare services. Our aim is, however, to bring more perspectives and nuances to responsabilisation by analysing the various ways it is accomplished and resisted in grass-roots level processes and practices. In this chapter we give a short overview of governmentality literature from the point of view of responsabilisation, which we use as a reflective ground for the forthcoming chapters. The chapter first deals with the origin of the responsabilisation concept and its main characteristics. It then proceeds, as described in the governmentality literature, to examine the concept from the perspectives of both citizens/welfare clients and service providers/workers.

## **Responsibilisation and advanced liberalism**

### *Governmentality, advanced liberalism and neoliberalism*

The governmentality literature concerning responsabilisation draws almost exclusively on the same origins. The roots of the concept are located in the writings of Rose and Miller (e.g. Rose 1990; 1999; 2000; Rose and Miller 1992; Miller and Rose 2008) and, through them, in Foucault's (e.g. 1977; 1982; 1988; 1991; 1997) notions on the new mode of governmentality, which is grounded on the conduct of conduct including the governance of others, self-governance and various technologies of self (see also Dean 1999; Lemke 2001; Rose *et al.* 2006; Cossman 2007; 2013; Houdt and Schinkel 2014). Lemke (2001: 191) makes a two-dimensional definition of governmentality based on Foucault's ideas:

The term pin-points a specific form of *representation*; government defines a discursive field in which exercising power is 'rationalized'. This occurs, among other things, by the delineation of concepts, the specification of objects and borders, the provision of arguments and justifications, etc. In this manner, government enables a problem to be addressed and offers certain strategies for solving/handling the problem. On the other hand, it also structures specific forms of *intervention*. For a political rationality is not pure, neutral knowledge which simply 're-presents' the governing reality; instead, it itself constitutes the intellectual processing of the reality which political technologies can then tackle. This is understood to include agencies, procedures, institutions, legal forms, etc., that are intended to enable us to govern the objects and subjects of a political rationality. (italics in original)

Miller and Rose connect responsabilisation to a certain way of governing that they call advanced liberalism. In response to the question, “What is it to govern in an advanced liberal way?” they answer (Miller and Rose 2008: 212) as follows:

Over the closing decades of the twentieth century, ‘advanced liberal’ strategies could be observed in national contexts from Finland to Australia, advocated by political regimes from left and right, and in relation to problem domains from crime control to health. They sought to develop techniques of government that created a distance between the decisions of formal political institutions and other social actors, conceived of these actors in new ways as subjects of responsibility, autonomy and choice, and hoped to act upon them through shaping and utilizing their freedom.

According to O’Malley (2009), the practices of responsabilisation are “strongly associated with neoliberal political discourses”. Neoliberalism and advanced liberalism as described in the governmentality literature are thus connected to one another: neoliberalism, as a normative political rationality, is produced (in practice) according to an advanced liberal way of governing technologies, such as specific responsibility projects (Teghtsoonian 2009: 29). According to Cossman (2013: 895), “self-governance is a form of governance that has been particularly central in neoliberalism”. However, neoliberalism is a political doctrine most often supported by conservative and right-wing parties, whilst the ideas of advanced liberalism have spread across different Western democratic countries and have been promoted by parties from the left and right (Miller and Rose 2008: 212). For this reason, to comprehensively cover the various dimensions of the responsabilisation discourses, we prefer using the concept of advanced liberalism instead of neoliberalism, although the latter concept is also widely used in the governmentality literature.

### *Autonomy and choice*

Advanced liberalism is based on “a new specification of the subject of government”; that is, on the expectation of individuals to be active in their own government instead of passive and dependent and to conduct their lives like enterprises (Rose and Miller 1992: 198–199; Rose 1999: 164–165). Accordingly, novel political and legal practices and techniques have emerged and developed that seek to support the cultivation and development of self-governing “actively responsible subjects” (Barnett 2003). Responsibility is closely connected to autonomy and choice. Citizens in advanced liberal societies are supposed to (and are also directed to) make such choices that maximise their

well-being, health, safety and quality of life. It is through making individual choices in their personal everyday lives and in their various encounters with other people in workplaces, neighbourhoods, social and health services and so on that individuals are seen to fulfil their national obligations. However, the problem is whether this expanding freedom of choice is used responsibly and, if not, how (by what means) to govern individuals towards more responsible choices (Miller and Rose 2008: 204, 213–214). As such, the aim of advanced liberalism is to create governance techniques that are directed to the “management of freedom” and to “link subjects to their own subjection” (Barnett 2003: 31; Brown 2012).

Subject responsabilisation in an advanced liberal way of governing is inherently dilemmatic and paradoxical, including both empowering and manipulating elements (Hodgson 2001; van der Land 2014: 426). On the one hand, individuals are supposed to voluntarily conduct their own lives responsibly. But on the other hand, they “will have to make their decisions about their self-conduct surrounded by a web of vocabularies, injunctions, promises, dire warnings and threats of intervention, organized increasingly around a proliferation of norms and normativities” (Miller and Rose 2008: 205). Responsibilisation is thus not the same as total freedom of choice, but there are certain rules and boundaries based, for instance, on legislation or on expert knowledge on a good and healthy life and way of being (Brown and Baker 2012: 19). Citizens who are assessed to have broken the rules and boundaries of active citizenship by making unreasonable or unmoral choices in their lives make the dilemma related to responsabilisation clearly visible. As Tonkens (2011: 61) argues, responsabilisation and de-responsibilisation co-occur. The “irresponsible” citizens’ autonomy and free choice are often restricted, and they become subjugated to various re-responsibilization techniques and procedures that include, among other things, sanctions accompanied by schemes for “naming, shaming and blaming” (Rose 2000: 322).

### *Enterprising selves*

Self-entrepreneurship means that individuals are expected to invest in themselves to develop their social abilities and to work on their well-being and health. All these developments are distinctive of the discourse of individual responsabilisation (Teghtsoonian 2009: 29; Broom *et al.* 2014: 516). Rational choice-making concerning one’s life is the core of the responsabilisation discourse. Clarke (2005: 451), in his analysis on British New Labour’s policies concerning citizenship, writes about “the responsabilized citizens” who must exercise their autonomy and freedom responsibly by making reasonable and right choices. Clarke (2005: 451) continues to state that this demand

includes a moralistic point, since “unreasonable” choices are interpreted rather as the acts of an irresponsible citizen than as the consequences of structural inequalities and a lack of opportunities. This kind of moral emphasis is characteristic of advanced liberal governmentality in general and of its techniques of responsabilisation that are fundamentally based on entrepreneurial moral agency (Shamir 2008: 7).

An economic logic constitutes the base of the advanced liberal way of governing. As Rose (1999: 141–142) writes, “all aspects of *social* behaviour are now reconceptualised along economic lines – as calculative actions undertaken through the universal human faculty of choice” (italics in original) and that “all manner of social undertakings – health, welfare, education, insurance – can be reconstructed in terms of their contribution to the development of human capital” (see also Lemke 2001: 197, 202–203). According to this logic individuals are defined as rational calculative actors or as “enterprising selves”, who, by comparing costs and benefits, make the best possible choices from the point of view of themselves and their families.

### *Governing at a distance*

One of the core consequences of the responsabilisation in advanced liberalism is claimed to be that it reorganises state–citizens and state–local responsibilities in a way that is described as governing at a distance (Dean 1999; Lemke 2001; Barnett 2003; Miller and Rose 2008). In social and health care services this has meant a shift from a provision-based paradigm to a framework-based paradigm. In other words, instead of both steering and rowing, the state merely steers (Carney 2008: 102). The state merely steering highlights the transition in public service delivery in two senses. First (as described above), instead of the state taking the main responsibility for social and health policies by promoting the well-being of citizens and tackling inequalities and exclusion, these have become the primary responsibilities of individuals, families and communities (Bennett 2008: 454–455; Lister 2015). Second, not only the responsibilities of citizens as clients but also the responsibilities of local level service providers and non-governmental organizations (NGOs) have been renegotiated (Osbourne and Gaebler 1993; Healey 2009; Ilcan 2009). Hence, governing in an advanced liberal way entails new constellations of partnerships between public, private and voluntary actors (Thörn and Larsson 2012: 264–266).

Responsibilities are allocated increasingly to the local, civil society level that Ilcan and Basok (2004: 130) call “community government” (see also Lister 2015: 363–364). As Goddard (2012:

351) describes, this tendency is taking place in, for example, crime prevention: “The thinking was that the Government cannot – or should not – be solely responsible for reducing crime rates. Rather, community safety and crime prevention has been devolved from a centralized authority to local community partnerships, and carried out by local community-based organizations” (see also van der Land 2014). Governing at a distance also means that local service providers and professionals are increasingly commissioned and monitored (and thus responsabilized) for the content and outcomes of services (Ilcan and Basok 2004; Dent 2006). In addition, the state’s role as a provider of services has decreased and the roles as an allocator of resources and as a manager of contracts have increased as service provision has been handed more to the commercial and third-sector actors (Bennett 2008: 465). For instance, as a result of major changes in housing policy in Sweden during the 1990s (Sahlin 2004), the responsibility for providing housing for the homeless was transferred from the state and municipal housing companies to the local social authorities. The state has thus “rolled back”, but it has not ceased to govern or “steer”. As shown by Sahlin (2004: 346–348, 362–363), the means for governing have been altered. The Swedish state now governs at a distance through discourse and project funding. It governs through discourse when defining and attaching meaning to homelessness as a term and phenomenon (by e.g. compiling, producing and disseminating knowledge about it). It governs through project funding when stipulating the target groups of the projects entitled to apply for and to be taken into consideration as possible recipients of funding.

### **Citizens and welfare clients as subjects of responsibility**

#### *Active citizenship and the privatisation of risks*

The advanced liberal way of governing goes hand in hand with such changes that emphasise active citizenship instead of dependency on welfare states. Newman and Tonkens (2011: 9) conclude that active citizenship has three related dimensions: (1) the possibility to make choices on one’s welfare services, (2) individuals’, families’ and communities’ increasing responsibility for welfare and (3) participation in collaborative governance, such as community-based policymaking and service planning. What unifies these dimensions is the idea that individual citizens and local communities should take a greater role in society in regard to the creation of well-being, health and safety and should not expect welfare to be created or social problems to be solved top-to-bottom by the welfare state. This premise resonates well with the idea of “Big Society”, which is based originally on British new conservatism that favours a strong civil society and private companies instead of a

strong, interventionist state or government (Pathak 2013: 62; MacKinnon and Derickson 2013: 262–263; Lister 2015). As Lister (2015: 361) states, “A central theme of the Big Society agenda is an emphasis upon responsibility. Yet this emphasis is far from new”.

Miller and Rose (2008: 214–215) approach the above described changes in welfare states as a shift from a social insurance principle (“socialised forms of risk management”) to a privatisation of risk management. By this they mean that citizens can no longer trust and rely on the welfare state providing them with help and resources when they face unemployment, fall ill, become old and so on. Instead, insurance against these kinds of future risks and prospects becomes defined as the private concerns and responsibilities of citizens. Lemke (2001: 201) follows the same line of interpretation by arguing that social risks (such as illness, unemployment and poverty) have been transformed into problems of “self-care” (see also Cossman 2013: 896). Citizen responsabilisation is thus linked to the retreat and “irreseponsibilization” of state and public government (Cradock 2007: 162; Liebenberg *et al.* 2015: 1007). This kind of increasing ignorance of the structural roots of problems and the privatisation of the risks of unemployment and other significant areas in people’s everyday lives (such as housing) are studied and recognised widely in Western countries (e.g. Whiteford 2010; Solberg 2011; Lanz and Marston 2012; Stonehouse *et al.* 2015). For example, Lantz and Marston (2012) study the shift from socialised to private risk management in an Australian context. They do so from the point of view of how disabled persons previously seen as deserving of government support are now been included into the expanding category of “undeserving citizens” whose worth is validated primarily through active and self-responsible labour market participation. Instead of aiming to increase the number of available jobs, the idea is to promote such responsible citizenship that includes “job readiness” and the obligation to work.

The privatisation of risk management means that citizens are expected to calculate their futures in the light of their present life choices and the risks related to them – such as what smoking or certain eating habits do to their health, what consequences interrupting vocational schooling might have or how big a bank loan they dare to take if establishing a business of their own. An important skill in active citizenship is thus an ability to notice, calculate and reflect on future risks and to make reasonable life choices based on it. So, “responsibility for risks is increasingly devolved to individuals: risks are something that should be taken (an entrepreneurial attitude towards life is rewarded), but also prudently reflected upon” (Roberts 2006: 56). Thörn and Larsson (2012: 265–266) summarise this transformation as follows: “This fundamental responsibility of the subject, emerging from the steering rationalities and practices of liberal engineering, also implies that the

individual to a much higher degree than under the era of social engineering is considered responsible for putting her/himself in a situation in which s/he is in need of certain welfare transfers (related to unemployment, sickness and so on), since it is seen as *a consequence of past (bad) choices*” (italics in original).

### *Self-governing citizens and communities*

The governmentality literature emphasises that in order to be able to reflect on risks and to make reasonable life choices – to become self-governing citizens – individuals are supposed to seek and use actively available expert knowledge and various educative material related to a rational, good and healthy way of living (Cossman 2013: 896). This responsibility to reflect on risks and to make reasonable choices has created demand for various forms of public and private counselling, such as governmental instructions for good eating and the appropriate level of physical exercise, educative television shows on people who follow expert advice on some aspects of their lives to reach better self-management, guidebooks and other self-help manuals for different areas of life, private therapists and trainers. Educational material and expert knowledge supporting self-management and self-surveillance is also increasingly being delivered for the clients in public health and social services. For example, in a study of the work of staff at a rehabilitative unit of the Swedish Public Employment Service, Garsten and Jacobsson (2013: 826) argue that the (normal) job-seeking citizen is “expected to actively assume responsibility for her own employability by being prepared to work on herself in order to improve her attractiveness to the labour market”. Furthermore, they ask what happens to individuals who do not live up to this expectation and are then referred to job centres and rehabilitative units.

In creating self-governing citizens the main question and message are as follows: “What can you do to help yourself?” and “You have to do it yourself and make plans for your future”. Juhila *et al.* (2015) discuss how clients are supported and directed to become self-governing citizens in the community mental health practitioner–client interactions in a Finnish supported housing unit by encouraging them to make weekly schedules of their activities and to regularly attend activities in the community (i.e. to integrate themselves into the community). Community mental health work can thus be interpreted as an endeavour to work on the self with the intention of creating more active citizens (see also Raitakari *et al.* 2015). This kind of problem solving by strengthening the abilities of people to govern their conduct, minds and destinies has particularly created markets for

such “psy-professions” who are seen to have the therapeutic expertise to help individuals to work on themselves (Rose 1999; 89–93; Cossman 2013: 896).

Counselling and education seeking to reinforce self-governmentality have a future orientation and causal logic in the sense that citizens are reminded that various life choices “here and now” will have consequences for individuals’ well-being in the forthcoming years and through whole lifespans. So, learning to make the right, knowledge-based choices now reduces certain risks, prevents problems and ensures a better quality of life in the future (Juhila *et al.* 2015). Making non-risky choices concerning personal health, and via that preventing otherwise threatening illnesses, is the most obvious area of life where this time-related and causal self-responsibilisation idea is present in current policies and discussions in Western welfare societies (e.g. Michailakis and Schirmer 2010; Brown 2013). As Peeters (2013: 588) writes about the Dutch government health policy discourse: “on the one hand, the responsibility of citizens for their own health is left untouched (...) on the other hand, government presumes a healthy lifestyle to be a rational choice and the social norm”. All in all, citizens are expected to plan and ensure their whole lifespans responsibly: for instance, to prepare for good ageing and old age by making the right housing and financial choices and by creating good social safety networks early enough (cf. active and positive aging) (Asquith 2009; Anttonen and Häikiö 2011) and furthermore to not conduct criminal acts or use substances abusively since they may cause serious troubles in citizens’ future lives. This leads to a belief that illness and social problems are caused by “bad behaviour”, and that citizens need to be advised (moralised) and educated to choose (by their own free will) a better (more responsible) way of living and behaving (Brown 2012; Brown 2013).

In advanced liberalism, responsibility for self-government is claimed to include not only personal self-management; self-governed citizens are also made responsible for the welfare of family members and community members and even for participating in sustainable policymaking at a wider societal level (Houdt and Schinkel 2014; Lister 2015). Cossman (2013: 898) writes about the changing role of families as follows: “responsibilisation within the family has taken on a new intensity, with a renewed demand on families to meet the needs of its members from child care to health care to welfare” (see also Cossman 2007: 11; Treloar and Funk 2008; Dahlstedt and Fejes 2014; Trnka 2014). At a community level the slogan “everybody has a responsibility” invites neighbours, volunteers and NGOs “to work in roles once performed by states, or in some development contexts, in the ongoing absence of state-supported social service institutions” (Lacey and Ilcan 2006: 47). This community responsabilisation (Silverstein and Spark 2007: 339) also

comprises expectations to deal with difficult health and social issues – such as mental health problems, criminality, homelessness and violence – at the local level; that is to say, among “ordinary” community members (Hörnqvist 2001; May *et al.* 2005, 717; Muncie 2006, 773; Silverstein & Spark 2007; van der Land 2014; Lister 2015).

*“Irresponsible” citizens and responsibility projects*

Expectations to become self-governing citizens concern all citizens and communities in advanced liberalism. However, special attention is targeted at such individuals and groups who are assessed as having special difficulties in managing risks and becoming self-responsible. So, for citizens defined as having difficulties in becoming enterprising selves, there is a growing tendency to develop various institutional and professional enabling programmes that seek to strengthen individuals’ responsibilities for their own lives (e.g. Jayasuriya 2002). The programmes are foremost targeted at vulnerable, disadvantaged and socially excluded people who live and have clienthoods at the margins of welfare services, such as mental health, substance abuse, probation and homelessness services.

Ilcan (2009: 220–221) calls the aforementioned programmes responsibility projects that target people at the margins of welfare services responsibility projects. He connects them to the idea of governing at a distance in the sense that the projects are “practiced, exercised, and carried out through numerous governments, organizations, and programs that aim to make certain groups more responsible for transforming their conduct”, rather than passing down authoritative regulations and orders from a “big” state. As the emphasis is on individual conduct, training and education, the projects move the focus away from structural exclusion and explanations. In other words, the focus is on the lifestyle changes of welfare clients instead of on tackling societal and economic inequalities (Ferguson 2007: 395–397; Scoular and O’Neill 2007: 770–771). This resonates with the claim that respective societies should not encourage welfare dependency but meet it with zero tolerance (Ramon 2008: 117; Cossman 2007: 12; Pollack 2010: 1266). However, focusing on individuals and treating them as autonomous actors is in contrast with the idea (largely shared for instance among social and health care researchers and front level workers) that social ecological contexts and their processing are significant when aiming to improve the living situations of the most vulnerable citizens and their possibility to make choices (e.g. Brown 2013; Liebenberg *et al.* 2015: 1007).

Responsibility projects are a reality for people involved with the criminal justice system or for people making claims for assistance from the state; for example, those applying for social assistance, unemployment or medical benefits (Pollack 2010). Pollack (2010: 1271–1272) discusses the governing of marginality and “risky clients” based on an interview study concerning women in Canada who had former experiences of incarceration. She expresses reservations in terms of how the women – who are dis-empowered through poverty, violence and racialization – are managed by institutions and professionals, as if the cause of their problems is an inability to govern their own lives. The interviewed women pointed out that the perspectives of welfare professionals (in spite of emphasising individual empowerment as a pronounced aim) left little or no room for their own subjective views. Emotional, attitudinal and psychological factors were evaluated as part of the risk assessment and individual responsibility was valorised, whereas “important factors such as poverty, violence against women, lack of community support, stigmatization and barriers to unemployment” were ignored (Pollack 2010: 1271–1272).

Individual responsibility projects construct welfare clients past lives as unsuccessful or as a series of failures based on bad or irresponsible choices that cause the unfortunate and troubling present situation. In other words, they have taken risks that they have not been able to govern themselves, and “irresponsibility” might also have caused problems and danger for other citizens and for the whole of society. Projects aim both to make individuals see and admit personal failures and to create their capacity to avoid failures and to make better choices in the future. Since the focus is on personal failures, bad choices and unnecessary risks taken, the projects have a strong moral dimension (Kemshall 2002: 44; Muncie 2006: 780–781). Rose (2000: 334) writes:

Within these new politics of conduct, the problems of problematic persons are reformulated as moral or ethical problems, that is to say, problems in the ways in which such persons understand and conduct themselves and their existence. This ethical reformulation opens the possibility for a whole range of psychological techniques to be recycled in programmes for governing ‘the excluded’. The imperative of activity, and the presupposition of an ethic of choice, is central not only to rationale of policy but also to the reformatory technology to which it is linked.

Ethical reformulation in the sense of learning to make better life choices and to avoid personal failures in the future includes the message that we all have to stop blaming others, the government or society for our own misfortune, problems and failures (Silverstein & Spark 2007: 332; Kemshall

2008: 21–22). Instead we have to recognise and confront that our own ways of thinking, our acts and our behaviour are the cause of the troubles. For instance, Lyon-Callo's (2000: 328) ethnographic study of an emergency shelter in Massachusetts illustrates how the dominant discursive practices based on diagnosing and treating the individual selves aims to produce "homeless subjects who learn to look within their selves for the cause of their homelessness".

Not blaming others, accepting our responsibility and working on ourselves are all seen as ways to achieve personal autonomy and freedom and to become self-governing, rational and moral choice-makers (Rose 2000: 334). This empowering of the self has another side of the coin that can be called a "blaming the victim" strategy (Gray 2009: 330), which bypasses structural inequalities and individuals' vulnerabilities connected to, for instance, violence and mental health problems. This critique is highly relevant when taking into account that responsibility measures, projects and programmes are carried out especially among marginalised citizens – such as battered women, people with mental health problems, illegal drug users, homeless people or (young) offenders – that often have the most disadvantaged position in society and restricted possibilities of choice-making (May *et al.* 2005; Silverstein and Spark 2007; Ramon 2008; Fischer and Neale 2008; Whiteford 2010; Barry 2013).

Responsibility projects also produce divisions into "not to be blamed" and "blamed", "deserved" and "undeserved" client categories (e.g. Barnett 2003; Lantz and Marston 2012). For instance, Hansen Löfstrand (2012b) argues that homelessness services share a tendency to draw boundaries between "the truly homeless" and the rest. The latter should be or should have been able to take responsibility for their housing situation and become responsible. In contrast, "the truly homeless" are categorised as suffering from an "incurable illness" due to severe social or medical problems. Since they are not expected to be able to become self-responsible, they are not blamed for their homelessness and are seen as eligible for permanent homeless accommodation. This narrowing of the category of "the (truly) homeless" rests on a medicalisation of homelessness. It also bypasses structural explanations and increases the self-responsibilisation expectations and blaming of the homeless, who are defined as capable of improving their life situation.

Accepting responsibility for one's past choices and failures is logically followed by taking responsibility for future life choices and paths. The core aim of the projects at the margins of welfare is thus to make clients understand that they themselves are ultimately responsible for their improvement (Lynch 2000: 40). Clients are supported and given tools for reaching this aim during

the projects, but in the future they should manage on their own. And if they fail again, the project is not to be blamed first but rather the clients themselves. Silverstein and Spark (2007: 338) and Liebenberg *et al.* (2015: 1007) comment on the unfairness of this – the credit for success goes easily to the projects but the blame for failure goes to the clients, because the responsibility for failure is not likely to be attributed to the projects and their practices.

Rose (2000: 335) claims that in advanced liberalism “those who refuse to become responsible, to govern themselves ethically, have also refused the offer to become members of our moral community. Hence, for them, harsh measures are entirely appropriate”. Different responsibility projects are such “harsh measures”, but even harsher measures can be targeted at those who despite getting the opportunity to participate in such projects do not learn self-government and fail repeatedly (Barnett 2003: 30). As Blair stated, in 1997, while the Prime Minister of the United Kingdom: “Don’t be surprised if the penalties are tougher when you have been given the opportunities but don’t take them” (Muncie 2006: 782). In the end, the citizenship rights of those who have not taken opportunities might become conditional (Rose 2000: 335; Kemshall 2008: 31), meaning exclusion from some welfare services or even the partial denial of health treatment. These excluded are no longer highly prioritised cases (cf. Michailakis and Schirmer 2010) but can, in certain cases, even be called abandoned citizens (Clarke 2005). Butler and Benoit (2015: 28) argue that the “attainment of citizenship is fragile as it can be taken away if and when marginalised individuals do not act like good citizens. The moral component of citizenship is evident as it is up to the individual whether or not he or she will be seen by others (especially those in positions of power) as a citizen.”

Responsibility projects can be successful in strengthening welfare clients’ self-government, autonomy and ability to make better-informed life choices in the future. However, the more emphasis is placed on failures, bad choices and (self-)blaming excluded citizens, the more those getting blamed or blaming themselves have to carry societal stigmas. Consequently, “the demarcation of those who can play a full role in the welfare society from those who cannot” increases (Kemshall 2002: 41; see also Houdt and Schinkel 2014: 59–60).

Responsibilisation is not only a project to educate and modify citizens and welfare clients, but it is also to match the identities of workers and service providers to advanced liberal ideas of governance. We turn next to this other angle of responsabilisation.

## **Welfare workers and providers as subjects of responsibility**

### *Managerialisation and new accountability*

The role of the social and health care professionals has changed considerably under the influence of New Public Management (NPM). This change is based on the ideas of advanced liberalism, closely related to managerialist market ideologies (Rose 1999: 151–153). Numerato *et al.* (2012: 629) conclude that “in the context of governmentality managerialisation represents a new mentality of the ‘conduct of conduct’ and provides a new invisible and all-pervasive technology to govern professionals”. Kolthoff *et al.* (2007) identify two principles of NPM: managers gain control over professional practice, but this occurs in indirect ways rather than through direct authority (cf. governing at a distance). These indirect ways include emphasising entrepreneurship and downsizing (e.g. privatisation, outsourcing and market models), decentralisation (e.g. local budgets and individually-tailored and costed services), performance management (e.g. auditing, contracts, targets and timetables) and planning and control cycles (e.g. feedback systems, assessment and review systems and information and communications technologies). In other words, professionals have been deeply responsabilized for the conduct, cost-effectiveness and outcomes of their work (e.g. Power 1997; Dent 2006). This is called “new accountability” (Banks 2004; Martin and Kettner 1997; Saario 2014).

Le Bianic (2011: 803) concludes that the shift towards managerialism has eroded the traditional “foundation of professionalism based on client trust, autonomy of practice and collegial discipline”. Professional responsibility has been replaced by professionals’ accountability for the outcomes of their work based on organisational and contractual demands and expectations (Saario and Stepney 2009; Le Bianic 2011). Like entrepreneurs in businesses, professionals are held personally responsible and accountable for their work and possible failures in it, such as not successfully following the limits or budgets or not doing enough productive and effective preventive or rehabilitation work. They are also expected to personally and willingly align business principles in order to create self-responsible entrepreneurial identities (Keddie 2015). This kind of managerialist responsabilisation of grass-roots level workers has spread to all human service work, including work at the margins of welfare services.

The split between governmental/municipal service purchasers and service providers is an essential element in managerialism and strengthens market ideologies. The split means that one party

commits to buy services under certain conditions, whilst the other party commits to produce them. The co-operation between the parties is grounded in contracts that explicate service providers' obligations to produce specified services for a certain group and number of citizens. Contracts might also contain bonuses for the successful production of services and sanctions for not fulfilling the obligations. The split into purchasers and providers can be internal in the sense that providers are governmental/municipal organisations and workers, who make contracts with governmental/municipal service purchasing organisations. Another option is an external purchaser-provider model that usually includes a tendering process organised by local governments as an aim to get service contracts with the best value. Both internal and external models follow the same logic of market-based governance and new accountability.

Service providers in the external purchaser-provider model can be private companies and NGOs. NGOs have long histories in welfare services in Western welfare states. They often target services to the most vulnerable and marginalised citizens, such as disabled people, people with mental health and substance abuse problems and homeless people. During the last decades market-based governance, especially funding based on tendering and contracts, has changed their role significantly. For instance, in Sweden and Finland the introduction of a new system of pricing in many municipalities, starting in the 1990s, brought a new responsabilisation of NGOs as the providers of homelessness services. The new pricing system, based on the purchaser-provider model, means that the municipal administration purchases a product – temporary accommodation and support – regardless of whether or not the provider is municipal, a non-profit NGO or a for-profit provider (Bergmark 2001; Trydegård 2001; Hansen Löfstrand 2012a). The NGOs, like any other providers, are then paid per “full bed”. Before the introduction of the system of transfer pricing they received a lump sum of money for running their services without continuous controls as to whether or to what extent their services were used. NGOs are increasingly challenged to demonstrate accountability, reporting the relevance and effectiveness of the produced services, as purchasers monitor and evaluate that the NGOs fulfil their contractual obligations (May *et al.* 2005: 715; Buckingham 2009: 235; Saario and Raitakari 2010; Hansen Löfstrand 2012a; Mueller-Hirth 2012; Juhila and Günther 2013).

### *Risk management and prevention*

Besides the increased “new accountability”, the advanced liberal way of governing has been argued to have produced other consequences for the roles of social and health care workers and service

providers and the contents of work. One such change is that managing and preventing risks is emphasised as a significant responsibility of grass-roots level workers (Pollack 2010; Goddard 2012). Workers occupy the space between the state, on the one hand, and individuals, families and communities, on the other (Pollack 2010: 1263). They are responsible for identifying, assessing and managing “risky” individuals and families departing from “risk thinking” and cultivating a “risk gaze” (Rose 2000: 331–334). This new responsibility is bound to the ideas of the risk society (Beck 1992; 1999). The risk society demands that citizens take a calculative stance on their future opportunities and risks in the world of uncertainties and, on the basis of calculation, make the best possible life choices. This same logic is applicable to welfare workers and service providers in regard to their work. They are expected to adopt “risk thinking” and make the right assessments when identifying certain individuals or groups of citizens as “risky clients”. On the basis of risk assessments they should make justified decisions about whether and what kind of services to deliver and about what support and control interventions to put into practice in order to prevent the worsening of the clients’ situations and to prevent risks from being actualised (Pollack 2010).

Preventing risks means that the focus of work is on the present signs of concern, aiming to avoid future threats, problems, disasters and costs both at individual and societal levels (Parton 2006; Satka *et al.* 2011; Goddard 2012). Early intervention is the concept that is often in use when presenting this kind of risk-preventing work. Early intervention projects and related professional practices have been created especially to pinpoint children at risk (of different forms of abuse and/or deviant behaviour and of exclusion in their later lives) at an early enough stage. To be successful, this kind of early intervention work is argued to need co-operation between different agencies such as schools, the police, maternity clinics, health centres and the social services concerning, for instance, information exchange on depicted concerns and planning measures to decrease risks. Not only do various professionals and welfare workers have a responsibility to observe and act on signs of concern, but all citizens – for example, people at workplaces and in neighbourhoods – are expected to participate, at least in so far as locating and intervening in such urgent risks that need common attention. Thus, according to advanced liberalism, we all have a responsibility to ensure safer and healthier communities.

Although we all have a responsibility in preventing and managing risks, some groups of professionals and welfare workers carry a more central role in this – such as child protection, mental health and probation workers. These responsibilities relate especially to the individual cases that they have been working with. They are expected to assess the risks of such serious incidents as

violence towards children, suicidal acts and so on occurring. This responsibility for anticipating tragic events and disasters becomes clearly visible if these kinds of incidents happen. The reasons for the disasters are then easily located in the failures of individual professionals (for not noticing and assessing the risks in the right way and in time). In public discussion this kind of failure and blaming talk is often used when tragic events like a school massacre are reported and dealt with. Accordingly, it is often argued that a tragic, not understandable event was conducted by a “risky” and “sick” person, who (according to criticism) has not been identified early enough or assessed and treated correctly by mental health or other involved professionals. Yet, welfare workers’ responsibility to conduct risk assessment work is not only linked to serious threats; it is set upon them in their everyday work concerning “smaller scale risks” such as assessing whether the client in question is able to control his/her drinking or to take care of their personal money matters next week or in the longer run and, if not, what kinds of intervention need to be done.

All in all, the work of risk managing and preventing risk includes 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”. In criminal policies this is called “new penology” (Feeley and Simon 1992). By referring to Feeley and Simon (1992), Le Bianic (2011: 807; see also Muncie 2006: 776) writes that in this new approach the task has changed from transformative to managerial: “this approach is no longer concerned with reducing crime through social programmes or rehabilitative efforts, but is mainly aimed at ‘managing’ criminal populations, protecting society and preventing risks of re-offending.” This kind of risk management and prevention logic is widely in use at the margins of welfare services.

### *Re-educating and producing responsible citizens*

Besides identifying risks, assessing them and making correctly-timed interventions in high risk situations and cases, welfare service providers and workers are expected to contribute to the creation of self-governing and responsible citizens in general. Experts and professionals fulfil this responsibility by presenting good life instructions and advice in various public forums (on television news and talk shows, in newspapers and magazines, on internet sites and social media etc.). There are a variety of authorised sources of knowledge and expertise on what advice and instructions for good citizenship and life-management are based on: from governmental sources (for example representatives of ministries) and research knowledge (for example representatives of health sciences), via professionals (doctors, psychologists, therapists, social workers etc.) to

numerous experts-by-experience (people with self-made successful lives, recovered alcoholics or previously fat persons etc.). The responsibility of these holders of good life expertise is to convince citizens that they can and ought to choose a healthier and happier life by persistently following the given instructions and advice.

In addition to this general and public responsabilisation of citizens, self-governing individuals are expected to be educated via more personalised contacts in such governmental/municipal special institutions as schools, health centres and maternal clinics. Share and Strain (2008: 236) write about the “responsibilisation of schools”. By this they mean the increasing duties of school staff to personally “educate” not only children but also their parents. For example, the staff is expected to advise parents on the right food and nutrition for their children that supports the overall goal of producing responsible parenthood. This kind of educative work is well in line with the aim of the early intervention strategy described above.

The third and the most direct level of being responsible for producing responsible citizens includes work in those institutions that deal with people who are assessed to have taken irresponsible risks and made wrong or bad choices (cf. responsibility projects). This kind of work is often done with long-term unemployed people, (former) prisoners, people with mental health and substance abuse problems and homeless people; in other words, people at the margins of welfare services. Clients at the margins of welfare settings are regarded to be in need of re-education. Hence, welfare workers’ responsibilities include undertaking clients’ re-education with the aim of enabling and producing independent and active citizenship. The clients, for their part, have a responsibility to strengthen their independence and capacities in order to be able to make better risk assessments and life choices in the future. In this sense the workers and clients are mutually dependent, since the clients have to help the workers to help themselves (Matarese 2009). Clients who do not participate in this helping of workers might be in danger of being excluded from services due to being defined as unmotivated clients.

Institutions with specific client (re-)responsibilisation obligations are as accountable for the outcomes and cost-effectiveness of their work as any other social and health care services. To fulfil these obligations structured and focused rehabilitation and training programmes have been developed, such as cognitive-behavioural programmes used for example in prisons, whose effectiveness has been demonstrated in evidence-based research on what works and what does not work (Muncie 2006: 776–777; Teghtsoonian 2009: 32).

## Conclusion and discussion

In this chapter we have reviewed the governmentality literature from the point of view of how it deals with the concept of responsabilisation in the context of the advanced liberal way of governing. Our special focus has been on the developments and consequences of the concept at the margins of welfare services. As we have demonstrated, responsabilisation is an umbrella concept that includes a variety of meanings, interpretations and characteristics concerning the state, communities, citizens, welfare clients and workers, service providers and purchasers and their relationships. The concept has been developed and applied in examining the preferred ways of being active, accountable and good actors in advanced liberalism.

The literature dealing with advanced liberalism and especially responsabilisation takes a critical stance. It leads to exploring the relationship between governance techniques, power relations, subjectivity and agency (Rasmussen 2011). Responsibilisation discourse is characterised as normative by its nature, and especially as a political programme it can be understood foremost as a moral project targeted at constituting self-governing subjects. Responsibilisation is defined in a critical light, especially from the point of view of the margins of welfare. It is claimed to produce, for instance, victim blaming and even the abandonment of “irresponsible” citizens. It is also often described as the prevailing and undesirable trend in the Western welfare societies and in general in the globalising world.

The governmentality literature attributes the following core characteristics to the responsabilisation discourse: 1) autonomy and choice, 2) enterprising selves and 3) governing at a distance. These characteristics match and are relevant for both citizens/welfare clients and welfare workers/providers as the subjects of responsibility. We summarised the following emphases of citizens’ and welfare clients’ responsabilisation: 1) active citizenship and the privatisation of risks, 2) self-governing citizens and communities and 3) “irresponsible” citizens and responsibility projects. Whereas welfare workers’ and service providers’ responsabilisation is discussed in the literature from the following angles: 1) managerialisation and new accountability, 2) risk management and prevention and 3) re-educating and producing responsible citizens.

Although the governmentality literature can be regarded as rather theoretical and abstract, it also provides an analytical toolbox for empirical research. As Rose *et al.* (2006: 101) write: “we need to

investigate the role of the grey sciences, the minor professions, the accountants and insurers, the managers and psychologists, in the mundane business of governing everyday economic and social life, in the shaping of governable domains and governable persons, in the new forms of power, authority and subjectivity being formed within these mundane practices”. Accordingly, this book aims to examine whether and how responsabilisation is present in the everyday realities and struggles of citizens, welfare clients and workers by analysing in detail texts, talk and interactions at the margins of welfare services. In doing this we add an ethnomethodologically oriented approach to the gradually growing empirical research on governmentality and responsabilisation (e.g. Colvin *et al.* 2010; Pollack 2010; Whiteford 2010; Rasmussen 2011; Solberg 2011; Brown 2012; Goddard 2012; Lantz and Marston 2012; Broom *et al.* 2014; Gradin Franzén 2015; Juhila *et al.* 2015; Berger 2015; Berger and Eskelinen 2016). In the end, it is the communities, families, citizens, clients, workers, service purchasers and providers that give meaning and content to responsabilisation. It is applied and resisted “here and now” in constantly changing contexts and encounters. Therefore, it is reasonable to examine the realisation of responsabilisation at the grass-roots level as it is talked into being and made sensible in everyday interaction and as the lived experiences of the stakeholders at the margins of welfare services. When approaching responsabilisation from this bottom-up perspective, it is possible to make visible its conflicting meanings and consequences for everyday life and identities – and possible to study how the theoretical claims meet the “messiness”, uncertainties and ambivalent realities of everyday life. As Barnett (2003: 35) and Goddard (2012: 349) remind us: the governmentality perspective and governance programmes are not stable, ready-made and finished. Instead they are experienced in many ways, can be deviated from and modified, and there is always space for agency and resistance within local settings (see also Phoenix and Kelly 2013; Gradin Franzén 2015). Welfare clients and workers are thus not “puppets” that act according to top-down governance.

The governmentality literature brings forward significant analysis of the current society and welfare states in particular and raises relevant issues about responsabilisation and more generally managing responsibilities among different stakeholders in society. So, this book owes a lot to this research tradition and uses its core findings on responsabilisation as important reflective grounds for empirical analyses. Yet, the governmentality literature and advanced liberalism offer only one particular interpretation and discourse of managing responsibilities. Trnka and Trundle (2014: 136) claim that “the term of ‘responsibility’ has been colonized in public life and political rhetoric by neoliberal discourses of responsabilisation” and continue by stating that there are other ways of understanding responsible subjects and responsabilisation (see also Beckmann 2013). For instance,

citizens are bound to each other by “relations of care” and “social contract ideologies” in which the intent of actions are not based on the individual’s own interests, wants and needs (on self-government) but on the wellbeing of others (Trnka and Trundle 2014). This book also pursues searching for the various dimensions of responsibilities and responsabilisation as follows: firstly, by concentrating on local level practices, and, secondly, by scrutinising them in relation to other societal concepts and discourses that consider managing responsibilities and becoming active citizens – namely empowerment and participation, consumerism and personalisation, recovery and resilience (e.g. Howell 2015). Since responsabilisation as it is defined in the governmentality literature is not the only discourse on managing responsibilities in society, it should be compared to such other discourses that might challenge, change and modify the advanced liberal ways of governing communities, families, citizens, clients, workers, service purchasers and providers.

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