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General Information

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Editorial

Lauren J. Breen
Curtin University, Australia

I am very pleased to present the first issue of The Australian Community Psychologist for 2013, our 25th year of production![1] Achieving our silver anniversary is a remarkable achievement given the at times tumultuous events that have shaped Australian community psychology and its journal over the years (see, for example, Cohen et al., 2012; Gridley & Breen, 2007).

This issue features a special section on community critical psychology approaches to poverty reduction guest edited by David Fryer and Cathy McCormack. The special section is part of a larger initiative on poverty reduction, comprising special sections and issues of journals on an international basis with the aim of collectively constituting a Global Special Issue on Psychology and Poverty Reduction. Further information on the global issue can be found at http://www.massey.ac.nz/massey/learning/departments/school-of-psychology/research/poverty/other-projects.cfm#global_issue. I'd like to acknowledge and thank David for bringing to my attention this opportunity for The Australian Community Psychologist to contribute to the global issue. I'll leave it to David and Cathy to introduce the section and its papers.

Following the special section are two research papers and two book reviews. Damien Riggs, Clemence Due, and Kathleen Connellan describe their preliminary ethnographic work on the relationship between architecture and mental health and show that the design of mental health wards may act to hinder psychological wellbeing through the promotion of surveillance and the reinforcement of power differentials between clients and staff. Harriet Rademacher and Paul Duckett provide an international analysis of ageing research in community psychology. Their data showed a dearth of ageing-related research in community psychology and, most worryingly, that such research peaked in the 1980s. They conclude that community psychology, with its focus on social justice, appears to have neglected the possibilities of contributing to age-related research, policy, and practice. Finally, Brian Bishop reviews Leonard Jason's *Principles of Social Change* and Leonard Jason and David Glenwick's *Methodological Approaches to Community-based Research.*

Note

[1] Prior to being launched as The Australian Community Psychologist in 2006, the journal was known as Network.

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Special Section Editorial
Psychology and Poverty Reduction

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Cathy McCormack
Anti-poverty campaigner, social commentator, author, community activist

United Nations member countries committed in 2000, as one of their Millennium Development Goals, to poverty reduction by 2015 yet in 2013, according to the World Health Organisation (2013), "approximately 1.2 billion people in the world live in extreme poverty (less than one dollar per day)" (para. 1) and according to the World Bank (2013), "2.4 billion live on less than US $2 a day, the average poverty line in developing countries" and "in some developing countries, we continue to see a wide gap – or in some cases – widening gap between rich and poor, and between those who can and cannot access opportunities" (para. 6).

In the relatively rich over-developed world, scholars like Richard Wilkinson have argued consistently since 1976 not only that the more poverty stricken you are, the shorter, less healthy and more problem ridden the life you are likely to live but also that the healthiest and least problem-ridden societies are those with the most equitable distribution of income (i.e., *the least relative poverty*) and the unhealthiest and most problem-ridden societies are those with the most inequitable distribution of income (i.e., *the most relative poverty*).

Focusing on Australia, the Australian Council of Social Service (ACOSS, 2012) write:

> In 2010, after taking account of housing costs, an estimated 2,265,000 people or 12.8% of all people, including 575,000 children (17.3% of all children) lived in households below the most austere poverty line widely used in international research. This is set at 50% of the median (middle) disposable income for all Australian households. . . A less austere but still low poverty line, that is used to define poverty in Britain, Ireland and the European Union, is 60% of median income. . . . When this higher poverty line is used, 3,705,000 people, including 869,000 children were found to be living in poverty. This represented 20.9% of all people and 26.1% of children. (p. 7).

As one response to the Millennium commitment to poverty reduction, the Poverty Research Group at Massey University Aotearoa/New Zealand), led by Stu Carr, proposed and worked towards a '*Global Special Issue*' devoted to *Psychology and Poverty Reduction*, which would be:

> …a whole series of peer-reviewed journals to the theme . . . The journals represent psychology from low-income, transition and OECD economies. . . . Each journal will publish either a special section of papers, or an entire issue of the journal, on the poverty reduction theme. These are the peer-reviewed journals who participated in the initiative: *Psychology and Developing Societies*; *The Journal of Psychology in Africa*; *The Interamerican Journal of Psychology*; *Journal of Pacific rim Psychology*; *International Journal of Psychology Special Section*; *Applied Psychology: An International Review*; *American Psychologist*; *Journal of Managerial*

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Psychology; *Journal of Health Psychology*; *New Zealand Journal of Psychology*; *The Australian Psychologist*; and *Australian Community Psychologist Special Section*." (http://www.massey.ac.nz/massey/learning/departments/school-of-psychology/research/poverty/other-projects.cfm#global_issue accessed 4 June 2013, para. 2-3).

What you are reading is the long-promised *Australian Community Psychologist Special Section* devoted to *Psychology and Poverty Reduction*.

The call for papers for this Issue envisaged "a special issue devoted to community critical psychology approaches to poverty reduction. Contributions by: people with first-hand experience of poverty; poverty activists; members of organisations committed to poverty reduction; as well as papers by academics and researchers, are invited. Contributions which contribute, from a community critical standpoint, towards the development and implementation of practically effective, politically engaged, ideologically progressive reduction or prevention of poverty or which critique the role of acritical psychology and the psy industry in poverty construction and maintenance are especially welcome. Authors from anywhere in the world are invited to contribute but especially those writing from communities impoverished and immiserated by colonisation and globalisation. Innovative modes of communication using a variety of forms of text are welcome."

It has not been easy or quick to assemble a set of papers from a critical standpoint delivering the vision of the call for papers, perhaps providing some support for Carl Walker's suggestion (this Special Section) that often "the contributions of psychologists to an understanding of the processes that underlie indebtedness, poverty and subjective suffering" (which do not depoliticise, medicalise, individualise or psychologise what is economic and structural) "have been at best negligible and at worst toxic."

Certainly this *Australian Community Psychologist Special Section* delivers on the promise to reflect the perspectives of "people with first-hand experience of poverty" and "poverty activists" in that it is the result of the collaboration, over a quarter of a century, between community activist, Cathy McCormack, and community psychologist, David Fryer. As a community activist, Cathy has facilitated tenants' group activism, promoted popular education, deployed the theatre of the oppressed, collaborated in award-winning documentary cinema, accepted international speaking engagements and written powerful accessible prose exposing and contesting socio-structural violence. As a community psychologist, David has engaged in teaching, research and praxis informed by his reading of critical theory, community psychology and emancipatory pedagogy and attempted to uncover and contest the everyday socio-structural violence which is unemployment and its roles in socially constituting misery, injustice and the destruction of individuals, families and communities. Together we, Cathy and David, have collaborated in teaching and running workshops with undergraduates, clinical psychology trainees, community groups and academics; co-presented at conferences and book festivals; co-authored papers; and attempted to raise critical awareness by bridging community activism and critical community health psychology by using newer communication means like podcasts and community radio. This is the first time we have co-edited a journal special issue together.

The contributions to this special section begin with a paper by Emma Sampson, Heather Gridley and Colleen Turner reflecting on their submission in 2010 on behalf of the Australian Psychological Society to the *Australian Social Inclusion Board*'s public consultation on *Breaking the Cycle of Disadvantage* and their subsequent reflections on this attempt to influence both the

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Australian Government's policy and practice agenda as well as how psychologists think and work in relation to poverty.

The document Emma, Heather and Colleen submitted explicitly contested individualism, psychologism and victim blaming, endorsed local strengths-based programmes and repeatedly emphasised the need to address structural inequalities. This deployment of the intellectual resources of community psychology was important in itself and there were some grounds for confidence in it having been successful in some respects. For example, the emphasis on 'location 'and 'disadvantage' was reflected in the *Australian Social Inclusion Board*'s eventual recommendation that "the structural advantage caused by the locations in which people live" should be addressed. However, Emma, Heather and Colleen are the first to admit that the *Australian Social Inclusion Board*'s final report still emphasised individual and service focus, positioned "participation in work . . . as key to social inclusion" and that other Government policies adopted at the same time will increase poverty, especially for single parents, refugees, asylum seeker and Aboriginal and Torres Strait Islander Australians.

All in all, the submission – and the authors' reflection upon it – raises fascinating and important questions about whether, and if so how, the authority of a mainstream (avowedly apolitical) institution like the Australian Psychological Society can be deployed to achieve radical/progressive political effect. As Carl Walker, in a brief commentary on the paper suggests, the paper by Emma, Heather and Colleen points to an urgent need for a "critically informed and reflective account of exactly how community psychologists might act as advocates when engaging with . . . exercises that facilitate the transfer of knowledge to political authorities from those anointed as experts" and for the development of strategies and tactics regarding how governments can be "held to account" for the consequences of their policies by "collectives of academics."

The next paper in the Special Section, by Darrin Hodgetts, Kerry Chamberlain, Yardena Tankel and Shiloh Groot, also emphasises the importance of "efforts to advocate for the rights of beneficiaries" though their conception of advocacy is more radical and includes "supporting direct action events, fostering service developments, presenting public lectures for wealthier community groups, conversing with government bodies . . . conducting workshops with key stakeholder groups, writing policy submissions and engaging with journalists to extend public deliberations about poverty within the mediapolis." Darrin, Kerry, Yardena and Shiloh strongly recommend community psychologists move from being "academic researchers to activist scholars working in collaboration with research partners . . . to achieve societal change."

To exemplify the activist scholar approach they take, Darrin, Kerry, Yardena and Shiloh describe a project in which they provided food parcels for one year to 100 households in return for members of those households engaging for nine months in researcher-structured fortnightly conversations with social workers. The assumptions of Darrin, Kerry, Yardena and Shiloh were that "people experiencing hardship have intimate understandings of their situations that other people lack" and that "the experiences and life worlds of families living in poverty" can be "a basis for conceptualising and theorising issues and developing responses," that is "practically oriented knowledge" ("phronesis").

Darrin, Kerry, Yardena and Shiloh continue on to illustrate the value of the development and deployment of such practically oriented knowledge by first demonstrating "how a myriad of structurally-patterned practices and relationships are interconnected and embedded in the everyday lives of families in need, and in the emplaced practices of agencies responsible for helping

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them" and then using this to facilitate a workshop for judges which took place during an annual professional development event for the judiciary. Darrin, Kerry, Yardena and Shiloh developed three case studies "each illustrating different perspectives on the relation between impoverished people and the justice system," generated fictitious 'supporting documents' of the sort usually available to judges when sentencing, and facilitated 90 minute workshops, each comprising an introduction, reading and discussing of case study material including additional documents, discussion, report back and more general discussion. Whilst there were several ambitions, one involved intervening to provide opportunities for conscientisation, in a Freirean sense, of judges who engage with the consequences of poverty on a daily basis to make available new discursive resources relevant to how "the courts . . . can actually work to improve a person's situation." Key to the advocacy work of Darrin, Kerry, Yardena and Shiloh are "reciprocal relationships between researchers, participants, partner agencies, and broader stakeholder groups in society, who have the power to make a difference to the lives of families in need."

The third paper in the Special Section is by Carl Walker who focuses attention on the shocking scale of, and inexorable increases in, 'personal debt' in the UK, the even more shocking consequences of personal debt ("the experience of poverty and severe financial strain is utterly immiserating and is characterised by subjectivities that are both inevitably and powerfully traumatising") and the still more shocking "prevailing construction of personal debt " as the "personal problem of a small group of feckless and/or financially illiterate people." Carl argues that "personal debt can best be understood as a symptom of the activities of problematic politico-economic regimes" and that the manufacturing of consumer debt is "deliberate and systematic . . . as a strategic economic and political strategy." Carl's challenging analysis leads him – and so us all – to "interrogate whether there is any place for psychologists, community or otherwise, in an area of profound concern that has been artificially and unhelpfully segregated into the personal, the political, the economic, the social and the educational" other than to "illustrate and expose the social, economic and political processes that so impact on the subjective experiences of suffering, distress and deprivation." Carl concludes that "if psychologists are serious about mental health and suffering then they have to critically engage with the institutions contingent on the continuation of poverty and debt."

The fourth paper in the Special Section is by Cathy McCormack who, like Emma, Heather and Colleen reports on an attempt at advocacy and lobbying, in Cathy's case as a Commissioner to the Church of Scotland Assembly Special Commission on the Purposes of Economic Activity in 2012. Cathy reports that after "two years sitting round a table bearing witness to the vast amount of evidence presented" the 14 Commissioners "were in agreement that the model of the economy that has dominated the UK for most of the last three decades has failed all but the few" but could not agree upon whether "the current devastating effects on our communities" were an "unfortunate side-effect of governmental social and economic policies" or "an inherent part of the economic model that continues to be deployed." Cathy's view – developed and confirmed during decades of community, housing and political activism – is that the devastating effects are consequences of "a 'war against the poor' – only this war was a 'war without bullets', a social, economic, psychological and propaganda war, a war fought with briefcases instead of guns against our fellow citizens" and particularly the "weapon of mass destruction," unemployment.

The fifth contribution to this Special Section is by Katie Thomas, who reviews her own book, *Human Life Matters: the Ecology of*

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Sustainable Human Living vs. the Rule of the Barbarians, a book which Cathy thought so important she reviewed it for the Church of Scotland Assembly Special Commission on the Purposes of Economic Activity. Katie's book uncovers and critiques the "deification of barbarism that has swept the globe alongside phenomena of market reification, globalism and neoliberalism." Barbarism, according to Katie, is manifested in "the domination of the financially and physically strong over the majority; the insemination of raw, competitive greed into cultural life; and the imposition of dominance and aggression onto most human interactions." Barbarism is disproportionately directed at "those who have little systemic power – the poor, the marginalised, children, elderly, differently abled."

The fifth contribution to this Special Section is by Darrin Hodgetts who reviews Nandita Dogra's *Representations of Global Poverty*, which explores "the representation politics surrounding poverty and appeals for charitable aid," for example, through deployment of discourses and implicated images which "do not implicate potential UK-based donors in the causes and extent of poverty in the 'majority World,'" through which "a human oneness is constructed and histories of colonialism, imperialism and slavery are displaced from contemporary discussions of poverty," poverty is infantilised and feminised and poverty is repositioned as "a problem inherent to the society itself rather than the result of Anglo-American exploitation." Although focusing on charity appeals to UK donors, Darrin uses his review to lead the reader to extrapolate to "the dominant Anglo-American variant of psychology" and the ways it "offers a technology of the self that is itself central to colonialism, neoliberalism, globalisation and new forms of imperialism."

Taken collectively the contributions to this *Australian Community Psychologist Special Section* are a powerful argument that we need to go beyond community psychology rhetoric. As Emma, Heather and Colleen demonstrate, deploying that rhetoric of in Government consultation exercises is important but evidence for its effectiveness is slim. In any case, as Carl points out, once apparently radical notions such as empowerment, inclusion, giving voice etc. have long since been co-opted by the Establishment. They may also turn out, retrospectively, to be part of the problem in the sense of being manifestations of a psy complex complicit with the dominant 21st century neoliberal politico-economic regime.

The Special Section collectively emphasises poverty as a form of social violence. Emma, Heather and Colleen urged the Australian Social Inclusion Board to "address the structural inequalities known to be the primary causes of disadvantage." Darrin, Kerry, Yardena and Shiloh emphasise that "systemic violence is central" to welfare 'reforms' in New Zealand (but we might reflect that it is characteristic of neoliberal austerity program around the world) and that such "systemic violence involves methodical processes that harm certain vulnerable groups of people 'as a matter of course' . . . enacted through technocratic and bureaucracy procedures for 'managing' the poor." Carl emphasises "the deliberate and systematic manufacture of consumer debt as a strategic economic and political strategy and an act of political and social violence." Katie emphasises the "unnecessary violence, suffering and deprivations foisted on those who could not or would not compete in the global market." Cathy most explicitly names poverty as a form of social violence through her notion of the "'war against the poor' . . . a war without bullets, a social, economic, psychological and propaganda war a war fought with briefcases instead of guns."

Having read this Special section we hope it will be hard to resist the conclusion that it is an urgent priority for us to better understand the socio-structural violence which is poverty and to better deploy that understanding

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progressively in the interests of, and in collaboration with, those subjected every day to the war without bullets in our communities.

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Community psychologists advocating for action on poverty and social inclusion

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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

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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

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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

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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

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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

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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

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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

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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

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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

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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

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- 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

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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

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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,

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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

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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

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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

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-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

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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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Commentary

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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

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our field. Firstly when engaging with the apparatuses of political regimes, we often fail to sufficiently outline the ways in which the problems that we speak of are themselves the effects of specific political and economic regimes and practices. Secondly, this paper reflects the common tendency to focus the critical lens on the beneficial impact of neighbourhood and community-level activity. Such a focus is problematic when such communities are themselves located within damaging political and economic regimes. Indeed to talk of the issues of low pay, climate change and lack of affordable housing while extolling the need to widen our perspective to communities and neighbourhoods, is problematic but by no means limited to this paper. The reason that political advocacy is essential is that the frequently cited panacea of community and neighbourhood engagement and development, while frequently rewarding and worthwhile, will usually not sufficiently address many of the key problems affecting these communities.

Few in our field would disagree that there is a need for action on addressing poverty and disadvantage but all too rarely do we see what this action could look like. It would be useful for future authors articulating advocacy work to express specific action points for addressing poverty and disadvantage. There needs to be a focus now on practice rather than on principles. Most would agree with the list of principles that the APS acknowledges. However, it is necessary to spell out how we engage practically in order that some of these are meaningfully enacted. Generic progressive reflections like the need for participation, the need to promote the voices of disadvantaged people and the need to avoid stigmatization are no longer enough. In 2013 most of these progressive non-specifics have been co-opted into the policy statements of the governments and authorities that frequently contribute to practices of poverty and disadvantage. It would be useful for future work to reflect on how community psychologists can keep such values central to their activity while resisting the problematic appropriation of these values by potentially damaging regimes.

Depending on your viewpoint, one potential further issue was the reference to ‘community psychology’ as a singular discipline throughout. To my mind there is considerable variation in the field, and a number of authors have made persuasive accounts for the existence of several ‘community psychologies’. It would be useful for all authors in the field to better articulate what mode of community psychology they are advocating. The authors note that 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”. I am not well versed in the workings of the APS and so the following point may hold limited value. In the UK, similar claims for such intellectual territory have been made on behalf of advocates of the British Psychological Society (BPS). However, a number of academics from within the field of critical community psychology have problematised such claims. This is why definitions of community psychology are important. This paper and the statement itself contain unproblematised and uncritical representation of the variously stated commitments of the APS. Critical reflection is essential whenever we articulate the potential benefits of the national organisations that seek to represent psychology. Any organisation that potentially represents neuroscientists, cognitive therapists and critical community psychologists demands such scrutiny. Most psychological associations are replete with their commitment to progressive discourses like social justice and the addressing of disadvantage but only through sustained critical interrogation of these organisations are potentially problematic ideological foundations exposed. It would have been

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useful for a paper like this to grasp this need for critical interrogation.

I admire what the authors have done and indeed that they took part in this inquiry. I stand in unity with their attempts to challenge normative reductionist attempts to misrepresent disadvantage and poverty. This commentary has been produced in a spirit of goodwill and solidarity and as a reminder that as community psychologists we need to be rigorous in our critical appraisal of the processes that we engage in.

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Authors' Reply

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We thank Carl Walker and the reviewers for their constructive feedback and solidarity with the intent of our paper. We presented our abridged submission as one way community psychologists can confront poverty by adopting an advocacy role within our respective organisations and positions, or indeed as researchers or academics. We accept the critique of the muted voice we found ourselves employing in attempting to infuse a mainstream APS submission with community psychology principles and practice examples. We were equally aware of how an APS submission on social inclusion would have sounded without our input, and saw it as an opportunity to illustrate to our own colleagues the value of tackling poverty at multiple levels, instead of condoning individualised, victim-blaming approaches. We emphasised neighbourhood/community level advocacy as a key approach that distinguishes community from mainstream psychology, based on our first-hand experience of (and involvement in evaluations demonstrating) its benefits. Community-based approaches can spearhead and trial attempts to address structural causes of disadvantage, and can complement advocacy that is directed towards government policies and structures that frequently contribute to practices of poverty and disadvantage, as we advocated throughout the submission and paper. While we were conscious of the problematics of 'progressive non-specifics' and did touch on some advocacy-related actions (forming coalitions, working at multiple levels, strengthening local networks), elaborating such actions was beyond the scope of the paper, which was based on one submission. We look forward to continuing and expanding this focus on advocacy in the near future – and in our own right.

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Researching poverty to make a difference: The need for reciprocity and advocacy in community research

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Growth in poverty throughout the Organisation for Economic Co-operation and Development [OECD] hurts people. The Auckland City Mission Family100 project explores the everyday lives, frustrations and dilemmas faced by 100 families living in poverty in Auckland. This article reflects on poverty in New Zealand, associated welfare 'reforms', the consequences of recent change in exacerbating hardship, and our own efforts to advocate for the rights of beneficiaries. Specific attention is given to a workshop run by the research team with the judiciary, and what such activities foreground in terms of the relational nature of research, reciprocity and advocacy.

> Psychologists have a word which is probably used more frequently than any other word in modern psychology. It is the word "maladjusted."… Now in a sense all of us must live the well-adjusted life in order to avoid neurotic and schizophrenic personalities. But there are some things in our social system to which I am proud to be maladjusted and to which I suggest that you too ought to be maladjusted. I never intend to adjust myself…to the evils of segregation and the crippling effects of discrimination. I never intend to adjust myself to the tragic inequalities of an economic system which take necessities from the many to give luxuries to the few. (excepted from a speech mmade by Martin Luther King, April 25, 1957)

This classic call to action is particularly relevant in the context of recent financial crises, increases in social stratification and growth in poverty. In New Zealand over the last two decades, for example, the incomes of the top 10% of income earners increased annually by an average of 2.5%. The bottom 10% had average annual increases in income of just 1.1% (Organisation for Economic Co-operation and Development [OECD], 2012). Over the same period, the proportion of the population officially living in poverty[1] increased from approximately 6% to 12% of households. Concurrently, researchers have observed increased divisions between enfranchised and disenfranchised groups, with the latter having increasingly fewer resources (Mitchell & Heynen, 2009).

Whilst disparities in income and social stratification have increased, many of the interventions aimed at rendering assistance to families in need focus on adjusting 'them' to an inequitable social system, rather than addressing the structural causes of poverty. Scholars have reflected on the growing trend towards the dismantling of state welfare systems and the concurrent introduction of punitive responses to poverty focused on the 'deficits' of individuals living in poverty (Bauman, 2005; Bourdieu, 1998; Dowler & O'Connor, 2012). Using the term psy-complex, Rose (1985) refers to the ways in which individualistically-orientated psychological discourses and strategies work to pathologise and punish lower class people

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who appear maladjusted within the labour market, education and welfare systems.

This article considers the current New Zealand Government's introduction of measures that work to criminalise the poor in an effort to adjust them to a maladjusted system. First, we consider current welfare reforms and associated impacts for families in need. Second, we outline the Family100 project that responds to the present situation of worsening poverty. Third, we outline a workshop conducted for the Judiciary as an exemplar of the importance of engaging with stakeholder groups whose practices shape lives. This workshop responded to the challenge to bring the experiences and lifeworlds of families living in poverty to the fore in making responses to poverty. Fourth, we reflect on the role of advocacy in poverty research and the importance and value of reciprocal relationships between service agencies, researchers, research participants and stakeholder groups.

A 'Reformed' (Dismantled) Welfare System

Welfare reforms introduced within many OECD countries over the past few decades are based on a neoliberal-orientated morality that emphasises self-reliance (Bauman, 2005; Standing, 2011). Scholars have questioned the ideological shift in emphasis within current welfare reforms, which have moved from notions of *interdependence* in society, and the corresponding provision of universal support to people in need, to an emphasis on *independence,* and a corresponding focus on individual responsibility. This shift involves a preoccupation with the 'maladjusted' behaviour of welfare recipients (Dwyer, 2004; Standing, 2011) and the justification of punitive approaches to individuals in poverty. Beneficiary families are subject to intensified scrutiny over the morality of their lifestyles. This serves to individualise welfare dependency, position poverty as a personal deficit, and excuse current economic arrangements and actors of responsibility for increases in poverty (Barnett, Hodgetts, Nikora, Chamberlain, & Karapu, 2007).

A key concept in understanding recent 'welfare reforms' and the shift from welfare as a rights issue to a charity issue is that of *conditionality,* or the requirement for those who receive welfare to engage in compliant behaviour and undertake 're-education' and other mandated tasks in return for the provision of welfare supports (Dwyer, 2004). Conditionality is central to the efforts of the current New Zealand government to save NZ$1.6 billion (approximately AUD$1.33 billion) in welfare spending through an 'investment approach', designed to reduce dependency on government assistance and to produce well-adjusted and economically productive citizens (see *National is reforming welfare* available at http://www.national.org.nz/welfare-reforms.aspx). Criteria for state-based support have been tightened and benefit payments are stopped if clients fail to meet 'work readiness' and parenting obligations, including having their children participate in education and health programmes (*cf.* Standing, 2011). Rights to support have been decreased whilst obligations to act in particular ways have been increased (*cf.* Bourdieu, 1998; Dwyer, 2004). Correspondingly, sanctions against beneficiaries have increased two-fold on an annual basis since the current government took power in 2007. These reforms are much like persuading someone to visit a doctor by stabbing them.

A key component of the Government's stated plan to 'grow the economy' is to force people from welfare dependency by intensifying control over their everyday lives and making it increasingly difficult to survive on a benefit. The latest addition of the welfare reforms includes punishing partners for the actions of their spouse. This policy is sold to the public as an effort to curb benefit fraud worth about $20 million a year. Opposition parties have raised the point that

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such efforts to address fraud ignore the far more expensive $140 million a year in tax fraud committed by middle- and upper-class New Zealanders, which is receiving much less attention from the current government. Clearly, there is a discriminatory and targeted approach, with beneficiaries who commit fraud facing a $5,000 fine or 12 months in prison. With its overriding focus on benefit fraud, the current New Zealand government is criminalising the poor through an intensification of control and monitoring that is not extended to more affluent groups in society.

Elsewhere, we have explored how systemic violence is central to the implementation of these reforms (Hodgetts, Chamberlain, Groot, & Tankel, Under Review). Systemic violence involves methodical processes that harm certain vulnerable groups of people 'as a matter of course' (Farmer, 1996). Such violence is often enacted through technocratic and bureaucracy procedures for 'managing' the poor, which have become normalised and taken-for-granted as simply 'how things are done around here' (*cf.* Springer, 2012). Disciplinary technologies (Foucault, 1977), including deceptively simple checklists for texturing interactions in welfare offices and for assessing eligibility for benefit entitlements, have been developed in an effort to ensure compliant behaviour (adjustment) on the part of beneficiaries. In discussing such control measures, Arendt's (1963/1969) scholarship on Germany in the 1930s points to how a maladjusted system of control becomes increasingly dehumanised, mechanised, and unaccountable to the people directly hurt. This results in fewer avenues for redress when welfare entitlements are transgressed. As Arendt (1963/1969) noted:

> In a fully developed bureaucracy there is nobody left with whom one can argue, to whom one can present grievances, on whom the pressures of power can be exerted. Bureaucracy is the form of government in which everybody is deprived of political freedom, of the power to act; for the rule by Nobody is not no-rule, and where all are equally powerless we have a tyranny without a tyrant. (p. 81)

There is considerable danger in people being rigidly administered by an increasingly punitive bureaucracy with few avenues of appeal. Today, many beneficiaries need to engage advocates in their interactions with the core government welfare agency in order to obtain their statutory entitlements (Hodgetts et al., Under Review).

The Government's reforms reflect how there are more conversations *about* rather than *with* people of modest means. We need research, advocacy and conversations with key stakeholder groups to bring the experiences of beneficiaries and low paid workers into the public realm. Unless this happens, prejudice and misinformation will continue to drive 'reforms' that injure and harm vulnerable families. This is particularly important because controlling welfare reforms exacerbate the dilemmas already faced by families living stressful and inadequately resourced lives (Ballie, 2011; Boon & Farnsworth, 2011; Dowler & O'Connor 2012; Duck, 2012; Green, 2012). To cope, such families go hungry, turn off electricity, or prevent children from participating in sports and other social activities that would otherwise promote social inclusion (Boon & Farnsworth, 2011). We have a situation where people cannot pay for the necessities in life and are then penalised for being in need. For example, the registration of a motor vehicle is a considerable cost burden for many families. However, owning a car is essential in Auckland, a sprawling city with limited public transport, and moreover, it can be difficult to meet compliance conditions for welfare benefits without access to a car. Families often end up being served with

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infringement notices for not meeting motor vehicle registration requirements. Because of their inability to pay even small fines, people living in impoverished circumstances find themselves in court as defendants (Saunders, Eriksson, Lansdell, & Brown, 2013).

Family 100

The Family100 project is located within the Auckland City Mission, and seeks to develop and share alternative understandings of families in need and to promote initiatives to better meet their needs. Family100 explores how families who have been accessing a food bank with high regularity make sense of, and respond to, their impoverished situations. Households, contextualised within their familial and service networks, are the unit of analysis in the project, which explores how important issues, such as housing, debt, food, income, health, education and exploitation occur in concert and shape family life. We provided food parcels for one year for these 100 householders in return for them speaking frankly with social workers about their experiences every two weeks over a nine-month period. For some readers this may raise ethical concerns about cohesion and conditionality. For us, the primary concern is around reciprocity (see final section of this article) in that we wanted to give something back to families in recognition for their willingness to participate in the project. When we discussed the issue with families they almost universally responded that they appreciated receiving the food parcels, but were not participating for the parcels. They were very willing to participate without the food parcels in order to 'have their say'.

Participating families were selected to be representative of families regularly accessing the Mission foodbank; the cohort consisted of 40% Māori, 25% Pacific Islander, 22% European, and 13% Asian and other minority groups. Families were matched with social workers so they could develop a long-term relationship. We used a range of mapping and drawing exercises to document and deepen the conversations between families and social workers. Data for analysis consisted of the social workers' notes and observations from the on-going interactions with these families, the various mappings they completed, review (recap) interviews held every two months, which were recorded and transcribed, and recorded weekly group discussions between the social workers and the research team. We draw on close and repeated engagements with participating families in order to develop contextualised understandings of poverty, theorise the societal processes at play and promote change at the systemic level.

This research sought to go beyond simply 'giving voice' to the poor by drawing on abductive reasoning to inform our interpretation of participant accounts (Blaikie, 2004; Hodgetts, Chamberlain, & Groot, 2010). People experiencing hardship have intimate understandings of their situations that other people lack. The aim was to draw on such knowledge as a basis for conceptualising and theorising issues and developing responses. Family100 involves bringing local insights and exemplars into conversation with conceptual abstractions and then subjecting these experiences and theories to critical scrutiny in order to co-construct actionable knowledge in a similar manner to Freire's notion of 'voice' (e.g., Hodgetts et al., 2010). This relates to Flyvbjerg and colleagues (2012) concept of phronesis, practically orientated knowledge that is particularly useful in understanding how to address issues of social concern. As Flyvbjerg et al. (2012) argue, "phronetic social science can… speak truth to power, to inform society, improve decision-making and enhance social life" (p. 11). There is a subtle shift that comes with such work, involving a move from academic researchers to activist scholars working in collaboration with research partners (people experiencing

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poverty and agencies assisting them) to achieve societal change. This notion of phronesis is central to our methodological approach, involving efforts to access and understand the lifeworlds of beneficiaries, by allowing us to be informed by practical knowledge arising from outside the research team.

A key aspect of the phronetic approach is praxis, involving the combining of theoretical and empirical insights and developing practical strategies for addressing the needs of research participants (see Fryer, in press). Our focus is on taking action through engagements with both the research participants and other stakeholder groups. Our strategy involves moving beyond abstract academic contemplation to active engagements with stakeholders in the field, which in turn involve us in a cycle of further experiential learning. In this way, we not only contribute to our participants' critical reflections on their situations and the development of more humane responses to their needs (Freire, 1970), but also to our reflections on and revisions of our own research practice (see final section of this article).

Lessons from over 80 years of community psychology suggest that we cannot solve the issues faced by people in poverty unless we take action beyond the local community (Jahoda, Lazarsfeld, & Zeisel, 1933/1971). Hence, we also extend our dialogues beyond the organisational context to engage the wider citizenry and policy makers through a variety of advocacy work (Murray, 2012). We are involved in various forms of advocacy, both within and beyond the community, from supporting direct action events, fostering service developments, presenting public lectures for wealthier community groups, conversing with government bodies (Treasury, Families Commission, Auckland Council), conducting workshops with key stakeholder groups, writing policy submissions and engaging with journalists to extend public deliberations about poverty within the mediapolis (Hodgetts, 2012). This work is important because highly politicised discourses beyond the local community constitute a moving landscape open to change, one in which the social contract underlying the provision of both governmental and charity supports for the poor is being undermined (Bourdieu, 1998).

Our involvement with the Family100 project requires us to build close relationships with stakeholders and to problem-solve how to best meet the needs of real people. Our partnerships with Mission staff and clients situates us within a broader project of change that draws on community and scholarly capacities to allow us to engage with participant experiences of poverty whilst working to theorise these situations and support change (Hodgetts et al., 2010). We seek to demonstrate how a myriad of structurally-patterned practices and relationships are interconnected and embedded in the everyday lives of families in need, and in the emplaced practices of agencies responsible for helping them. Relevant here is Simmel's (1903/1964) *principle of emergence* of social phenomenon and his orientation towards looking locally in order to understand systemic elements of the socio-cultural world within which people reside. Central to this is an understanding that micro-level systemic relations are reproduced within community settings through everyday interactions and that documenting and conceptualising these interactions systemically provides the basis for action. Family100 thus moves beyond the classic researcher-initiated model of research involving end-users towards a more open, responsive orientation involving on-going dialogue between researchers, agency staff and clients.

We have had some success in this work. Key messages we have promoted have gained traction within major political parties

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in opposition. These parties and journalists have taken on tropes such as 'poverty is New Zealand's growth industry' and 'being poor is hard and frustrating work'. Such tropes, and the examples we use to illustrate the everyday situations of families, increase public recognition of poor people, enhance understanding of the complexity of their lives, warrant efforts to render assistance, and challenge punitive responses that are central to welfare reforms in many countries (Hodgetts, 2012). Essential to our efforts is to challenge the current tendency to treat poverty as a charity issue because this does not lead to structural change, and can foster victim blaming whilst absolving the economic drivers implicit to increased social inequality from consideration.

Our preliminary analytic work on the Family100 data raised a wide range of issues around poverty. In this paper, we focus on issues relating to the criminalising of the poor. We engaged with conversations about imposing fines on parents who cannot afford to feed their children, about families having children returned to them from detention facilities without funds to look after them, and, more positively, how being sentenced to community service could produce more progressive and just outcomes. Consequently, when approached we responded positively to an opportunity to engage the New Zealand judiciary in a dialogue about these issues arising from the Family100 project. In the next section, we discuss this engagement as an illustration of how community advocacy can work. Following that, in the closing section, we use lessons gained from this to inform a wider discussion about advocacy in community research aimed at addressing poverty. In this discussion we raise the need to reconsider issues of reciprocity and gift exchange in such work.

A Workshop with the Judiciary

We are continually seeking and responding to opportunities for advocacy and dialogue. In this case we were approached by staff of the Judicial Institute to contribute to their annual professional development event for the judiciary. This arose out of our engagements with stakeholder groups and mass media in our previous work on homelessness and urban poverty and demonstrates how engaging in advocacy activities can lead to further opportunities. Below, we discuss how we developed and presented the workshop, provide one of the cases used within it, and consider the key points that emerged from it.

Developing the workshop. In response to the invitation, the first author met with Institute of Justice staff and developed the idea of using case studies from Family100 in an interactive workshop for the judges. We drew on insights from case-based research foregrounding the usefulness of exemplars in community research and for grounding knowledge about complex social issues in diverse societies (Hodgetts & Stolte, 2012), since human action, particularly in communities under pressure, is complex, contradictory, and full of ambiguity. Exemplars can illustrate this complexity, and avoid the presentation of overly simplified models based on generalised interpretations of little practical utility. To understand human action we need to understand the nuances of what people do in their everyday lives within particular locales; case studies provide a means to this end.

The research team then discussed the workshop at length and selected material from the Family100 project to develop three case studies, each illustrating different perspectives on the relation between impoverished people and the justice system (Figure 1 gives an example of Case 2, one of the cases presented). The cases were kept as brief as possible while highlighting the complex and contradictory situations in which families find themselves. They were intended to contextualise family

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engagements with the courts, to stimulate discussion about the relational impacts of sentencing individuals, and open discussion of alternative sentencing strategies. The cases were extended by Institute staff with a variety of supporting documentation, such as

Anita and family

Background of the person (monetary values are in NZ$)

Anita, a 36-year-old Māori woman, lives in Mangere with her long-term partner Luke and eight children. Anita and Luke have a tense relationship at times primarily due to financial hardship. Luke currently lives in Tauranga three nights a week because he could not find a job in Auckland. Luke found part-time work (20hrs a week) driving a bread truck and sleeps in a relative's garage when in Tauranga. He hopes the job will become permanent and full-time so that the family can move south. Anita has also re-entered part-time work (25 hours a week) as a cleaner at a nursing home. This creates additional pressure by her having to coordinate child care with an older aunt, as the children are aged between 2 and 15 years of age. Additionally, their 15-year-old daughter has a 6-month-old baby.

The family lives in a 3 bedroom state house (rent is $415 per week) that is in very poor condition and scheduled for demolition as a result of the government transfer of state housing provisions to the private sector. The family's housing future is uncertain as there are simply fewer state houses available and they cannot afford private rental. The local church is helping Anita to obtain a washing machine because she was declined further financial assistance from Work and Income New Zealand (WINZ) due to the family's high level of debt. Washing clothes by hand for 11 people is unsustainable.

Luke earns $22,880 and Anita earns $14,560 per annum. They also receive $520 a week in Family Tax Credits, and $130 a week in In Tax Credits. The family does not have a living wage or the income necessary to obtain adequate food, clothing, shelter and recreation. Most weeks they are short by $100 to $200.

Anita is $40,000 in debt. This debt was accumulated through Anita using clothing trucks and fringe lenders to cover basic necessities, purchasing a car for a sick uncle, funeral costs, WINZ arrears, and Chrisco Christmas hampers. Anita also owes $19,000 to the Ministry of Justice. Anita says that if she was debt free there "*wouldn't be any unexpected visitors*" (debt collectors), and "*she could stop looking over her shoulder*". She prioritises rent above all other expenses. After her bills are paid Anita is often in deficit each week, which means food and power becoming discretionary items.

Over the last year, Anita kept her children home from school on 70 occasions because she could not provide them with lunch. Anita finds Mondays and Fridays the hardest days for food. She does not send her children to the breakfasts provided by their school because she "*is too proud to admit she cannot feed her children*". Some nights the family just eat potatoes, rice or fried bread. Anita is no longer eligible to access a food grant from WINZ due to increased restraints on eligibility criteria.

Key relationships

Anita has little support. Her parents are deceased and she does not have a close relationship with her siblings.

History with justice

Anita has approximately $19,000 worth of fines for vehicle related issues, including driving without a registration or warrant of fitness, and various parking violations. Her budget advisor has negotiated for her to pay back the fines at $80 per week. Anita needs a car to enable her to get to and from work. Without it she would lose her job. She also needs the car to take the children to

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school and in order to access food and healthcare.
Her children's school is aware that she is often unable to send them to school due to lack of food; however they have still involved truancy officers with the family. Last week the school notified Child Youth and Family (CYFs). To add further stress to the situation Anita has been arrested on several occasions for shoplifting meat from local supermarkets.

The sentence and consequences

Anita has received fines for not having warrant of fitness or registration for her car. She is also waiting for her court appearance on charges of shoplifting.
Anita's financial situation, $19,000 in fines with the Ministry of Justice, and inability to upkeep the payments for registration and warrant of fitness for her car are impacting on her relationships within the family. Her children are aware that she would rather go to prison than pay anymore fines. Anita says that the children "*wanted me to take the fine. I said, don't you think I've got enough debts? I'd rather go to prison*".
Paying the fines means that the children have less food to eat and that she may have to access funds from fringe lenders again. Further, Anita's financial situation has contributed to her resorting to stealing food to feed the family. Anita says that:
"It's important for the kids to be fed no matter what. My bottom line is if I can't get help then I take the situation into my own hands. The stuff that I steal shows that I'm doing it. I'm not in there stealing fancy cheeses and wine and stuff like that. I've been into a fruit shop and stolen a bag of mandarins so that my kids will have some fruit in their lunch boxes… Stealing doesn't come easy to me. You have to work up the courage. I deal with the guilt of it. I do know what's right and wrong, but when push comes to shove, my kids come first. I steal because I have to. It doesn't give me a rush or make me feel good, like a lot of thieves. It worries me if I go inside. That's not going to be good for my kids, either. But when I weigh things up, I don't have anyone to ask for help. I have to steal probably at least once a fortnight, but it could be three times a week at some points."

Questions

1. Read the information about Anita and Luke, then reflect upon and discuss the issues for this family. What are the issues of particular relevance to your role as a judge?
2. In light of the background information about the family, would you take a different approach when Anita appeared before you on theft charges? What do you think is an appropriate sentence?
3. The fines are putting significant pressure on the family; if the matter came before you is there anything you could do about this? How would you deal with the debt matter?

Figure 1. Case 2 for the Judges symposium

fictional, but realistic, letters from government agencies, criminal records, financial statements and other such reports, since such documents would normally form part of sentencing considerations for judges.

Conducting the workshop. The 90 minute workshop was implemented in three major parts. The first 20 minutes involved an introduction to the session and overview of the Family100 project, why we are doing it, what we are finding, and how it relates to the justice system. We used a number of images (such as maps of the various services that clients are in contact with and the nature of the relationships involved) and quotes from the research alongside relevant theory and research.

We considered many of the points covered in the introduction to this article relating to increased inequity and poverty in New Zealand today, harsh responses from government, and issues around *conditionality* and time-wasting for families in need. We also considered the violent and dehumanising

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implications of welfare reform and how these manifest in particular places and interactions between families and the state benefit agency, Work and Income New Zealand (WINZ). A key point was how, from the outside, chaos is often taken as characteristic of families in need. Less attention is given to how families have to operate in a landscape of diverse, uncoordinated and disordered services due to the lack of a liveable income. This landscape encompasses government agencies, non-government organisations, and free market 'entrepreneurs', who run clothing trucks and finance companies charging exploitative rates of interest. This cluster of services does not constitute a coherent welfare system; rather, it is the clients who create a 'functional' system through their efforts to navigate the variety of agencies and to link these into some sort of coherent provision of resourcing and support (Hodgetts et al., Under Review). It is useful to consider everyday life for these families as an 'obstacle course' that must be navigated (Boon & Farnsworth, 2011). We noted how practices central to managing the poor increasingly infantilise people in need and consume their time with demeaning and trivial activities, such as repeatedly having to present household budgets when it is already clear that they do not have enough income to meet their basic needs for food, shelter and electricity (Boon & Farnsworth, 2011; Dowler & O'Connor, 2012; Duck, 2012).

The presentation was concluded with the need to challenge the dehumanising language central to the Government's promotion of the welfare reforms and to remind judges of the importance of circumstance when making decisions that affect the lives of beneficiaries. It was emphasised that contemporary interactions between poor families and government agencies can function to dehumanise them, rendering them as 'problems' to be regulated and managed at a distance, rather than as citizens with rights and whose actions need to be contextualised.

At the completion of the presentation, the audience split into three groups and each group read one of the cases, with some guiding questions in mind (see Figure 1). The judges discussed the case for their group and its implications for their work for 25 minutes, and prepared a report back to the larger workshop. The first author and a colleague moved around the groups offering insights into the social context. A representative from each group took 10 minutes to discuss the case and the key points arising from their group discussion. In the closing session, we summarised key points and rounded off the workshop with a general discussion. This structure gave the judges enough time to work through and reflect on the material within the context of their work and current developments in New Zealand society. It also provided for an interactive session where the situations of families in need were given due consideration by a key stakeholder group with considerable power to influence lives when members of impoverished families appear in court.

Key discussion points arising from the workshop. We asked the judges what they would do if this person appeared before them in court and to address the questions we had set out for each of the three cases. The discussion included issues around the broader relational impacts of sentencing individuals. Here we discuss the points raised across the cases, with a particular focus on Case 2. It is necessary to note that we need to exercise some discretion about what we can disclose regarding examples and points raised by the judges and their specific response strategies due to confidentiality around court processes. It is, however, useful to note that, from the outset, the judges were very receptive and alive to injustices reflected in the materials we presented. They openly criticised fines and other unrealistic sentences as unjust.

We had an open conversation about the

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inequities of fines and the brutality of recent government welfare reforms. The issuing of fines is outside the judges' control and was a point of frustration; fines were discussed openly as an impractical punishment. This led to a more general discussion of concerns about justice in society and wealth concentration that current government policies do little to address. The judges were very informed about economic and political debates and international reports on poverty, and so we could make useful progress in exploring what needed to be done as a country and what was possible for judges to do.

Contributors not only pointed to the problems of the current system, but also to what can and should be done to develop different strategies. These included converting fines to community service, wiping fines rather than trying to enforce them on people with no ability to pay or imprisoning people for not paying fines, directing legal aid council to advise clients on their rights, obligations and ways in which they might exit loan agreements with finance companies with parasitic levels of interest (up to 200% per annum), advising families on bankruptcy options, and resisting the implementation of unjust policies that could lead to partners being charged for their spouses' activities. Considerable attention was given to how judges might implement strategies for ensuring families could get to court (many do not appear as they cannot afford the costs of travel) and the introduction of social work supports within the court process.

Where possible we informed the discussion by literature relating to each case. For example, considerable research has documented how fixed-rate infringement penalties have a disproportionate impact on financially disadvantaged groups. Saunders and colleagues (2013) explored the consequences of infringement notices and spot fines for minor offences. They found in Victoria, Australia, that infringement notices work well for those who have the money to pay, and that this is a reasonably efficient system for such citizens. However, they also found that lower socio-economic status groups, as a result of their inability to pay fines, came into unnecessary contact with the justice system and imprisonment. Inequity occurs through such fines because everyone does not have the same ability to pay, making the punishment for the same crime disproportionate according to income. The *principle of proportionality* posits that a punishment should reflect both the severity of the crime and the impact of punishment for it, with the outcome having an even impact on people across the social spectrum. Saunders and colleagues (2013) noted that compliance with the law is thought to be heightened if the legal system is perceived to be legitimate and fair, and recommend extending consideration of special circumstances as a means of addressing the inequities of standardised fines.

This point was illustrated clearly by one of our participants (case 3 in the workshop). Tere, a 42-year-old Samoan single father raising two children aged 8 and 10 years, compared his experience of receiving a community service sentence to his previous experience of imprisonment for common assault and robbery. His community service was undertaken at a local Marae, and he felt that this sentence provided him with a worthwhile experience enabling him to "get out and meet people. And it was beneficial for our community, it was something different". Community service brought him into contact with a local building contractor who is exploring the possibility of employing Tere part-time.

In summary, our project materials were well received by the judges for providing useful information that can inform how the courts might operate and the need for broader structural reforms in society. There was no discussion that considered families as

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maladjusted problems. The judiciary appear to accept the structural nature of poverty and seek to avoid victim blaming and the criminalising of families in need. The proposition that the courts are not just there to punish individuals and can actually work to improve a person's situation was accepted throughout the workshop. Informing the actions of a courtroom to take poverty into account as a factor in understanding how the person arrived in court is an important demonstration of the dialectics of knowledge production (Ben-Ari & Enosh, 2012) and efforts to bring some synergy in understandings of poverty between stakeholder groups (Hodgetts et al., 2010).

Advocacy, Research Relationships, Reciprocity and Gift Exchange

Psychology has a long history of working in partnership with communities to challenge inequitable social structures (Fryer, 2008; Murray, 2012). Family100 activities reflect efforts made during the great depression in the early 20th century by scholars to engage with the complexities of politics, praxis, advocacy and justice. Jahoda and colleagues (1933/1971) engaged in participative action research to the point of providing clothing, food, medical consultations and medicines in exchange for community members' participation with researchers (Fryer, 2008). Such research practice is emancipatory, promotes inclusion and equity in knowledge production (Fryer, in press), and foregrounds an ethics of reciprocity in research. Family100 activities are also informed by traditions within the human sciences that foreground the obligations of scholars to share knowledge with the wider citizenry and to contribute to the development of more equitable societies (Cohen, Lee, & McIlwraith, 2012) through public intellectualism (Posner, 2001), liberation psychology (Martin-Baro, 1994), participative action research (Kindon, Pain, & Kesby, 2007), and scholar-activism (Murray, 2012).

Central to our own advocacy work are the reciprocal relationships between researchers, participants, partner agencies, and broader stakeholder groups in society who have the power to make a difference to the lives of families in need. Engaging in research activities like this has led us to reflect on the need for community psychology to understand research relationships and action from the perspective of gift exchange. For us, this is preferable to more utilitarian models of research that are foundational to economic models for human relations and which drive our increasingly maladjusted society. The enactment of research relationships invokes issues of gifting that challenge the systems of monetary exchange and economic rationalism that increasingly pervade contemporary society and scholarly life, and which promote exploitation and dehumanising and criminalising of the poor (*cf.* Bourdieu, 1998; Murray, 2012; Standing, 2011).

Community research involves a variety of relationships. Proximity and distance in enacted relationships between researchers, participants and broader stakeholder groups is the product of the research strategies and methods employed in any given project (Hodgetts & Stolte, 2012). Those drawing inspiration from the physical/natural sciences tend to engage in more distant relationships with research 'subjects', and to seek neutrality and objectivity in their assessments of the lives of others, even though these are based on engagements with real social actors. At the other end of the research spectrum, case-based researchers engaged in community action foster much closer relationships with research 'participants'; an approach that involves doing research *with* rather than *on* people and raises issues of obligations and expectations that come with closer relationships. Reciprocity then becomes central to forging closer relations

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with research participants. This orientation to research is of particular relevance here, given the high number of Māori and Pacific participants in this project. As noted in recent publications in this journal (e.g., McLachlan, Hungerford, Schroder, & Adamson, 2012; Seiuli, 2012), these communities hold reciprocity as an expected element of research practice. In Family100 reciprocity was immediate, in that we provided food and other basic supports to participating families in exchange for their fortnightly meetings with us. Reciprocity was also involved over longer timescales when we engaged stakeholder groups, such as the judiciary, on behalf of research participants. Through such activities, the various relationships of the research involved dialectical sense-making processes and inter-connected levels in society in ways that benefit both the participating families and society at large (Simmel, 1903/1964).

Gift exchange theory (Mauss, 1950/1990) offers one useful way of considering close relationships and the on-going reciprocity and advocacy linking the actual needs of families with the practices of social agency and the actions of stakeholder groups. Mauss proposed two polarised forms of social relations. The first is concerned with commodified relations associated with the formal economy and the exchange of money and goods. The second is concerned with gift relations associated with the informal economy, reciprocity and more humane exchanges that foster cooperation and interdependence, rather than competition and independence. Inter-related obligations to give, receive and repay constitute the oldest known form of human exchange. As an essential human practice, gifting links both givers and recipients within relationships that define and bind them, and raises obligations for respect, openness and cooperation rather than exploitation and distancing. Gifting is a dialectical process that can involve sharing one's story, offering food in exchange, devoting time to a systematic analysis and the sharing of participant stories with stakeholders who have power to help. Gifting is imperative for rehumanising beneficiaries and low income families, and for supporting their voice and participation in knowledge production and decision-making. Through gifting, people share parts of themselves, bond with each other and develop social contracts that are foundational for society (Mauss, 1950/1990). Gifts of time and expertise are manifest in the use of research material to promote change. Scholars thus become active participants in responses to adversity and in brokering dialogue between different levels and groups in society.

It is appropriate, therefore, that we end with a typical reflexive account from our participants regarding Family100 and our efforts to promote dialogue. This extract comes from a group discussion concerned with oral health. It reflects the ways in which reciprocity and advocacy is appreciated and normalised among participants when they reflect on their own lives and the dilemmas of poverty:

> We're quite lucky because you guys have actually come out. This is a chance for us to speak our minds. We are looking around, what we might start now it could help later because we have gone through quite a lot... When I first started with Paul [social worker] I was reluctant to talk, but as we got on to about six weeks into it then I started to feel free and started talking. I had all these pressures sitting on my shoulders, my life and this and that. We worked it out and now I've been relieved, my bills' been paid because working out through with him. You guys are there trying to sort it and helping us… This is what we needed – somebody to get out there and talk with us, to give us the confidence to talk. You guys look further out into getting more help

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(Marina).

Note

[1]Poverty is defined for the OECD data as 50% of equivalised household disposable income after taxes or transfers or 60% of the medium household income.

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Manufacturing the right way to be in debt: Can psychologists explore the UK debt industry?

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There has been a significant increase in personal debt in the United Kingdom (UK) in recent years and this increase in personal debt, and the associated strain and suffering, has been particularly skewed toward those on a lower income. This article suggests that personal debt can best be understood as a symptom of the activities of problematic politico-economic regimes. In particular, it explores the role of the UK government and draws critical parallels between the management of problems of personal debt and the management of experiences of employment and mental distress. The paper concludes by exploring the lamentable contribution of psychologists to the understanding of indebtedness, poverty and subjective suffering. This is particularly important in the collective failure to explore, and make public, the relative importance of the political and the economic institutions dependent on the continuation of poverty and debt. Suggestions are made for a critical community psychology that explores, critiques, and contests the macroscopic institutions and actors that construct, negotiate and benefit from personal debt in the UK.

In the last few years in the United Kingdom (UK), casual viewers of the television and print media would find it extraordinarily difficult to avoid ruminations on the potentially ruinous state of the UK's national debt crises. State borrowing, frequently positioned as part of an international response to prevent a global depression, has received considerable coverage, with an array of public figures sensing the opportunity to make political capital through grave judgements on the consequences of such financial profligacy. In the midst of this political manoeuvring there has been little public speculation on experiences of personal or consumer debt in the UK.

However, the fact that personal debt has largely escaped the kind of media coverage that the national debt has incurred should not be taken as an indication of its non-problematic status. Currently, the average debt (including mortgages) owed by every UK adult is £30,190 (about AUD$44,108) (Creditaction, 2009). More importantly, personal debt in the UK continues to increase (Edwards, 2003). From 1993 to 2009 we have seen a steady increase in total credit card debt and the Citizen's Advice Bureau, a free national legal and financial advice service**,** recently reported 9,300 new debt problems every day (Creditaction, 2009). Indeed they report that the number of their clients with debt is continuing to rise in response to the recent recession (Citizen's Advice Bureau, 2009). Just under half of their debt clients are also in fuel poverty.

As of October 2009, 25% of people in the UK were currently struggling to cope with their monthly bills and 39% described themselves as 'being in trouble' if they had to find £50 (about AUD$73) extra per month (Creditaction, 2009). Almost half of those who described themselves as being in serious debt were too scared to take action because of the social stigma attached to it. Of a sample of people who had experienced mental distress or had used a mental health service in the previous two years, 70% had been unable to pay a bill at the final reminder in the previous 12 months (Mind, 2008).

At this juncture, it is important to be explicit about the nature of the distribution of personal debt in the UK. While it is certainly the case that personal debt generally becomes more problematic during a

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recession, it should be noted that the current crises of personal debt has been building for a number of years. By mid-2009, almost every local authority reported increased demands on services due to the recession; however, many high unemployment neighbourhoods have remained disadvantaged through growth and recession over the decades (Tunstall, 2009). Moreover, the extent of personal debt should not necessarily be understood as being experienced equally by all members of society. A review of qualitative evidence with low income families in the UK suggests that the everyday demands of sustaining a family life often result in severe financial problems and debt (Ridge, 2009). Many families had little access to affordable credit and so were forced to consider accessing dangerously expensive credit. A recent poll by the Resolution Foundation found that 3 million low earners now worry 'all the time' about their personal finances (Creditaction, 2009) and recent work by the Department of Trade and Industry (2005) supports this by stating that those overrepresented on over-indebtedness are typically those who earn less than £9,500 (about AUD$13,880) per annum and/or are renting accommodation. Most indices of national relative poverty (typically below 60% of the median national income) would stipulate the group of people in this income bracket as living in relative poverty.

And while the UK government may celebrate the purportedly small number of people in the UK who experience problem debt (Department of Trade and Industry, 2005), the fact that 64% of people on annual incomes of less than £9,500 have problem debt suggests that the experience of personal debt is particularly distressing for those living in relative poverty. This skewing of high personal debt, and the distress associated with trying to manage this debt, has been supported by the Citizen's Advice Bureau who noted that their debt clients tended to be 'particularly poor, with a high proportion of people in receipt of means tested benefits' (Edwards, 2003). Moreover the Citizen's Advice Bureau have noted in recent years that there has been a move from priority debts (debts where non-payment can incur serious legal action, e.g., council tax, mortgage, utility bills) to credit debts with low income being one of the key factors determining the size of the client's total debt.

So, there has been a significant increase in personal debt in recent years and this increase in personal debt, and the associated strain and suffering, has been particularly skewed toward those on a lower income. The experience of poverty and severe financial strain is utterly immiserating and is characterised by subjectivities that are both inevitably and powerfully traumatising (Moreira, 2003; Nettleton & Burrows, 2001). The scale of relative poverty in the UK is particularly problematic with nearly 13 million people and nearly 30% (3.8 million) of children living in relative poverty. This figure is considerable higher than the majority of the UK's European neighbours (Luxembourg Income Study, 2009; Walker, 2007) and the UK has the fourth worst income poverty of 24 Organisation for Economic Co-operation and Development (OECD) countries (United Nations Children's Fund [UNICEF], 2007). The remainder of this paper will explore the social and political processes that have come to sustain personal debt in recent years. It will contest current prevailing government and mainstream academic discourse that institutionally fails to recognise the deliberate and systematic manufacture of consumer debt as a strategic economic and political strategy and an act of political and social violence that perpetuates enormous suffering.

UK Government Discourse on Personal Debt

An analysis of UK government policy literature in recent years suggests that the

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government are largely aware of the problematic area of personal debt. Indeed a recent report from the Department of Trade and Industry (2006) accepted that there had been a significant increase in contact with debt advice agencies in the previous calendar year and that telephone calls to a national debt line had increased by 43% from the year before. There has been a recognition that the average amount owed per household with an outstanding credit commitment went from £1,570 to £3,220 (about AUD$2,294 to $4,705) between 2002 and 2007 (Department for Business, Enterprise and Regulatory Reform, 2007).

However, the 2006 Department of Trade and Industry (2006) report notes that it is still only a small but significant minority that suffer from indebtedness (defined as the experience of bills and credit commitments becoming a major burden), although there is an acceptance that over-borrowing is a problem particularly associated with low income groups. The prevailing construction of personal debt found in recent policy literature is that of debt as the personal problem of a small group of feckless and/or financially illiterate people. This discourse of personal financial irresponsibility is central not only to the UK government's construction of the problem but to their construction of the solution to this problem. A number of documents and textual resources (Department for Business Enterprise and Regulatory Reform, 2007; Department for Business Innovation and Skill, 2009; Department of Trade and Industry, 2006) have stated clearly that there is a need for an "increase in levels of financial capability and awareness alongside more transparent financial literature so individuals can take control of their finances" (Department of Trade and Industry, 2006, p. 11) and address the process where "those lacking essential financial skills, including the ability to budget sensibly, may over-commit themselves by taking on excessive debts" (Department for Business Enterprise and Regulatory Reform, 2007, p. 4).

To this end, the Department of Work and Pensions mobilised their resources with the 'Now Let's Talk Money' campaign and an original commitment of £45m (about AUD$66m) to a financial inclusion fund for free debt advice (Department for Business Innovation and Skill, 2009). As part of the government commitment to social justice and prosperity for all (Department for Business Innovation and Skill, 2009), and by way of servicing their rhetorical construction of personal debt as the result of a regrettably ignorant public's financial incompetence, we have seen plans to embed financial capability in the national curriculum by including it as a functional General Certificate of Secondary Education (GCSE) maths component from 2008 (Department of Trade and Industry, 2006). Moreover in September 2009 the Department for Business, Innovation and Skill, together with the Ministry for Justice and The Insolvency Service, launched a consultation on debt management schemes in order to deliver effective solutions for both debtors and creditors so that people in debt can meet their commitments (Department for Business Innovation and Skill, 2009).

At this juncture it is worth reflecting on the ideological work being performed by such documents and the interventions that they inherently legitimise. To follow the logic of government rhetoric on personal debt is to accept subjectivities characterised by fecklessness, incompetence and the financial naivety of a growing number of predominantly low income UK citizens. In such a scenario, the UK Government is positioned only as an agent of solution rather than as an institution that may in some way be responsible for this growing crisis of competence. It garners an acceptance that the political, economic and regulatory procedures that govern and constrain personal lending are beyond reproach, or at least beyond the need for a detailed structural

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analysis.

A Problematic Construction of Personal Debt

However, such an analysis need not be the only way to conceptualise the current issue of personal debt in the UK. A persuasive case can be made that constructs personal debt as a symptom of the political regimes of recent years. Moreover, such an argument provides a more comprehensive and integral understanding that locates personal debt within the framework of neoliberal discourse on financial regulation, economic growth and consumer confidence.

In an economic analysis of the recent and severe economic recession, Turner (2008) suggests that to understand recent increases in personal debt requires a more considered reflection on transformations in the relative strength of capital versus labour. Further, he contests that such transformations lie at the heart of the current financial turbulence experienced in many countries around the world. In the first ten years of the New Labour project the increase in personal debt moved from £570 billion to £1511.7 billion (about AUD$833 to $2,209 billion), a 10% annual increase in personal debt. As a result of the movement of labour from the industrialised West to nations where the price of labour is presently cheaper, wages in the West have been under pressure in recent years. This problem has been particularly acute in the UK where the free market advantages of global trade have been seized upon with particular enthusiasm.

Accompanying this movement of labour has been an astonishing rise in property prices. The UK government has responded by bemoaning the problematic shortage of properties and a lack of building of new houses and an increase in buy-to-let investors. However, there has been little political reflection on the way that persistently low inflation and low interest rates following the dotcom recession has allowed people to take on higher debt. Globalisation provided the western world with a much cheaper pool of labour, but to combat the persistent downward pressure on prices, Turner (2008) suggested that debt was allowed to soar in order to stop deflation taking root. This would also prevent a potentially catastrophic increase in unemployment. He contends that without this huge increase in consumer borrowing, wages would have shown very little increase.

Whereas previous recessions required soaring interest rates and unemployment to manage inflation, inflation was now managed by the globalisation of the labour market, and so there was no need to raise interest rates to reduce inflation. It is these low interest rates that have fuelled the sharp rise in house prices. The central contention of Turner's (2008) work is that an economy can grow without manufacturing but it requires a considerable escalation in the scale of consumer debt needed to counter the deflationary impact of exporting so many of these jobs. The replacement of manufacturing with service-related jobs is entirely contingent on economic growth and this growth has been largely funded by personal debt. Housing wealth has been the key source of demand and mortgage debt and higher house prices have forced borrowers to take out loans on far bigger multiples of income. Soaring house prices temporarily increased the availability of credit (Edwards, 2003; Lloyd, 2009) and in many cases lenders have actively sought out new customers for extended credit, often regardless of current difficulties that they may have repaying existing credit (Ambrose & Cunningham, 2004).

This set of economic circumstances has been fuelled by public policy which promotes free market principles. The absence of an effective regulatory framework for mortgage lending and personal consumer credit has fuelled a huge increase in personal debt, especially among those at the lowest

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end of the income scale and living with the devastating experience of poverty. The rubric of short term neoliberal capitalism demands that the consumer credit market be maximally exploited and in the absence of meaningful national or international regulation, this is exactly what has conspired. Personal debt is big business for banks and other lending organisations seeking to deliver ever more elusive record profits and Griffiths (2007) notes that policy makers have abrogated their own responsibility for the growth in consumer debt.

The very particular economic discourses of neoliberalism have enacted a series of changes that have led not only to the politico-economic circumstances described above but also to the construction of individual, person-oriented solutions that abnegate any requirements for structural social change. This specific and strategic series of economic and political machinations have conspired to make resistance to personal consumer debt almost impossible for all but the wealthiest of citizens and yet personal debt has been characterised by the discursive construction of debtors as feckless, irresponsible and without personal financial competence (Walker, 2012).

A macroscopic analysis reveals that the increase in personal debt has potentially clear structural antecedents following the consequences of global neoliberal policy formulation on international trade and debt regulation. The supposedly sound economic growth reflected in the public self-congratulations of New Labour acolytes over the last 10 years of their administration has been largely built upon personal debt as the panacea to potential deflation. In the current economic model the UK government simply requires a certain level of sustained personal debt in order to provide economic growth and there are few signs that effective regulation will be developed to stop further economic crises occurring again in the near future.

This careful balance of promoting the necessary fiscal policy to sustain personal debt while offering individual advice to 'cure' the profligacy of personal over-indebtedness has a broad analogue in the arena of employment policy. Using a Marxist mode of interpretation, Gorz (1997) has eloquently noted the complex and pernicious series of changes in the subject spaces available for employees in the West in recent years. Gorz contends that the neoliberal management model has led to wholly damaging modes of regulating labour relations. A historically unprecedented mass of capital has created wealth production that depends on increasingly less labour. This mass of capital has restored employment relations characterised by domination, subjugation and exploitation and has culminated in the debasing process of making workers fight to obtain the work that is being gradually abolished. We have a historic peak in the capacity of business to dominate the conditions and price of labour and, as such, have witnessed a concomitant growth in experiences of work intensification and job insecurity (Burchell, Lapido, & Wilkinson, 2002; European Foundation for the Improvement of Living and Working Conditions, 2000). Despite the sustained and politically legitimised suffering in the arena of employment resulting from the growing domination of the neoliberal business model, official government policy and academic consensus in the area of sickness incapacity constructs work as a panacea for recovery from mental health difficulties (Clark, Layard, & Smithies, 2008; Cohen, 2008; HM Government, 2005; Lelliott & Tulloch, 2008; National Health Service, 1999; Rife, 2001; Zabkiewicz & Schmidt, 2009).

Central to the 'Pathways to work' scheme and IAPT (Increasing Access to Psychological Therapies) initiatives have been the need to position mental health service users as requiring individual, largely context-free advice or therapy in order to allow them to benefit from the immeasurable

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and universal effects of being employed. The dominance of the 'work as beneficial for psychological recovery' discourse positions the UK government as an intermediary between the universally favourable context of work and the isolated and individualised suffering of those with 'disorders' (Walker & Fincham, 2011). The role of the UK government in creating, managing and promoting an ideological model that has contributed to increasingly poor labour rights and working conditions is absent. A continued reduction in the availability of permanent work and a refusal to effectively legislate on the workplace conditions, marginalisation and abuse that are extraordinarily problematic for the increasing number of people with mental distress (Eakin, 2005; Seebohm & Secker, 2005; Stuart, 2004; Thomas & Secker, 2005; Thornicroft, 2006) rarely merits consideration in this construction of events. The UK government have stated that stress is the most significant cause of sickness absence and that the Health and Safety Executive (HSE), through the generation of incentives, is working with organisations across the public sector to deal with it through the management standards approach (HM Government, 2005). The problem is that HSE guidance is not legally binding and relies on managerial prerogative. Robinson and Smallman (2006) note that with the recent decline in union representation there is little to ensure that employers comply with HSE regulations. Moreover, on average, companies can expect a visit from the HSE inspectors once every 17 years (Wainwright & Calnan, 2002; Taylor, Baldry, Bain, & Ellis, 2003).

It is this unusual and paradoxical dichotomy between promoting neoliberal employment management models (and their multifaceted pernicious effects), and the positioning of themselves as the promoters of individual solutions that marks UK government policy not only as both contradictory and damaging but analogous to their policy around personal debt. Just as with over-indebtedness the government has formulated individualistic, educational and psychological treatments to address problems that are unavoidably cast in the realm of socioeconomic relations. UK fiscal policy relies on substantial and sustained personal debt but over-indebtedness is treated as an educational issue of the feckless. UK economic growth is sustained by increasingly distressing employment models, standards and environments. Such environments are constructed naively and unproblematically as part of the solution to the suffering endured by individually-treated sufferers and there has been little legislative labour directed toward addressing the increasing number of people whose subjective experiences of work are characterised by increased intensity and insecurity. The subjective suffering endured by people who are struggling with or indeed feel unable to cope with their indebtedness and those whose suffering problematises their inclusion in work should not and cannot be viewed individually. The construction of over-indebtedness as an issue which institutions are committed to tackling with only face to face advice, child education and other person-oriented initiatives is both disingenuous and unfair.

The remit of this article is not to produce a body of acolytes who uncritically buy into the notion that personal debt is an increasingly debilitating social problem that requires urgent political action. Altogether more modestly, the aim is to contribute to an acceptance that, now more than ever, debt and the associated suffering belong outside of the psyche, outside of the realm of individual capacity. It is to create a context with which to interrogate whether there is any place for psychologists, community or otherwise, in an area of profound concern that has been artificially and unhelpfully segregated into the personal, the political, the economic, the social and the educational.

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Can Psychologists Make a Meaningful Contribution to Debt and Poverty?

There has been plentiful work in recent years that has explored the detrimental effects of psychology as the means by which issues of economic and political importance become personalised, depoliticised and subsumed into a medicalised world of individual discursive constructions (Kitzinger & Perkins, 1993; Walker, 2007). The contribution of psychologists to an understanding of the processes that underlie indebtedness, poverty and subjective suffering have been at best negligible and at worst toxic. For those who identify themselves as psychologists, recent years have seen a failure or refusal to effectively separate the political from the personal. There has been a failure to explore, and make public, the relative importance of the political and the economic and a failure to illustrate exactly why people *don't* need individual interventions, either for financial capability or for the suffering caused by debt. It should be the remit of psychologists to illustrate and expose the social, economic and political processes that so impact on the subjective experiences of suffering, distress and deprivation rather than to medicalise, personalise and 'treat' them regardless of their precursors. This includes engaging with policy that is formulated through an ideological framework that provides only contradictory, impotent and devastatingly ineffective formulations of indebtedness and poverty. If psychologists are serious about mental health and suffering then they have to critically engage with the institutions contingent on the continuation of poverty and debt.

Most mainstream and community psychology practitioners currently act as ideological devotees to the processes of individualisation. That is, they help to manage and marshal the discourses of consumerist neoliberal ideology that postulate destructive subjective experiences as requiring only management by medical people. The focus has tended toward understanding the way debt/poverty influence mental health problems within people and how to treat the people with these problems. The declaration of a war on poverty by the American Psychological Association (Carr, 2003) does not appear to have incorporated a war on the medicalisation of poverty. Indeed Fitch and colleagues (2007) contend that community mental health nurses should have a role in raising and monitoring debt issues among their clients. There has been a plentiful supply of work that supports the association between debt and mental disorder (Drentea & Lavarakas, 2000; Fitch et al., 2007; Hatcher, 1994; Hintikka, Kontula, Saarinen, Tanskanen Koskela, & Viinamaki, 1998; Jenkins et al., 2008) and such work has prompted Hintikka et al. (1998) to imply that people who have experienced difficulties in repaying their debts may need psychiatric evaluation because of their common mental symptoms and increased risk of suicidality.

In recent years we have seen the reification of impulsive-compulsive buying disorder, stipulated as an impulse control disorder not otherwise specified, that is characterised by compulsively buying unneeded things, personal distress and financial problems (Black, 2001; Dell'Osso, Allen, Altamura, Buoli, & Hollander, 2008). This disorder has been proposed to affect 2-8% of the general population and is 80-95% prevalent in females. Perhaps unsurprisingly, this condition is presented as a suitable substrate for the cognitive behavioural therapy and selective serotonin re-uptake inhibitor industries.

National UK mental health charities like Mind (2008), while supporting progressive initiatives like improved access to affordable credit and the better regulation of doorstep lenders, also draw upon prominently individual and medical discourses that frame money management for individual people as a central and effective

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strategy for ameliorating the suffering associated with debt. Indeed they have suggested that it would be useful to have advisors who are able to provide information about debt based at general practice surgeries (Mind, 2008).

However despite their dominance, the logic of psychologies that draw upon discourses that individualise and medicalise constructions of debt and poverty fails on two counts. Firstly, it fails to engage with UK government policy that actively promotes sustained economic growth through increasing consumer debt. Second, it fails to engage with work which has shown that very few of the paths into debt involve the fecklessness of the debtor rather than increased vulnerability stemming from unpredictable, often structurally mediated, life changes (Ambrose & Cunningham, 2004).

Psychology has contributed little to any notion of combating poverty. This is partially due to its over reliance on attribution theory, a theory which is completely inadequate for the task in hand (Harper, 2003). As a result of the predominantly individual focus, mainstream psychology has tended not to engage with potentially useful materials like government press releases, ministerial statements and policy documents or made any sustained and institutionalised attempt to engage with the people who actually have any control over structural economic resources (Harper, 2003). This includes the academic institutions, governments and transnational corporations that are intimately involved in the production and legitimisation of the complex systems that produce debt, poverty and its associated explanations. If we fail to subject these institutions and their practices to a critical gaze then it is difficult to disagree with Mehryar's (1984) contention that psychology is simply irrelevant.

Of 24 OECD countries surveyed, the UK stands fourth worst in relative income poverty (UNICEF, 2007). The institutions of our growing over-indebtedness crises allow only subjectivities characterised by despondency, distress and helplessness and government policy portrays economic growth founded on personal debt as not only acceptable but positive. We are witnessing the transformation of human beings to passive objects of illness as opposed to active agents of social change and it is useful to recall Moreira's (2003) notion of collective trauma. Institutionalised political and academic institutions and processes that manufacture poverty and debt also manufacture the collective trauma of poverty and this often monumental subjective suffering not only negates simplistic notions of debt-associated mental health problems and their medicalised treatment, but can rightly be constituted as acts of political and economic violence.

In order to contribute anything worthwhile to our understanding of the processes and institutions that regulate debt and poverty in the UK, people who identify as psychologists must scrutinise and challenge relevant policy formation and decision making. They must explore, critique, and contest the macroscopic institutions and actors that construct, negotiate and benefit from personal debt. This might involve exposing damaging and paradoxical government debt policy, exploring citizenship as a means of therapy (Moreira, 2003), working toward effective policy legislation that addresses the illegal loans economy (Citizen's Advice Bureau, 2009) or organising action to reduce irresponsible lending and promote credit unions (Ambrose & Cunningham, 2004). Whatever the locus of social action, the only meaningful way for psychologists to engage in debt and subjective social suffering is to address the way that complex networks of institutions manufacture personal debt and poverty to meet the needs of a diminishing number of people in the UK.

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The price of economic barbarism: An uncomfortable truth

Cathy McCormack

It was only through coming to the end of my story that it confirms in me that for the first time in the history of human ecology the survival of the rich was now dependent on the liberation of the poor. As Andrew Lyon from the international futures forum said, we cannot return to what was never there even if we wanted to. We need to try and find ways of what it means to be human. Learn to love and get along with each other and with the rest of the planet, species and habitats. Otherwise we will really be the generation that breaks the bank. The planet and poverty and all that goes with it really will cost us all the earth. (McCormack, 2009, p. 264)

Having campaigned for most of my life against poverty I was thrilled when the Church of Scotland Assembly appointed me as one of their 14 Commissioners to report back on 'the purposes of economic activity'. Our report, *A Right Relationship with Money* (Church of Scotland Special Commission on the Purposes of Economic Activity, 2012) which gives an overall view, was presented to the Assembly in May 2012. However, having spent two years sitting round a table bearing witness to the vast amount of evidence that was presented to us, it was a real disappointment that all the evidence had to be compressed to accommodate the size and scale of the 'Assembly's Blue Book' series. So I am pleased to have the opportunity to present this article as part of my wider global campaigning work.

Facing the truth of the evidence presented to us in the Commission was no easy task. We were in agreement that the model of the economy that has dominated the UK for most of the last three decades has failed all but the few. However there were differences of opinion between us concerning the real objectives of this model and the ideology underlying it. The key sticking point was about 'intentionality'. Are the current devastating effects on our communities an unfortunate side-effect of governmental social and economic policies, or are they an inherent part of the economic model that continues to be deployed? This is the question I want to address in this article.

My own journey to begin to answer this question began in 1987 when I watched Margaret Thatcher on TV deliver her 'there is no such thing as a society' address to the Church of Scotland Assembly. What she actually said was:

> Any set of social and economic arrangement which is not founded on individual responsibility will do nothing but harm. We are all responsible for our own actions. We cannot blame society if we disobey the laws. We simply can't delegate the exercise of mercy and generosity to others…

I felt outraged as she kept saying, 'we have got to give people individual choice' when an estimated 10 million families like mine in Britain were already condemned to living in freezing cold, damp living conditions and the only real choices we were having to make was between feeding our hungry fuel card meter, our hungry children, or dying from the hypothermia the market economy unleashed.

In the early 1980s, both the Reagan and Thatcher administrations changed their economies from an industrial to a 'money market' one. Millions of families like mine were thrown onto the unemployment scrap-heap and forced to live on welfare – our lives dependent on tins of surplus food and butter

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from the European Food Mountains. We were forced to live like animals – our lives revolving around meal times.

Gradually, the ideology underlying this model began to be exposed. In the 1980s, Tory Chancellor of the Exchequer, Nigel Lawson, said in a speech that we should now think about training people for jobs which are, as he put it, "not so much low-tech as no-tech". Writing in that period, G. A. Cohen asked:

> What sort of education is contemplated in that snappy statement "not so much low-tech as no-tech"? Not an education that nourishes the creative powers of young people and brings forth their full capacity. Nigel Lawson is saying that it's dangerous to educate the young too much, because then we produce cultivated people who aren't suited to the low-grade jobs that the market will offer them.

During the same period a leaked memo from a senior official at the Department of Education and Science said something similar:

> We are beginning to create aspirations which society cannot match. When young people can't find work which meets their abilities and expectations, then we are only creating frustration, with disturbing social consequences. We have to ration educational opportunities so that the society can cope with the output of education. People must be educated once more to know their place.

This was a deliberate policy to diminish young people's aspirations and fit them into a low wage economy – but only certain young people.

Paying the Price

Next, it began to be clear who were going to be the casualties of this economic model. In 1991, Norman Lamont, the Tory Chancellor of the Exchequer, in response to questions about the 3 million unemployed answered: "rising unemployment and the recession have been the price that we have had to pay to get inflation down. That price is well worth paying". But who was paying this price? Certainly not the Chancellor's friends.

In 1998, controversy surrounded the Governor of the Bank of England Eddie George (who later claimed he was misquoted) suggesting that: 'three million unemployed was a price worth paying'. He provoked further outrage by his comment that job losses in the north[1] were an acceptable price to pay for curbing inflation in the south. However economists argued that the governor was quite right – that a rise in unemployment means less pressure on wage increases that can cause inflation.

So it is quite clear that creating unemployment is an inherent part of this economic model – but not for those at the top of society. Even today our governments keep insisting that the only route out of poverty is work despite the fact that the majority of the poor in Britain are the working poor. Their priorities and concerns are visible in their policy choices. How many people know for example that in the UK the British tax payer subsidises the aviation industry in Britain to the estimated tune of over £9 billion (AUD$13.44 billion) a year because they do not have to pay tax on fuel while our old people freeze to death and families are being ripped off by the fuel boards?

The lives of families living in these industrialised communities have been devastated and some not yet recovered. But now these policies which have a total disregard for the lives of ordinary people are being repeated with high unemployment and rights to benefits and everything else needed for survival being systematically taken away and all under the camouflage of democracy:

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- The UK is the 7th richest country in the world but, in terms of equitable distribution of wealth, only Portugal, the United States of America and Singapore do worse and the gap between rich and poor is wider now than in the times of Dickens.
- The UK has the highest levels of child poverty throughout the industrialised world.

A War without Bullets

Lastly, and perhaps the cruellest aspect of this policy, is the propaganda directed against those who are suffering from it. It was bad enough being forced to live on welfare and in poverty without getting the blame but when all the propaganda started pouring out of the Murdoch press and was then reinforced by politicians talking about 'hard working families' and programmes on the BBC positioning the unemployed as lazy work shy scroungers wanting to live in a dependency culture, I realised that there was a 'war against the poor' – only this war was a 'war without bullets', a social, economic, psychological and propaganda war, a war fought with briefcases instead of guns against our own fellow citizens to try and safely dispose of all the people in our world who have become 'surplus to market requirements'. A global market economy which the bankers and the politicians still keep referring to as being 'free' but in reality has enslaved our humanity in a race towards human, social, economic and environmental destruction – and where the wealth in this country has not been trickling down from the rich but gushing up from the poor. It is a war which has intensified under the UK Coalition Government which is now also targeting the sick, the disabled and even the terminally ill.

The younger generation who are trying to fight these injustices and trying to save our people and our planet – those who try to oppose government policies, challenge the role of the banks, or take part in any disturbances – are now regarded as 'terrorists' or criminalised.

The Casualties

Life now for many of our fellow citizens has become a constant daily battle for survival and many are under attack on all fronts. Three decades of both the stigmatisation and the demonization of the poor, single parents, the unemployed, teenagers and the working classes by the media and political rhetoric have also rubbed salt into the wounds of our fellow citizens who, to all intents and purposes, have been robbed of the simple joy of just living. The real tragedy however is that those who are effectively excluded from society have internalised the blame and guilt and often believe themselves not to be good enough for anything.

Fuel Poverty

Poverty has always been the biggest killer known to science. How many people in this country are aware for example that the London School of Economics estimated that, in 2010/11, 24,000 thousand of our old and vulnerable people died needlessly from hypothermia and other cold related illness. They estimated that in 2011/12, 27,000 will die but that this is just the tip of the iceberg. Yet if a wee dog froze to death in one of their homes no doubt there would be a public outcry!

Recent estimated figures show that over 1 million families in Scotland are experiencing fuel poverty and having to make real choices between heating, eating or putting clothes on the backs of the children; some are so cold and hungry that like in Victorian times our fellow citizens are dependent on charities to dish them out food. Was this the real individual choices that Maggie was referring to at the General Assembly?

Academics used to define and measure fuel poverty when households have to pay more than 10% of their income on fuel. Now recent surveys have shown that this has now

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risen to 20% and for the working poor and people on benefits are often spending as much as 35%. Evidence has also emerged that the poorest who try to budget with 'pay as you go' meters are further penalised and charged at a much higher tariff for gas and electricity because they do not have a bank account so cannot pay by direct debit. Evidence too that wealth in this country is not is trickling down to, but gushing up from, the poor.

Most people do not understand either what happens to the poor and working poor alike when they run out of money to feed their hungry fuel card meters when their priority is to try and feed their hungry children. They become self-disconnected and are forced to live in the cold and the dark and feed their babies on cold milk and live by the candle light. Having no electricity means they don't have any access to hot water either to have a bath or to be able to cook.

The Return of Victorian Public Health Concerns

So is it any real surprise that apart from malnutrition, homelessness and fuel poverty, many of the other public health concerns that inspired the public health movement in Victorian times are starting to rear their ugly heads again like rickets, overcrowding and tuberculosis? The work of Richard Wilkinson and Kate Pickett and their book *The Spirit Level* (Wilkinson & Pickett, 2009) was cited by many who gave evidence to our Commission. Their world-wide research shows that the social problems facing us in the 21st century like violence, crime, obesity, physical and mental ill-health, drug abuse, gang warfare, domestic violence, family breakdown, are all symptoms of and human responses to, hugely unequal societies like the UK.

Unlike Victorian times however, there is a wider choice of drugs – legal or illegal – to which those excluded from modern-day society often must turn to try and cope with the pain and try to escape from a world where the rich and powerful do everything in their power to promote their own welfare regardless of how many people they hurt, kill or make poor in the process. But like Victorian times, the most popular form of escapism still remains alcohol. In my view, however, increasing the price of alcohol in our society is another form of escapism by a society that is addicted to treating the symptoms of everything and tackling the causes of nothing.

During the Thatcher and Major administrations, their austerity cuts and 'Welfare Reforms' wiped-out a whole generation of working class teenagers when they were not only denied the right to work but also had their rights to benefits taken away. Many were forced to live on the streets beside the rubbish and some forced into prostitution, others turned to drugs to try and escape the inhumanity and insanity of their lived reality. Now David Cameron's government is on the attack again – they want to cut Housing Benefit for the under-25 year olds. (Leunig, 2012)

The Scottish Government's own statistics demonstrate that there has been a continuous increase in the number of prescriptions for antidepressants, from 1.16 million in 1992/93 to 4.3 million in 2009/10, with a commensurate increase in cost. Estimated daily use of antidepressant drugs by the population aged 15 to 90 increased from 1.9% in 1992/93 to 10.4% in 2009/10. Even more shocking are the statistics cited by all the 'Mental Health' organisations, including the World Health Organisation, of the increasing number of small children and teenagers suffering from depression and dependant on legalised drugs and the increase in suicide rates.

Unemployment: A Weapon of Mass Destruction

I now want to include two contributions to the Commission which support my thesis

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that there is a war being waged against the poor in this country.

During its deliberations, the Commission heard a presentation from Professor David Fryer, who is currently Head of Research at the Australian Institute of Psychology, Professor Extraordinarius at the University of South Africa and Honorary Senior Research Fellow at the University of Stirling, Scotland. He has spent his life researching the detrimental mental health effects of unemployment on the unemployed, their families and communities and the links with suicide. He explained how the economy works – that stock exchanges tend to rise with increases of unemployment. There is even a technical term – NAIRU (Non Accelerating Inflation Rate of Unemployment) – which refers to the level of unemployment required to prevent inflation (4-6%). Unemployment is a deliberate tool of the money market economy, not an unforeseen side effect. It is meant to be both painful and hurtful.

In answer to a question he posed "Why is unemployment good for the establishment?" he stated that it:

- Provides a pool of potential workers to do the most boring, dirty, dead end, menial, underpaid, temporary, insecure, stressful jobs;
- Provides consumers of substandard products and services which would otherwise be 'wasted';
- Provides competition for jobs from unemployed people allowing employers to drive down wages and working conditions; and
- Increases profits for employers by work being done by fewer employees so reducing wages bill.

He wrote an extra comment to the Commission after his presentation:

> Poverty and inequality, especially preventable poverty and inequality, cause untold misery, morbidity and mortality in rich societies like the OECD countries and the UK in particular. Decades of painstaking research by social scientists, especially recently epidemiologists, has proven beyond reasonable doubt that inequality and poverty have incalculably destructive personal, family, community, national and international costs. It is an outrage and should be a source of great shame that our Governments, instead of seeking to reduce poverty and inequality, seem hell-bent on creating more and more unequal and poverty stricken societies in the UK. Most politicians pay lip service to poverty reduction but enact policies which increase poverty for millions. There may have been mass public campaigns seeking to "Make Poverty History' but contemporary poverty has got worse and poverty is being manufactured for future generations too. The current mishandling of the economy by the UK Government is exacerbating the problems of poverty and inequality as cuts to public spending increase homelessness and unemployment and cuts to public spending disproportionately impact on people living on benefits and disability allowance. In my view we are about to witness a public health catastrophe and humanitarian crisis of 21st Century Britain. A growing number of activists, intellectuals, scientists and health researchers around the world have now started to agree that this social violence in the form of poverty and inequality is a 'war against the poor' fought

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> with economic theories and social policies instead of bullets but even more deadly. They argue that the plight of poor people is becoming more and more desperate as a result of neo-liberalism, conservatism and capitalism in government, business and in the media fighting a psychological war without bullets against the poor which saps resistance and induces victim -blaming even amongst those suffering most from poverty and inequality. In the war against the poor the Church has to ask whose side it is on.

The Rise of the New 'Barbarism'

The second contribution is drawn from the work of an Australian psychologist, Dr Katie Thomas whose book on the new 'Barbarism' I reviewed for the Commission (Thomas, 2011). It really provoked one of the most stimulating debates we had had and had us all really challenging each other. Her research and findings cut through the current discourse on economics, the recession, and welfare and provided us all with a new way of thinking. Her work focuses on the vulnerability of small children and the feminisation of poverty in the wake of 'welfare reforms' that have been implemented in Australia (reforms first pioneered by the Clinton Administration in the US and overseen in Australia by our very own Yvette Cooper, Shadow Secretary of State for Work and Pensions). Thomas addresses the plight of mothers and small children in cultures which have embraced an aggressive market economy – Australia, America and Britain. For example, women who are working full-time caring for children in their early years are considered by the state to be 'unemployed' and 'unproductive'. This discouragement and oppression of women who are already providing 40-60 hours a week of unpaid work to ensure the well-being of their children (and the future productivity of the state) is seriously detrimental not only to the mother but to the development of her children and to the future health of society.

Thomas develops the shocking concept of "Barbarism" in her book to try and explain what is happening to our social norms in the modern day context. She suggests that 'barbarism' is synonymous with a belief system in the superiority of some people and a willingness to use cruel, vicious behaviours towards those who are considered inferior or undeserving in any way. It is considered acceptable within barbaric philosophy to exert power and control over those who are classed by barbaric philosophy as less powerful or 'unworthy' and to use whatever tactics are most effective to maintain control over said humans, including tactics which are inhuman or cruel. Thomas suggests that barbaric behaviour was financially advantageous in the 20th and now in the 21st global market. 'Cut-throat' tactics and 'hostile takeovers' not only enabled profiteering but were lauded as model conduct:

> Under the powerful benefaction of the reified market; ruthless, brutal and even savage behaviours towards other human beings gained immunity from social stigma. Callous indifference towards the suffering of individuals, families, communities and nations exploited in the name of profit, not only became 'de rigueur', but progressed in social acceptability to socially normal and finally, to the position of being cited as a prototype for success. (Thomas, 2011, p. 3).

Currently our country is becoming even more barbaric in that mothers in refuge are only given three months to get their head together before have to sign on as a job

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seeker. If they refuse to take any job that is offered, then they are being forced to work for their benefits at the equivalent of £1.67 (AUD$2.49) per hour. Who is going to look after their children? Finally, Thomas also highlights how this "barbaric" philosophy which dominates western societies filters into every aspect of our lives and threatens our whole survival – how we live in an era where these barbaric acts against the poor and defenceless, conducted by the wealthiest and the most powerful, are condoned or ignored by the majority. How does this happen?

The Wide Gulf in Understanding between Rich and Poor

> 'Oppression' designates the disadvantage and injustice some people suffer not because a tyrannical power intends to keep them down, but because of the everyday practices of a well-intentioned liberal society. (Iris Marion Young, 1988, p. 272)

Do we see ourselves as a well-intentioned liberal society? Have our everyday practices become barbaric? And if so, how can the effects be ignored? The material gap between rich and poor is wide but in my view this is nothing compared with the wide gulf in understanding. As a result of the politicians and media representation of the poor, unlike our counterparts in Europe, many in the UK still perceive modern-day poverty and inequalities as the fault of the individual rather than a very structured set of social and economic arrangements that benefits the minority at the expense of the exploitation of the majority. In English speaking nations particularly, the idea has taken hold that the poor are to blame for their plight. But blaming the poor, and even God, and using them as scapegoats has a long pedigree! So too have the Victorian values and principles of separating the poor into those that are 'deserving' and 'undeserving' which was reinforced by Margaret Thatcher at the General Assembly and which became the mantra of successive governments. What seems to be different now, and 'barbaric', however, is that in Britain we not only blame the victims of our human exploitation culture but continue to persecute them as well. All the propaganda, political spin and media manipulation has confused the public so much they have lost their ability to separate fact from fiction and so the real threats to all our lives are trivialised and the resultant confusion leaves us unable to take appropriate action. Even the divide between the working and middle class has become so vast that some are now unable to grasp the real life situation of their fellow citizens. And over time the norm of ridiculing those who are not in the elite has been legitimised through reality TV such as the 'X Factor'. Overcoming this misconception needs to become a priority for while it reigns supreme, human relationships based on intrinsic respect for the other will remain compromised along with the potential of many lives. Social and economic distance undermines a willingness to relate to, let alone support, people outside one's own circle and habitat.

At the seminars organised by Oxfam in January 2011, 'Whose Economy – Winners and Losers', a number of speakers referred to the destructive effects of this gulf between people at a society level – that collective bonds of empathy are being shredded by inequality and polarisation. These collective bonds help to support the universal principle of the Welfare State (McKee & Stuckler, 2011). Nye Bevan, the post-war architect of the National Health Service (NHS) drew on the same value in describing the NHS as 'an act of collective goodwill'.

The situation is critical. While I was participating in the United Nation Commission on Sustainable Development in 1994, the then General Secretary of the UN, Boutros Boutros Gali said what the world is experiencing is 'social and economic

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Darwinism' and then the Cuban ambassador referred to the global market economy as a social and economic time-bomb that would explode in all our faces. Now history is repeating itself all over again as 'Thatcher's children' have grown up and dominate our Parliament – determined to get rid of the welfare state all together. Worst still, the politicians in our coalition government, some of who have never worked a day in their lives in a job outside politics, have been responsible for creating social and economic policies that have introduced a form of slave labour back into our country. They are now forcing the unemployed to work for nothing to replace the jobs of the people in the public sector whom they have made redundant under the camouflage of their so called 'austerity cuts'.

Nowhere to be Seen: The Victims of Social and Economic Apartheid

Two experiences stick in my mind. On the initiative of Catholic Archbishop Mario Conti, a fellow of the Royal Society of Edinburgh, a full day conference took place in the City Chambers in Glasgow in 2007 entitled 'Transcending Poverties'. The subject, 'Will the poor always be with us?' The fee for attendance was more than the people who they claimed to represent have to live on for a whole week. This was alright for the people employed by various poverty agencies as their fees were paid by their organisations. However, the organiser's lack of trust in the poor meant that registration for people forced to live on benefits and claiming a concessionary fee was subject to them producing evidence like an identity card from the DWP (Department of Work and Pensions) that they were the genuine poor.

The event was packed out and part sponsored by the Herald[2]. The Herald journalist and economist Alf Young was invited to do the summing up and he followed this up with an article in the paper on 27th February 2007.

> After listening to 16 distinguished speakers from academia, civic life and the churches dissect questions such as 'will the poor always be with us?' a woman in the audience called out to have her say. In a few sentences her passion cut through all the PowerPoint presentations and subtle ambiguities of the title dreamed up by the day's organisers, the Royal Society of Edinburgh. This was about people who feel physically and spiritually shut off from life in the city mainstream, hidden away from the Glasgow of new jobs, designer shopping, waterfront apartments, festivals, boutique hotels and café culture. And to be brutally honest, six hours of learned discourse and debate produced very little fresh prescriptions for how to bring that resilient system of apartheid to an end.

He drew attention to the composition of the audience:

> Around the victims of social and economic apartheid… a poverty industry has grown up that not only claims to represent their interest but also profits from that same advocacy. It provides lots of well-meaning people with warm homes, cars in the drive, plasma TVs, meals out and two or three foreign holidays a year – the material aspirations that are now the norm for British citizens on average and above-average incomes. The longer the poor are still with us, the longer these groups have a professional raison d'etre. You could see some of the participants bristle with indignation at the very thought. But it was striking that the

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> dispossessed, the real victims of social and economic apartheid, were nowhere to be seen.

The other experience was that rainy wet day in George Square Glasgow, when my civic leaders gave Nelson Mandela the freedom of my city – a freedom which they have denied the people living in their own townships. I kept asking myself what was going through the minds of those who organised the wonderful celebration that day. Were they so oblivious to their own social and economic apartheid they could celebrate the end of someone else's? But as a fellow community activist Michael Docherty said to me, 'our social and economic apartheid has been made to look so innocent because our oppressors are the same colour'. Aye, warm homes, cars in the drive, plasma TVs, meals out and two or three foreign holidays a year is a far cry from the reality of the lives of our fellow oppressed citizens who have never even had a holiday and cannot even afford the bus fares to travel from their deprived townships into their city centre; far less afford the fares to search for the few jobs that exist or visit their wider families. The rest of the world is viewed entirely through their TV screens and subjected to constant harassment by the 'bully boys' employed by the BBC to pay their licence. Some mothers who would rather feed their hungry children and cannot pay the £1000 (AUD$1494) fine end up in jail. Who is looking after their children?

In November 2011, Frances Fox Piven (2011) an American Professor of political science and sociology, wrote:

> We've been at war for decades now – not just in Afghanistan or Iraq, but right here at home. Domestically, it's been a war against the poor, but if you hadn't noticed, that's not surprising. You wouldn't often have found the casualty figures from this particular conflict in your local newspaper or on the nightly TV news. Devastating as it's been, the war against the poor has gone largely unnoticed – until now.

If the people in this country are really serious about addressing poverty and inequalities in the UK or indeed 'the war on the poor' we need to understand and 'get to grips' with the endemic structural discrimination and vested interests embedded in the social, economic, political and other powerful institutions.

A Christian Response

It became clear to the Commissioners that the real political, social and economic crisis that we have all found ourselves in has provided us all with an opportunity to take stock of our own lives and to try and find new ways to embrace our common humanity and create a society where love and faith in each other becomes a higher human goal than faith in money.

In response to what became to be known as Thatcher's famous 'Sermon on the Mound' in 1988 to the Assembly of the Church of Scotland, I picked up my pen and wrote a Letter to God about this war on the poor and the demonization of the unemployed and the working classes.

> Dear God, I don't know how I am ever going to post this letter to you. I used to go to your house every Sunday but now you never seem to be in. Have you changed to a new address God? When I first had to accept that World War III had begun God, my first thoughts were for my children, what would happen to them? I wanted to run but where to God – there was no escape…….

I showed my Letter to God to my local Minister and he decided to have it published. Then the following year I was invited to read it out at the Church of Scotland Board of Ministry & Women's Council – from the same pulpit where Margaret Thatcher had

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delivered her speech. Both of us where featured on a BBC 2 nationwide documentary, 'Your Health's Your Wealth' in 1990.

Nelson Mandela in his autobiography, 'The Long Walk to Freedom' stated that the first causality of any war is the truth. He also wrote, 'the oppressor must be liberated just as surely as the oppressed. The man who takes away another man's freedom is a prisoner of hatred locked up behind the bars of prejudice and narrow-mindedness so the oppressed and oppressor both are robbed of their humanity.'

Both the lay people and theologians alike on the Commission expressed their very deep concerns of how people who claim to be Christians have become complacent in their approach to follow the teaching of their Spiritual Leader, Jesus Christ in his continuing spiritual battle to fight and overcome poverty, oppression and war and in particular our institutionalised church bodies.

We came to the conclusion, that some people have misunderstood his teachings and have interpreted 'the poor will always be with us' as an indication that what Jesus was actually saying was, that we will never 'solve' the problem of' poverty, and so we shouldn't get too caught up in trying to overcome! That it is okay to get rich quick and rob everybody including their granny and turn a 'deaf ear' to the human cries of injustice that are screaming out all around them?

It had also became clear to some of us on the Commission, that many men, women and children in Britain are now being denied their very basic needs for survival. Apart from our so-called mother of all democracies and a Prime Minister claiming that our Parliament is rooted in the very foundations of Christianity, some of us questioned the role of the Church. I felt really strongly, that we need to ensure that the Church works within the terms of the European Convention on Human Rights and that this perhaps merits further investigation. Recently extracts from the writing by the former Archbishop of Canterbury Rowan Williams about the 'Big Society' show him to be a fierce critic of the government's agenda. He dismissed David Cameron's 'Big Society' as 'aspirational waffle' and seen as a ploy to conceal 'a deeply damaging withdrawal of the state from its responsibilities to the most vulnerable'.

Living in denial or ignorance of the reality of this war on the most defenceless and vulnerable people in our society and 'burying our head in the sand' is not an option and we shall all do so at our own children's peril; further evidence demonstrated that these immoral structures penetrate every aspect of our lives and now threaten all of our survival (Bell, 2012). To take no action will also rob us all of the right to become fully human and condemn many Scots to an early grave and future generations to a life characterised by poverty, high mortality, economic inactivity, mental and physical ill-health, poor educational attainment, and increasing exclusion. It also denies the casualties of this war any public right to justice and an opportunity for all of us reclaim back our humanity that has been stolen.

And Now the Good News

I never really appreciate the full meaning of the word 'vision' until that day in 1985 when the youngest of my three children was only six months old. I had felt so powerless to change our cruel reality and had become more of afraid of living that I ever did about dying that I found myself praying to God with my whole heart and soul to allow me to go back to sleep and never wake up again. I had been made to feel such a failure as mother that I kept thinking that if only I could die then surely someone in their right mind would come and rescue my children from the insanity of our lived reality.

Fortunately, my spirit proved to be less of a coward than me and quite simply refused

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to allow me to roll over and pretend that I was dead. Instead it switched a light on inside my head that enabled me to see things, which at that time, where away beyond my full understanding. I did understand however that no one was coming to my children's rescue and that my duty as a mother was no longer in the kitchen but in the world. I also realised that men in politics and dominated world attitudes for long enough and although they claimed to be experts on everything my experience showed that they understood very little. Nor did they seem to care very much about women and children or understand our fragile relationships with nature. My spirit also enabled me to see that I would be enabled to travel the world in search of the truth. This is my truth. What a relief to know that we all more than just a 'bag of bones dressed up in a birthday suit'.

The Wee Yellow Butterfly

In 1992 I went to Nicaragua not to see how I could help the poor and oppressed but to see how they could help the poor in my country. One of the most important lessons that the women taught me was by Fernando Cardenal, who when he was education minister and co-ordinator of the literacy crusade in Nicaragua, taught them that to create a new nation, they had to begin with an education that would liberate people minds. He said: 'Only through understanding their past and present and analysing their reality can people be free to choose their future. 'That made so much sense to me and became my mission after I came back from Nicaragua.

One of the visits I made was to a community where people eked their living by picking out items to sell from the rubbish dump. I saw wee yellow butterflies flitting across the filth and detritus. Alfonso, one of the community leaders in this poor barrio, explained to me that Nicaraguans believe that when there is a plaque of these butterflies, peace will come. It was Alfonso who told me that the people in this community were regarded as the underclass. We all had a good laugh when I explained that I came from a poor 'barrio' in Scotland, where we, too, were no longer regarded as people either. We all hugged each other before leaving; like all the other real live people I met in Nicaragua, unashamed to embrace our common spirit of humanity.

And so my journey in search of the truth and now my experience as a Commission member has enabled me to understand that in a sense Margaret Thatcher was right; we really do have real individual choices. Either we can choose to be like the mosquito and continue to drain the life blood out of people, our we can chose to be like the wee yellow butterfly and flutter into each other's lives and enrich each other with our community humanity, love and understanding.

Without vision we shall all perish
(Proverb 29:18)

Notes

[1]Of the UK.
[2]The Glasgow Herald newspaper.

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Author biography

Cathy McCormack lives in Glasgow, Scotland, in one of Europe's largest post-war working-class housing projects (Greater Easterhouse) which the media still regard as being one of the poorest and most deprived communities in Britain. Cathy is a long-term campaigner on poverty, housing, health and climate change and her writings and broadcast have received international acclaim. Cathy is also widely known in Britain as a social commentator for the people and an inspiring speaker. Her biography, *The Wee Yellow Butterfly* which was published in 2009, is local-global story providing a critical analysis of the social, political, economic, psychological and structural violence that is being waged against the poor and working class in Britain where the rich and powerful do everything in their power to promote their own welfare regardless of how many people they make poor, hurt or kill in the process: http://www.amazon.co.uk/Yellow-Butterfly-McCormack-Marian-Pallister/dp/1906134294

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Thomas, K. (2010). *Human life matters: The ecology of sustainable human living vs. the rule of the barbarians*. Charleston, SC: Karen Thomas. 224 pages. ISBN 9781452811741.

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This book is a treatise on the need for cultural transformation in global systems. It suggests that what needs to be addressed is the domination of the financially and physically strong over the majority; the insemination of raw, competitive greed into cultural life; and the imposition of dominance and aggression onto most human interactions. The stated purpose of the text is to foster understanding of systemic factors undermining quality of life in the 21st century and to highlight the role of propaganda in fostering apathy and inaction. The author suggests that those who have little systemic power – the poor, the marginalised, children, elderly, differently abled – are increasingly denied access, not only to material wealth, but to dignity, community, belonging, safety and possibility. Those who wish to obtain these rights must now sacrifice family and individual life to the wealth bargain, or forever accept an inferior and uncertain status in cultures increasingly shaped for an elite few. The text is targeted at the general public to encourage wider, more inclusive conversations about the nature of justice and its relevance to human development. The rationale is to provide accessible knowledge to feed population based movements and assist in the formation of effective resistance.

The author suggests that, since the 1980s, the re-concentration of national and international decision making and control of resources into the hands of a few has resulted in social decay and devolution at community, national and global levels. The author intimates that we have re-created the aristocracies of old with economic elites whose behaviours are buffered by obscene personal wealth and reified by the 'rule of the market.' She suggests that there has been a silent overthrow of liberté, egalité and fraternité and a re-enshrinement of barbarism. Barbarism is synonymous with a belief in the superiority of some people and a willingness to use cruel or vicious behaviours towards those who are considered inferior or undeserving in any way. It is considered acceptable within barbaric philosophy to exert power and control over those who are classed as less powerful or 'unworthy' and to use whatever tactics are most effective to maintain control over said humans, including tactics which are inhumane or cruel. The book overcomes traditional polarities of capitalism/communism, male/female, and rich/poor, although inequity is postulated as antithetical to human progress. The overarching discourse is centralised on the increased normalisation of cruelty and aggression under discursive notions such as progress, profit and regularity. The first section of the text is an overview of the concept of barbarism, the 10 tenets of barbaric creed and how barbarism has risen to become a global cultural norm.

The text describes the deification of barbarism that has swept the globe alongside phenomena of market reification, globalism and neo-liberalism. The author suggests that this has resulted in increases in antisocial norms, naiveté about the effects of different uses of power, social acceptance of inhumane behaviours and ineffective responses to human atrocities. Barbarism is implicated in the unnecessary violence, suffering, and deprivations foisted on those who could not, *or would not,* compete in the global market. The author purports that this newest resurgence of barbarism is an opportunity to become clear about what barbaric philosophy is and where it has infiltrated, or dictated, the

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construction of the axiomatic social order. Understanding is the foundational step for effecting powerful systemic change. The author suggests that cultural transformation should be our most serious and focused endeavour.

The second section of the text is an overview of the specific impacts of barbaric incursion at macro (environment, species, culture, government); meso (community, family, work); and micro (individual, intrapsychic, health) levels. In these sections the author follows Foucauldian notions of normalisation, discipline and punishment and describes the radical social restructuring which would be required to effect global change. She suggests that systems must become emotionalised through the centralisation of human relationships of care and that cultures could be transformed through systemic prioritisation of children and the vulnerable.

The text highlights the harm done to children under barbarism. The pillaging of children's potential, vision, wellbeing, family life, education and the physical environment of their future, is symptomatic of the pillaging that occurs across all resource domains during barbaric rule. The future of children living in poverty is most seriously affected by barbarian regimen, because the removal of even a few resources can impair their development and capacities for life. The author points out that the past two decades of exploitation of resources has so widened the gap between the rich and the poor that it is no longer possible for a single generation to breach it with a lifetime of hard labour. With the current disparities, it cannot be breached in two, three, or even four lifetimes and therefore we have recreated the aristocracy. In so doing, we have pillaged the democratic possibilities that belonged to the next generations and the futures of all children, except those of the elite.

The text relies on publicly accessible United Nations and national datasets from national and agglomerated surveys and, as such, generalises rather than specifies. The language is rarely objective, often dogmatic and, at times, the author is inclined to hyperbole. The incongruent synthesis of pessimism and idealism will unsettle many, as will the lack of homage paid to cynicism. Cynicism is dismissed as an inoperant philosophical system. The writing is flatly unequivocal and does not exhibit more nuanced formats of academic prose. At times the wordiness is obfuscating rather than clarifying and the jargonised nature of some of the chapters may thwart the intention to make the text publicly accessible. The author may be guilty of *petitio principii* in analyses where definition of barbarism is validated using broad brush strokes of cultural analysis. The reader is expected, in an ad hoc manner, to cross from epidemiology to physiology to population-based statistics and to comprehend the interdependence of all levels of human life (environment, culture, intrapsychic, relational). The reader is left to make the complex connections between macro and micro level impacts with adumbrated author links. While the individual chapters may be of practical usefulness as critical readings the caveat must be given that the writing does not adhere to the voice of the neutral observer and there is much disciplinary boundary crossing, with little adherence to disciplinary history or protocols. Readings drawn from this text would be polemic rather than theoretically clarifying. The text does not refer explicitly to community psychology theories. It raises dialectics but does not resolve them.

The author uses barbarism as an overarching philosophical category suggesting that while there is some overlap with the binaries of wealth-poverty, male-female, and black-white there is no absolute correlation. Adherence to the barbaric code, enacted in behaviours and attitudes, leads to the embodiment or denial of human rights.

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Thus, there is a contentious chapter on gender which will satisfy neither the feminists nor the misogynists. The author acknowledges the polarisations of the genders and the oppression of women as a core global issue stating that, "The question of male prerogative over female bodies may well be the question which decides the fate of the species," but simultaneously argues that it is still behaviour that defines barbarism, not gender. She suggest that females are "just as capable as males of embracing barbarism as a philosophy and, when they have power, are of equal harm to others and to species progress when they do so. The current difference is that, due to allocations of global power fewer females have had access to enough power to have mass effect." While analysis is made of bodies as sites of exploitation, less space is devoted to bodies as sites as resistance and the complexities of body politics are not discussed in detail.

One of the stated purposes of this writing is to mobilise those of goodwill in consensus of the need for active, vocal, and visible solidarity. The author states that, "Caring alliance, effective resistance, radical thought and transformative behaviour will each be essential if we are to overturn the oligarchy of oppressive human control." Some general propositions and guidelines are given for the initiation of such links but again, there is little specificity. The author is relying heavily on the self-organising capacity of a galvanised public. The book concludes with a call for focus on possibility and on the critical need for revolutionary dialogue but this is a fledgling and incomplete discussion. The book's main contribution may be in raising debate rather than in resolution. The book is available in hard copy and e-format through Amazon.com.

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Dogra, N. (2012). *Representations of global poverty: Aid, development and international NGOs*. London: I. B. Tauris. 233 pages. ISBN 978-1-84885-891.

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Global poverty, wealth concentration among fewer and fewer people, and associated structural inequities comprise a nexus of interconnected global problems that are getting worse. Responses to these issues in psychology are sporadic at best. We need to acknowledge efforts, such as the global special issue series on poverty organised by Professor Stuart Carr, and this very special issue edited by David Fryer with Cathy McCormack. However, much more needs to be done. Critics have argued that the emphasis in psychology on individual responsibility, the lack of focus on history and context, and an unwillingness to engage in political action outside of a few sub-disciplinary domains are all part of the problem. Moreover, the dominant Anglo-American variant of psychology offers a technology of the self that is itself central to colonialism, neoliberalism, globalisation and new forms of imperialism.

Insights for developing a more sustained response in psychology to poverty can be gained from recent works in the broader social sciences, such as Dogra (2012). In exploring the representational politics surrounding poverty and appeals for charitable aid, this book offers useful review of interdisciplinary literature regarding international aid and development, orientalism, Africanism and colonialism. The author successfully communicates the complexities around the prejudices and ambiguities central to public images of poverty in the 'Majority World'. Psychologists are often naive about the complexities of mediated communication, and usually opt for a narrow focus on establishing crude short-term effects from highly contrived situations that lack external validity and critical plausibility. Conversely, Dogra explores production processes central to actual message construction; the resulting representational field into which campaigns are injected and actual audience responses to campaign messages. Although not directly acknowledging the theoretical basis for such work in the Glasgow Media Group's *Circuit of Mass Communication* (Miller, Kitzinger, Williams & Beharrell, 1998), Dogra offers readers insights into the dynamic interrelationships between production, representation and audience levels of mass mediated communication.

Of utmost importance to this reader was the way in which this book showcases the need for historical work in order to understand relationships between societies that continue to shape the extent, and our understandings of, poverty today. The author clearly articulates links to slavery, colonialism and imperialism that have been central to wealth generation for European and North American nations and the impoverishment of many other parts of the world. Readers are provided with a useful account of how the Anglo-American world came to dominate global economic relations and representational politics so as to be in a position to 'give' charitable support to overly indebted and impoverished countries from which they continue to extract wealth.

A key focal point for the book is the deconstruction of tensions between *difference* and *oneness* in 'Developed World' charity representations of poor people from 'Majority World' countries. The author proposes that this dualistic framing is central to her challenging the depoliticising of poverty, and suppression of ambiguities and historical complexities. Dogra documents how this dualism allows for the poor to be characterised as distant and different from potential donors at the same time as sharing humanity for the

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'Developed World' audiences whose charitable support is being sought.

The book contains eight chapters that are separated into a context setting introduction and three main parts. Part 1 explores issues of 'difference and distance' as central to how the 'Developed World' constructs images of the 'Majority World' (chapters 2, 3 and 4). The author reflects on the reliance in charitable appeals on 'photogenic poverty' depicting caring mothers and happy and healthy looking children. These images are ideologically convenient and are based in colonial representational repertoires that do not implicate potential UK-based donors in the causes and extent of poverty in the 'Majority World'. Reliance on images of needy children and/or the women in their lives, in conjunction with the absence of men, serves to infantise and feminise poverty. Men are generally absent from charity messages, and appear elsewhere in news reports as intertextually-linked evil and corrupt warlords or rebel fighters who have brought poverty on their own communities. Combined, these representational practices work to internalise poverty as a problem inherent to the society itself rather than as a result of Anglo-American exploitation.

Part 2 documents issues of *oneness* as being inherent to campaigns that draw on notions of universal humanism (chapters 5 and 6). Focusing on key informant interviews with campaign producers, Dogra explores how and why campaign representations of the poor are dehistoricised and decontextualised. Dogra refers to the nexus of discourses through which a human *oneness* is constructed and histories of colonialism, imperialism and slavery are displaced from contemporary discussions of poverty. Part of the problem seems to be how agencies perceive context in behavioural terms, including how many people are present in an image and what they are depicted as doing. Little attention is given to broader issues beyond the frame, including who gets to decide who is depicted in the frame and what they are doing. Producers did not engage with historical links between the 'Majority World' and 'Developed World' to contextualise contemporary poverty. Such omissions were justified by campaign produces who asserted that their own purpose is to obtain donations and not to invoke guilt in, or to alienate, donors.

Part 3 (chapters 7 and 8) considers the understandings of UK audiences, and how their perceptions relate to the representational and production practices explored in previous chapters. Audiences recognised conventional representational practices, and were also capable of moving reflexively beyond these messages in order to question relationships between developed and majority worlds. Resistance to contextualising poverty was related to a sense in which UK citizens were tired of being made to feel guilty about that happened 'so long ago'. UK audiences tended not to respond positively to messages that implicate them in 'Majority World' poverty. This reaction was associated more with older and middle aged audiences. Younger audiences were more receptive to messages anchored in historical realities. Dogra points to the potential here for change and efforts that engage younger donors whose responses bring into question the assumptions shaping the production of campaigns.

By way of criticism, the book is introduced as an analysis of representations of global poverty. The analysis is actually focused on UK-based public charity appeals to UK donors. The representations are of people from the 'Majority World' countries in which UK charities are operating, and not the mass of other nation states around the globe. Regardless, the book remains an invaluable resource for psychologists interested in issues of colonialism, globalisation, development, charitable giving and poverty more generally.

Finally, Dogra uses compelling examples to ground an analysis that documents how 'Developed World' stereotypes of needy others in the 'Majority World' are repro-

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duced in charitable campaigns and enter into public discourse. The book makes an important contribution to current conversations regarding the economic crisis and implications for increased global inequalities and poverty. In this regard, readers should also consider watching the BBC documentaries '*Poor Us: An animated history – Why poverty?*' and '*Surviving Progress*'.

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Duty stations and the regulation of space in mental health wards: A South Australian case study

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This paper reports on a cross-disciplinary pilot study that examined the relationship between architecture and mental health. Drawing upon ethnographic data collected within a purpose-built mental health ward in South Australia, the paper focuses upon the role and use of the duty station in relation to both staff and clients. The findings indicate that duty stations often functioned in problematic ways in terms of surveillance and administration. Specifically, the findings question whether mental health wards can truly promote psychological wellbeing if duty stations solely serve to reinforce power differentials between clients and staff in ways that contribute to the physical gap between these two groups. As such, the findings pave the way towards a clearer understanding of the design needs of mental health clients and clinicians. The paper concludes with suggestions to address the issues raised by the findings.

It has been increasingly recognised over the past decade that the design of any given space can either promote the wellbeing of those who use it, or contribute to existing problems (or indeed create new ones, for example, see Huffcut, 2010; Stichler, 2008). Perhaps nowhere is this more so the case than in mental health facilities, where research continues to find marked differences in outcomes for clients who are housed in traditional, as opposed to reconstructed, facilities. Specifically, and in their review of evidence based healthcare design published to date, Ulrich and colleagues (2008) found that factors such as single-bed rooms, softer lighting, windows that provide views of the world outside, welcoming spaces for family to visit, and details that reduce the impact of harsh or jarring noises upon clients all contribute to positive mental health outcomes for clients. This review, and the research it draws upon, clearly indicates the merits of designing spaces with the mental health of clients in mind, and government departments across the western world are gradually beginning to draw upon notions of evidence based healthcare design when engaging in the reconstruction of mental health facilities. Despite these gradual changes, there remains a relative paucity in research on the specific aspects of such facilities that might still impact negatively upon clients, and as such, ongoing attention must be paid to the impact of design and architecture on clients within such wards

One aspect of mental health facilities that is beginning to receive more attention, and which we would argue is central to any facility, is that of the duty or nurses'/nursing station. Whilst clients are obviously at the heart of any mental health facility (that is, the facility would not exist if there was not a demand for it), facilities can only function through the work of professionals whose role it is to care for clients. This would therefore suggest that the location of the duty station, the relationships it facilitates or inhibits between staff and clients, and the practice ethos that drives these first two factors (for example, whether it is seen that the role of staff is to work *with* or work *on* clients) warrants close attention. One site in which this may be the case is in the context of mental health wards, where staff members

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are charged with the dual function of monitoring clients to prevent harm, but also working with clients to facilitate their recovery.

The research presented in this article reports upon an observational ethnographic pilot study aimed at examining how both clients and staff move in and respond to the design features of one purpose-built mental health ward located in a public hospital in Adelaide, South Australia. Our interest in conducting this research was to examine how those who use the mental health ward in question relate to the space around them, and in particular to consider the implications of specific aspects of the site that potentially impact upon site users, with a particular focus on the duty station. Our research question, therefore, centred on how clients and staff used the duty station, and in this paper we report on our findings concerning this usage, and extrapolate from these to examine the implications of the design and positioning of duty stations within mental health units. As such, the project takes up Halford and Leonard's (2003) suggestion that "Not only do people make spaces, but spaces may be used to make people" (p. 202), because in the context of mental health units there is a tendency to believe that there has been a paradigm shift away from the types of units identified in the work of Foucault (2006) or Goffman (1961), and towards units that recognise the rights and dignity of clients as human beings. For example, Foucault describes how 'madness' was regarded as a contagious disease in the eighteenth and nineteenth centuries and the sufferers were subjected to punitive types of "confinement" (p. 434) and Goffman notes the name changes from "madhouse" to "asylum" to "mental hospital" (p. 350) without any real changes to organisational structure. Our findings, however, suggest that as with any paradigm shift, in reality there are overlaps between what went before and what occurs in the present. Specifically, and as noted by Foucault, whilst the particular ways in which surveillance is enacted may change, surveillance is still considered the norm when it comes to the provision of services to clients in mental health facilities.

Before outlining our project and the findings as they pertain to the duty stations, we first outline the research published to date that has focused on the impact of the design of duty stations upon both clients and staff, focusing on work which has considered the duty station in any form. It should be noted that the reason for our use of the term 'duty station' as opposed to the more traditional 'nurses' station' or 'nursing station' is simply that in the facility that was the focus of our study the name displayed over each such station was 'duty station'. Despite the fact that some staff or clients may have referred to the stations by other terms, we have chosen to opt for the official title allocated within the unit. In doing so, however, we are mindful of Jarrell and Shattell's (2010) insightful discussion of the implications of the terms used to refer to stations, and the important semantic and procedural differences between the term 'nurses' station' (which is the province and possession solely of staff) and the term 'nursing station' (which implies a task orientation that is more clearly directed towards the role of nursing and thus also clients).

Duty Stations and Previous Research

The small body of research that has focused on the mental health implications of the use and placement of duty stations has emphasised two factors: the effects of surveillance upon both staff and clients as individual cohorts, and the effects of the distancing and separation that arises from the position and function of duty stations upon the relationship between staff and clients.

In relation to surveillance more generally within mental health units, it is important to note, as do Andes and Shattell

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(2006), that entering into any mental health unit requires a relinquishment of control, and this relinquishment may be welcomed by many clients. However, Andes and Shattell also note that the injunction to relinquish control – and the corollary uptake of control by staff on behalf of clients – must be balanced against the need to work *with* clients to achieve a return to normal functioning, or at least an approximation of it. Monitoring clients is an essential part of the role of staff in mental health units, and must be done so as to create spaces that do not exacerbate or perpetuate the possible factors that instigated the client presenting at the service in the first place. Further, research suggests that despite a duty station providing some degree of staff-only space which ensures that staff members can speak privately about clients or indeed take a break from clients, clients often have no similar private space of their own (Halford & Leonard, 2003; Thomas, Shattell, & Martin, 2002). In this sense, the duty station serves as a signifier of surveillance: that staff are in the position to watch, and that clients are always already in a position of being the object of such watching. We are of course mindful that observation is a central part of mental health units. Our concern, however, and one that is shared by researchers such as Andes and Shattell (2006), are the ways in which duty stations may only or primarily serve a *solely* regulatory role, rather than also serving a role in rehabilitation. Indeed, this point was noted by nursing staff in recent research by Novotna, Urbanoski, and Rush (2011), who discussed the tension between ensuring patient safety through the use of the observational function of a duty station whilst also encouraging an effective therapeutic relationship.

These tensions found in results from the above research brings us to the second area that the literature has focused on in relation to duty stations; namely the potential for duty stations to have a distancing effect rather than a therapeutic one. For clients, and as noted by Cleary and Edwards (1999), presenting to a duty station for assistance is often no guarantee that assistance will be provided, and some research has noted that clients may exhibit nervousness in approaching the duty station to request assistance (Novotna et al., 2011). In contrast, Andes and Shattell (2006) note, "psychiatric patients are generally expected to interrupt what they are doing if a nurse requests their attention. Nurses thus have the power to decide when to engage in contact with patients, but patients often do not have a choice" (p. 702). Duty stations function as a clear barrier between staff and clients, one that is marked by a complex set of power relations in which clients are unlikely to feel empowered to engage with staff, and which potentially position clients as a 'demanding object' upon staff.

Indeed, research conducted by Tyson, Lambert and Beattie (2002) found that when the unit they observed was redesigned to provide staff with a dedicated private space, clients spent less time milling around or approaching the duty station, as it was made clear that when staff were in their space it was to do administrative work, whilst when they were outside the unit they could be freely approached. Andes and Shattall (2006) note an opposing possibility, namely that duty stations could be open spaces that clients can move freely in and out of, albeit with respect for staff and the work they are required to complete. However, findings from other research suggests that this would place a considerable pressure upon staff, who would effectively then have no 'down time', as well as no place from which they can combine administrative duties with client care (Novotna et al., 2011). Further, we also suggest that such a model may place pressure upon clients who, in a potentially already vulnerable psychological state, would be charged with the requirement to adequately read and respond to the cues of others, rather than having access to a structured mode of requesting assistance.

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In summary, previous research that has included a focus on the impact of duty stations upon either clients or staff, indicates that duty stations, even in reconstructed facilities, still function primarily in a regulatory role, and moreover that this does little to move beyond the level of surveillance required to encompass a consideration of a more therapeutic model of care embedded within the design of the ward and the duty station. Further, it would appear that duty stations continue to operate in ways that separate clients from staff, and which reinforce power differentials between the two groups, although a tension exists in relation to, on the one hand, the need for staff to have a space of their own, and on the other, the need to breakdown power imbalances produced by duty stations.

Method

Setting

The study was conducted in the mental health unit of a large public hospital in South Australia. As mentioned previously, the aim of the project was to examine the use of this space by both staff and clients, in terms of movement within the spaces provided to clients in both the High Dependency Unit (HDU – a locked ward) and open ward. The buildings in which the mental health unit was located were completed in stages between 2009 and 2010. The HDU had a total of six beds that were all single rooms, and three bathrooms with one disabled bathroom. The open ward contained 20 beds, and 10 bathrooms with 1 disabled bathroom and 1 assisted bathroom. Both of these wards were typically fully occupied throughout the time the study was undertaken. Staff entered both wards through the emergency admission as they would enter any other ward within the hospital. Clients who were considered to pose a risk to themselves or others were initially placed within the HDU for more rigid surveillance, and were often admitted with the presence of security guards. Clients were moved from the HDU into the open ward after a period of approximately two weeks, although this varied greatly depending on the needs of the client in question and instructions from the psychiatrists involved. Conversely, on one occasion during observations, a client was moved from the open ward into the HDU after behaving in a threatening way towards clients and staff.

Ethics and Participants

Ethics approval was granted from both the University of South Australia's Human Research Ethics Committee and from the Ethics Committee of the hospital involved in the study. Clients, staff and visitors at the hospital were informed of the study through information sheets that were placed around the ward. Staff members interacting with the second and third author were assured that anything they said would remain strictly confidential and the information sheet stated that no identifying information would be used in any publications that arose from the study. We informed all users of the ward of the times that the observations would take place (typically one day a week for a three hour time slot). The movements of clients, staff and visitors were observed throughout the ethnographic observations.

Procedure

The second author carried out ethnographic observations on ten occasions for three hours each, a total of 30 hours of observations. These observations were conducted during both the morning and afternoon over a 10-week period, to ensure rigour in the observations in terms of consistency of space-use, and the time was split evenly between both the HDU and the open ward. In the open ward, the second author spent time both within and outside the duty station; however, in the HDU the majority of time was spent observing from within the duty station for security and ethical reasons. Brief notes were taken during observations, but in order to reduce the

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amount of time spent note-taking during observations the majority of the field notes were written immediately after leaving the hospital premises. In addition to these 30 hours, the third author also conducted four hours of ethnographic observations entirely from within the wards, including the HDU. These observations were conducted in order to examine the use of spaces within the wards by clients and staff, including the use of the duty station. The notes concerning duty station use form the data set for this paper. Both the second and third authors remained neutral during these times, rarely asking questions of staff unless wishing to gain clarification in relation to a particular procedure or space. Where clients or staff asked either author what they were doing, both of the authors who undertook observations replied that they were observing the use of space and the architecture within the ward.

Ethnography was chosen as the methodology for this study since the literature has identified it to be an appropriate method for use in healthcare settings (Johansson, Skärsäter, & Danielson, 2006; Savage, 2000; Sinding, 2010). In particular, ethnographic observations are typically unobtrusive and allow the researcher to develop a flexible approach to both understanding an environment, and to gaining insight into the relationships between that environment and the behaviour of the people within it in a naturalised setting. Rigour within the study design was maintained through the fact that two of the researchers independently conducted observations and familiarised themselves with the ward, meaning that their field notes could be compared for consistency in terms of observations around the use of duty stations (see Gobo, 2011, for further discussion of consistency in ethnographic research). However we acknowledge that, as a pilot study, the data collection process was conducted on a relatively short-time frame for ethnography and only within one site, and thus we do not claim generalisability for our results.

Analytic Approach

On completion of the observations, the field notes were analysed using thematic analysis, following the approach laid out by Braun and Clarke (2006). Braun and Clarke provide rigorous guidelines for conducting thematic analysis in qualitative research within the broad study of psychology and these guidelines were followed in each stage of the analysis of the field note data. Initial analysis of the entire corpus revealed a primary theme surrounding the use of the duty station by both staff and clients, and the corresponding extracts from the data concerning the duty station were further analysed in order to reveal the patterns of use of this space. Themes were then cross-checked by all authors to ensure reliability at the analysis stage of the project. The results of this analysis are presented in the following section.

Results

As discussed, a primary concern in relation to the design of mental health units is that of the location and use of the duty station. In the current study, the duty station emerged as a primary point of interest during the ethnographic observations, and thus constituted a theme arising from the data. In the analysis that follows we examine the use of the duty station in both the HDU and the open ward. Our ethnographic research noted both similarities and differences between the uses of the stations in these two spaces, which we discuss in detail.

The Duty Station in the HDU

The duty station in the HDU is made up of large panes of glass that wrap around the whole of the station, separating the duty station itself from the ward. At the centre of this wall of glass is one large pane of glass that is not open to the ward (i.e., it cannot be

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opened like a window) but which has a ledge extending into the ward (see Figure 1). To the right of this pane of glass and around the corner – from the point of view of clients inside the ward – is the door to the station, which contains a large window in the top half of the door which also could not be opened.

During the observation periods, clients were seen interacting with staff at the HDU duty station in two distinct ways: by coming to the large pane of glass, in which case clients tended to talk 'at' staff through this window, and secondly by approaching the door and either waiting or making some motion to gain the attention of staff, in which case the clients tended to be seeking to have their requests fulfilled. Indeed, it was the door to the duty station in the HDU rather than the large glass pane that clients tended to approach. At the conclusion of the first day of observations it was noted that:

> *Overall the door to the duty station in the HDU appears to be a central part of interaction between staff and clients – also worth noting that it is the door and not the window. People rarely seem to go to the window in the locked ward.* (16th September 2010)

This is of particular interest given the functions of continuity and flow of light and space that glass is supposed to perform. In the HDU, by contrast, it appeared that the large pane of glass acted more as a barrier, and instead it was the door – through which people could actually move and sound could travel more easily – that clients preferred to make their requests through. This attraction to the duty station window is illustrated in the next extract:

> *Patients come up to the [HDU] duty station a lot with requests. These are often for cigarettes. One female client within the ward is manic and staff restrict her to coming every 1/2 hour as otherwise she is coming all the time. Another young male client comes out of*

Figure 1: Photograph of duty station

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> *his room late and comes to ask for a hot dog at the door. Clients also come to the door to ask to call parents/ask about mail/ask for glue/ask for medication (one man comes to ask for something to calm him down as he feels agitated).* (16th September 2010)

However, clients did not always have their needs met through approaching either the large glass pane or the door, as can be seen in the following extract:

> *Another staff member comes into duty station and two staff members taking blood from a client in the ward call for him and he goes into the ward where he chats to a client for a bit. The staff member then comes back into the duty station and the client he had been chatting to comes up to the station window and elbows it aggressively. Other staff then come back inside having finished up with another client. The client who has elbowed the window comes up now to the door and punches it and staff say 'get away' and he walks away.* (7th October 2010)

This extract is notable for the illustration it provides of the lack of functionality of any of the physical points of connection between staff and clients. Whilst both the large pane of glass and the door ostensibly invite interaction, the interaction is always already moderated by the wishes of the staff. Yet despite this, clients continued to attempt to engage with staff at these points of contact, which was clearly illustrated when the hospital in which the HDU was located changed its policy on smoking.

During the later weeks of the observation the policy changed from allowing smoking outside to a total ban on smoking on hospital premises. For clients inside the HDU – who only had access to a small courtyard space located within hospital grounds – this meant that cigarettes became off-limits and alternative therapies including inhalers, lozenges and patches were made available. This change was anticipated with concern by staff since smoking was previously a common practice for many clients in the HDU, and indeed requesting a cigarette was one of the most common reasons for approaching the duty station in this unit. Given the number of times clients were observed approaching the station to request cigarettes prior to this change in policy, it is noteworthy that clients were not observed approaching the station any less on the days that ethnographic observations were conducted subsequent to the change in policy. The below extract is taken from day 10 of observations, approximately two weeks after the change in smoking policy:

> *A female client comes to window to ask to speak to her mum, then wanders off. Have noticed people coming to window more today to ask for various items, although the clients still tend to approach the door more frequently – man comes up to window asking for some sticky tape. Again he taps on the ledge to get attention. He has some paper in his hand that he wants to fix up (it is ripped). Nurse gets him some sticky tape.* (18th November 2010)

It appeared that clients continued to approach the station with the same or indeed greater frequency despite that they were no longer able to request cigarettes. This would therefore suggest that it is potentially the approach and response that serves a purpose for clients in the HDU, rather than the purported reason for the approach itself. However, when the design of the point of contact such as the duty station hinders the approach *and* the psychological benefit to be gained from it through human interaction, the rehabilitative function of staff/client interactions may be minimised. Part of this may be explained, we would suggest, by the fact that the large pane of glass has a ledge attached to it, yet the ledge does not function as it otherwise might in a bar or café through the provision of somewhere to interact, but

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instead simply provides another barrier between staff and clients.

The findings therefore suggest that the design of the duty station in the HDU was potentially not orientated primarily to the needs of the clients, but more to the needs of the staff. Previous research has indicated that duty stations are important spaces for staff to be able to discuss confidential matters or to take some space from clients. The observations conducted for the present research also suggest a further function of the particular design of the duty station, namely one of controlling clients. As discussed in the introduction, previous literature has highlighted the role of the duty station in terms of surveillance. In the present study the HDU duty station represented a site that allowed staff to regulate the movements and actions of clients within the ward. For example, staff members were observed on a number of occasions restricting the frequency with which clients were able to approach the station with requests.

Furthermore, staff were also able to monitor requests for items such as cigarettes (when these were still available), clothing that was kept in the store room, and other services such as access to food and drink (a sink with a jug of water was located in the ward; however, other drinks and items of food had to be requested from staff) via the duty station. Thus, although the station acted as a conduit between staff and clients in terms of communication, it arguably also acted as a barrier between staff and clients, and one that reinforced the power of staff to maintain control over clients' lives through areas such as determining what resources clients had access to. This was exacerbated by the fact that staff members were only rarely observed within the HDU itself unless there was a specific reason for them to be there – such as conducting name counts, administering medications or performing general check-ups. Instead, staff spent the majority of their time separated from HDU clients in the duty station, meaning that if clients needed access to anything (such as clean clothes), they were required to approach the duty station to make such a request. Of course, we again recognise that such issues are also related to security, particularly in relation to the HDU where items may need to be withheld due to concerns such as suicidality; however, such practices need to be scrutinised to ensure that interactions between staff and clients revolve around a principle of therapeutic relationships where possible rather than issues of control.

We would argue that the utility of the duty station in the HDU in terms of serving a rehabilitative function for clients is thus questionable, particularly because the communication that occurred frequently appeared to be one-way. That is, it was observed on a number of occasions that clients would approach the window and talk 'at' staff members who were sitting on the other side of the glass working at the bench directly behind the window. Such interactions, however, were frequently not reciprocated – a point noted by the second author in terms of her own responses to clients presenting at the HDU duty station window:

> *At first I feel uncomfortable 'ignoring' the client or anyone else when they come up to the station and chatter away, but this is what other staff do and I realise I am starting to get used to it and there are times when if I am taking notes I also start to forget someone is there talking.* (14th October 2010)

This extract highlights the regulatory effects of the design of the duty station in the HDU upon both clients *and* staff. In particular, we argue that the station interface potentially encourages staff to adopt a position in which they are alienated from clients. This is even more pronounced where structures such as the duty station appear to inhibit staff from engaging in meaningful interaction such as a conversation sitting on a

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couch or at a table, and instead encourage interaction which is only conducted on the terms of staff through a window or a door. Of course the practice of remaining primarily behind the duty station window is one which may be related to the security concerns of staff, and this was a point that staff did make to the authors during the observations. However, it was noted that security practices such as ensuring that while a staff member was inside the HDU they carried a personal alarm and that that another staff member was present observing from the HDU, would go some way to ensuring that security for staff can be maintained while also encouraging staff to leave the duty station to interact with clients, particularly if the duty station were designed in such a way as to further facilitate the flow of movement. This point about the effects of the HDU duty station upon staff is one we turn to later, but first we now examine the role of the duty station in the open ward, and the differences between the open ward and the HDU.

Open Ward

In comparison to the HDU, the duty station in the open ward is larger and contains several panes of glass wrapping around the entire station. This includes two windows that can be opened by both staff and clients, that is from the inside or the outside, as well as two doors into the station located at either side of the windows (see Figure 2).

The use of these potential points of interaction between clients and staff is outlined in the following extract:

> *In the open ward the duty station has a window which lifts up, and clients can lift it up too. This window appears to be a more central part of communication than the door(s), although clients appear to come up to the duty station much less in this ward than in the HDU.* (14th October 2010)

This extract highlights one of the main differences between the duty station in the HDU and the open ward – namely the number of times that clients approached the duty station in both wards. There could be a variety of reasons for this difference, most obviously that clients in the open ward had

Figure 2. Photograph of duty station in open ward.

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greater access to their possessions and other amenities and hence did not require permission from staff to use them. For example, in this ward clients were regularly observed talking on their own mobile phones, therefore reducing the need for clients to request to make phone calls, and clients had access to a fridge and tea and coffee making facilities. Most clients were also free to wander around the hospital grounds, meaning that they could also access a number of food outlets, and clients were able to carry their cigarettes or tobacco with them in this ward, thereby reducing the need to request cigarettes from staff.

It is also worth noting that nursing staff spent a much greater amount of time in the ward itself than they did in the HDU. Whilst it is acknowledged that there are security concerns in the HDU, we would also suggest that the differences observed in the behaviour of staff in relation to leaving the duty station could also be attributed to the different designs of these two stations. As mentioned previously – and as can be seen in Figure 1 above – the duty station in the HDU appeared to operate much more in terms of enabling the surveillance of clients by staff rather than to ensure that communication between staff and clients was facilitated. In contrast, the duty station in the open ward appeared to be set up in a more interactive manner, enabling a greater 'flow' between the spaces inside and outside the duty station. Such a flow could arguably also account for the increased ease of movement of staff between these two spaces.

When clients did approach the station, however, it seemed to take longer in the open ward that in the HDU for them to gain the attention of staff. This is discussed in the extract below:

> *Lots of staff hang around the duty station chatting about various issues and clients do seem to hang around a bit without getting attention from staff – some end up knocking on the windows to get attention. There are two windows to this duty station, and two doors. The design seems to mean that clients come to windows rather than to the door as they do in the HDU. Once clients have the attention of a staff member the latter often seem to go outside the duty station to see them, though sometimes they do talk to them through the window after lifting it up.* (7th October 2010)

This extract highlights that, much like in the HDU, the open ward duty station operated not only as a conduit for communication (as it is arguably designed to do), but also as a barrier between staff and clients, and a space in which staff were able to exercise power over clients by making them wait before giving them attention. This differential power relationship between staff and clients was clearly seen in the actions of clients in relation to the duty station space in the open ward. For example, although the windows to the station could be opened by clients on the outside of the station, a client was only observed on one occasion to open the window himself. Similarly, even when the station windows were open, clients rarely attempted to attract attention to themselves beyond simply standing at the window and waiting, as demonstrated in the following extract:

> *A female client comes up to the duty station where the window is still open and just stands there for a while until someone looks up – then asks to see a nurse and is told she is busy. The client says wants someone to explain blood test results to her. She is quite agitated. Nurse tries to explain but the client isn't happy with what she says. Nurse says that she really needs to speak to her doctor. Client stands for a bit at the window whilst the nurse returns to what she was doing inside the station and ignores her. Client stands for a bit just at the*

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station window and then wanders off and finds another nurse to ask who is wandering around inside the ward. When this nurse comes back into the station they close the station window and begin to discuss the client. (19th October 2010)

As such, despite being agitated and wanting assistance, this client did not actively attempt to attract the attention of the staff working inside the duty station. Instead, she stood and waited until the staff member looked up, and then remained standing and waiting after the staff member resumed her work inside the station. Conversely, when a staff member walked past her inside the ward the client actively intercepted them to ask a question. This is suggestive that the station acted as a barrier to communication between the client and the nurse by ensuring that the nurse retained her position of power and control over the interaction and was able to resume her work without resistance from the client on the other side of the glass. On the other hand, the client was much more in a position of control over the staff member inside the ward where she was able to also regulate the communication. Issues pertaining to staff use of the duty station are discussed in the next section.

Staff Use of the Duty Station

As outlined thus far, one of the main observations of the stations were the differences in staff behaviour between the HDU and the open ward; that is, staff were much less likely to leave the station in the HDU than they were in the open ward. Part of the reason for this difference is likely to be security concerns relating to some of the

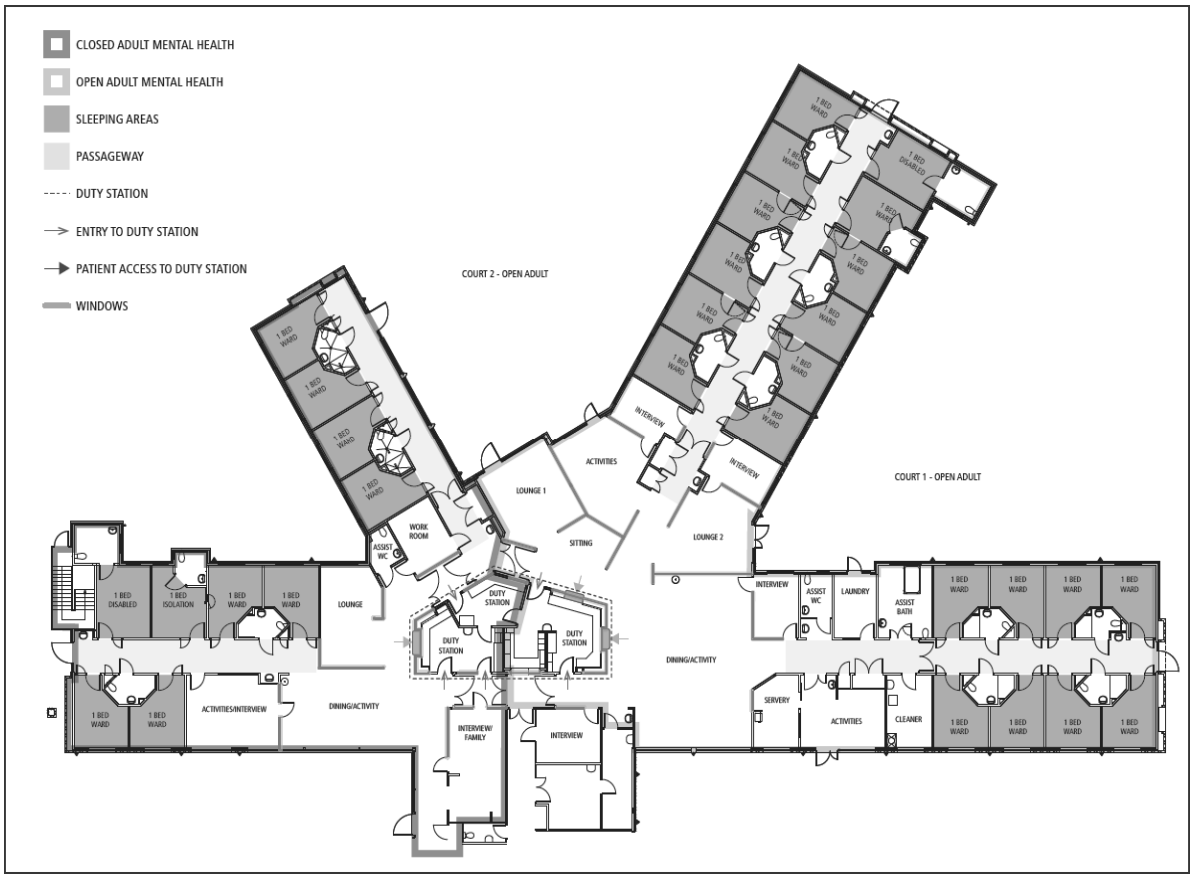

Figure 3. Map of ward.

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clients detained within the HDU; however, we argue that this difference can at least in part be attributed to the different design of these two spaces. That is, the station in the open ward facilitated the movement of staff into the ward to a much greater extent than did the design of the station in the closed ward.

It must be noted that the greater degree of movement by staff in the open ward may have been because not all of the ward could be seen from the duty station (as it was a larger space – see Figure 3), and therefore that staff had to 'patrol' the open ward to a greater degree. However, this reason is mitigated by the fact that security cameras were installed in all sections of both wards and were actively monitored by staff. Further, we would note that the staff presence in the open ward included staff engaging in interactions with clients or participating in activities. As such, 'patrolling' of the open ward is likely to account for a relatively small proportion of the reasons why staff members were more likely to venture out of the duty station in the open ward compared to the HDU.

Another primary issue of concern in relation to staff use of the duty stations was in terms of the areas in which staff members were able to retreat in order to assess notes, organise medication, or discuss the progress of clients. It is important to note here that there was no space, particularly in the HDU section of the duty station, in which staff members were able to retreat to discuss issues concerning clients, meaning that all of these tasks had to be undertaken in full view of clients. The need for private space was brought to the attention of the third author on a number of occasions, as illustrated in the following extract:

> *Nurse says that they need a lot more space and also that they need a medication room as they have to keep the medication in a drawer in the duty station which takes up room and is difficult to get to. Nurse also says that they need a room where doctors and nurses can chat – where she came from this is how things were set up and she thinks it was better.* (11th November 2010)

The limited and highly visible use of the duty station as a space for staff to undertake the administrative side of patient care has a number of implications in terms of their role as professionals. For example, it meant that nursing staff had to update notes and perform other tasks while sitting at a desk behind the window, and nursing staff and doctors were frequently observed discussing clients in the nursing station. This meant that staff members were frequently busy when clients approached the station, and clients were often told to wait before their concerns were addressed, or were even ignored completely. The below extract illustrates this, taken from observations in the open ward:

> *...another female client comes up to the other station window which is closed, and stands for a while, then approaches a nurse who is walking into the ward – then comes back to the duty station and stands for a while again. Nurse in station is doing work and doesn't look up but then client knocks on the window and the nurse does look up. Again I think people tend to approach the station less in this (open) ward than in the HDU. Also it appears to be difficult sometimes to get the attention of staff at the station via the window, particularly if the windows are down. I have only rarely noticed clients opening the windows themselves.* (21st October 2010)

Thus it appeared that even in the open ward the station was viewed primarily in terms of the function it served nurses rather than the function it served clients. That is, the station appeared to be primarily seen by staff as a place to do work and staff were even

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occasionally observed to be annoyed if interrupted by clients. The multiple uses of the duty station clearly presented issues for all users of the space inside the wards particularly in relation to the observation that the windows in the duty station in the open ward were generally kept closed, thereby acting as a barrier between the station and the clients – a barrier that was rarely actively removed by clients themselves. The observation noted above in relation to the client being required to wait before being noticed by staff was a common occurrence and highlights the difficulties and ambiguities of the station for both clients and staff.

The function of the duty station as a space for work by staff also presented other problems, outlined clearly in the next extract:

> *A client in the open ward goes down to the bedrooms, then comes up to the station window and asks a staff member to look for her pink jumper as if she gets day leave tomorrow to see her son she wants to wear it. She says she 'only has daggy clothes here and wants to look nice'. She walks off and sits at a table. Staff chat about this request as they think she isn't up for day leave as she is too paranoid. The client approaches again and asks when her doctor is coming. Staff say 'soon' and she goes and sits back at the table and chairs and watches as doctor comes into duty station. Doctor and staff chat – the client wants leave to go to her son's sports day but staff think it is too early. They are shaking heads, etc and the client is watching closely. At one stage she says 'you're kidding me' and starts to cry.* (3rd November 2010)

It is clear that the lack of private space in which the nursing staff and the doctor in charge of this particular client could discuss this issue had a negative impact on the client herself. Furthermore, the need for staff to discuss clients in full view of the clients themselves arguably perpetuates the power relationships between staff (as regulators of the movement of clients) and clients. The female client in this extract is unable to participate in the conversation between the nurses and her doctor, but is able to observe this conversation taking place. As such, the station operates in this instance to render her helpless and powerless – an obstacle she attempts to overcome when she approaches the station several times to speak with staff prior to her doctor coming in and cries out at one stage in the conversation.

In the following discussion we examine the implications of the findings we have presented and consider some possible ways of addressing the concerns we have raised.

Discussion

As noted throughout our findings, a hallmark of the duty station in the facility in which we undertook our observations was the fact that it appeared to do very little to facilitate positive relationships between staff and clients. This primarily appeared to be the case because of the design of the stations in both the HDU and the open ward, which both provided no private space for staff, and were structured to suggest that an approach to the station was possible, but that there was little guarantee that the approach would be successful due to the nature of the design of the stations.

It seems possible that a large part of the reason for the failure of the duty stations to function in ways that facilitate positive relations is the positioning within the two wards in ways that appeared to centre upon surveillance. This was a product both of their orientation into the wards (which involved large panels of glass directly facing the remainder of the wards), as well as their position within the wards (which were located at the entry point to both wards). We are, of course, appreciative of the security concerns relating to stations in locked units. Nonetheless, we would argue that where the

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duty station operates *primarily* in terms of surveillance, the ability for clients to have their needs met and to develop healthy relationships with nursing staff is restricted. As such, there is a role for arguably less intrusive security features or design, such as closed circuit television (CCTV) monitoring. Security features such as CCTV are likely to ensure that both staff and clients are able to be kept safe – and indeed to feel safe – but are less likely to promote differential power relationships between staff and clients in the way that the duty stations appeared to do. Although previous literature is unclear in terms of which security features are effective in particular areas (such as preventing clients self-harming), research does suggest that properly-implemented surveillance features such as CCTV can facilitate the reduction of violent incidents (Duxbury 2002; Meehan et al., 2006), The effectiveness of CCTV specifically, and particularly in terms of replacing a duty station, is an area which could be the focus of future research (Desai, 2010).

In relation to freedom and movement, it is also important to point out that while clients in the open ward could move out of the ward and indeed the hospital, the centrality of the duty station and its role as a focal point may well override any sense of freedom of movement for clients in this ward. In the HDU, these issues of movement are compounded by the fact that the contact point at the HDU duty station is relatively large in comparison to the size of the HDU itself. This design is aimed at ensuring maximum observation of those at highest risk of harm (observation that may well be welcomed by some clients), but the disparity between these spaces may nonetheless impact negatively upon clients in the HDU if they feel over scrutinised.

We now turn to some possible ideas for how the concerns raised by our findings might be addressed. First, it would seem important that the space in which nurses undertake administrative work is separate from the space in which they provide direct care to clients. Clearly, such an arrangement would mean that staff would need to be single-duty focused, and in an age of economic rationalism this is unlikely to be welcomed by healthcare administrators. Yet we suggest that the benefits are obvious – staff members who are rostered to undertake administrative work can do so without interruption and staff in general can have space away from the unit itself and the eyes of clients. Having a dedicated staff-only space that is not open to clients would also mean that those staff rostered for direct client work can be in the ward and thus available to clients, or minimally at some form of open duty station where they may still be able to take notes or other light duties but can be primarily focused upon clients and their presenting needs.

Furthermore, having a separate staff administration/retreat area that is located in the periphery of the ward, and then having an open duty station that is located within the ward but not necessarily in a central position (which would avoid it appearing as a form of panopticon), may help to facilitate a sense of space in which the entire ward is not centred around surveillance. Indeed, it seems anomalous, in the age of technology, that the primary work of surveillance could not be undertaken via cameras in a room accessible only to staff. Of course, any use of surveillance must bear in mind some of the ethical concerns around using surveillance in terms of control (Due, Connellan, & Riggs, 2013), as well as areas where surveillance technologies such as CCTV might be problematic, such as the potential for issues in use with clients who are psychotic (see Desai, 2010).

Further, surveillance must not be used as a substitute for human interaction and thus, ward staff could still maintain monitoring of clients as part of their role. But the fact that ward staff would primarily be charged to

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work *with* clients would help to positively connect any forms of surveillance with actual human contact aimed at supporting clients and facilitating their recovery. This might go some way towards addressing McMahon's (1994) question as what a "non-institutional institution" (p. 343) might look like. Our suggestion is that such a space, and specifically as pertaining to duty stations, would both incorporate the administrative and protective functions that are required, but do so in ways that facilitate the client-staff relationship. Indeed, the relationship between nursing staff and their clients is acknowledged by early career registered nurses as one of the primary elements of high -quality nursing (Cline, Rosenberg, Kovner, & Brewer, 2011), and thus structuring space in such a way that best enables the development of such relationships is critically important. We acknowledge that such an approach will not entirely avoid the dual roles of the mental health ward, as both health care facility and home. But perhaps this is precisely the point: clients for the large part do not enter mental health facilities looking for somewhere to live. Instead, they enter (or are forced to enter) under the premise that their admission will facilitate greater functioning so that they can return to or find a home.

Of course, as discussed earlier, this study is limited in relation to its generalisability to other mental health wards given the specific details concerning the duty station which impact upon the findings presented here. Nevertheless, these findings contain important points concerning the design and placement of duty stations that can be considered within a range of mental health care units. Further, as a pilot study, our results are preliminary. However, they provide an important base from which further research can build in relation to how staff and clients use duty stations, how they affect interactions between staff and clients, and in turn, how their design may have an impact on wellbeing and recovery for clients within mental health wards.

To conclude, mental health wards must be both welcoming and a place in which healing can occur, but not a place in which most clients are expected to reside for the remainder of their lives. This disparity presents a difficult challenge to designers and health practitioners. Straddling the line between being therapeutic (and thus not primarily homely) and being welcoming and inclusive (and thus in some forms homely), requires an approach to the orientation of space that does not seek to mask the therapeutic aspects of admission to a mental health ward, including surveillance, which some clients may experience as vital. However, the role of surveillance must be teamed with opportunities to build therapeutic relationships with clients outside the role of surveillance or control that staff must sometimes take on. Jarrell and Shattell's (2010) comment about the semantics of 'nurses' station' versus 'nursing station,' having both a separate, private staff area as well as an open station/area through which clients can interact with staff may help to facilitate the building of such relationships.

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Ageing research in community psychology: Where are our elders?

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The aim of this paper is to map and critique the work of community psychology in the field of ageing. A content analysis (from 1973 to 2012) of four key international community psychology journals identified 63 ageing-related articles; approximately 1% of the total number. Ageing related articles were most abundant in the 1980s. There was a mix of empirical (qualitative and quantitative) research, reviews and editorial pieces; focusing predominantly on social networks and their association with mental health issues. With its strong focus on social inequalities and injustice, community psychology arguably has much to offer studies in ageing and on the socially corrosive effects of age -based discrimination and prejudice but interest of community psychology into such research appears to remain sparse. We consider reasons why this might be so and how it might be changed so that tackling ageism becomes a key area for future research within community psychology.

In 2009, 11 per cent of the global population was believed to be over 60 years of age and the global average life expectancy was calculated as 68 years (World Health Organization, 2010). It has been forecast that within 50 years, the global population of people aged over 60 will triple to nearly 2 billion and the proportion over 80 will quadruple (United Nations, 2001). Increased life expectancies of populations in the Americas (76 years), the Western Pacific (75 years) and Europe (75 years) have been observed which has led to ageing becoming a particular focus in those areas of the world. For example, 29 per cent of the population of Japan are over 60 years (World Health Organization, 2010) – caused by a combination of falling birth and death rates – which has led to Japan being described as facing a 'demographic crisis' and ageing becoming a top policy issue for Japan's politicians (Tamiya et al., 2011). Whilst there is an urgent cause for concern to examine the widening health inequalities both between and within countries (life expectancies range from as low as 48 years [Malawi] to as high as 83 years [San Marino and Japan], and a continued concern over those countries where life expectancy remains poor (largely due to high levels of infant mortality) the national concerns of many countries in the 'industrialised West' has been turning to include a focus on the 'problems' caused by more people living into old age.

Longevity may be good news for people who can enjoy a healthy ageing experience. However for many people, particularly those living on the economic margins of society, ageing is fraught with personal dangers, such as learning to live with chronic disease and increasing physical frailty. Inequalities in Disability-Free Life Expectancy (DFLE) point to a clear social class gradient in the amount of years spent in old age free from life-limiting impairment or illness (White & Edgar, 2010) with those from lower socio-economic groups experiencing more years of illness and impairment in old age. When old age intersects with disempowered social identities structured around class, disability, ethnicity, gender, sexuality and so on the results can be extraordinarily oppressive.

Whilst old age has become a further vehicle of social discrimination against those already socially marginalised, it has also become a complex site of discrimination in its

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own right. Elders have simultaneously come to be a marker of a successful society (high life expectancy can be seen as a sign of a country's economic prosperity and social development) and a marker of economic burden (elders can be viewed as non-productive members of society who are a drain on public expenditure). Neither abstraction is necessarily empirically supported. The richest countries are not necessarily the healthiest and youth unemployment may be as great or greater an economic problem than elder unemployment. In Australia, for example, 93 per cent of people over 60 live in private dwellings, independently in the community (Australian Bureau of Statistics, 2009). There is need for a much more comprehensive picture of ageing to develop that acknowledges the diversity of experiences of later life, which includes regarding older age as an opportunity for ongoing participation and engagement in a range of activities, and seeing elders as having much to offer society with regards to resources and expertise (Feldman & Seedsman, 2005). Indeed, such a picture is needed to disrupt what is becoming a somewhat hegemonic conception of elders as a burdensome marker of society's economic successes.

The term 'ageism' was coined in the 1960s to refer to the way older people in the United States of America (US) suffered prejudice. Ageism describes discrimination and prejudice suffered by a person wholly as a result of their biological age. In the West, it affects both children and elders as social power rests in adulthood and adulthood sits between the age of majority (usually the point at which society confers on the individual the rights of autonomy and independence) and old age (usually the point at which society takes those rights away – through retirement from the workforce). However, the borders around childhood and old age vary across cultural, economic and social contexts, as does the value placed on autonomy and independence. Either side of adulthood biological age is used to deny people access to social power (Pilcher, 1995). The result is that children and young people seek to make themselves look older and older people seek to make themselves look younger as they are attracted to the life-stage that gives them the greatest sense of social value and self-worth (to be seen as attractive and useful members of society).

The cultural relativity of the notion of old age is shown by examples of cultures where elders have a socially valued position (e.g., in areas of Africa and Asia). There, elders have a role in educating the young and a position of social power inscribed by tradition and religious beliefs. Though there is always a danger or romanticising the status of elders in such communities (their social status is often much more nuanced than commonly portrayed), there is less danger of over dramatising the increased threats to the social status of elders that are happening at a global level through processes of socio-economic and cultural colonisation by 'the West.' As capitalist consumerism increases its global reach we are seeing the increased spread of industrialisation and urbanisation and materialist values. Here, status of age that comes from the longevity of wisdom from traditional cultural practices is eroded through the speed of technological change (that makes 'old knowledge' redundant and prizes innovation over tradition) and the role of elders as teachers and spiritual leaders in their communities has been displaced through systems of formal state education and growing secularism.

Ageism and elder abuse in particular are becoming key concerns in those countries where the proportion of elders in the population are increasing. For example, in Japan, elders are fast becoming an economically, politically and socially marginalised group (unravelling the cultural stereotype of Japan as a place where elders are valued and respected) (see Ferries, 1996)

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and across the West, ageism is fast becoming a cultural norm (Angus & Reeve, 2006). Prevailing and predominantly biological theories of ageing have tended to regard later life as a time of inevitable decline and deterioration, thus feeding into the narrative that elders will be a drain on health and welfare resources and be a general burden on society. Whilst it is true that we deteriorate physically in older age the process begins at around 30 years of age, not at 60. Still, a 30-year-old who has a moment of forgetfulness is considerably less likely than a 60-year-old to have that described as a sign of age-related cognitive decline. The dominant narrative is that health is normal in the young and abnormal in the old and that illness is abnormal in the young and normal in the old. Old age is seen as the place where the body decays and the mind deteriorates (Hockey & James, 1993). This negative stereotyping hits women much harder than men – "Late life is a time when men become grey-haired, distinguished, wise and experienced whilst women are typified as worn-out, menopausal, neurotic and unproductive" (Victor, 1994, p. 82).

The problem of ageism is increasingly recognised in social policy. In the United Kingdom (UK), anti-discrimination legislation in relation to ageing first appeared in 2006 in Employment Equality (Age) Regulations and has been extended more broadly in the UK Equality Act to include making discrimination unlawful in the provision of goods and services to elders as well as employment opportunities. Legislation is also increasingly sought to remedy what has come to be known as 'elder abuse.' In the UK, it has been estimated that 500,000 are being abused at any one time (House of Commons Health Committee, 2004). Such abuse includes physical, psychological, sexual, financial, neglect and discrimination. Recently, scandals have surfaced in the UK showing how elders have been regularly over prescribed medications to dangerous levels as a means to make them more placid and easier to "care manage" (Smith, 2009) and of "serious, systemic threats to the basic human rights of older people who are getting home care services" (Equality and Human Rights Commission, 2011, p. 7).

In light of increasing numbers of older people worldwide, innovative approaches and interventions are required to ensure that people can live well into old age and to ensure society can effectively combat prejudice and discrimination against elders. Following the International Year of Older Persons in 1999, the role of psychologists in fostering the wellbeing of older Australians was examined, and it was recommended that a central goal of the profession should be to assist older people to live satisfying lives and combat ageism (Gething et al., 2003). Community psychology appears well positioned to lead the way.

In recognition of widespread oppression and disadvantage experienced by many groups, community psychology emerged to specifically address and examine issues of social inequality and injustice (Dalton, Elias, & Wandersman, 2001; Orford, 1992). Instead of aligning with a victim-blaming approach (which regards disadvantage as something created by the individual and therefore should be fixed at the individual level), a community psychology approach recognises the impact of societal structures that lead to inequitable disadvantage and privilege experienced at the individual level. Furthermore, community psychology tends to look beyond individual deficits or problems, and acknowledges individual strengths and the expertise inherent in life experience. In this way, community psychology recognises the value of social resources and more macro-level interventions that more traditional and individualistic psychological approaches often overlook. With one of us working as a researcher in a healthy ageing research unit (HR) and both of us having been schooled in community psychology in our doctoral training, we were

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curious to learn what work has been done in community psychology around ageing in order to guide and develop our own research. The aim of this paper is therefore to investigate the place of ageing in community psychology. We began this by reviewing every ageing-related article published in four key community psychology journals from 1973. We then critically reflect on the number, content and nature of the studies, and based on this evidence propose key areas for further research and suggest some reasons why elders are mostly invisible in the some of the key journals in community psychology.

Analysis of Community Psychology Journal Papers

There are four prominent international peer-reviewed academic journals where community psychology related articles are published: the American Journal of Community Psychology (AJCP); the Journal of Community Psychology (JCP) (US); the Journal of Community and Applied Social Psychology (JCASP) (Europe); and the Australian Community Psychologist (ACP) (Australia). While there are other journals where community psychology related articles are found, and journals that follow the namesake of community psychology (e.g., the Japanese Journal of Community Psychology), these are the four journals that have come to occupy a strong presence in the field (perhaps largely as a result of being published in parts of the world that have dominated much of the internationally published activity around community psychology (US, Europe and Australasia). ACP and AJCP began publishing in 1973, ACP (formerly known as 'Network') began in 1985 and JCASP began in 1991.

We only reviewed content from these journals that was available via online subscription (to aid computer-based textual analysis). We defined ageing-related journal papers as those papers for which the primary focus was older adults. By 'primary focus' we mean papers with a stated aim that incorporated the perspectives of older adults and ageing. This definition therefore included conceptual papers, papers that reported on data from participants aged 60 years and over, and papers that investigated attitudes to ageing (which may or may not include older people as participants). The title and abstract of every article accessible online in the four journals was searched on 9 August 2012 for ageing-related terms: ageing, aging, aged, elderly, senior/s, and older. We made the assumption that if ageing or older people were the primary focus of a paper, authors would use these key terms in the title and abstract.

To avoid missing any articles, two databases were searched for relevant articles: the journals' own publishing websites (Wiley Interscience and Springer), and PsycINFO. For the ACP which is not listed in a database, the article titles were accessed manually via the home page of the journal (http://www.groups.psychology.org.au/ccom/publications/). The majority of articles identified in the search were relevant to ageing and older people and thus included in the review. However, several articles were excluded because some articles used the words 'senior' and 'older' in a different context (e.g., 'senior employees', 'older than'). The total number of included articles from each journal, the number of these as a percentage of the total number of articles published, and the journal impact factors are recorded in Table 1.

Full texts of all included articles were retrieved and reviewed. For each article, key information was tabulated including year of publication, authors, article type, country of origin, setting (e.g., community-based, residential aged care), key words, research design, and general content.

Findings

Descriptive Results

Sixty-three articles were included in the review. The majority (n = 56, 89%) of these were from the two US journals (AJCP and

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Table 1
Number and Percentage of Ageing-related Articles Published in Key Community Psychology Journals

Journal Title	Country of Publication	Impact Factor	Searched From	No. of Relevant Articles	Percentage of ageing-related articles in journal
American Journal of Community Psychology (AJCP)	US	1.736	1973	27	1.2
Journal of Community Psychology	US	0.985	1973	29	1.4
Journal of Community and Applied Psychology (JCASP)	UK	1.247	1991	7	0.7
Australian Community Psychologist (ACP)	AUS	N/A	2006*	0	0

Note. *Formerly known as Network which was established in 1985— online access only

JCP). The number of ageing-related articles as a percentage of the entire contents of each journal ranged from 0 to 1.4 per cent; the US journals had the highest percentage (1.4) of ageing-related articles; no articles were found in the Australian journal (ACP).

The average number of ageing-related articles published each year between 1973 and 2012 was 1.6, ranging from 0 to 10. Articles were published in 27 discrete years, during the total 39 year time period. At least one article was published each year from 1986 to 1998. The longest period between ageing-related publications was four years, with no articles published between1999 and 2002 inclusive. The 1980s was the most prolific decade for ageing-related articles (n = 24) (see Figure 1). The year with the most publications (n = 10) was 1984, owing to a special issue of the Journal of Community Psychology entitled 'Community Psychology and Older Adults.' The reason for the special issue was twofold: (1) in recognition that older adults comprised a group with particular needs; and (2) to suggest new ways of thinking about responding to the needs of this group. Since 1991, when there were six articles published, the total number published per year did not exceed two until 2009 when seven articles were published. The reason for the increase in publications in 2009 is unknown.

The majority of articles (n = 50, 79%) originated from the US (i.e., empirical studies involving US-based participants, and review articles written within a US context). The remaining articles were associated with the following countries: UK (4); Canada (2); Hong Kong (2); China (1); Holland (1); Africa (1); and Belgium (1). One article had a global focus (Cheng & Heller, 2009). All four journals accept articles from authors all over the world; however, the majority of articles in the US journals had US authorship.

Seventy-one per cent (n = 45) of articles were empirical studies, utilising predominantly quantitative (34), qualitative (3), mixed methods (1), case study (5) and secondary data analysis approaches (2). The remaining articles (n = 18, 29%) were

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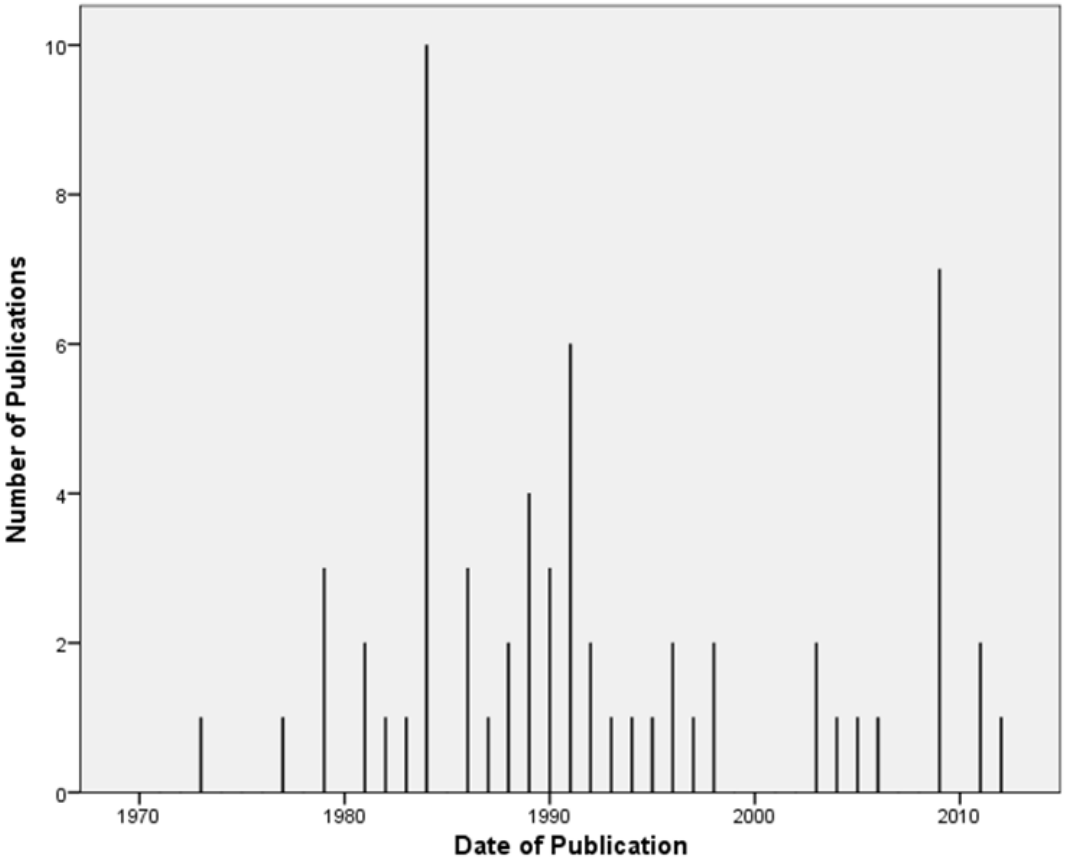

Figure 1. Number of publications by year.

reviews (10), commentaries (7), and editorials (1).

Conceptual Themes in the Ageing-Related Community Psychology Literature

The main focus in the ageing-related community psychology literature was around social support and networks and their association with mental health and wellbeing. The earlier studies employed a range of psychological and psychosocial measures for assessing older people's mental health, particularly depression and anxiety (e.g., Dean, Kolody, & Ensel, 1989; Husaini et al., 1990), stress (e.g., Cohen, Teresi, & Holmes, 1986; Wallsten & Snyder, 1990), and coping skills (e.g., Matson, 1995). While these topics appear to have been more prevalent prior to the turn of the century, they still feature in recent literature, such as a longitudinal study of Hispanic older adults by Brown et al. (2009) which concluded that neighbouring behaviour may be a protective factor against depressive symptoms.

The role of the community as a key resource for promoting wellbeing has permeated the literature throughout the decades; Maton (1989), for example, investigated the role of the community as a stress buffer, and Nystrom and Jones (2003) used community building as a way to enhance the social support systems of older lesbians. Articles from the 1980s and 1990s featured studies about alternative, increasingly sustainable, and empowering service delivery, in recognition that the common practice of one-to-one service delivery by clinical psychologists is unviable. Several articles reported on the use of paraprofessionals (people who work

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alongside professionals but do not have formal qualifications) as an addition to more formal service delivery (e.g., Fretz, 1979; Santos, Hubbard, McIntosh, & Eisner, 1984), and also the use of older adults as paraprofessionals themselves; the latter in recognition that older people are experts in their own lives and have much to offer others (Gatz & Hileman, 1984). Building on this notion of the peer as a potential resource, other researchers have investigated the use of peer counselling (Gatz & Hileman, 1984; Losee, Auerbach, & Parham, 1988), peer support telephone dyads (Heller, Thompson, Trueba et al., 1991; Heller, Thompson, Vlachos-Weber, Steffen, & Trueba, 1991; Stein, 1991; Wills, 1991), and older adults as community workers (Gatz et al., 1982).

Community programs and interventions were commonly evaluated and described. For example, Reinke, Holmes and Denney (1981) evaluated the impact of a 'friendly visitor' program on the cognitive functioning and morale of older nursing home residents. More recently, Schensul, Radda, Coman, and Vazquez (2009) reported on a successful multilevel participatory intervention designed to increase senior public housing residents' abilities to make informed decisions about the influenza vaccine. Similarly, Wood and Alberta (2009) employed a community-driven behavioural healthcare program which sought to address inequalities and stigma of mental health while empowering community participants. This program demonstrated that dramatic recoveries from depression were possible as a result of culturally-specific approaches that enable people to have meaningful involvement in decisions about the program. More recently, an intergenerational intervention was evaluated on a London housing estate and found to reduce age-group stereotypes (Alcock, Camic, Barker, Haridi, & Raven, 2011). Several articles reported on the experience of ethnic minority groups. Topics examined included social support amongst Hispanic Americans (Brown et al., 2009; Husaini et al., 1990; Starrett, Bresler, Decker, Walters, & Rogers, 1990), social isolation and use of services by African American women (LaVeist, Sellers, Brown, & Nickerson, 1997), dementia care in Asian populations (Milne & Chryssanthopoulou, 2005), social support in Japanese Americans (Nemoto, 1998), acculturation of former Soviet immigrant women in Chicago (Miller, Birman, Zenk, Wang, Sorokin, & Connor, 2009), and interventions to prevent influenza infections in a culturally diverse area (Schensul et al., 2009). These publications allude to the additional disadvantages experienced by minority ethnic groups, as compared to white majority groups. The most recent contribution builds on this sense of disadvantage but from another perspective, providing evidence that right-wing attitudes mediate the association between ageing and ethnic prejudice (Franssen, Dhont, & Heil, 2012).

Cheng, who has authored five articles included in this review (Cheng, 1992, 1993; Cheng, Chan, & Phillips, 2004; Cheng & Heller, 2009; Cheng & Siankam, 2009), was responsible for some of the more atypical articles; atypical in that they adopted a more critical approach to ageing issues. In 1993, Cheng reflected on how social changes in Hong Kong have lead to a booming private residential home industry and he highlighted the potential disadvantage for those on social security benefits who could not afford to pay their rates (Cheng, 1993). In 2009, he published on the impact of the HIV pandemic in sub-Saharan Africa, reflecting on the high rates of older people living with grandchildren and how the changes in family structure meant that older people were less able to rely on their children for support as they aged (Cheng & Siankam, 2009).

Methodological Themes in the Ageing-Related Community Psychology Literature

The literature included a mix of empirical (qualitative, quantitative, mixed

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methods and case studies) research, reviews and editorial pieces. The empirical research predominantly employed traditional quantitative methods (surveys and structured questionnaires being the main data collection method), and adopted a positivist epistemological framework.

Departing from this more traditional approach, were two qualitative studies. Saegart (1989) investigated the experience of older, low income, black women living in Harlem. At the outset of the study, closed-ended short answer questionnaires were prepared. The author quickly realised the inappropriateness of the method and it evolved into a grounded theory study utilising semi-structured interviews. A feminist perspective allowed the author to acknowledge the inequity of the experience of poverty, and provide participants with an opportunity to have a voice that was not entirely directed by the researchers. Hodgetts, Pullman, and Goto (2003), using both focus groups and key informant interviews, adopted a social constructionist approach to investigate the experience of care-giving. It was a useful technique to expose the increasing intra-psychic tensions associated with the care-giving role, and how participants negotiated and legitimised their familial obligations.

Cheng et al. (2004) used a mixed method approach to develop a model of quality of life in older people; information gathered from focus groups with older people formed the basis of a questionnaire which was administered to a large, representative sample of older people in Hong Kong. The third and final stage consisted of further focus groups with a different sample of older people to elicit feedback about the proposed model.

Discussion

This review has drawn attention to the dearth of ageing-related articles in the key community psychology journals. This supports Cheng and Heller's (2009) finding that, to date, ageing has not been a popular focus for community psychology researchers and practitioners and is well-demonstrated by no more than three references to 'elderly persons' in a 1000 page handbook of community psychology (Rappaport & Seidman, 2000). Social power is concentrated in adulthood and is siphoned away from both childhood and old age. Perhaps community psychologists too find themselves attracted to the core of social power? Or are community psychologists uncomfortable with ageing and the concept of dying?

This lack of reference to ageing and older people is reflective of the wider literature in other fields and society more broadly, where ageing issues, or funding for ageing-related issues, do not feature high on the agenda. It is further reflective of the pervasiveness of ageism and specifically how older people may be deemed unworthy or uninteresting subjects of research. Community psychology, however, is a relatively young and small discipline, originating in the US in the 1960s (Rappaport & Seidman, 2000). The gaps in the evidence base and the scope for further research are therefore plentiful, and if ageing is explored more fully using a community psychology lens, there is potential for significant advancements in our current knowledge (e.g., to gain greater understanding about the nature and construction of age-discrimination). There were a higher number and higher relative proportion of ageing-related articles in the US journals, as opposed to the Australian and UK journals. Perhaps the US is more sensitive to human rights issues and marginalisation; or ageing is a greater priority area, with more funding available to conduct ageing-related research.

No articles were identified about disease-specific issues, such as dementia or stroke. This is perhaps unusual considering that ageing is often closely associated with ill health and disease (although as previously

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noted, the inevitability of illness in later life is widely contested). Authors may have chosen to publish such articles in medical, clinical and geriatric focused journals especially considering that these journals generally have higher impact factors and thus offer considerably better incentives for academics.

One might argue that the lack of ageing -specific literature in community psychology literature is due to its focus on 'community' level issues, and thus it overlooks specific sub-populations in the community. However, this argument does not hold true for all sub-populations, as youth and refugee populations are always well-represented in the community psychology arena.

The peak (n = 10, 1984) in publications in the 1980s, which has almost been matched by the number published in 2009 (n = 7), is an interesting finding. Optimism that this observation is indicative of more attention being given to ageing-related issues in the future may be substantiated, especially in light of an upcoming special issue on 'Ageing and Community' in the Journal of Community and Applied Social Psychology. Special issues are one way in which community psychology journals can encourage greater interest and research on issues of importance to older adults. Alternative strategies, such as promoting networking between community psychology and ageing interest groups, outreach to gerontology graduates, and demonstration projects may provide important additional avenues.

By conducting a search strategy such as the one employed for this review, we do not necessarily want to endorse the production of research that invites the segregation of older people as a focus for research. It is not always necessary or beneficial for older people to be the focus of research to promote better outcomes for older people. What is of importance, however, is that research should be inclusive of older people's perspectives, and relevant to their experiences and issues they face.

This review has highlighted that the literature addresses some important issues regarding the health and wellbeing of older people (e.g., the role of social support in promoting health and wellbeing, and innovative strategies to improve the effectiveness of health service delivery). In the community psychology field, the more recent literature is less focused on treatment with a growing emphasis on aspects of prevention and health promotion. Innovative participatory and community wide approaches aimed at promoting wellbeing in ways that empower and recognise the expertise of community members are evident (e.g., Wood & Alberta, 2009). This is a promising sign. It is also encouraging to see a range of studies that specifically address the issues faced by older ethnic minority groups, especially given increasing global migration rates.

However, despite finding some interesting and important studies, some key areas in ageing have not been discussed or examined. Primarily, this relates to structural inequalities that lead to the widespread disadvantage and marginalisation that older people continue to face. One example is current workplace practices that continue to discriminate against older workers; with contracts ceasing at the age of 65, and reluctance to hire older people. This is an outcome of pervasive ageist policies and practices; as the concept of youth is still revered in many cultures. This has a significant and detrimental impact on older populations, and it is somewhat surprising that this has not received more attention considering that each of us is ageing and most of us want to live as long as possible. Despite living in an ageing society, our perceptions of ageing and the elderly have not significantly changed (Angus & Reeve, 2006), and there is an ongoing tendency to think of older people as 'others' and different

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from ourselves. This review therefore lends support to Cheng and Heller's (2009) opinion that community psychology has an important role "in producing the conceptual shifts needed to change societal attitudes now dominated by negative age stereotypes" (p. 161).

Limitations

This review was limited to four key community psychology journals. Community psychology is a difficult field to define and has contested boundaries (Fryer & Laing, 2008). The field overlaps with community development, health promotion and social work and has many guises; related work may be found in more abundance in not only other journals, but other publication formats.

We also acknowledge the different time periods for sampling publications. ACP, for example, was only accessed from 2006 compared to 1973 for the US journals. This could have constrained our interpretation, particularly in relation to cross national comparisons. For this reason, it would also have been good to review 'Network' (which was established in 1985 and became ACP in 2006) to see if any ageing-related articles were published in the Australian journal prior to 2006, and to see how it compares to the UK and US journals. If conducted in the future, however, this review will have to be a manual exercise as the journal is only stocked in hard copy at limited locations.

Furthermore, issues related to ageing and older people may emerge in literature that is not exclusively concerned with the ageing experience. Such a comprehensive search was not feasible for the current exercise given time restraints and limited resources. For a more comprehensive investigation, the search could have included books and book chapters, websites and archived electronic discussion boards. The search could also have been extended to the identification of other publications by key authors identified in the current search. Finally, direct requests for information and interviews with community psychologists in both the research field and in practice, as well as via electronic forums, could have provided additional insights.

Conclusion

This review confirms the lack of attention paid to ageing-related issues by the field of community psychology as indicated by the small number of publications in the field's key journals. With increasing numbers of older people worldwide, new and innovative approaches and interventions to address ageing-related issues are urgently required. The discipline of community psychology, with its focus on addressing social inequalities and injustice, has a lot to offer the field of ageing. Yet the discipline appears to be an untapped resource, because it has yet to engage with some important issues associated with an ageing society. Community psychology is a small field and not widely known or acknowledged as a discipline in its own right. In the Australian context in 2010, for example, community psychology came close to not being endorsed by the national psychology registration board as a specialist discipline. Perhaps by engaging more comprehensively with a greater range of issues, such as ageing, the discipline of community psychology may demonstrate its worth more broadly and establish itself more prominently as a field with a significant contribution to make.

By drawing attention to this deficit, we hope it will inspire new research dialogues, solutions and action amongst community psychologists in readiness for the global ageing boom. This review has, by mapping the existing literature, provided an important first step in the process. However, it seems that much more can be done (e.g., by conducting multi-method, multi-level research studies that incorporate ecological and critical approaches to ageing phenomena) to drive the engagement of community psychology with gerontological

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issues in order to advance developments in ageing research.

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Jason, L. A., & Glenwick, D. S. (Eds.). (2012). *Methodological approaches to community-based research*. 260 pages. ISBN 978-1-4338-1115-9

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It is two decades since a comparable volume (edited by Tolan, Keys, Chertok, & Jason, 1990) on community psychological methodology was published. This volume is a welcome update. Reflecting on the burgeoning scope and extent of community psychology, the editors have sought to expand the range of conceptualisations in the field and correspondingly, the range of methodologies. While emphasising the ecological approach, Jason and Glenwick stress the importance of broad and wide ranging methodologies.

The book consists of four sections which reflect the structure and purpose of the book. The first section deals with pluralism and mixed methods in community psychology. This section begins with a treatment of the philosophical foundations of mixed methods and provides some fundamental understandings about the nature of contextualised research. Two other chapters, in this section deal with methodological pluralism and integrating qualitative and quantitative approaches. In keeping with the innovative approach, the subsequent three sections deal with a diversity of methodologies. For example, in section 2 there are three chapters dealing with clustering, meta-analysis and idiographic research. This last chapter re-examines the nomothetic and idiographic approaches in psychology and reflects on the importance of dealing with individual cases. Section 3 has two chapters that deal with time series analyses and survival analyses. The final section deals with methods that can directly address contextual factors such as multilevel modelling, epidemiology, Geographic Information Systems (GIS) and economic cost analyses.

Taken as a whole, this volume represents a welcome attempt to identify a broad range of methodologies that may be appropriate for community psychological research. The book does what it sets out to do and that is to present methodologies that reflect what Kelly (2003) suggestion that community psychology needs to be less constrained by orthodoxy in its research strategies. The structure of the book is good in that the case for methodological pluralism is argued at both a conceptual and practical level and then we are presented with a variety of approaches that can be used in particular circumstances. I would see the key theme to this as being that community psychological research does not need to be mired in traditional methodology but can invoke a wide range of alternatives. Importantly, this provides researchers with opportunities to examine questions that may have seemed outside the domain of community science.

Having argued that this is an excellent community psychological methodology book I also need to point out that there are some fundamental conceptual flaws. The very notion that it is plausible to write on methodology in the absence of context is questionable in psychology and very dubious in community psychology. A not so obvious consequence of community psychology's rejection of traditional individualistic treatment of people with mental health problems by clinical psychologists is the separation of methodology from the domains from which research questions can be seen as flawed. This argument goes to the very nature of community psychology. It is very common to see methodology books that are devoid of contexts in mainstream psychology. This is consistent with the individualistic and decontextualised nature of traditional psychology. It assumes universalism and a

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transparency of context. Just as mainstream clinical psychology assumed that mental health issues can be dealt with by treating the person in isolation of their social and physical context, outcomes of research conducted on one set of individuals in one location was thought to be appropriate for others elsewhere. What is important in the research process, other than the theories being tested, is the design of the research. The research design was unquestioningly assumed to be pan-cultural, as were the nature of the participants of research and the psychological theories.

The notion that mental health problems could be reduced to pan-cultural intrapsychic phenomena was anathema to the assumptions of ecological theory, prevention and empowerment. The subject domain of community psychology is 'people in context.' People cannot be thought of, or dealt with, in the absence of consideration of the context. Others have argued that that community psychology really goes beyond the consideration of people and context to considering people as context. In further divorcing community psychology from mainstream psychological conceptualising the notion of 'people as context' is based on the assumption that people are not separate entities and cannot be considered in a mechanistic way (Altman & Rogoff, 1984). In this conceptualisation of people as context, people and context are seen in holistic terms where the context is the beginning and end of the conceptual domain. By this it is meant that a contextualist perspective does not allow for the consideration of individuals as individuals, per se, but as part of dynamic and ever-shifting social structure. The issue is more one of figure and ground, one more of perspective than any physical or social reality. A corollary of this holistic approach is that methodology cannot be divorced from the nature of the research domain. This is a step beyond the social psychological questioning of methodology in which the values of the researcher are seen as influencing the nature of the research that is done, and the questions that are asked. In this criticism of social psychology, the researcher is seen as separate from the field of study. Implicit within community psychology is the notion that researchers are part of the social system and as such their actions reflect ongoing social dynamics.

As participants in an ongoing social action, researchers are not separate from the social context in which they apply their trades. It follows that methodology is not simply an expression of the context but is part and parcel of it. The process of drawing together a set of abstract principles about research methodologies then is questionable. If methodologies are context-dependent then what sense does a volume dedicated to methodology make? The answer to this question is as obvious as it is complex. It is obvious because this is what methodologists do. It is complex because this is also what methodologists do. If we recognise that methodologists are merely players within the broader social scene then for them to stand and observe the ongoing context around them makes sense. Unfortunately it is arguable that the process of deriving abstracted methodologies leads to a compartmentalisation of the dynamic and ongoing social systems. It is not just that this means that methodology restricts the nature of the questions that are addressed (Danziger, 2002; Gigerenzer, 2010) but leads to a construction of our world consists of a series of little boxes that are determined by the nature of the methodology that is used to observe them.

This book is illustrative of the ongoing implications of the immense steps committee psychologists talk in forging new approaches to psychology. It is as valuable for what it is implicit as what is made explicit. It serves to provide the discipline with further avenues to explore what a contextualise science really means.

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Jason, L. A. (2013). *Principles of social change*. New York: Oxford University Press. 186 pages. ISBN 978-0-19-984185-1.

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It is a great pity that psychological paradoxes are not mentioned in the title. This book offers many insights but it is quite paradoxical in its nature. It is about principles of social change, but it is also a story of Lenny Jason's discovery of those principles. The orientation is contextual and yet it is also individualistic and abstracted. It involves simple, and often heartfelt examples from the author's life and work (and that of others), yet it deals with complex issues of attempting to change the circumstances of those less advantaged in society. Readers may well find this book puzzling in that at many levels it appears a relatively simple narrative, with intellectual abstractions tacked on at the end of each chapter or episode. Puzzlement will come when the reader tries to frame this in broad terms. It is based in a contextualist paradigm yet its aim is to identify a limited set of decontextualised principles. How this is achieved is both informative and confronting.

Principles of social change involves six chapters. These chapters are used to discuss a number of pressing social issues in United States' society. Events in the life of the author and also some broader social issues are described. From these episodes, Jason draws out a set of lessons that will form the basis of five principles of social change.

In Chapter 1, Jason begins the description of his involvement in testifying in Washington about the harmful effects of tobacco. This is used to contextualise some of the principles that he then discusses. First of these is the contrast of first-order change and second-order change. He then introduces the reader to some understanding of the influences of environment. He makes the comment that "all too often, however, our tendency is to ignore or discount the importance of environments or the larger context within which we live, a term coined by researchers as 'context-minimisation error' (Shinn & Toohey, 2003)" (p. 8). Jason goes on to make the following comment:

> It is important to look at both a person's traits and the environment, with the understanding that both factors change over time and affect each other. A downward spiral of negativity between individuals and the environment can lead to restricted opportunities and significant psychological and physical disabilities. (p. 9)

These are very important aspects of this book and its contribution. Jason is making the argument for community psychology and contextualised community research and action. The arguments that he makes are not only profound but reflect the importance of the potential of the contributions of a community-based psychology. I also have some concerns about these statements which I will discuss further on.

Further on in Chapter 1, Jason reflects on the work of John Snow in combating cholera. He characterises Snow's recognition that cholera was a waterborne disease that was spread by an unsanitary water supply as an example of a second-order intervention. The principle here was that treating the illness did not reduce the incidence of cholera. Rather, tackling the root cause of the spread of the disease was fundamental. This concept of addressing second order change and the identification of the root causes of problems is reflected in the remainder of the book.

Chapter 1 ends with a section entitled "lessons learned". Here, he identifies five principles of social change. These are:

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1. Focus on second order change.
2. Identify and weaken the powerholders.
3. Involve courageous citizens and organisations to create a collective powerbase.
4. Social change requires time and one needs to be in for the long haul.
5. Constantly evaluate and refined strategies and tactics to find the most effective means for bringing about change.

Chapter 2 is entitled "Challenging the status quo". Again Jason draws on his experience to provide us with some insights into how society resists change and what is required to attempt to foster socially just change. He describes his diagnosis with mononucleosis and how this led him to understand some of the issues faced by people diagnosed with chronic fatigue syndrome (CFS). The issue of CFS is used to examine the way in which power is used and abused in our societies. CFS was trivialised in American culture and medicine. Jason uses his own narrative and the narratives of others to indicate some of the dynamics of oppression. What is reflected here is not that CFS makes its victims invisible, but rather mainstream society invokes a number of defence mechanisms to trivialise and distance the disadvantaged. This has particular message for not only in the United States also Australia and the United Kingdom – societies which maintain large inequalities between the powerful and the powerless.

The following chapter deals with some more traditional topics for psychology. In discussing mental illness, Jason discusses the impacts of community-based programs such as those based on the work of Fairweather, GROW and Oxford House. Using these initiatives as springboards, the theme of community action is addressed and developed. This well-crafted section provides an intuitive and important understanding of the importance of community based support and action for the disadvantaged and victims of the excesses of greedy dominant cultures. The case for a humanising society through community action is well made.

In chapter 6, Jason introduces us to his father, a comedian of some note, and formalises some of the principles that he discussed in the previous chapters. He also does this in a personal manner. The apparent paradox of individual change and social change is not addressed directly, but it is resolved in the structure of the book. At some levels this is the autobiography of a change agent and his work with communities and agencies to collectively create change. Although the treatment of contextualism is somewhat paradoxical, the structure of the book provides us with recognition that while contextualist action and research involves much ambiguity and uncertainty, it is possible to identify some underlying processes (creating universals in a relative ontology). In recognising the importance of the five principles that Jason espouses, the reflective and reflexive aspect of the fifth principle is a theme that comes through the book as a whole. Reflecting on what you do and learning from this seems to be the most important of the principles. Certainly the power of the other enunciated principles requires this reflective approach.

There are a number of issues that arise from this book. Jason rightly points to the context minimisation error, the term coined by Shinn and Toohey (2003) to describe one of the fundamental flaws in modern societal and psychological thinking. This issue of underplaying the importance of environments has been a hallmark of community psychology, but it is also a source of some fundamental misunderstandings. The age of Enlightenment and modernistic thinking has brought considerable change to the way in which we see the world. No longer is the world a place where evil and malevolent spirits determine the lives of people, but rather we live in a clockwork world in which cause-and-effect predominates. Scientific

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understandings have been so inculcated into general thinking that we immediately look for physical and social causes for physical and social events. This has given rise, or has been concordant with, individualism. The dominance of individualism, especially in North America, United Kingdom, and Australia, has led to a distorted perspective of the nature of the world. Jason's call for greater understanding of the impact of the environment reflects both a reaction to the highly individualistic world in which we live as well as a fallacy about the nature of society. This fallacy is based on the notion that individuals and environments are separate from each other and one can influence the other. If we are to take a contextualist perspective, the separation of people from the environment is nonsensical (Altman & Rogoff, 1987). People are part of the environment. To conceptualise the environment and the context as being separate from people creates an artificial understanding of human society. The mechanistic notion of a clockwork world does not fit to contextualism, and by extension, community psychology. Community psychology needs to heed the warnings of Seymour Sarason and to develop a deeper understanding of contextualism.

In another example, Jason rightly cites John Snow in terms of getting to the heart of second order change. One aspect that comes through the book as a whole is the way in which Jason's career has involved challenging societal orthodoxy. Snow's contribution was not simply that he sought alternative ways to address disease but in his recognition that the cause of cholera was not as was popularly believed due to miasma, but due to another form of transmission. This wasn't simply challenging the mechanism by which cholera was spread but involved challenging the dominant social thinking, and the thinking processes into which Snow had been socialised. Implicit in this book is this notion that we must not just simply address the root of a problem; we need to be able to see the root. Snow challenged the dominant notions in medicine and in the broader society to identify the sources of the transmission of cholera. In similar ways, Jason reflects on his own (and others) challenging of dominant understanding of social and health issues. The issue of why particular people take up the challenge of contradicting and fighting dominant orthodoxy is alluded to but not really elaborated upon. What set Jason on his course of action and his understandings of oppression and disadvantage is not clear. What gave the medico cited on page 28 the "insight" that many victims of physical and mental health were "too weak-willed to recover" (p. 28)? These issues seem to me to be at the basis of a broader issue and that is how we get our students to understand issues of oppression and discrimination in ways that are meaningful and conducive to action. Possibly one way to begin this process for students is to have them read this book.

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Shinn, M., & Toohey, S. M. (2003). Community contexts of human welfare. *Annual Review of Psychology, 54*, 427-259.

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