Public policy initiatives and their impact on communities: challenges for community psychology

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Abstract

A number of policy initiatives in Britain and other Western countries are presented by government as initiatives to improve community life, solving serious problems of quality of life, social exclusion, and resource availability. In the UK examples are the New Labour government's initiatives on crime and disorder and reforms to health and social services.

The article describes some of these initiatives and analyses them in terms of combined neoliberal and communitarian thinking. The former supplies a goal orientated, top-down, mechanistic and market orientated hegemonic ideology, while the latter offers a rhetoric of community and consumer empowerment and choice, and mandates varying degrees of stakeholder involvement, consultation or participation. The nature of the initiatives will be explored through the following examples, and our own work within these contexts:

- Crime and disorder policies at a community level,
- Reforms in health and social care and the 'choice agenda'.

The contradictory nature of these policies will be discussed in relation to the style of implementation. This raises questions and dilemmas for community psychological practice in and with communities, as well as for public servants committed to genuine participative community development. Some key problems include;

1. Approaches that while legitimated in terms of rhetoric about community, in effect fracture communities through the creation or exacerbation of divisions within them.
2. The professionalisation and co-optation of community activists.

3. The empowerment of community organisations and groups that have an agenda of discrimination or exclusion.
4. A devaluation of the idea of participation through its incompetent or cynical application.

Finally, two approaches, Boundary Critique and Prefigurative Action Research, are introduced as frameworks that may help maintain ethical and effective practice.

Introduction

Community Psychologists work within contexts that are often shaped by public policy. Indeed the very existence of a field of community psychology has been dependent on the space opened out as a result of public policy (Burton & Kagan, 2003; Iscoe, 2005). The current mix of policy in most countries has a number of common characteristics, and it presents particular challenges for worthwhile community psychology intervention. In many countries, this mix can be characterised in terms of a combination of neoliberal market orientated socio-economic policies together with a communitarian rhetoric of community and active citizenship. These two orientations come together in the model of participation and public influence through people's roles as individual consumers. These policy initiatives are typically orientated to intractable problems of community life, and the perceived failure of traditional welfare policies and services to resolve them. They are presented as innovative, often 'third way' approaches to improve community life, maximising participation and involvement through active citizenship, and utilising market driven or market inspired models. This article looks at ways of decoding (Burton & Kagan, 2006) such policy initiatives in order to identify ethical and viable strategies for engagement and intervention. In doing this we will draw on our own field experience and on some of the conceptual frameworks that we have been using. Our field experience is from the UK and specifically England, but our reading of the comparative social policy literature (e..g. Bloch & Schuster, 2002; Grover & Stewart, 1999; Lister, 2005; Mishra, 1999; Muncie, 2006; Tudor Hart, 2006), and contact with colleagues from other places indicates a generality in the political and policy landscape, if not in the particularities of policy in different countries. It is our hypothesis, then, that by looking at some of the themes arising in the British context, we will also identify themes that apply elsewhere, at least in countries that we regard

as the capitalist core states (Western Europe, Canada, the United States, and Australasia), as well as to varying degrees in most middle income countries.

Three areas of policy

To illustrate the dominant neoliberal/communitarian policy paradigm we will refer to three current British policy initiatives. While these are specific to the 'New Labour' governments of Tony Blair and Gordon Brown, we can note that a) there is a marked continuity with policies of the previous conservative administration (Farnsworth, 2006; Grover & Stewart, 1999), b) Blair's approach to policy drew heavily on the example of right wing social democratic governments in Spain, Australia and New Zealand (Kelsey, 1995), and c) key contours of the policy context are shaped by international bodies such as the World Trade Organisation (Lister, 2005: 65), the OECD (Halimi, 2004) and the European Union (van der Pijl, 2006: 33-36), as well as changes in the international financial environment stemming from the breakdown of the Bretton Woods system of financial controls on which Keynsian macroeconomic management and, in turn, the welfare state, depended (Mishra, 1999; Watkins, 2004), and at least in the English speaking countries, policy makers have been targeted and groomed by the North American policy think tanks (Pilger, 1998).

Crime and disorder

Prime Minister Tony Blair made his political reputation prior to election as party leader with the slogan "Tough on crime, tough on the causes of crime". Hitherto the Labour party had been seen as the party of the do-gooders, those who saw crime as a social problem to be resolved by redistribution and social service provision. It was the Conservative Party that was the party of Law and Order. The appropriation of the Law and Order agenda by "New" Labour meant that there could be a continuation of the "get tough" approach of the previous administration: the

British prison population has continued to grow (it is the largest per capita in Europe), and new community based interventions, such as the Anti Social Behaviour Order (ASBO) (Crime Reduction UK, 2004), have been developed that allow local government bodies to take restrictive action against (mostly young) people whose behaviour is (or in some cases is merely perceived to be) a serious nuisance to other community members. While these orders come under civil rather than criminal law, their breaching leads to custodial sentences. By December 2005, 6497 ASBOs had been issued in England and Wales (Crime Reduction UK, 2005). It is clear that the ASBO has been a response to a real need insofar as in many such cases the existing law did not provide any remedy for persistent nuisance behaviour such as threatening, vandalism, drunkenness, and noise). However, there has been a significant number of young people with significant social or clinical problems receiving ASBOs. In some cases their level of literacy or intellectual functioning was insufficient to understand the terms of the order (Willow, 2005), and a further problem is the license it can give to some community members to label and exclude others. In some cases the orders (which often proscribe access to certain streets or neighbourhoods) have led to exclusion from social resources that the person might have used preventatively (Squires, 2006). At the time of writing (2006) around ten young people per week are being imprisoned for breaking the conditions of their ASBOs: since their behaviour did not originally constitute a criminal act, they are effectively being criminalised by this policy (ASBO Concern, 2006; Haigh, 2005; Squires & Stephen, 2005; Youth Justice Board, 2006).

Meanwhile there has been a focus on empowering people to take action against crime. One barrier to this has been the intimidation of witnesses, and a number of witness support schemes have been developed. However, it is not sufficient to simply support witnesses. When we looked in some detail at local people's experiences of intimidation and fear of both intimidation and crime, we

discovered further difficulties in the localities that would undermine a witness support scheme.

> *Aspects of the context, including the amount of regeneration work (local participation and housing); lack of confidence (in police and legal procedures); and local identities (linked to locality; perceptions of outsiders, perceived seriousness of crime, nuisance and disorder and youth) will all limit the effectiveness of an individual support scheme for actual and potential witnesses*. (Kagan, Caton, & Amin, 2001:42)

Lack of community cohesion, strong inward identity and negative attitudes towards outsiders as well as poor relations with the police all contributed to efforts of local residents to exclude perpetrators of nuisance and crime from their neighbourhoods. Self interest, rather then socially inclusive collective interests prevailed. Furthermore, the pressures on those residents who were actively involved in residents' associations were considerable:

> *You can't do right for doing wrong. You're all right when you're doing something for them ... if they've got a problem and you sort the problem out you're the bees knees. Then maybe two weeks after that they want something to happen and you say 'no, that's not possible' ... then you're the biggest baddie walking. So you can't win (as a representative) at all. They build you up to knock you down with everything. And yet they say 'we back you 100%'.(community residents' representative).* (Kagan et al., 2001:32)

The initiatives described above do not exhaust the whole of current British policy on crime and disorder. A further development has been the establishment of crime and disorder partnerships involving local councils, the police, NGOs and other bodies. This has enabled the development of more preventative approaches but by building such community interventions on the objective of crime reduction, the danger

is that a lopsided approach to community development results. Crime and nuisance behaviour is a symptom of social disorganisation, the erosion of social and cultural capital, for which a community development response is needed, not one that merely seeks to remove perpetrators.

Health and social care reform

Over the last fifteen years, in the UK and in other Western countries[2] there has been a continued process of market inspired 'reform' in both health and social care (i.e. social support to individuals and families) (Lister, 2005; Sexton, 2005). In the UK where the National Health Service was an outstanding achievement of the post World War II Labour government (and the struggle of labour movement organisations including the Socialist Health Association), this process began with the Conservative government's introduction of the internal market, which established the methodology of contracts, of purchasers and providers, and the costing of specific health services. Much of this was initially abandoned when the Blair government took power in 1997, but it has subsequently re-adopted it (Lister, 2005; Pollock, 2004; Shaoul, 2001; Tudor Hart, 2006, KONP, 2007). Some elements were never suspended, such as the Private Finance Initiative (where private companies redevelop hospital and other facilities and then benefit from very preferential (and costly) contracts) (Monbiot, 2001). The neoliberal thrust of the reforms has indeed been strengthened by the New Labour Blair government. The private sector, including large European and North American corporations, is invited to provide new treatment facilities (Ruane, 2005), and all existing public health services are subject to a test of 'contestability' against the private sector, underpinned by a) a prevailing

[2] The trend has been similar in Western Europe, Canada, Australasia, the former Soviet block and in middle income and poor countries, although the model of provision before the reforms varied (social insurance versus taxation funded, central versus local government managed, and the extent of non-state involvement in provision), (see Lister, 2005). The exception is the USA where the market model was already in place and there had been no tradition of socialised health care except on the margins.

ideology of "public bad, private good", and b) the new mandatory inclusion of a private option into the menu of 'patient choice' on referral for secondary care.

The area of 'social care' was sharply distinguished from health care only in the 1980s, not so much because of the logical difference between health care and social support and care, but so that a different regime could be applied to it which involved more user fees (most National Health Service care remains free to the user, funded from general taxation), and an earlier introduction of both internal and external markets. The government established rules to increase the share of services provided by non-government (private and not-for-profit organisations). A large majority of social care for older people is now located in the private sector and similar changes have taken place in services for other populations. The non-governmental sector is typically cheaper than the public sector, but this comes at the cost of poorer wages and conditions for workers as well as quality (CSCI, 2007). Where the public sector has ended up with no provider role, or with a small share, the commissioning agencies can end up with little control over the costs imposed by private agencies in a providers' market (Scourfield, 2006).

It is striking how little evidence there is on the outcomes of all this for those who rely on these services, given that marketisation is now the dominant approach world-wide. What evidence there is for the competitive model is equivocal (Propper, Wilson, & Burgess, 2005) or negative (Fotaki et al., 2005) and there has been nothing to suggest that provision has improved, except as a result of a) the impact of regulation - for example the requirement that older people in care have their own bedroom, improved checking of employees for criminal convictions, and b) the redevelopment of services, for example the transfer of provision from institutions to small community based units (Lister, 2005: 128). However, these changes have been led by governmental agencies, and in the early phases (up to the end of the 1980s in the intellectual disability field) the re-provision was largely within the public sector. This point is significant: as we have pointed out elsewhere (Burton & Kagan, 2006),

there was synergy between the movement working to promote inclusive supported living for people who are significantly disabled and the 1980s Conservative social policy emphasis on 'care in the community'. That policy had its positive aspects, but became increasingly tied to the assault on the welfare state, where an 'unholy alliance' developed between those advocating more self determination for the disabled and devalued, and those promoting the marketisation of the public sector, which implied a consumer choice model of autonomy rather than that of collective voice influencing rational planning of provision. Those promoting self determination, independence, and social inclusion, have thereby, in most cases we think unwittingly, become allied with the globally dominant paradigms of privatisation, marketisation, and commodification of social support. Since 2007 this connection has become more explicit with the adoption of personal budgets in one form or another as the "new paradigm" (Bartlett and Leadbeater, 2008; Department of Health, 2006, 2007) Tudor Hart (2006: 99-100) identifies an alternative approach, implicit in the model of the National Health Service before neoliberal modernisation:

> *For most people in Britain (but apparently only a minority in the US), personal care in the health service is still seen intuitively as a collective gift based on shared responsibility. In the pre-'reform' NHS this was already evolving toward a less unequal consultation process, as a natural development from a less deferential public, quite separately from any transformation of citizens into choosy customers responsible only for themselves. And fewer health professionals were entering practice without undergraduate education in the social nature of their work.*

A similar argument is made by Scourfield (2006) in an analysis of the relation between evidence and 'the unsayable' in discourses of modernisation in social care.

Common themes

In the three areas described above, common themes are apparent. Rather than analysing each of these separately, we will use examples from each of the above developments to analyse key characteristics and prominent issues

1) The recruitment of 'the community' to implement policy initiatives often with support from the state – as individuals (complainants in ASBO cases, witnesses in court cases) or as groups (as service providers in housing privatisation schemes, or in public/patient involvement schemes in health services).

The Community Psychology Team at Manchester Metropolitan University works closely with residents who participate in tenants' groups in north Manchester, one of the most deprived areas of the country. These residents are all working hard to improve their areas and to motivate more people to get involved .

People who take an active part often get satisfaction, a feeling of wellbeing and pride in what they do (Raschini, Stewart and Kagan, 2005). Their community involvement 'fills their lives' and they cannot imagine any other way of living. However, they often struggle to get the information and resources to support their work. When they liase with professionals, they may be treated with suspicion, and sometimes with what they consider intimidation (Edge, Stewart and Kagan, 2004). Yet many of the battles they have are with professionals and agencies.

Other community members sometimes view their involvement with distrust, at times with hostility, and at other times with gratitude and praise. Community activists are at one and the same time seen as the problem solvers of the community, and as part of the authorities (Kagan, Castile and Stewart, 2005). There is extensive media coverage of how some people's lives are destroyed by 'yobbish' antisocial behaviour, crime and vandalism. Community activists are affected by these things too; their wellbeing also suffers (Kagan, 2006). Imagine how the pressure on activists

increases when authorities encourage the formation of residents' groups and then ask those same groups to identify problems, collect 'evidence' against their neighbours – and take action too. In the context of these pressures, activists' health has deteriorated, friendships have been fractured amid misunderstanding about who says what to whom, and some people have found little time for their families because they are so busy.

What is happening here is that the respective responsibilities of community and State are poorly defined and demarcated. Some functions that should be the responsibility of public services (after all paid for by the public through taxes) are dumped on those citizens with a social conscience (just as the commercial sector shifts some of its costs to consumers through innovations such as Internet banking) while other things that should be the responsibility of citizens are legislated by the State. This happens in a confusing situation with multiple discourses and objectives; there is indeed a lack of citizen involvement in the development and management of their neighbourhoods, which in part does stem from a history of bureaucratic and paternalistic operation of State and local state agencies. But the cost and emotional burden is too often shifted in an inequitable fashion onto citizens, such that not only are individuals subject to exploitation and burnout, but that the projects of citizen involvement become discredited. This sometimes then leads to further disillusionment about the role and function of the public services (Rowe & Devanney, 2003).

2) The use of market models and mechanisms in the operation of previously public services and in the dominant approach to expanding user control as 'choice' (which extends from health and social care to education.

We have seen, in the area of health and social care reform how what was previously an uncontested public sector responsibility has been subject to the combination of: 1) commodification and marketisation (services – and hence human

needs - are costed and subject to government cash limits, and these commodities are traded in a variety of open and quasi- or internal markets); 2) transfer of resources out of the public sector (by techniques such as competitive tendering or straightforward privatisation); 3) the opening of those markets to private capital, allowing the entry of explicitly for-profit companies; 4) the increasing participation of large companies in what was previously public provision (not surprising given the tendency of Capital to become more concentrated through the competitive process). This is an international phenomenon that extends from telecommunications to transport, water, health, social care and education. This neoliberal agenda continues to define the very space in which community action, community support and preventative activity takes place, although perhaps the financial crisis from 2007 will see a re-balancing and correction.

Moreover, there is a conflation of self-determination and autonomy with choice as consumers in the market (Jordan, 2005; Scourfield, 2006). Indeed *choice* is a key emblem or slogan of New Labour. Who could be against it? We all want to have an influence on what happens to us, and to have options rather than to take what is offered whatever it is. In the area of health care, however, whilst the public may want to increase the choices available to them, people are more concerned with having good local services (Rosen, Carry, & Florin, 2005) and the international evidence also suggests that choice is not a major concern for users of either health or social care, that its introduction does not improve quality and it may decrease equality of access (Fotaki et al., 2005). Yet the government offer is now of a choice of three hospital options (one private) at the point of referral by the general medical practitioner. In social care it is to give people direct control of money for services so that they can buy in their own care. These choices may be of little relative importance to those most dependent on good public provision. A Somali refugee in the inner city, who does not speak English, and whose family relies on public transport, might not have a meaningful choice about where to go for treatment. Nor

might an intellectually disabled person in a country town with one bus a day to the city, who barely understands the meaning of an operation and requires good quality support from people she knows and trusts. Similarly, a professional man with multiple sclerosis who needs help getting up and going to bed, but lives in an area where there is no-one to pay to do this has choice constrained, not by the monolithic public sector, by the unavailability of carers.

3) The differential empowerment of different groups, and the continued exclusion of those with fewer social resources.

A consequence of the above policy emphasis on choice has been the differential empowerment of those who already have good life options and access to resources. An example is in schooling, where 'parent choice' has become a mantra for both conservative and labour administrations. But choosing to send your children to a school out of the local area, or moving to a new catchment area, has an impact on the options available to the children left behind, whose parents are less likely to make a choice, less likely to be able to arrange transport to a different area, and less likely to be in a position to advocate for better education locally. In Britain this policy is having a systematic effect in some areas, undoing three decades of work to ensure comprehensive, non-selective education that does not condemn poor children to second rate schooling and second rate life chances (Benn & Chitty, 2004). In our view parents should simply not be allowed this choice if it means entrenching and widening inequality and relative disadvantage.

In the field of health, there are wide variations in knowledge about health issues (Sihota & Lennard, 2004), so the choice agenda can often serve to widen inequalities (Fotaki et al., 2005).

4) *The lack of formal democratic accountability, and the increasingly residual role of elected bodies such as local government, whose key role is increasingly to*

manage the new markets in education, social care, housing and so on. The limited scope of consultation in policy implementation locally.

The State, and the local state have got a bad name in the period of neoliberal revival. At the same time their role as providers of public service has become increasingly residual, as arrangers of services or supports provided by non-governmental organisations, including the private sector. The State and local government run services were sometimes fair targets for criticism, often operating in a bureaucratic, paternalistic and authoritarian manner, but the result has not been to increase democratic representation but to diminish it. Instead, the preferred model for bodies such as School Governing Bodies or Health Authorities is the appointed board, with representatives of agencies, 'the community' and local business as well as in some cases local politicians. Community representatives rarely have a collective mandate or any requirement to feedback to or consult with other members of the community. Representatives are self-selecting, with the same people sitting on different boards: even if there is public recruitment for these posts, few people see the notices or know what they are for. In the context of this democratic deficit, there has not been the development of other democratic modes such as direct participative democracy (Navarro, 1998), but rather an emphasis on 'consultation'. This has typically taken a minimalist form, often seeming to do no more than 'go through the motions', while the real decisions are taken in the context of the dominant market model (Mandelstam, 2006). It should be noted that this democratic deficit takes places in the context of a wider "hollowing out" of democracy (Chossudovsky, 2005; Golub, 2006).

We were involved in a study that looked at public participation in decision making about the development of town and district centres (Schofield, Kagan, & Parker, 2005). One town in the North of England had developed what was widely known as a model of good practice in involving local people in public consultations and in having a broad based 'Partnership Board' with representatives of those groups

with a clear stake in the development of the town centre. We attended a public meeting, fronted by the partnership board. The meeting was chaired by a local politician who opened the meeting with a long list of things that were not the subject of discussion that evening. Thereafter many of the issues that were raised were one of these, and so were ruled 'not for discussion'. A major part of the redevelopment plans were the demolition of the market area (with small traders) and the moving of the bus station. The model partnership board, whilst including representatives of 'breastfeeding mothers' - an innovation- had specifically excluded market traders and the public transport users' group. The involvement process on paper differed somewhat from the detail in practice! When asked how important consultation was, after the meeting, the Chair said “we can’t even proceed unless we consult! …(the advantage is) they fight all our battles for us!”. It was hardly surprising that one member of the public told us what she thought of the partnership board "They are all pawns of the Council".

These policy developments are diverse, including both positive and negative aspects (although as we have argued above the negative ones predominate). It is important to recognise that the policy process in the modern state is not a rational one whereby scientific evidence is reviewed and policies designed on its basis, implemented and then evaluated. The process is rather a political one where a variety of conflicting interests and influencing factors interact, becoming resolved in temporary compromises as policy (Duncan, 2005). As such it is not surprising that some innovations have a tendency to increase community, social inclusion, and democratic participation and social justice, while others have the opposite effect. However, it is our contention that the key conflict in the policy process in the modern state at this time is the conflict between the interests of capital accumulation (through privatisation, marketisation, and the opening of public provision to private capital), and the social needs of the public, especially those at greatest risk of poverty, powerlessness and exclusion.

Four recurrent issues

To state the problem in a rather different way, we can point to four recurrent issues, that are particularly pertinent to both the conceptualisation and the practice of community psychology as we know it.

Community rhetoric versus practice that creates divisions

> *At the heart of my politics has always been the value of community, the belief that we are not merely individuals struggling in isolation from each other, but members of a community who depend on each other, who benefit from each other's help, who owe obligations to each other. From that everything stems: solidarity, social justice, equality, freedom.*
>
> Tony Blair (Blair, 2005)

Yet, despite the rhetoric of community, the policies enacted by Blair and Brown's administration can serve to increase social divisions. We have seen this above in the case of the recruitment of community members in the implementation of the Crime and Disorder strategy, and through "parent choice" in education. Many different current policies enhance self interest rather than the collective good and the effects of this are felt most keenly in areas of multiple disadvantage. It is these stressed communities that have had to bear the consequences of neoliberal policies with minimal support, but it is noteworthy that here the very sector that should be strengthened as the first line of defence against social exclusion is,indeed being strengthened, but on the basis of narrow self interest. This orientation is legitimated by the prevailing discourse of zero tolerance for anti-social behaviour, injunctions to report suspected cases of benefit fraud and so on, in alliance with the personalisation and choice agendas prevailing in health and social care.

The professionalisation and co-optation of community activists

'You've fucked up the estate and now you're carrying a briefcase!'

(McCulloch, 1997)

In all societies oppositional social action emerges in response to injustice. Some activists inevitably assume leadership or spokesperson roles. There has always been the tendency among such leaders for upward social mobility and the adoption of professionalised roles (for example in the larger organisations, the trade unions, and political parties). What has become a more recent trend has been the incorporation of such activists in the administration of social policy. This happens in a variety of ways, but perhaps most obviously through the change in role of many community based organisations as recipients of government funding, and as implementers of government policy. This parallels the retreat of the state as a service provider -essentially NGOs become the clients of the government or its funding agencies. As a result there is a danger their independent and critical voice will be silenced (Blackmore, Bush, & Bhutta, 2005).

A devaluation of the idea of participation through its incompetent or cynical application

As we have seen above, the democratic deficit in the modern state and its policy and service delivery infrastructure has meant a reliance on consultative exercises and participation. Indeed this has often become mandatory, a trend that can be seen not just in Britain, but world-wide (Cooke & Kothari, 2001). The problem is that such participation is typically divorced from its radical democratic roots (e.g. Fals Borda & Rahman, 1991; Freire, 1972). By being cynically or incompetently applied, it loses any credibility, and those professionally involved with such processes can become compromised and ineffective, being seen as part of the system, rather than as facilitators of community action. Much of the reason for this is structural; it is private capital that has the power, so genuine attempts to involve local

people will often fail to address the structural imbalance in power and resources (Kagan & Burton, 2004).

Helpful frameworks

The political and policy context sketched above can be extraordinarily difficult to understand, to decode, yet it defines the context for community based work. Without an understanding of how the parameters of local contexts are determined by such more global factors, the community practitioner is constantly at risk of inadvertently colluding with processes that serve system rather than emancipatory ends.

As Davidson et al. (2006: p46) note

"an incorporation of [a] broader view of constraining structures would add much to our understanding of the types of actions that are necessary to address the roots of oppression ….. which can then lend more power to action initiatives".

However, as actors within a determinate social context there is no infallible route to knowledge of that social reality. Instead we take our cue from the critical realist philosophy of social science, that proposes that yes, a real social world does exist, but that special techniques are required to reveal its structure and workings (Bhaskar, 1998; Danermark, Ekström, Jakobsen, & Karlsson, 2002). The two frameworks we describe below are used in our own work, and in the tradition of action research (Kagan, Burton, & Siddiquee, 2008) they act on the social world, using the resulting reactions to reveal its workings. In this context this chiefly concerns the operation of power, and the pattern of openings and barriers to change.

Boundary critique

In all attempts to understand and intervene, boundaries are explicitly or implicitly established to delimit the field of concern. Without such boundaries, any problem is infinite. Boundaries define the distinction between the problem, or the intervention, and its context. They also define what is relevant to be considered (whether in problem or in context) and that which is irrelevant. Finally they define who takes part in defining the problem and agreeing the intervention, and who will not. So boundaries are fundamental to the definition of social problems and our understanding of them, as well as to the action to be taken to resolve them and the inclusion and exclusion of people in these processes. They therefore involve conceptual, ethical and practical judgements, and since such judgements are not infallible, and are often unexamined, the contestation of boundary judgements – or "boundary critique" as it has become known in critical systems theory (Flood & Jackson, 1991; Midgley, 2000) – is fundamental to all social change, whether conceived in terms of amelioration or transformation, or whether its manifest purpose is social management or social justice.

Churchman (1970) argues that what is to be included or excluded for any analysis of a situation is a vital consideration. Within a policy and its enactment, we can use Churchman's notion of boundary to ask how the policy issue is defined and who is or is not part of its implementation.

Ulrich (1983) argues that all boundaries are social or personal constructs, defining the limits of knowledge relevant to any particular analysis. From this position, pushing out the boundaries of an analysis also involves pushing the boundaries of who makes the decisions. For Ulrich, boundary judgements and value judgements are intimately linked. One of Ulrich's core ideas is that of 'legitimacy' - who is making what decision and who ought to be. As we have seen within different policy analyses, these questions are crucial.

We have used boundary critique, both implicitly to identify the boundary judgements being made for example in social policy (Burton & Kagan, 2006) as well as more formally in the evaluation of social programmes and the design of interventions (Kagan, Caton, Amin, & Choudry, 2004; Kagan, Sixsmith et al., 2005).

In an action research study of the need for a community based witness support scheme (Kagan et al., 2004), the project commissioners wanted to determine who it was that should participate in the research. They identified the relevant groups for the researchers to talk to. Boundary critique enabled us to identify other groups to be involved in the research. Had we followed the commissioners' recommendations only, some important voices would have been excluded from the study, in particular residents who were not members of organised residents' groups. As it was, young people remained excluded and this enabled us, through the process of boundary critique to identify and expose some of the underlying negative assumptions about, and attitudes towards young people by other bodies, particularly the commissioners if the research, and to introduce some interventions to deal with this.

At its most powerful boundary critique reveals the way in which dominant policy discourses marginalise or exclude whole sectors of those affected from participation in the process of evaluation and designing more appropriate policies and social programmes. Even in a small scale local project, boundary critique can bring a whole new dimension to both project planning and evaluation, making it more likely that those at greatest risk of exclusion will at best participate, or at least have their interests represented. Once boundary critique is adopted as an orientation, the continuous potential for questioning of boundary judgements provides both a practical conscience for community practitioners and a tool for revealing the structures and forces that determine policy and community contexts.

Prefigurative action research

A distinction is often made by community psychologists between ameliorative and transformative change. It is of course much easier to aspire to transformational practice than to engage in it. Our own model of Prefigurative Action Research (PrAR, Kagan & Burton, 2000) attempts to offer a way into linking the local with the societal, project with policy, and projects of practical action with projects of social transformation (Burton, 1999; Burton & Kagan, 1996). We do not suggest that it is a comprehensive solution, but we believe that it can offer a framework for linking small-scale practical change projects with action and analysis at a more ambitious level.

> *We are using 'prefigurative action research' as a term which emphasises the relationship between action research and the creation of alternatives to the existing social order. This combined process of social reform and investigation enables learning about both the freedom of movement to create progressive social forms and about the constraints the present order imposes. It also creates disseminated 'images of possibility' for a different way of ordering social life.*
>
> (Kagan & Burton, 2000, p. 73)

Many social action projects (e.g. citizen advocacy for intellectually disabled people, community theatre projects with refugees, support networks for independent parents) pioneer alternative social relations, while still located within a dominant social context which puts pressure (passive and active, implicit and explicit) on the alternative setting (Sarason, 1972) that has been created. We call these alternative social settings that challenge, 'prefigurative', after Antonio Gramsci, who pointed to the importance in struggle of exploring, defining, and anticipating the new social forms to which the struggle itself aspires (Gramsci, 1968, p. 31). In any new social setting, there will be two opposing processes. The prefigurative, creative, explorative, radical processes and achievements will be pitted against 'recuperative',

retrogressive, traditionalist, unimaginative, conservative tendencies. The sources for the reactionary tendencies are likely to be multiple - in the external environment, and its impact on the setting itself, but also in the ideological and psychological heritage the participants inevitably bring with them. There is never a clean break with the past.

Prefigurative action research, then, is offered as a way of conceptualising the active process of learning, in a systematic way, from the experience of attempted progressive social innovation. It explores the possibilities of reform, prefiguring a just society, while at the same time identifying the limits of reform and hence the need for transformation. PrAR was initially formulated to offer a resolution of the structure versus agency problem in critical social policy. It thereby goes beyond other modes of action research in that it explicitly addresses those social relations and forces that constrain progressive social reform. Action research suggests that the best way to understand something is to try to change it - but in the case of prefigurative action research, that understanding is itself part of a 'higher order' change project, sometimes reduced in its ambition, and sometimes suppressed, but an essential part of any critical project that goes beyond 'merely interpreting' the world.

Prefigurative action research is not a methodology, but an organising orientation (Kagan et al., 2008). It might use any of a variety of methodologies, from survey methods to discourse analysis depending on the investigative questions and context. Its key characteristics include:

1. An emphasis on creating and sustaining examples of alternative social arrangements that in addition to the benefits they bring to their participants, also provide a vision of a just society.

2. The participation of relatively powerless people.

3. Analysis, through direct experience, reflection, testing, and confrontation, with the structural and ideological forms of power and oppression.

4. Multiple cycles of reflection, doing and knowing.

5. Simultaneous attention to both agency and structure.

There is not space here to illustrate PrAR in practice, but different projects have explored its utility (Evans, 2005; Kagan & Scott-Roberts, 2002; Sen & Goldbart, 2005). It is unusual in offering a way to practically conceptualise the local-global relationship in change projects.

Figure 1

Conclusion

Neither Boundary Critique nor Prefigurative Action Research pretends to have all the answers that will equip community psychology to function more effectively at a societal and hence political level. What both do is offer ways of revealing the processes and structural forces that constrain reform, suggesting what has to be done to overcome them. These approaches offer a corrective against naïve, narrowly focused and over-optimistic change projects (and we have been guilty of attempting these too!). It is our view that it is only possible to make the transition from the local and ameliorative to the political and transformative by engaging with social movements whose project is social transformation. That is the lesson from reform programmes as diverse as the establishment of such as the British National Health Service (Stark Murray, 1971) and the current struggle to defend it, the struggle for community living by disabled people in various western countries (Burton, 1989; Oliver, 1990; Race, 1999), the alternative developmental experience of Kerala in India (Parayil, 2000), and work with victims of state torture in Latin America (Agger & Buus Jensen, 1996; Hollander, 1997; Lira & Castillo, 1991). In each of these cases there were local innovations that indicated a different social reality that linked up in a self-conscious way with a social movement that took forward a programme of reforming social change in ways appropriate to the particular context. Without strong linkages such as this, community psychology is doomed to a piecemeal ameliorative role, maybe thinking globally but only acting locally. As such

it will continue to be subservient to the wide-scale political forces that determine not just public policy but the fate of communities.

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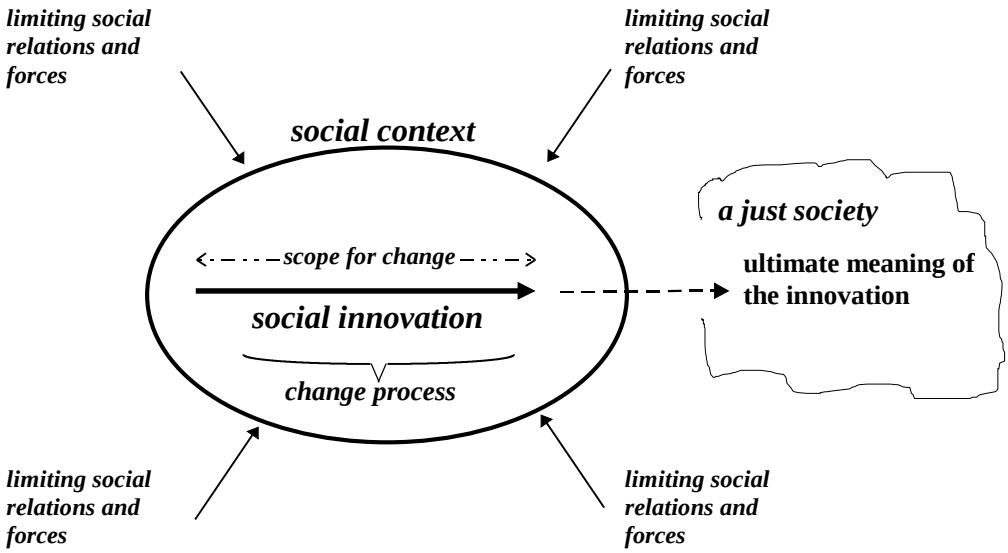
Figure 1: A schematic outline of Prefigurative Action Research



This figure (from Kagan & Burton, 2000) indicates the elements that have to be taken into account in prefigurative action research. Traditional action research generally limits its scope to the area within the oval.