Community psychologists advocating for action on poverty and social inclusion

Emma Sampson
Heather Gridley
Australian Psychological Society
Colleen Turner
Lentara Uniting Care, Australia

Community psychology prioritises social justice and, given that we seek to work systemically, advocacy is integral to our roles. For community psychologists, advocacy around issues of poverty and social inclusion/exclusion can take various forms, from influencing public policy agendas to working for change within mainstream psychology contexts, or forming coalitions with like-minded community groups. This article is based on a 2010 submission prepared by the authors on behalf of the Australian Psychological Society (APS) to the Australian Social Inclusion Board's 'Public Consultation on Breaking the Cycle of Disadvantage'. Using this submission as one example, we consider some contributions community psychology as a discipline and practice can make in advocacy around, and primary prevention of, poverty. Our submission urged the Board to look beyond individually-focussed 'cycles of disadvantage' explanations and interventions, to foster locally grounded, strengths-based programs and long-term investment to address the structural inequalities known to be the primary causes of disadvantage. Beyond the submission, we outline common dilemmas arising in our advocacy attempts from within and outside psychology. Finally we discuss the question 'Have we made any difference?' and consider what we learned from the submission process about how community psychologists might advocate from different standpoints for policies that combat poverty and promote genuine social inclusion.

This article is based on a 2010 submission prepared by the authors on behalf of the Australian Psychological Society (APS) to the Australian Social Inclusion Board's 'Public Consultation on Breaking the Cycle of Disadvantage'. Using this submission as an example, we consider some contributions community psychology as a discipline and practice can make in the form of advocacy and primary prevention to address the causes and consequences of poverty and disadvantage in Australia. In this way we hope to redress Prilleltensky and Nelson's (1997) observation that community psychology literature:

> … has paid very little attention to issues such as social action, advocacy and social change movements, poverty and anti-poverty organisations, grass roots community organising, human rights, sustainable community economic development and social policy … (and) … much greater attention is paid to research methodology than to our work's political dimensions and dynamics. (p. 178)

We begin by briefly discussing poverty and disadvantage in the current Australian context, including public policy responses. We then present our submission in abridged form, followed by our reflections on the ways in which we sought to influence the Australian Government's policy and practice agenda in relation to social inclusion, disadvantage and poverty.[1]

As authors we draw on our community psychology backgrounds and from our respective organisational and role contexts. Colleen is currently employed as Manager of

the Communities for Children 0-12 program at Lentara Uniting Care in Broadmeadows, Victoria. Emma and Heather work in the APS Public Interest team, which focuses on the application and communication of psychological knowledge to enhance community wellbeing and promote equitable and just treatment of all segments of society. Colleen and Emma have recent experience working alongside people living in both absolute and relative poverty, while Heather has been involved for a sustained period of time in teaching, advocacy and leadership capacities working towards social justice. All three are members of the APS College of Community Psychologists, and in keeping with our community psychology values and approaches, we are committed to ensuring that discussions about poverty include those who are subject to its influence, and we work to influence change from the positions we currently occupy.

In presenting a substantial part of the APS submission, we illustrate some ways in which both mainstream and community psychology can be used to advocate for those who experience disadvantage and exclusion. However it is important to preface the submission extract itself with a brief discussion of some of the dilemmas we faced in undertaking this advocacy from the roles and organisations within which we are located. A more detailed examination of these dilemmas is beyond the scope of this paper, but as presented they serve to prompt critical reflection and discussion among community psychologists engaged in advocacy efforts.

Dilemmas We Faced

As we worked together on the submission, a number of dilemmas arose for us that typically confront our advocacy attempts from within psychology and more broadly our ability to influence government and public policy agendas:

- The need to justify internally the role that psychology, and more specifically the APS, could play in social justice issues (e.g., how are human rights psychological?). Within mainstream contexts, the assumption persists that psychology is 'value free', with minimal acknowledgement of the social, economic and political context within which behaviour (and indeed the professional organisation) is located. Hence efforts to influence government policy in areas such as mental health service provision are rarely questioned, but issues relating to human rights or social justice are seen as 'outside the scope' of psychological science or practice.
- Concern that, by adopting the 'expert' position occupied by psychology, we are complicit in the psychologising of social phenomena and justifying governments' increasingly individualised approaches.
- What can we add to the discussion, representing the APS as a mainstream psychology institution, that other advocacy groups cannot/are not saying?
- What can we offer to a debate, whether as community psychologists or within a mainstream psychology response, that will support what others are saying – particularly adding strength and value based on psychological evidence/ expertise? Can the quantity of voices from a range of perspectives force a tipping point for policy and policy critique?
- From whose perspective are we advocating? (What groups or voices do we risk disempowering or silencing with our expert power claims?)
- How do we ensure that we advocate from an individual mental health *and* community wellbeing perspective, and what happens when these are in conflict?
- Inside or outside – how close do we get? (e.g., being invited by a

government department to evaluate services, or aligning too closely with lobby groups).

- Submission fatigue – since we have been advocating in relation to refugee and immigration issues for over a decade, with little positive change in policy, does what we say matter? Should we continue?

The Australian Government 'Social Inclusion' Approach to Poverty and Disadvantage

Poverty is not a term often discussed in the Australian context. Government-preferred concepts such as 'social inclusion' or 'disadvantage' aim to be non-stigmatising, capture the dynamic relationship between individuals and their environments, and build on the strengths of individuals and communities. However, while possibly addressing some of the issues facing those living on a low or inadequate income and in substandard conditions, such approaches can tend to overlook the structural conditions within which poverty is created and maintained. It is often poverty that underlies why people are not included (or excluded) in society; therefore, approaches to include and engage individuals and communities are limited in their effectiveness if the structural causes of disadvantage are not addressed.

The Australian Government established the Australian Social Inclusion Board and a Social Inclusion Unit in the Department of the Prime Minister and Cabinet in 2008 as its main conduit for research, consultation and advice on ways to achieve better outcomes for the most disadvantaged in Australian society. Between March and November 2010, the Board conducted research and community consultations[2] on how people manage to break 'cycles of disadvantage', with a view to advising the Government about policy options to address such cycles. As part of this research, organisations and individuals were invited to make submissions to the Board. The

three authors[3] of this paper prepared a submission on behalf of the APS. A shortened form of the submission is reproduced here with permission from the APS, and is followed by our reflections on the ways we drew on our community psychology backgrounds as well as our current positions to shape the submission, together with a number of lessons we learned along the way.

The APS Submission

Overview. The Australian Psychological Society is the premier professional association for psychologists in Australia, representing almost 19,000 members. Psychology is a discipline that systematically addresses the many facets of human experience and functioning at individual, family and societal levels. Psychologists bring their skills and knowledge to enhance understandings of the individual, family and systemic issues that contribute to social problems, and to find better ways of addressing such problems. Community Psychology has a particular focus on social justice approaches to social inclusion, and on interventions at a community level.

The APS is well placed to contribute to this consultation by identifying psychological research and best practice as it relates to social inclusion and disadvantage. The APS has developed a series of literature reviews, discussion papers, forums and position statements in the public interest on a range of issues, including position papers on racism and prejudice, refugee mental health and climate change, and a roundtable forum on homelessness.

The APS acknowledges the detrimental effects of poverty and disadvantage on the mental health and wellbeing of individuals, families and communities. Conversely, those experiencing mental health issues are also increasingly likely to experience disadvantage, be on low incomes and live in

poverty. We are committed to ensuring that effective services and progressive interventions are accessible to all, including disadvantaged groups, and that psychological knowledge is used to address disadvantage in all its forms.

It is important to acknowledge the role of agency in the lived experience of disadvantage, and to recognise the potential of individuals and families to counteract adversity. The APS also recognises the role of structural factors, including access (or lack thereof) to material and social resources, in maintaining and/or counteracting disadvantage. We are concerned that by attributing the causes of disadvantage to individuals and families, there is a risk of further marginalising already vulnerable groups, holding them responsible for a situation that has social causes. This approach perpetuates victim blaming and leads to stigma, at both an individual and community level.

We support a broad definition of disadvantage that not only incorporates income level, employment status or housing (although these are essential in any discussion of disadvantage), but also accounts for social exclusion. Such exclusion can include a lack of access to opportunities, networks and resources, as well as emotional and practical support.

Increasingly there is a recognition that it is important to understand how disadvantage functions at a community level, as emerging evidence suggests that disadvantage is not evenly distributed across communities, but is concentrated in particular locations, and that household disadvantage is exacerbated by neighbourhood disadvantage. Promising approaches here include community level interventions and place-based approaches. The APS recommends attention to the *Australian Community Psychologist* Volume 20 No 1 June 2008 on place-based research, and the recent special publication of *Family Matters* (No. 84, 2010) on family and place. The issue

of the *Journal of Health Psychology* that begins with a special section of 7 papers on the theme of 'health psychology, poverty, and poverty reduction' is also recommended (Murray & Marks, 2010).

The APS particularly supports the next step of the Board's proposed research (engagement of those who have experienced disadvantage) to ensure the voices of those who experience disadvantage are heard. This process should work towards ensuring that disadvantaged individuals and communities are not further marginalised by surveillance-based approaches to inclusion. A strengths-based approach that engages with communities in conceptualising disadvantage through to implementing initiatives and evaluating outcomes is imperative to ensure efforts are targeted and effective; and practical supports are key to ensuring inclusive involvement is achieved.
Disadvantage in Australia. Being disadvantaged in Australia means having a low or inadequate income to cover the essentials of living (e.g., food, clothes), and living in substandard conditions. The groups most at risk of living in poverty include single parent families, people who are unemployed or underemployed, people with disabilities, Indigenous Australians, migrants and refugees (Brotherhood of St Laurence, 2002).

There is mounting evidence that suggests disadvantage is growing within Australia. For example, figures from the Australian Institute of Health and Welfare (2010, cited in Australian Council of Social Services [ACOSS], 2010) show 62% of people seeking crisis housing accommodation are turned away by homelessness services, and over 105,000 Australians are unable to find a bed on any given night. There are still very high levels of unemployment among young people, older workers and low skilled workers, with entrenched unemployment having devastating impacts on the health, welfare and relationships of individuals and

communities (ACOSS, 2010).

Significant trends and challenges affecting disadvantage and inequality include:

- Rapid population growth, particularly in outer urban areas;
- Lack of access to affordable housing and continuing homelessness;
- Lack of access to affordable, convenient and accessible transport;
- Growing unemployment and underemployment, and the increasing lack of flexibility of the labour market;
- Growing numbers of people with multiple and complex needs;
- Increasing social isolation and exclusion;
- Issues facing migrants and refugees, including settlement and racism;
- Pressures on the public health system, particularly for rural and remote communities; and
- The most severe impacts of climate change falling on the most vulnerable and disadvantaged communities.

Furthermore, Aboriginal and Torres Strait Islander people make up 2.5% of the Australian population and continue to suffer disproportionately from the consequences of colonisation and on-going disadvantage. The small, dispersed nature of Indigenous populations and communities, the lack of infrastructure required to establish and maintain health and wellbeing in remote communities, the extraordinarily high levels of morbidity and mortality, and extreme poverty and disadvantage, all pose major barriers to people's wellbeing, as well as to decent health service delivery (Kelly, Dudgeon, Gee, & Glaskin, 2009).

Disadvantage, health and wellbeing. Poor social and economic circumstances affect health throughout life. There is evidence that "children living in circumstances of household disadvantage have poorer health and developmental outcomes when compared to children growing up in non-poor households" (Warr, 2008, p. 22). Research indicates that poverty harms children's

developing brains, creating potentially lifelong impairments (Psychologists for Social Responsibility, 2010). The social and economic conditions that affect whether people become unwell, and whether they develop mental health problems, are also well known, and point to the importance of living conditions that adequately meet people's basic needs.

Those living in poverty often struggle to meet their material needs (including food and shelter), which impacts directly on psychological health, individual life satisfaction and the ability to participate more broadly in society. Psychological research has highlighted the detrimental impact of poverty and a failure to protect the economic rights of single parents on the emotional and social health and wellbeing of children and families (Barth & Gridley, 2008). Poverty is the single greatest threat to individual human development, and has detrimental health impacts as outlined by Psychologists for Social Responsibility (2010):

Poverty and inequality are responsible for adults often being too stressed to parent well; inadequate access to nourishing food, clean water, and sanitation; dilapidated housing, homelessness, and dangerous communities; schools unable to educate children to read, write, and think for themselves; conflict, crime, and violence; few work opportunities and low pay for jobs that do exist; daily struggles to manage personal, family, and financial chaos; and risks for premature birth and early death. All of these consequences contribute to the developmental damage that results from limited access to the basic resources that nurture us. Ultimately, poverty and inequality engender hopelessness, helplessness, and misery, and they

tear at the social fabric of families and communities. (para. 2)

Attributing the causes and consequences of disadvantage. The maxim that disadvantage accumulates across generations and that individuals can 'break free' from this cycle has guided much of the research, public discourse and policy making in Australia. Within this approach, disadvantage is often constructed as the result of poor *individual choice,* and can thus be *transmitted* from one generation (parents) to the next (children). Interventions consequently focus on identifying deviant individuals and families, rather than on ways to address the social context of disadvantage (Breheny & Stephens, 2008).

Following on from this position, attempts at understanding and assisting individuals to 'break free' from this 'cycle of disadvantage' have been predominant. For example, research has focused on individual level factors that enable some people to escape from disadvantaged backgrounds (Pilling, 1990), and more recently the concept of resilience has been used to explain differences in how individuals and families deal with their life situations. Thus interventions targeted at the individual and family levels range from financial literacy in children, parenting skills courses, to employment programs for unemployed parents.

While it is important to acknowledge the significance of human agency and resilience in overcoming adversity, this approach to disadvantage is problematic and risks further marginalising already vulnerable individuals, families and communities by:

- individualising a largely structural phenomenon by attributing the causes (and subsequent solutions) of disadvantage with(in) individuals and their families;
- failing to capture the dynamic and complex nature of disadvantage, including the role of social exclusion; and
- overlooking the important role played by

neighbourhoods and communities in confronting and/or maintaining disadvantage.

The 'personal responsibility' approach holds that disadvantaged individuals and families are responsible for their situation, and individual psychological explanations are used at each stage of the 'cycle', attributing individual situations to personal choices. For example, people are seen to choose not to work and instead to rely on welfare, rather than as constrained by limited opportunities (Breheny & Stephens, 2010). Within this discourse, Breheny and Stephens note that there is an assumption that choices (and resources) are available to all people equally, and that individuals determine whether this choice is made. Ultimately the individual is held responsible for poor outcomes and "consequently, disadvantaged populations are chastised for poor health habits and financial dependence" (p. 758). Similarly, the focus on families as the cause of dysfunctional outcomes, whereby disadvantaged families are viewed as failing to equip their children with the right skills for social advancement, "functions to obscure the role of structural inequality in reproducing familial disadvantage" (p. 760).

While it is important to support the role of human agency and recognise the potential of individuals and families to counteract adversity, if families do not have adequate housing, food or access to education and flexible employment, they spend most of their time and energy coping with the disadvantage and have little capacity left to 'break out'. For example, for single parents wishing to work or study, childcare remains expensive relative to income available via the sole parent benefit. In addition, the employment available is likely to be relatively poorly paid, insecure and inflexible. Better supports need to be developed for parents to participate meaningfully in the workforce and for children to be cared for by those they are

attached to. Research has also demonstrated how (individual) agency is undermined and restricted by structural factors such as unemployment (Fryer, 1986). For example, beyond issues of attitude and emulation of parents, a range of structural factors are known to inhibit participation in work, including limited work experience, low levels of education, childcare costs and transport difficulties (Vinson, 2009), as well as discrimination practices in recruitment process and in the workplace.

Powerful systemic factors frequently hamper movement out of poverty, so the adverse effects of an impoverished childhood often carry into adulthood (Psychologists for Social Responsibility, 2010). Members of families with low incomes often have limited educational opportunities, leading to much narrower employment options. In this way, poverty and social exclusion can affect successive generations (Brotherhood of St Laurence, 2002).

Disadvantage therefore, needs to be understood as a multidimensional concept, at the individual, family, community and structural levels. For example, key pathways to homelessness identified include poverty, the experience of homelessness as a child, and family history of homelessness, and social exclusion (e.g., racial discrimination). Individual factors like substance use, transitions (e.g., from gaol, from inpatient psychiatric services, birth of first child, retirement) are important, but of equal or greater significance are structural factors such as climate change, racism, colonisation, insufficient housing stock and cost of childcare both for pre-school and school-aged children.

In fact, research shows that how we structure our economies and business practices – including low wages, lack of workers' benefits, and insufficient community resources – are significant contributors to poverty. Moreover, government programs to help the poor don't enable most of them to escape the

structural dynamics that limit their access to much-needed resources (Psychologists for Social Responsibility, 2010).

Disadvantage and social exclusion. The 'cycles of disadvantage' approach fails to consider the circumstances, relationships and barriers contributing to disadvantage at a social or community level. Concepts such as social capital, sense of community and social inclusion/exclusion can enhance our understanding of the complexity of disadvantage, and its causes and solutions. Consideration of social exclusion frames disadvantage within a context and recognises the dynamic relationship between individuals and their environment/community, without holding individuals solely responsible for their situation. Such an approach recognises the importance of relationships, networks and location as vital contributors to health and wellbeing, and the ability to gain access to resources as imperative in overcoming disadvantage (Brackertz, 2006).

Research into those experiencing social exclusion has highlighted the inability of people living in poverty to access emotional support from other people, which exacerbates feelings of depression and low self-esteem (Barth & Gridley, 2008). Limited social support in terms of having people to help with essential practical demands further jeopardises mental health and makes life even more difficult and stressful. Barth and Gridley also identified social exclusion as a major issue for the children of impoverished single parents, in terms of not being able to take part in any meaningful social interactions or activities that most children take for granted and which could help them understand the broader range of opportunities available in adult life, such as taking part in school excursions and feeling able to invite friends home.

There is a growing awareness that disadvantage can be mitigated, and in turn overcome, by addressing social exclusion and strengthening communities. For example, in

some of Australia's most economically and socially disadvantaged suburbs, residents' sense of community has mediated the lack of consequences of crime, child abuse and poor physical and mental health (Vinson, 2004). Similarly, sense of community has been found to moderate effects of the structural disadvantage that leads to youth migration from rural and remote communities to urban settings (Pretty, Bramston, Patrick, & Pannach, 2006).

In short, it appears that the processes and locations of communities and neighbourhoods are an important consideration in addressing disadvantage. It is important to provide both individual and community programs and services that assist individuals and families in context. Those programs should be flexible, voluntary, easy to access, and not tied to admitting stigmatising facts such as child protection or substance use/abstinence. The 'no wrong doors' approach espoused in the Australian Government's (Commonwealth of Australia, 2008) White Paper *The Road Home: A National Approach to Reducing Homelessness*, if underpinned by strong inter-agency collaborative models, offers a promising example of this principle.

Addressing disadvantage at the neighbourhood and community level. Increasingly there is a focus amongst social researchers on how disadvantage is experienced at a neighbourhood or community level. This shift in focus recognises the important role of place or community in creating, sustaining or disrupting disadvantage. There is mounting evidence that social and economic disadvantage is not evenly distributed, but concentrated in particular places (Byron, 2010). The futility of continually intervening at the individual or family level, particularly in disadvantaged communities, is highlighted by such research. For example, while assisting an individual recipient of an employment program to obtain employment may help that person/family's situation, it does nothing for the next

unemployed person from the same community if opportunities for employment do not increase (Fryer, 1999).

Neighbourhood or location disadvantage has been characterised by high rates of families who face unemployment/under-employment, homelessness, child poverty, and low levels of employment (Byron, 2010). Living in a disadvantaged neighbourhood, compared to living in a more advantaged neighbourhood, has been found to be associated with poorer learning and behavioural outcomes, and physical health outcomes such as higher rates of infectious diseases, asthma, smoking, depression, nutritional problems and lower self-rated health, as well as reduced job and educational prospects (Byron, 2010). Poor access to quality education, social and health services, neighbourhood quality, housing stock and transport options have also been associated with place-based disadvantage, drawing attention to the importance of local access to resources and services for those who live in disadvantage. Again, glib advice to individual families to 'change neighbourhoods' does nothing for the disadvantaged community except to increase the level of stigma and collective social exclusion associated with living there.

There is also evidence that the level of neighbourhood inequality has increased in Australia, with a growing number of families impacted by "intensifying processes of socio-spatial polarisation which are constellating households with similar socioeconomic circumstances together in neighbourhoods" (Warr, 2008, p. 22). Disadvantage and inequality are also increasing across a mix of urban neighbourhoods and communities. For example, the rapidly emerging challenges facing new growth areas combined with the acute lack of existing social and physical infrastructure make this a particularly urgent focus for intervention, with attention needed to issues such as mortgage stress and oil

vulnerability to fully address disadvantage[4] (Robson & Wiseman, 2009). Young people are especially vulnerable to social exclusion in outer urban growth areas due to the low levels of recreational and social activities in their local area, while the high numbers of new migrant and refugee families settling in outer suburban areas also face multiple levels of disadvantage.

Rural and remote communities likewise face increasing levels of disadvantage and poverty, as opportunities for employment and services, particularly health services, are increasingly centralised to urban centres. Combined with lack of opportunity for local decision-making, a history of colonisation and dispossession and the impacts of racism, remote Indigenous communities are arguably doubly disadvantaged. Yet the National Aboriginal and Torres Strait Islander Health Survey 2004-05 (Australian Bureau of Statistics, 2006) found that people in remote or very remote areas tended to be marginally calmer, more peaceful, happier, more full of life and had more energy when compared to those living in other areas, possibly due to less direct experience of racism on a day-to-day basis. Such a finding highlights both the salience of place and community, as well as the complexities involved in addressing disadvantage from a place-based perspective.

There is troubling evidence that concentrated household disadvantage at the neighbourhood level appears to generate particularly potent, interdependent and complex sets of circumstances that exacerbate the implications of household deprivation and disadvantage (Brooks-Gunn et al., 1993, cited in Warr, 2008). For example, there is a socioeconomic gradient evident in rates of children's participation in preschool programs, with participation highest among children from the most advantaged households and lowest among children from the most disadvantaged households. The combined circumstances of household disadvantage and living in a neighbourhood of concentrated

disadvantage exacerbate these disparities. While early childhood education can compensate for the intersecting and compounding disadvantages that families experience, children living in disadvantaged households are least likely to be able to access such programs (Shonkoff & Phillips, 2000).

In neighbourhoods where there are higher levels of poverty there is also likely to be less community capacity for people to mentor and support each other and to advocate for structural change. Community connectedness is a key dimension of community capacity to support and develop families and children within a community (Yuksel & Turner, 2008). Yuksel and Turner explain how informal mutual support systems contribute greatly to community connectedness and facilitate individuals achieving their aims and even their aspirations. Children who are brought up in connected active, supportive communities are likely to continue that cycle (Tomison, 1999, cited in Yuksel & Turner). Poverty imposes structural and interpersonal difficulties on building social and community connectedness, and the greater the poverty the greater those difficulties. Yuksel and Turner found that simple interventions such as playgroups for families with young children had positive social inclusion impacts for both children and their parents, and could be the beginnings of a cycle of positive support and enhanced community life. However it is still important to acknowledge that poverty restricts the contribution that individuals can make to their community. One clear example is school fetes. In general, fetes in affluent neighbourhoods provide an opportunity for positive social interaction between families in the school community. They are also a significant internal fund-raising event for additional resources for the school. But in poorer communities fetes are often not held because families cannot afford to participate in buying goods and it may

even increase feelings of disadvantage and exclusion (Warr, 2008).

This neighbourhood-level disadvantage contributes sources of stress and amplifies the strains and distress experienced by families. In poor neighbourhoods there are likely to be fewer private services due to families' inability to afford them, and high demand for available public services (Warr, 2008). Residents of disadvantaged neighbourhoods tend to have higher involvement in local social networks and fewer extra-local networks than people living in other neighbourhoods (Warr, 2008). These complex and interrelated issues provide an important backdrop for understanding the ways in which household and neighbourhood disadvantage impact on the life chances and opportunities that are available to children and their families living in disadvantaged areas.

Community and place-based approaches to disadvantage. One of the key concepts underpinning current social policy is the importance of local communities and/or place-based factors in determining the life chances of individuals, families and communities (Turner, 2008). Place-based interventions, such as neighbourhood or community renewal, are an attempt at ensuring scarce resources are targeted to communities most in need.

Acknowledging the specific qualities of a neighbourhood recognises that overcoming disadvantage relies on a complex mix of interdependent influences such as family, school, neighbourhood and community contexts (Earls & Carlson, 2001). People who feel part of a vibrant, healthy community are themselves more likely to see that they can contribute something worthwhile to that community. This then "is the beginning of a cycle of positive support and enhanced community life where individuals and the wider social group reap the rewards" (Yuksel & Turner, 2008, p. 8).

It is also recognised that neighbourhoods and community have an influence on a child's development as the first five years of a child's

life are seen to impact on the rest of their lives (Yuksel & Turner, 2008). Caughy and O'Campo (2006) discuss the importance of acknowledging the specific qualities of neighbourhoods in order to effectively build on community assets, while being realistic about the limitations that are likely to be encountered. A major Australian area-based intervention is the Communities for Children (CfC) designed to support the development of children in 45[5] disadvantaged community sites around Australia. The initiative aims to "improve coordination of services for children 0-5 years old[6] and their families, identify and provide services to address unmet needs, build community capacity to engage in service delivery and improve the community context in which children grow up" (Muir, Katz, Edwards, Gray, Wise, & Hayes, 2010, p. 35). Muir et al.'s national evaluation of CfC highlights the importance of:

- improving service capacity by addressing service gaps;
- engagement of families that are considered 'hard to reach', such as those from socio-economically disadvantaged families, culturally and linguistically diverse (CALD) communities and Indigenous Australians;
- provision of services and support in familiar, non-threatening locations where families congregate;
- provision of practical support such as transportation and active referrals between service providers;
- employment of staff and outreach workers with local connections, where at least one worker was of similar background to the target group;
- working with facilitating partners who are non-government, locally based, well-known within the community and provided with an opportunity to further build capacity; and

- provision of longer-term funding, particularly in very disadvantaged sites where there are limited pre-existing infrastructure or networks.

In its early phases, the CfC represents a promising approach to targeting disadvantaged communities by increasing services based on community needs, better service coordination and improving community 'child-friendliness' or 'community embeddedness'. Indeed a positive change in relation to parental involvement in community activities, employment and social cohesion supports the idea that "community embeddedness may have an additional effect on children and families, and the provision of increased services on their own would not have achieved this aim" (Muir et al., 2010, p. 42).

Part of addressing local area disadvantage is collaboration with, and building of strong locally run organisations, partnerships and networks. Strong, community-based organisations play a vital role in responding not only to entrenched disadvantage but also to emerging issues and needs (Whittlesea Community Connections, 2010). Similarly, providing support to independent community structures (such as settlement networks among newly arrived refugee communities, or Aboriginal Community-Controlled Health Organisations) recognises the inherent strengths within communities and builds capacity among those most vulnerable (Whittlesea Community Connections, 2010). Building the capacity of local networks and community-led agencies takes a longer term perspective of disadvantage and increases the likelihood of sustainable outcomes.

Stigmatisation and disadvantage. In attempting to address disadvantage at a local level, policy makers need to take account of the potential risks in stigmatising particular individuals, groups and areas. Disadvantaged neighbourhoods are vulnerable to being stigmatised, with poverty considered a 'discrediting attribute' and stigma experienced through 'negative labeling and stereotyping of the poor' (Warr, 2005). Research with residents in disadvantaged areas (living in public housing for example), has shown that stigma impacts on individual mental health, leading to a sense of loss of control and increased stress. Also identified is 'postcode discrimination' in the form of higher insurance costs, difficulties in gaining finance for housing, and reluctance on the part of potential employers (Luxford, 2006). These in turn had detrimental effects at a community level, with implications for residents' social networks, experiences of social connectedness, and opportunities for developing or accessing social capital (Warr, 2005).

Alongside efforts to build stronger communities, increase resources and improve access to services for disadvantaged people, targeting public perceptions, including the use of accurate language and promotion of positive stories about groups and neighbourhoods, must be part of the solution to addressing disadvantage. It is essential that government(s) take the lead here, by framing policy in ways that seek to enhance community perceptions and challenge misunderstandings.

The importance of community engagement. Engagement with people who have experienced disadvantage is important in avoiding stigmatisation, by breaking down processes which exclude and label communities, without their active participation or voice. While there is a plethora of research into disadvantage, the voices of disadvantaged individuals, groups and communities are often absent (Brackertz, 2006). Engagement should include a strong voice in research and policy-making for those with lived experience of being disadvantaged, including articulation of how disadvantage is constructed and what constitutes disadvantage; it also requires active participation in the development of initiatives that target disadvantage and promote social

inclusion, and in the delivery of services provided to disadvantaged communities and involvement in evaluating outcomes, that is, what works to address disadvantage according to those who experience it.

Involving the community in determining needs as well as shaping responses provides an important opportunity for self-determination and is crucial to ensure interventions are meeting the needs of those who experience disadvantage. The complexity of the lived experiences of disadvantage can then be better understood, as well as the resources, networks and supports available and useful to those living in disadvantaged communities. For example, Brackertz (2006) observed that "identifying with disadvantage can be a barrier as well as a survival strategy… [it is important to ask questions] such as why people may find it difficult to leave disadvantage, what do they give up to move on, what are the risks of moving on…" (p. 3).

Addressing structural disadvantage. While evidence supports the role of social inclusion and building stronger communities in dampening the effects of harmful communal conditions, addressing disadvantage and building cohesion needs to be accompanied by creation of other tangible opportunities in areas such as education and training/re-training, work and income generation, and improvement in health and housing. For example, while efforts to improve access to opportunities by addressing service level barriers are important, unequal access to transport continues to be a major driver of disadvantage and inequality, particularly in outer urban and rural areas.

Similarly, for Aboriginal and Torres Strait Islander Australians, political, legal and social solutions for the restoration of their cultures and individual human rights, privileges and dignity are essential in combating future and further disadvantage. Most Indigenous communities lack the fundamental social resources and middle-level structures and services that most Australians take for granted. To ensure that future generations of Aboriginal and Torres Strait Islander children grow up in optimal environments, major long-term investment is needed to develop the resources that any community needs, such as health, education, housing and basic infrastructure.

It is also important that the term 'social inclusion' does not become deployed as a panacea for all issues and needs. Initiatives to include and engage individuals and communities are limited in their effectiveness if the structural causes of disadvantage are ignored. Many observers are cautious about this inclusion-focussed policy direction "fearing that it serves to position communities to fill gaps in service provision and social policy left by the shrinking of the state" (Brackertz, 2006, p. 7).

For changes at a structural level to occur, programs in highly disadvantaged areas must be sustained for a substantial period, otherwise there is a demonstrated risk of a 'boomerang effect'; that is, the reassertion of previous problems (Vinson, 2009). Short term funding (1-3 years) inevitably provides short-lived projects, leads to inadequate opportunity for sustained change, and at worst can undermine community confidence by creating suspicion of future efforts. Policies and programs that target disadvantage should prioritise longer term (5-10 year) funding over short-term project based approaches, and provide opportunities for building local capacity.

The work of Wilkinson and Pickett (2010) in the UK highlights that aiming for equality at a social level is a goal that will benefit all, particularly those who are materially disadvantaged. Their research has found that greater income differences in a society are associated with lower standards of population health across the board (suggesting that health is poorer in societies where income differences are bigger). They contend that the chronic stress of struggling with material disadvantage is intensified to a

very considerable degree by doing so in more unequal societies (of which Australia is one[7]), and conclude that material inequality in a society may not only be central to the social forces involved in national patterns of social stratification, but also that many of the problems related to low social status may be amenable to changes in income distribution so that greater equality at a social level is the material foundation on which better social relations are built.

The conditions of poverty and growing inequality between the rich and poor are associated with a broad range of local and global problems with rippling effects, including wars, terrorism, environmental degradation that contributes to droughts and famines, the abuse of women, crime, school failure, delinquency, health problems, and homelessness (Wilkinson & Pickett, 2010). These problems affect most of us either directly or indirectly, such as through the taxes we pay to support our legal, educational, military and healthcare systems. Poverty, then, harms the poor most—but it is everyone's problem and demands that all of us attend to its solutions (Psychologists for Social Responsibility, 2010).

Looking ahead, unabated and un-addressed climate change will exacerbate existing social inequities. The most severe impacts of climate change will fall on the most vulnerable and disadvantaged communities who have played the smallest part per capita in contributing to the rise in greenhouse gases (APS, 2010). Efforts to address climate-related disadvantage need to prioritise assistance to people on low incomes to both reduce their risk and enable them to cope with the impacts of climate change (both health and financial consequences).

Principles to guide research, policy and practice. In the light of the literature cited above, the APS endorses the following as principles to guide research, policy development, practice and evaluation with (and within) disadvantaged individuals,

families and communities. The APS acknowledges:

- the detrimental effects of disadvantage on the mental health and wellbeing of individuals, families and communities;
- that disadvantage is a multifaceted concept which, while impacting on individuals and families, has community and structural causes;
- that living in disadvantage means living on a low income and in poverty, as well as experiencing social exclusion from opportunities, resources, networks and relationships;
- that caution should be applied at locating the causes of disadvantage within individuals; and families, as there is a risk of individualising a structural phenomenon and entrenching victim blaming of already vulnerable groups;
- the importance of monitoring and responding to trends which contribute to widening inequality and disadvantage;
- the importance of avoiding and addressing stigmatisation of individuals, families and communities/ neighbourhoods;
- the promise of approaches that locate, target and empower neighbourhoods or communities of disadvantage;
- that it is essential to involve those with lived experience of disadvantage in defining disadvantage, and that engagement with the community in research, policy, practice and evaluation of interventions aimed at targeting disadvantage is linked to increased effectiveness of policies and interventions;
- the building of locally-led community networks and organisations, including the provision of long term funding, is linked to sustainable outcomes; and
- the structural causes of disadvantage, such as unemployment, income,

housing and discrimination need to be addressed if equality is to be achieved in the long term.

The APS also endorses the recommendations of Psychologists for Social Responsibility (2010) regarding research and practice to address poverty and inequality, including that governments and decision-makers:

- implement policies that promote high-quality education for all and full employment at decent and fair wages, both of which will provide equal access to and the just distribution of resources needed to live healthy lives;
- facilitate economic growth in ways that, instead of accruing the most benefits to corporations and wealthy citizens, focus on assistance to bring the most needy into the socioeconomic fold;
- work with governments, NGOs, and communities to meet the basic physical and psychosocial needs of citizens living in poverty more effectively, more consistently, and more quickly;
- provide early childhood intervention with a strong parent-support component;
- re-envision justice services for the poor, who are more likely to be caught in the snare of police actions because of poverty's association with criminal behaviour, profiling, and stereotyped assumptions;
- focus on the needs of women and people of colour [sic], who often bear the largest brunt of poverty's harm as they struggle to care for their children, homes, and communities;
- address other essentials that people living in poverty need, including improved access to decent housing and transportation, quality child-care services, and safer communities; and
- pursue accountability and justice in response to abuses linked to exploitation of the poor and disadvantaged.

These strategies have been shown to be effective in dismantling the conditions that enable poverty and inequality to persist in a world that can better distribute its resources (Psychologists for Social Responsibility, 2010). The APS welcomes the Social Inclusion Board's concern to redress disadvantage and social exclusion. We urge the Board to look beyond individually-focussed 'cycles of disadvantage' explanations and related disempowering interventions, to foster locally grounded strengths-based programs and long-term investment that addresses the structural inequalities known to be the primary causes of disadvantage, both locally and globally.

Dilemmas, Learnings and Are We Making Any Difference?

By providing an abridged version of this submission we hope to have illustrated some contributions community psychology can make in the form of advocacy and primary prevention in order to influence policy – in this case to address the causes and consequences of poverty and disadvantage in Australia. While we may see advocacy as a key role for community psychologists, when we embark on this type of advocacy (e.g., submissions to government inquiries) we inevitably question, 'has our submission influenced change and have we made any difference? It is these questions that we explore in this final section, as we share the learnings that have emerged thus far from our advocacy efforts.

Are our advocacy efforts reflected in the Government's social inclusion or disadvantage agenda? Some of what was contained in our submission is reflected in the Australian Social Inclusion Board's final report (2011) and subsequent stated priorities. In particular, the recommendation regarding 'Locations of disadvantage' acknowledges the concerns we raised regarding how disadvantage is experienced at a community or neighbourhood level and the subsequent importance of community or place-based

approaches to disadvantage. The Board recommended that:

> … additional consideration is given to addressing the structural disadvantage caused by the locations in which people live: by acknowledging and redressing the impact of reduced employment opportunities, transport, infrastructure and services; and by adopting location-based approaches to addressing disadvantage. (p. 56)

The subsequent establishment of a National Place-Based Advisory Group (which operates as a sub-group of the Australian Social Inclusion Board and advises the Minister on initiatives to support the development of effective local solutions to achieve social and economic participation outcomes in relation to addressing disadvantage) echoes community psychology approaches and evidence on sense of community and supporting a 'person in context' or ecological approach. Similarly, the Communities for Children (place-based program) has been expanded to include children up to age 12, and a number of new sites have been established, some in Indigenous communities.

Importantly, one of the key principles and ensuing recommendations of the Board for addressing cycles of disadvantage identified in the research was that "a focus on addressing structural barriers must be maintained" and "a holistic response to disadvantage that reduces the structural barriers that contribute to one disadvantage snowballing into others" be implemented. Prioritising public housing and income support as fundamental structural obstacles to be addressed reflects the aspirations in our paper foregrounding systemic rather than individualised approaches to understanding and addressing poverty and disadvantage.

Despite the stated focus on structural disadvantage however, the premise of the final research report remains individually focused, such that the 'problem' is for individuals and families to 'break the cycle of disadvantage' and the solutions revolve around improving services to individuals and families. While we acknowledged the psychological impacts of living in poverty in our submission and supported the role of service providers to engender "dignity, self confidence and aspirations" (Australian Social Inclusion Board, 2011, p. 49), relying on the establishment of an individual 'meaningful relationship' with a service provider for people to 'overcome' a cycle of disadvantage fails to recognise the complexity and structural nature of disadvantage, and places the responsibility of overcoming poverty on those most vulnerable and subject to its influence.

In particular, the Social Inclusion Board has linked participation in work (in employment, in voluntary work and in family and caring) as key to social inclusion. We acknowledge that participation in employment enables people the opportunity to contribute to society, as well as providing a source of income, which is essential for survival as well as wellbeing. However, creation of meaningful, quality employment that is adequately paid is key here. A system that is based on narrowly defined outcomes (e.g., participation in any type of employment rather than meaningful jobs with decent conditions), and that increasingly requires benefits and supports to be worked for, risks further marginalising already disadvantaged groups. Enabling a flexible, personal and local response to unemployment where services are respectfully provided is essential for disadvantage to be addressed.

Furthermore, while Government may commit on one hand to social inclusion and addressing structural disadvantage (through its social inclusion initiatives), on the other hand a number of existing policies (outside the social inclusion portfolio) threaten to further compound disadvantage. For

example:

- The recently introduced changes to single parents' social security entitlements disproportionately affect women as the vast majority of benefit recipients, with many facing deeper financial hardship and increased stigma as a result.
- The Australian Government has a strong current focus on employment as an avenue out of poverty, which is not unusual. What is particularly problematic is referring to parents of young children (under 5 years old) as "jobless families", which acknowledges neither the significant contribution of parents to the economy and the community nor the reality that parenting is work and at least as important as paid work.
- Policies of deterrence for refugees and asylum seekers – premised on the continued use of immigration detention, particularly offshore detention – do not promote health or address poverty or inequality. For those subject to this ongoing policy, disadvantage is compounded.
- Initiatives like the Stronger Futures (Northern Territory) continue to be developed and implemented without reflecting the aspirations of Aboriginal and Torres Strait Islander peoples, who still do not have the capacity to self-determine their futures.

So while *some* of what we stated in *one submission* may have *made it to the final report,* influencing broader policy change is a longer, broader and more sustained process. Furthermore, while we may seek to influence change in one part of government policy, it is a whole of government approach that is required to address such complex and structural phenomena as poverty and disadvantage. Our advocacy role is therefore directed at a range of policy areas including immigration, Indigenous affairs, housing,

social determinants of health, and human rights. Some of the lessons we have learned from this work include:

- Despite our level of discomfort in adopting the 'expert' position and aligning ourselves with(in) mainstream psychology, advocating from 'within' has often meant our voice is heard when otherwise it might not (e.g., invitations to appear before government hearings in areas such as marriage equality or gambling).
- Using this position to include consideration of more structural or social justice perspectives. For example in our advocacy around gambling harm, we are always careful to ensure that while we refer to psychological treatment approaches that alleviate gambling harm, and acknowledge the value of such interventions, we emphasise the significant structural causes of gambling-related harm that must be more effectively addressed (e.g., highlighting unsafe gaming products with intrinsic design features that have been associated with uncontrolled problematic consumption and impaired decision-making).
- Bridging the micro and macro (it is not either-or but individual *and* structural approaches that are required). For example in a recent (APS, 2012) submission to a Senate inquiry on the Social Determinants of Health, we advocated for improving access to mental health services as important in addressing health inequality, while also stressing that improving access to health services is only part of a social determinants approach to health. Addressing the factors which lead to health inequality in the first place is essential to achieving health equity and 'closing the health gap'. Mental health is about more than providing mental ill

-health services.
- While we attempt to influence government in these advocacy efforts, it is also about educating (influencing) psychologists and their practice (mainstream psychology). So we promote our submissions internally to APS members via the internet, newsletters, internal reports and media statements. In relation to refugee policy for example, while we point out the detrimental impact of immigration detention on refugee mental health and wellbeing (a more traditional psychology approach to refugee issues), we also highlight the importance of positive and accurate representation of refugee issues (by the media, government and society) and the need to take a stand against the destructive consequences of racism and xenophobia (using a community psychology perspective to encourage a more structural consideration of the issue).
- It can be valuable to partner with like-minded organisations and be part of a coalition of voices to advocate for particular issues. For example, following the Senate inquiry on Social Determinants of Health (to which the APS provided a submission), a Social Determinants of Health Alliance has been established as a collaboration of health, social service and public policy organisations to work with governments to ensure that social and structural factors affecting people's health are addressed. This collaborative approach applies equally at a local level, where for example the achievements of Early Years Partnerships in many Victorian municipalities have been used in turn to argue for ongoing funding for such approaches.

Finally, while it is beyond the scope of the current paper, as community psychologists we believe it is essential to support communities and representatives of those communities to advocate for themselves. At minimum, it is important that we remain connected to communities and those who work within them, to ensure that our advocacy efforts are based on and inclusive of those who are impacted most by poverty and disadvantage.

Conclusions

The field of community psychology is particularly relevant to issues of poverty and social inclusion/exclusion. For the Social Inclusion Board submission, we drew specifically on the following concepts in our attempts to influence government policy and effect social change:
- drawing on mainstream psychology to identify links between disadvantage, the experience of poverty and individual mental health and wellbeing;
- taking a systems approach to poverty and disadvantage by attributing the causes and consequences of disadvantage to structural factors, instead of condoning individualised, victim-blaming approaches;
- using the literature on sense of community and the importance of local communities to foreground the need to address disadvantage at a neighbourhood and community level;
- highlighting the importance of consumer or client participation in service development, delivery and evaluation, and the significance of community engagement in all aspects of public policy;
- promoting diversity and drawing attention to issues of access and equity for minority groups; and
- working to ensure that any initiative is rights-based, democratic and includes the affected individuals, families and communities in all stages of policy and program development and review.

Poverty is in and of itself unjust. Living in poverty has many ongoing negative effects

on individuals, families and communities. Addressing poverty is a worldwide ongoing 'wicked problem'. Given that community psychology prioritises social justice, and that we seek to work at systemic as well as individual levels (taking an ecological perspective), advocacy is an important part of our roles both in mainstream contexts (Emma and Heather) and community-based settings (Colleen). The submission process we embarked on demonstrates one way in which community psychologists can advocate for policies that combat poverty and promote genuine social inclusion. There are many others.

Notes
[1] The complete submission can be accessed at http://www.psychology.org.au/Assets/Files/ APS-submission-Breaking-the-Cycle-of-Disadvantage%20Submission-Oct2010.pdf
[2] The Board's research team visited a number of sites undertaking place-based projects designed to address social exclusion and disadvantage, including the Hume Early Years project in which co-author Colleen Turner was involved.
[3] Dr David Fryer also provided expert advice on the APS submission.
[4] Griffith University has developed an index of vulnerability which can be mapped across locations, known as the VAMPIRE index. This describes the 'vulnerability assessment' for mortgage, petrol and inflation.
[5] The program has subsequently been expanded to 50 sites.
[6] The program now (in 2013) targets services to children aged 0-12 years.
[7] Wealth is very unequally shared in Australia. The top 10 per cent of wealth holders own 45 per cent of household wealth, while the bottom 50 per cent own only 7 per cent (Kelly, 2001, cited in Brotherhood of St Laurence, 2002).

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Author biographies

Emma Sampson's background is in community psychology and she is employed as Research Officer within the APS Public Interest team.

Heather Gridley is a community and counselling psychologist, and is currently APS Manager, Public Interest, as well as being an Honorary Fellow in the College of Arts at Victoria University, Melbourne.

Colleen Turner is Manager of the *Communities for Children* 0-12 program at Lentara Uniting Care in Broadmeadows.

Address for correspondence
Heather Gridley
h.gridley@psychology.org.au

Commentary
Carl Walker
University of Brighton, United Kingdom

As a community psychologist, working in advocacy for action on poverty can be a profoundly challenging, occasionally dispiriting and sometimes daunting affair. However, in the light of the immiseration enacted through the various apparatuses of neoliberalism in recent years, such work is increasingly vital. For this reason I admire the authors' engagement with the Australian Social Inclusion Board's public consultation. The paper provides a much needed account of the potential role of community psychologists in practices of advocacy with regard to poverty and disadvantage and adds to the canon of work that challenges many normative, individualistic assumptions about poverty and suffering. In reiterating the problematic practices of identifying individual and familial deviance and focussing solutions on these, rather than thinking about the complex and dynamic nature of disadvantage, the authors should be commended.

Underlined for me is the need to now go further to provide a critically informed and reflective account of exactly *how* community psychologists might act as advocates when engaging with the various inclusion boards, public consultations, inquiries and fact finding exercises that facilitate the transfer of knowledge to political authorities from those anointed as experts.

Particularly useful would have been an exploration of the dynamics of advocacy. How do we make ourselves, as practitioners of community psychologies, relevant in these debates? How do we effectively hold governments to account as collectives of academics? What are the processes community psychologists should be involved in? How can this be done effectively and where are we best placed to intervene and build coalitions against the institutions that perpetuate poverty and disadvantage? Instead at times the statement largely constitutes an array of relatively undetailed progressive inclinations that most community psychologists will be familiar with from most generic texts in the field.

The statement provides an account of significant 'trends and challenges affecting disadvantage' but herein lie two of the key issues in contemporary critical thinking in