



Improving Social Well-Being and Social Equity

Abstract Protecting and enhancing the well-being of citizens is a central goal of modern governments. The specific social programs adopted in various countries reflect their local political and economic contexts. The range of problems considered is very extensive—such as public health services, education and training, social support services, crime and corrections and issues concerned with discrimination in relation to age, gender, ethnicity and religion. The core pillars of social policy—especially income support, health, education, social services and civil rights—broadly constitute the modern ‘welfare state’. All the social reforms were controversial when first proposed in earlier times. As public expectations gradually increased, so political ambitions correspondingly shifted. In most democracies, the problem of deep and enduring poverty, along with gender-based discrimination, came to be seen as unacceptable features of advanced societies. But many programs have remained controversial. Thus, the key dimensions of wicked problems—complexity, disagreement and uncertainty—have permeated social policy debates. The chapter includes a brief discussion of two case studies of wicked problems in action—policies to tackle homelessness and policies regulating drug use.

Keywords Wicked social problems · Social inequality · Social equity · Homelessness · Harm reduction · Prevention policies · Drugs control · War on drugs

INTRODUCTION

This chapter outlines some core features of modern social policy in the context of wicked problems analysis. After noting the main pillars of the ‘welfare state’ programs found in many democratic societies, the chapter shows that social policy debates are often framed in terms of stark alternatives, such as urging individual responsibility and self-management versus providing social support for disadvantaged groups. In policy terms this translates into binary preferences—such as punishing the use of illicit drugs *or* minimising the harm from drug use; providing crisis health care *or* investing in long-term prevention programs; supporting social groups deemed to merit assistance *or* choosing to neglect the ‘undeserving’ poor; relying on charitable programs for the poor and homeless, *or* providing public investment for housing and livelihoods; and so on.

Lack of tolerance and disrespect for social differences are the cause of much distress and conflict at many levels, from households through to the large cities. The social movements seeking greater protection of women and children have made some progress but domestic violence and gender-based discrimination remain significant challenges. The civil and legal rights of ‘citizens’ are superior to the rights of immigrants and refugees (King, 2021; Murray & Longo, 2018), and these differences are fiercely defended in ongoing debates about restrictive welfare policies and border controls. Attitudes to crime and punishment have remained polarised, with little sign that the well-entrenched divide between tough law enforcement positions and the more sociological approaches to harm reduction can be bridged. Many of these social issues are anchored in multiple sources—various forms of structural power (e.g., access to economic and legal resources), together with various social norms and practices that reinforce hierarchy and tolerate discrimination. Proposed remedies are widely resisted; acceptable improvements are difficult to negotiate and implement. In many cases, changes in values and behaviours are needed, but changes in social norms and behaviours are very difficult to define, promote and enforce.

Individualist and collectivist political cultures have shaped different features of policy design, with the former preferring policies that promote self-improvement and individual choice, whereas the collectivist orientation accepts public responsibility for building support systems that enhance social well-being and potentially expand the scope of state action. These different orientations are clearly visible in contemporary debates about inequality.

CONTESTED FRAMINGS OF INEQUALITY

Many of the wicked problems noted by Rittel and Webber in 1973 were about socio-economic inequality and urban planning. They argued that the policy and planning choices available to decision-makers were inherently anchored in competing values, reflecting the divergent perspectives and priorities of stakeholders. Rigorous analysis of social data was seen to be valuable, but they argued that such analysis could not generate consensus about the ‘best’ policy response. Decisions should acknowledge stakeholder differences and the plural interests comprising modern democratic societies. In addition to managing different sets of values and interests, service programs need to be well managed and skilfully coordinated. These challenges have been well canvassed in comprehensive prevention programs. Thus, the impact of a specific initiative might be too weak in the absence of additional supportive measures coordinated across various policy fields. Social problems are often found together—e.g. substance abuse, school drop-out and depression are influenced by risks in multiple social domains, e.g. family, school, peers and individual factors. Hence complex interventions are necessary, requiring careful planning and adequate funding across several policy domains.

The policy challenges of inequality and social vulnerability are large and ongoing, even in relatively rich countries. Social reform proposals are always controversial, with partisan advocates and critics urging different policy directions and funding priorities. The modern welfare emerged unevenly in different countries during the postwar decades of the twentieth century (Esping-Andersen, 1990), with the strongest programs in the Scandinavian countries and the United Kingdom. The core social policy pillars of the welfare state—especially income support, health, education, social services and civil rights—were widely contested when first proposed, and reforms were hard-won especially in the more individualist political cultures such as the United States. For example, the US federal legislation in 1964–1965, which granted civil rights and voting rights for ethnic minorities, was accompanied by extended turmoil and struggle for meaningful implementation of these rights and opportunities. The US government also initiated new investments in education, social security and employment programs to combat poverty and disadvantage. The success of these ‘Great Society’ initiatives in the 1960s was strongly disputed—advocates praised the progressive social goals and some initial achievements across several related fields (Levitan &

Taggart, 1976), whereas critics claimed there was wasteful ‘big spending’ on hastily constructed and ineffective programs (see overview in Aaron, 1978). The program planning and implementation capacity for urban renewal programs (job-creation, public works and housing) was also criticised for its poor coordination and lack of performance information (Pressman & Wildavsky, 1973). Similar social policy debates have echoed throughout more recent discussion of social security, citizenship rights, education, public health services and the welfare state in OECD countries (Esping-Andersen, 2015; Greve, 2020; Van Kersbergen & Vis, 2014).

In order to illustrate the wicked aspects of debates about social well-being and public health, the chapter considers two main examples—homelessness and drugs policies. There are many other debates that could provide insights about social behaviour and social regulation, such as child protection, domestic or family violence, crime and punishment, health insurance, healthy nutrition, racism and sexism, immigration and refugees, Indigenous cultures, and so on. In many instances, the historical debates about sub-group differences have been framed by mainstream demands for social conformity and enforcing dominant views about ‘normal’ behaviour. In prosperous times, the pressure for all groups to adhere to mainstream values and behaviours has been partially relaxed, assisted by appeals to the principles of tolerance and civic rights. In times of crisis and social turmoil, discrimination tends to be strengthened. Many social science research initiatives have explored the issues underlying these social problems and associated policy debates. Social research has attempted to:

- explain the multiple values, interests and perspectives that shape enduring disputes and disagreements about the nature and significance of social problems (e.g. Bacchi, 2009; Stone, 2012);
- examine the multiple causal factors (attitudes, processes, resources and power relations) that underpin social disadvantage, social conflict and anti-social behaviour (e.g. France & Homel, 2007; Van Ryzin et al., 2018); and
- provide reliable knowledge about the relative effectiveness of particular services and programs that address these problems (e.g. Boaz et al., 2019; Campbell Collaboration, 2021).

HOMELESSNESS AS A WICKED PROBLEM

Homelessness, broadly understood as inadequate housing for individuals or social groups, is an enduring problem internationally. Homelessness occurs in countries with very different demographic and socio-economic profiles and different levels of welfare support services. From time to time, the problem attracts enhanced political attention leading to new policy initiatives. Welfare interventions—income safety nets, social housing, performance targets and billion-dollar programs—have aimed at reducing or preventing homelessness, as part of broader concerns for poverty reduction, but the problem of homelessness persists in many forms. As with all forms of ‘deep and persistent’ disadvantage (Productivity Commission, 2013), several interacting factors underlying poverty and homelessness can be readily discerned. These contributing factors are all hard to prevent and mitigate. And there is a risk that patterns of social exclusion will become long-term, extending even across generations. The discussion in this section begins with a brief consideration of definitions and problem framing, and then examines causal explanations, policy agendas and arguments about policy solutions.

What is homelessness? Globally, it has been suggested that around 1.6 billion individuals lack adequate housing, while recognising different local standards (Keenan et al., 2021). Within the group of comparatively rich democratic-capitalist countries, it has been suggested that around 1% of working-age adults lack ‘stable accommodation’. In addition, around 10% of families have great difficulty in meeting their housing costs and are therefore at risk of losing their accommodation (OECD, 2020). Homelessness is taken to include short, medium or long-term exclusion from stable and adequate housing. The homeless include those ‘sleeping rough’ in public spaces and abandoned vehicles, people in temporary or transient accommodation and immigrant refugees displaced from neighbouring countries. The quality of available shelter varies widely, including overnight dormitories provided by charitable organisations, and short-term refuges for women and children seeking safety from personal violence. In all these situations, people have very limited control over their material living conditions and thus little control over the key aspects of their lives. Their personal experiences are marked by distress, on the one hand, and gritty attempts to survive and adapt, on the other hand. In short, homelessness is a symptom of significant disadvantage, arising from diverse situations with multiple causal patterns. Some people endure

long-term or chronic homelessness (and are more likely to be registered in official statistics on homelessness), whereas others have more hidden, informal and transitional experiences.

The research literature on shelter for disadvantaged people in advanced industrial societies has a substantial history. Researchers largely agree that lack of income and the high costs of accommodation are the two overarching material factors that drive the rate of homelessness. However, the lack of access to adequate accommodation is often a symptom of other associated problems which serve to disempower the disadvantaged groups (Parsell, 2017; Snow & Bradford, 1994). These multi-layered causal factors include various forms of disability, poor physical or mental health, drugs/alcohol addiction, lack of work skills or employability, and the need to escape child abuse or family violence. Homelessness is seldom the ‘choice’ of the unfortunate victims of situations caused or exacerbated by others, whether resulting from individual aggression or dysfunctional household dynamics.

Research on public attitudes has demonstrated broad community understanding of the nuanced and multi-layered nature of homelessness. In other words, the public generally understands that homelessness is a multifactorial problem—a perception that is consistent with the findings of research literature. In a survey of US public attitudes, Tsai and colleagues (2019) found that a majority of respondents could identify multiple causes of homelessness, including clusters of structural, intrinsic and health factors. The research team concluded that among these structural, intrinsic and health factors, ‘the strongest causes that [survey] participants endorsed in each category were shortage of affordable housing, irresponsible behavior, and substance abuse, respectively’ (Tsai et al., 2019, p. 89).

There have been many difficulties in gaining high policy priority for the homeless, who comprise several sub-groups that attract somewhat different levels of sympathy and support. Deeply disadvantaged groups can be variously regarded either as innocent victims of circumstance, or as a dangerous underclass, or as a disparate collection of ‘undeserving poor’ (Schneider & Ingram, 2005). Among political leaders, some conservatives see homeless people through a ‘deficit’ lens. From this perspective, the homeless are often seen as lacking work skills, indulging in anti-social behaviour and constituting a potential threat to civility and community safety. Strong policing interventions can render the homeless less visible, by their removal from public spaces, along with provision of emergency

shelters for highly vulnerable people needing personal protection. This perspective aligns with an individualist and meritocratic view of the poor as lacking self-discipline and work motivation, and therefore requiring paternalistic restrictions on their conduct and their choices (Soss et al., 2011). To the extent the poor and homeless include victims of bad luck or external crises—hence, more deserving of support—the traditional conservative perspective holds that individuals and their kinship networks should have primary caring responsibilities for disadvantaged family members. Thus, charitable and religious organisations should play the main support role in service provision, with the state providing direct support only in the last instance. To the extent that public funding is necessary for support services, programs are generally outsourced to non-government delivery organisations under tight conditions prescribed by government. This welfare ‘conditionality’, according to Watts and Fitzpatrick (2018), entails prescribing a set of behaviours expected of those seeking access to social benefits, and these restrictive behavioural conditions are reinforced by systems of monitoring and enforcement.

Welfare conditionality has also been adopted by social-democratic governments in order to encourage pro-social behaviour on the part of welfare clients. But historically, social-democratic political leaders have displayed a more collectivist and egalitarian orientation to addressing deep disadvantage. They link homelessness to their wider policy agendas of reducing deep poverty and providing support services for those in most need. Together with health services, income support has been the key feature of social expenditures in OECD countries (OECD, 2019). Cash transfers are generally available for unemployed adults and their dependents, people with disabilities, the aged, and those with chronic health conditions. Reform governments have developed interventions to tackle persistent poverty through active labour markets (job skills, retraining, redeployment), universal health services and coordinated support for families and households. In many countries, direct accommodation services have also been provided, often with a focus on the needs of highly dependent social groups such as single parents with young children and victims of domestic violence.

In relation to social housing services, there have been deep debates about the most appropriate policy instruments for delivering accommodation support. The debates focus on ranking the categories of ‘deserving’ clients, the various forms of subsidisation, the duration and conditionality of the support, levels of public investment for building additional

accommodation, and the governance arrangements for programs. The underlying issue has been whether governments should heavily invest in the construction of 'social' housing, to assist poor tenants who cannot afford the standard costs of rental accommodation in the housing market. In some countries, considerable public investment in the postwar decades was directed into building accommodation for 'welfare' clients, although these facilities were often located in areas where land was cheaper but support services were difficult to access. In multi-level government systems, all levels of government have been involved various aspects of funding, planning and managing such arrangements. However, since the 1980s with the rise of NPM managerialism and neoliberal 'small government' ideologies, successive governments have sold public housing stock and substantially abandoned their former roles as landlords and owners of accommodation for poor tenants.

The contemporary debate is shaped by the ideological divide between state-led, market-led and community-led approaches to social housing. In all countries, lack of access to 'affordable housing' for poor families remains an entrenched or structural problem. Given that people in poverty cannot afford accommodation in the regular market, what is the role of government in providing accommodation options? The neoliberal preference is for governments to step back from a direct role and to utilise market-based mechanisms to achieve effective housing outcomes. For example, rent subsidies in the private market are preferred to public provision, thus avoiding overheads in terms of staffing, reporting, coordination and compliance. However, this does not address the complex needs of many homeless people in chronic poverty, who may require several forms of service intervention (OECD, 2020a). The neoliberal model generally overlooks the accepted links between several dimensions of disadvantage (such as the close links between shelter, health, safety and employment).

Research and evaluation studies have produced detailed knowledge about the risk factors and complex causal mechanisms that can inform service improvements and interventions. However, evidence-informed policy interventions are difficult to design, owing to the high variability in individual circumstances and contexts, and the difficulty of implementing sound strategies in the face of political polarisation. In the past, people seeking social housing have generally been assessed not only in relation to

their needs but their behavioural tractability. Conditions attached to eligibility for social housing have discriminated against people with criminal histories, drug use and mental health issues.

An alternative approach has been trialled since the 1990s in several countries. Known as ‘housing-first’, this model places much less emphasis on conditionality and more on rapid access to accommodation and human rights for housing (Clarke et al., 2020). The assumption is that health-related and skills-related challenges can be best addressed within secure housing. ‘Housing-first’ strategies seem to have an early record of achievement (Padgett, 2013), providing they are fully funded (Parsell et al., 2013). Two systematic reviews for the Campbell Collaboration recently confirmed that timely provision of social housing enhances stability of accommodation tenure and improves effective treatment of health-related conditions among tenants (Keenan et al., 2021; Moledina et al., 2021).

However, the structural problem of housing under-supply is a huge obstacle to improvement. Thus, while several OECD countries are developing innovative ‘housing first’ approaches to address homelessness, ‘temporary shelter and emergency services’ remain the dominant model of provision, despite their limited capacity to facilitate sustainable exits from homelessness (OECD, 2020a). According to a critical overview of studies to reduce street homelessness, the lessons that should have been learned include: ‘be housing-led, offer person-centred support and choice, take swift action, employ assertive outreach leading to a suitable accommodation offer, ensure services address wider support needs, and collaborate effectively between agencies and across sectors’ (Mackie et al., 2019).

A multi-layered approach is clearly necessary to reduce homelessness and mitigate risk. Cooperation across sectors is needed, and competition for scarce resources needs to be managed (MacLeod et al., 2016). Given the chronic scarcity of housing, additional strategies are needed to ensure the safety and dignity of those who fail to access adequate accommodation (Coleman, 2012, p. 277). The ‘housing first’ approach has been complemented by ‘micro’ services provided by charitable groups (such as food distribution and mobile laundry); these are indeed important and well-intentioned initiatives. But they cannot deal with the fundamental challenges of insufficient housing availability and declining affordability. Market structures and tax incentives drive the spiralling costs of rental accommodation and private home purchasing (for example, see Metcalf, 2018 for USA and Maclennan et al., 2021 for Australia). Some elements

of the social housing crisis could be improved through encouragement of innovative not-for-profit housing associations, and through policy and regulatory changes to tax incentives. However, the power elites that enjoy the benefits of large inequalities in asset wealth are also adept at political persuasion and resisting major reform. These massive untamed housing problems occur in most large cities of the world.

DRUGS POLICY AS A WICKED PROBLEM

Modern societies have long grappled with the complexities of regulating the use of drugs. Some drugs are specified or endorsed for official use in clinical-medical settings. Very different rules—including prohibition and criminalisation—govern the use of ‘illicit’ drugs in recreational and social settings. The political economy of drug production and distribution is ‘big business’ in every sense. On the one hand, the authorised pharmaceuticals industry is a vast and profitable sector. But on the other hand, the lucrative illegal trade in narcotics is dominated by criminal cartels, which use violence, intimidation and corruption to protect their supply chains and expand their illegal enterprises.

There are many ways of framing the problems and goals in drugs policy, depending primarily on whether the key priority is given to strong law enforcement (to suppress drug use and distribution), or alternatively, whether the priority is given to the health of all citizens (by reducing avoidable deaths and diseases associated with drugs). There are disagreements about values and major gaps in knowledge regarding drug use and drug regulation. In short, there are major debates about measures to tackle the diverse challenges, the scale at which responses are required, and who should be responsible for fixing the problems. Policy responses vary widely. At one end of the spectrum, militarised force is used to repress drug cartels, disrupt their business models and incarcerate large numbers of gang members. At the other end of the spectrum, public health services provide treatments for drug addiction, conduct education campaigns about the dangers of non-medical use of drugs, and consider the likely effects of decriminalising ‘soft’ drugs for personal use. Individuals with drug addictions often suffer from multiple risk factors including mental and physical health conditions and unstable housing. However, mainstream politicians who want to project an image of ‘strong leadership’ in the war on drugs are often attracted to tough law-and-order policies that are intended to deter drug supply and drug use, with high

penalties and well-publicised enforcement efforts. Policies about illicit drugs tend to be directed either at controlling and suppressing illegal production and distribution (supply-side controls) or directed at regulating individual users of illicit drugs. The research evidence tends to show that prohibition and deterrence are not effective, or have unintended negative effects, owing to the profitability of trading in illegal commodities and the addictive dependencies of many consumers. Suppression or disruption in one locality may facilitate expanded activities elsewhere.

Many commentators regard the drug-control policy field as marked by inconsistencies, paradoxes and unanticipated effects (McKeganey, 2011; Roberts & Chen, 2013). The criminal violence that underlies the illegal drugs trade is a product of the illegal status of the narcotics and the premium prices available in rich countries for the raw materials (e.g. opioids) produced mainly in developing countries. Complex situations have emerged in the latter countries owing to the inter-dependencies between the livelihoods of rural workers and local warlords in remote borderlands. International organisations hoping to broker peace-deals must contend with the ‘fundamental tensions and trade-offs’ between the goals of sustainable development, drugs control and peace-building (Goodhand et al., 2021). The international dimension of the drug trade increases the political complexities and knowledge gaps. Many analysts have agreed on the need to rethink fundamentals (Clark et al., 2021). Recent appraisals indicate a growing consensus across the political scale—from conservatives (Coyne & Hall, 2017) to progressives (Bartilow, 2019)—that the so-called ‘war on drugs’ and its prohibitionist attempt to crush the drug importation trade has been a failure and even counter-productive. Criminal gangs have also turned to other lucrative options based on local production of synthetic narcotics (such as amphetamines), which have become widely available through a myriad of decentralised labs.

Alternative policy strategies, such as decriminalisation of several classes of drugs, have been increasingly advocated by domestic and international lobbyists as the best way to undermine the profitable business model of the crime gangs that control the illegal drugs trade (Garcia-Sayan, 2018). These alternative approaches to drugs policy have largely been motivated by public health concerns rather than law enforcement. The drugs challenge is reframed in terms of improving health services to minimise harm to individual drug users and their households. Clinical measures include specialised centres for the treatment of drug addiction, such as

safe-injection clinics which aim to reduce drug overdose deaths, minimise transmission of needle-related diseases and encourage drug substitution (such as methadone) and the rehabilitation of addicts. Some such initiatives benefit from retaining a low-key public profile, while being strongly supported by local professional networks (O’Keefe et al., 2020). Senior health bureaucrats and program evaluation researchers are likely to focus on the strategic level of policy learning and design, leaving the advocacy groups and service providers to generate political momentum for expanding harm-reduction services (Baker et al., 2020).

In countries where drugs policy has become aligned with health service delivery rather than policing, the political culture may be more open to considering sensitive policy options such as decriminalising certain forms of drug use. Decriminalisation in various forms has proceeded in many countries since around 2001 when Portugal deregulated the possession of drugs for personal use (Hughes & Stevens, 2020). Proposals to permit individuals to consume small quantities of certain drugs for personal use are sometimes accompanied by proposals for the state to establish heavily regulated markets for various drugs (Rolles, 2010). There is substantial evidence that countries taking a more liberal stance have not witnessed an overall rise in drug use and drug-related deaths. But the disjunction between evidence and politics is severe on these issues. A UK parliamentary committee reported in 2019 that the traditional repression model for drugs control was failing and that a health-oriented model should be considered. However the government responded that it would not be changing its stance on drugs policy (Burki, 2019). This outcome is consistent with debates in the UK in earlier decades. For example, Monaghan (2011, 2014) found that the expert advisory bodies had tended to favour liberalisation of the regulatory regime governing personal drug use (especially regarding cannabis); but that ministers and MPs were guided by conservative political values.

The prohibition approach and the ‘war on drugs’ have reinforced the militarisation of law enforcement to combat crime gangs. In some countries like the USA, this policy also accelerated the number of incarcerated offenders (Travis et al., 2014), and even encouraged private investment in the prison sector as a growth area for private enterprise. An analysis of US drugs policy and enforcement systems, commissioned by the American Enterprise Institute, concluded that drugs policy was failing in most of its elements (Boyum & Reuter, 2005). This study recommended that incarceration for low-level offences for distribution and use

of soft drugs should be avoided; and that programs be greatly expanded for treating addiction. Harm minimisation programs, aimed at mitigating adverse effects of drug addiction, provide safe facilities for drug injection to reduce the danger of infection or overdose. Critics of this approach claim it might encourage drug use. In some cases, an offending addict is required by a court to undertake a methadone program as an alternative to prison.

Strengthening primary prevention strategies, through drug education, is also recommended by many health professionals. Drugs education programs, to reduce the likelihood of children and teenagers experimenting with drugs, are aimed at the entire school-age population. Some programs are also targeted to address the social precursors to drug use, such as troubled family life, low self-esteem or poor schooling. This is a very difficult area of social intervention, given that family dysfunction may increase the difficulties of a collaborative approach.

Thus, formulating and implementing policies to control illicit drugs is highly complex and contested (Alford & Head, 2017, p. 408). There are many types of drugs, some extremely dangerous and not suitable for legalisation. There are also many moral viewpoints about the use of soft and hard drugs. Drug use is found across all social classes, from rich celebrities through to socially marginalised groups. There are many types of actors with diverse roles and motivations among the disparate groups of suppliers, consumers, enforcers, policy managers and regulators. At the heart of drugs policy lie two inherent complexities: illegality, which generates gaming around access to rewards; and addiction, which rules out solutions dependent on the rational interests of addicts. The clandestine nature of the illegal drug trade and its global dimensions entail many unknowns about how to influence the large and small actors in this trade. At the level of individual addicts and habitual drug users, there are many contending views about how people become addicts and the place of personal responsibility for self-harming decisions. There is a strong argument for non-custodial sentencing in response to low-level offences such as simple possession (Stevens et al., 2022). All these factors and diverse perspectives combine to ensure that clarity and consensus about drug policy cannot be reached.

The case for conceiving of drug policy as a wicked problem is very strong. There is no basis for reasoned consensus either about the framing of the overarching problem or about the preferred effective solution. Such examples help us come to terms with the degree of difficulty in tackling

wicked problems. They also help us to identify which particular aspects of the problem are more deserving of our attention, and what kinds of intervention might be effective in tackling which part of the problem.

CONCLUDING COMMENT: KNOWLEDGE FOR TACKLING WICKED PROBLEMS

The positive contribution of the social sciences in the domain of wicked problems is to provide evidence-informed analyses of issues and options and to work alongside policy-related actors to improve the quality of public debate and deliberation on important issues. The ‘science’ dimension of policy knowledge is diverse, since there are several valued forms of understanding and there are diverse stakeholders who hold relevant knowledge and experience. In considering wicked problems, it is clear that the ‘science’ element (however broadly defined) is plural rather than singular; and that values and interests form the context in which various forms of knowledge contend to determine an acceptable solution. This approach implies that different problems have different features that increase the prospects for a shared understanding and agreed solution. In this sense, a policy problem will be more likely to be experienced as intractable and wicked when some or all of the following conditions are present:

- *Structural complexity*: inherent intractability of the technical (i.e., non-stakeholder-related) aspects of the problem.
- *Knowability*: Not only is there little knowledge about the issue, but the nature of the problem or its solution is such that it is *unknowable*—that is: the relevant information is hidden, disguised or intangible; it comprises multiple complex variables; and/or its workings require taking action to discover causal links and probable outcomes.
- *Knowledge fragmentation*: the available knowledge is fragmented among multiple stakeholders, each holding some but not all of what is required to address the problem.
- *Knowledge-framing*: some of the knowledge receives either too much or too little attention because of the way it is framed, thereby distorting our understanding.

- *Interest-differentiation*: the various stakeholders have interests (or values) which are substantially in conflict with those of others.
- *Power-distribution*: There is a dysfunctional distribution of power among stakeholders, whereby very powerful actors can overwhelm less powerful ones, even if the latter constitute a majority consensus; or whereby sharply divided interests are matched by sharply divided power (Alford & Head, 2017, p. 407).

Many analysts agree that the level of intractability of a policy problem depends on the extent of divergence among stakeholder viewpoints, linked to different values and different assessments of uncertainty and complexity (Hoppe, 2010). But the capacity to manage difficult problems also depends on governance capacities (Howlett et al., 2015; Pierre & Peters, 2005). These capacities and resources include organisational resources, skilled analysts, competent managers and performance-oriented leadership, but these factors must operate in local contexts that are shaped by patterns of conflict and cooperation, the previous history of policies and programs, and community perceptions of procedural fairness and legitimacy. The capacity to develop relatively evidence-based or expert-driven approaches to social problems is not widely available, and the desire to follow that pathway is considered misguided by some scholars and practitioners. Given the inadequate development of governance arrangements for dealing with large and compound problems, some analysts have argued for a pluralist and incremental approach (rather than a comprehensive architecture for rational policy planning). In accord with the pluralist assumptions of cultural theory, the quest for rational scientific solutions has been rejected by those who favour a more pragmatic and adaptive approach that tolerates iterative and partial solutions.

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