the
MANCHESTER
METROPOLITAN
UNIVERSITY
Department of Psychology
& Speech Pathology

Interpersonal and Organisational Development Research Group

IOD Occasional Papers: Number 1/00

Collective Action and Social Change

Edited by Carolyn Kagan

Inside cover

Collective Action and Social Change:
Report of the national Community Psychology Conference
7 and 8 January 1999

Edited by Carolyn Kagan

Interpersonal and Organisational Development Research Group, Manchester Metropolitan University

The conference was hosted by the IOD Resarch Group, Community Psychology research (and teaching) Team. Thanks to Marilyn Barnett for transcription of taped talks

Published by: IOD Research Group

IOD Occasional Papers

Published occasionally by the IOD Research Group

For information contact the publishers at the address below

ISSN 1359-9089

ISBN 1-900139-01-4

Printed by the Manchester Metropolitan University

IOD Research Group

MISSION:

To undertake research and consultancy which informs policy, enhances the effectiveness of organisations, and enhances the lives of vulnerable people by asking meaningful questions, encouraging the participation of those involved in the research and disseminating the findings to all those with a stake in the research

Interpersonal & Organisational Development Research Group
Department of Psychology & Speech Pathology
The Manchester Metropolitan University
Elizabeth Gaskell Campus
Hathersage Road
Manchester
M13 0JA

Tel: 0161 247 2563/2556/2595
Fax: 0161 247 6364
Email: C.Kagan@mmu.ac.uk
S.Lewis@mmu.ac.uk

Contents

Introduction to the Conference Carolyn Kagan, Deputy Head of Department of Psychology and Speech Pathology, Manchester Metropolitan University and Conference Chair.

Manchester Metropolitan University as a Base for Community Psychology

It seems appropriate to hold the National Community Psychology Conference, with the theme of Collective Action and Social Change in Manchester. The city is the home of the Trades Union movement, the Co-operative movement and the Suffragette movement. These three concerns, workers conditions and rights, people's collective action for the common good in the face of rampaging capitalism and women's rights are issues that community psychology is still rightly concerned with at the end of the century. We have included in the conference programme some explorations of people's collective action in Manchester's historical past and more contemporary dilemmas facing Manchester as marginalised citizens join forces with private capital for urban regeneration.

We have also included in the programme 'open space' sessions, wherein all of us can explore whatever issues come to mind from the talks we hear with whosoever we choose. We have not structured these sessions and leave it up to all of us to create however much structure we want (or not).

In the foyer is an *Ideas tree*. In your pack are some *ideas leaves*. We hope to grow the tree, which as you see has its roots in the context of community psychology in Britain - in its history, current activities and links with other types of work. It is up to all participants to place *ideas leaves*[i] on the tree as the conference progresses. These ideas may have been stimulated by the talks, local trips, workshops, open space discussion, other ideas placed on the tree, or by daydreaming. In the spirit of different kinds of participative and expressive ways of working within community psychology, we will, then, symbolically nurture and fertilise the growth of ideas linked to practice.

What kind of community psychology is practised at MMU?

Staff and students teaching and learning community psychology at MMU will talk about their experiences later on. As well as teaching community psychology here, we have for a long time practised and supervised the practise of community psychology. Our community psychology can perhaps, be characterised as social and organisational psychology, combined with social and community action and activism. We do not separate research from practise, research from development, training from development, and nor do we distinguish between psychological work and other kinds of community action.

Focus of the Work

---

[i] In the event few delegates to the conference used their leaves to 'grow' the tree: the community psychology team at MMU is 'growing' the tree with students and visitors to the Department over time, and we hope to offer it for public view at an appropriate time and place.

The focus of our work is:

1. The inter-relationships between:
community ↔ organisational ↔ interpersonal change and development

   For example, some work with working parents of disabled children explored the linkages between family dynamics, working practices and policies and community agencies and service.

2. Free from specific professional identities

   Our community psychology team consists of people with backgrounds in social psychology, social work, counselling psychology, organisational psychology, and environmental psychology.

3. Concern with disadvantage and vulnerability

   Much of our work is with people on the margins of mainstream society. For example, we have worked with severely disabled people, unemployed people, people living on peripheral, run down estates, homeless people, those from different ethnic minority communities, and those with long term mental health difficulties.

4. Concern with abuse by social systems, institutions and organisations (including psychology)

   We are involved in projects which reveal how human services and other social arrangements confine people in poverty and compound any difficulties they have. We get involved in advocacy work and in investigations of abuse and poor professional practice (these have included investigations of the behaviour of police, clinical psychologists, residential carers, field health and social care workers, employers).

5. Praxis (theory ↔ practice)

   We consider that theory and practice are inseparable and mutually determinant. We try to work collaboratively with those with whom we work over theory and practise planning.

6. Giving away psychology - many publications for local consumption (professional and academic writing not always a priority).

   Despite the pressures in Higher Education to publish in academic journals, our first priority is to disseminate information (via written or other forms) as close to those who are affected by the work as possible. Thus we write local reports and publish some of these with permission in our own in-house series of publications. We give conference papers to those who can make use of the findings. We compile responses to consultation papers on policy change and so on. We also edit an International journal, Community, Work and Family, the aims of which reflect many of our ways of working. In this journal we have a 'voices' section which enables those who would not normally get published to do so.

Perspectives And Key Themes

The themes running through our work include:

- Person ↔ societal ↔ historical context- combined with systems and ecological analyses
- Feminist issues and analyses
- A magpie approach to knowledge and techniques: multi-disciplinary and multi-professional
- Explorations of interpersonal, organisational and policy layers of issues

  The creation of new settings in project and service development and change
- Disability Research
- Pluralistic research methods - emphasis on non-positivist and action and evaluation perspectives
- Power
- Explicit value positions
- Subjectivity and intersubjectivity
- Integration of research, teaching and practice

Scope within the Department

Over the years we have worked hard to develop a broad interest base amongst staff, and to take the lead in developing courses which facilitate explorations of community psychology at undergraduate and postgraduate levels. We link closely with critical psychologists within the discourse unit and other teams of researchers within our research group (the Interpersonal and Organisational Development Group). We have good links with colleagues from all continents. Nevertheless, we now that sustaining this base is difficult and needs constant encouragement and vigilance. Conservative pressures within both psychology and Higher Education make it continually difficult to maintain the kind of work we think is important.

Pushing the Boundaries? Community Psychology as part of the undergraduate curriculum

Karen Dunne, Natalie Holloway, Carolyn Kagan, Kath Knowles, Rebecca Lawthom, Department of Psychology and Speech Pathology, Manchester Metropolitan University

Abstract:

Community Psychology has been taught at MMU for a number of years. This year, final year undergraduate students, undertaking the course as an option, are working with a residents' association on an overspill housing estate. Students will talk about the ways in which the work has developed and staff will contextualise the provision within debates about the boundaries of psychological training, locally, nationally and internationally. At MMU, the existence of the course forms part of a 'counter-hegemonic bloc' (see, for example, Gramsci, 1971) alongside courses in Psychology of Women, Psychology and Disability Studies, Societal Psychology and Qualitative Methods. Together these courses offer challenges to psychology curricula which serves narrow professional interests, rather than those of students or of ordinary people.

The Staff story: (Rebecca Lawthom)

I'm talking this morning on behalf of the whole student group, the other members of the teaching team and the absent community partners. I'm going to contextualise the teaching provision of psychology within the department so you have an understanding of where the students are coming from, with their first exposé of community psychology. At Manchester Metropolitan University, in common with psychology departments up and down the country, the structure of the degree is largely predetermined by our professional body, the British Psychological Society. We aim to give students an understanding of basic frameworks in psychology which will equip them to go on and become chartered psychologists should they so wish to do so. Even though at most 10% of students will ever become professional psychologists, the curriculum is dominated by the requirements of the profession. As a staff team we have always been concerned to help students situate core psychology curricula in their biopsychological, historical and social contexts.

From the outset, therefore, students are exposed to the blurring of the discipline boundaries. Of relevance to community psychology, for example, is a first year course, Societal Psychology, which explores the interface between psychology and anthropology, economics, sociology and history and the application of psychological understanding to issues such as class, culture, social institutions, race, gender, disability, social change, and so on. The critical perspectives of Societal Psychology and further explored in second year core courses in Individual and Social Psychology, and reflected in a number of final year optional courses. These developments accompany the development of interest and expertise in the Department in a range of 'new' research methods in psychology, especially those in the non-positivist, qualitative field (see Banister, Burman, Parker, Taylor and Tindall 1994). From the outset, then, students are presented with some of the tensions within the discipline

between different types of psychologies. Even so, due to the constraints of the professional body, the curriculum is largely traditional, mainstream dominant (empiricist) paradigm psychology.

When students learn about psychopathology, for example, they learn to about categorising people according to DSM criteria; they learn to measure their psychological attributes and capabilities; they learn that to extract them from their natural environments and medicating them or subjecting them to other psychological treatments, including shock treatments, is acceptable. They learn to control extraneous variables so as the better to isolate variables of interest and study their relationships to stimuli or each other. By the time they enter their final year, they have learnt about how psychology removes people from their contexts, and subjects them to the interpretations of other (objective) researchers or practitioners.

By the start of their final year students have done enough of the traditional psychology to satisfy the British Psychological Society. Their final year is entirely optional and they have more scope for exploring alternative approaches to psychology. And we have more scope for teaching alternative approaches to psychology. Students can choose a traditional path if they so wish to do. On the other hand there are also then a range of other courses which might be termed as alternatives to the dominant paradigm courses, including courses such as Community Psychology, Psychology and Women and Psychology and Disability.. They also undertake an empirical research project of their own choosing. Community Psychology has historically been offered at the postgraduate level, but last year for the first time we offered it at an undergraduate level, and it was taken up.

The way that we run the Community Psychology course is via live projects in the community. Students work on a change project in the community and we organise the teaching around issues arising from these projects. Throughout, we blend theory and practice, along with critical reflection of ourselves in practice. Students are assessed via verbal presentations and a written portfolio combining theoretical understanding with evidence of the development of skills and evaluation. Whilst introducing students to the principles and values of Community Psychology, we are trying to get them to work on an issue, document that change and its implications, and assess any ramifications along with the tensions of working in a Community Psychological way.

This year, all the students have been working with the same residents' association on a an overspill housing estate some 15 miles from Manchester. Prior to the students' involvement, some of the staff had been working with a Womens' Action group which had been the precursor of the residents' association. Due to the relationships and trust already built up, it was possible to negotiate some involvement of students.

The student Story: Natalie Holloway

Working within a Community Psychology orientation involves working with people in their homes at their places of work, in their neighbourhoods and within their natural social networks. In common with qualitative research, community psychology goes into the streets, round the corner, and into people's homes, steering clear of the

laboratory. The community setting in which we are based is a neglected council estate situated in otherwise an affluent environment. The change project, on which we as a student body are working alongside our community partners, came into place from the concerns which were expressed by them. The work includes the development of a health pack, on which two of the students are working in parallel and will eventually become part of a larger welfare resource pack. Our community partners expressed their lack of knowledge regarding the various issues surrounding health from birth to death within their community. The health package will bring together information about relevant issues which may be encountered by all throughout this community. It will provide a valuable wealth of information which will be kept in the community house.

Our community partners expressed a concern regarding education, in particular regarding the levels of literacy and possibility of undiagnosed dyslexia amongst residents. Two of the students are involved in an awareness raising campaign throughout the estate. One of these students has dyslexia himself, which enables him to produce leaflets and information which those with dyslexia may be able to understand. Moreover due to his experience of having dyslexia he can empathise and create a rapport with those who do not yet have an understanding. Following the awareness campaign, they aim to develop some literacy programmes on the estate, run by local adult literacy projects that will still be there when we have gone.

I am personally producing a welfare resource leaflet, which I felt was necessary after listening to the concerns and experiences of the community partners. It will be a step by step guide to the.. survival guide to their environment and that of British society as a whole, producing information from how to fill in forms to how to access benefits. This is being produced by myself through collaborating with the community partners, other students, and well established agencies, such as the citizens advice bureau. The hope of the community partners is that this will promote self-help and empowerment through increased knowledge.

Some students are working on a project with older adults. One is working in the field at the micro-level, participating with an existing group helping to develop and extend a voluntary gardening project.. Another student will work at the meso-level, linking residents with another community within the same municipal authority, and within which she is helping to develop a lively project for local elders.. She will pass relevant information from her project back to those from the more neglected estate - this will be both information that she has access to but is unavailable on the estate · about funding and other initiatives, and will include establishing good links between community activists from the two estates.

Across all these projects we students will be considering issues from micro- to macro levels and will work in ways which encourage the development of self-help throughout the community. Now Karen will discuss how community psychology should be celebrated as an applied discipline in its own right and how it differs from traditional mainstream psychology.

The student story: Karen Dunne

When we were preparing this talk, we discussed it with the whole community psychology student group. We asked ourselves "What is Community Psychology?" and came to the conclusion after many arguments, that it could be defined, from our perspective, as a *practice for liberation with responsibilities*. We compared this approach to mainstream psychology where we had learnt about scientific rigor, and the need to work within a tight controlled experimental environment. We had acquired these core skills, that can be seen to be quite rigid and disciplined, and are now faced with this very new applied subject that gives the researcher more room to manoeuvre. Community Psychology emphasises grass roots initiatives, in that it helps those who have little access to social power to develop positive strategies to strive towards the goal of self-support. As community psychologists, we, ourselves, have been empowered to operate within a transient and fluid framework that creates the space for purposeful enquiry. Our enquiry is reciprocal and the relationships between us, as action researchers, and the community collective with whom we work is mutually productive and ever-changing. We see our tasks as contributing to both our own and other people's liberation, both personal and political.

For most of the first two years of our degree we were required to filter out all subjectivity and endorse objectivity. Community Psychology is liberating as it removes the shackles of traditional psychology and gives practitioner-researchers the freedom to facilitate, and evaluate social change through collective action. It tries to reconcile the divorce between theory and practice. We see that Community Psychology lends, shares and networks with many areas in the psychological arena, whilst being less rigid than the more dominant strands of traditional psychology. Community Psychology and alternative critical psychologies remove the power differentials between participant and researcher and incorporate negotiation, teamwork and group thinking as the core modes of operation. The term co-researchers is well documented within feminist psychology, and within disability research. We find it of use within Community Psychology, as it reflects the dual exploration that develops when working with community partners. The mechanisms of community psychology are the development of rapport, the exploration and development of relationships with partners, the building of trust, and always supporting but never controlling. As such it make different demands on us as students than differ considerable from those of our previous training in psychology.

To work with people, on their concerns, requires interpersonal skills that include flexibility, metacognition and leadership in general, but we have learnt that as Community Psychologists, we should share our expertise, not use it to be in charge. This is very difficult to achieve and complex is very much an understatement. When working in the community you're interacting with lots of people in many different settings. A community psychologist must be totally fluid have the ability to think on their feet organise, plan, show leadership qualities under pressure without acting in charge or taking control. It is crucial to constantly encourage negotiation and direction towards self-support so that it is the community partners that are taking things forward, and promoting their own personal growth. Community Psychology bridges the gap between the psyche and the social; the private and the public. It

encourages the sharing of psychology as a skill to empower those oppressed and disadvantaged to develop strategies to promote future self-development and to cope with their stressful and oppressive environments. This task to facilitate positive social change is certainly not for the feint-hearted, it reflects similar demands to those who works in sectors of health and social care. It is rewarding, exhausting and at times demanding, but yet very illuminating.

Emotions and cognitions run high in any community setting regardless of the age and background of the group, and we have found some of the experiences of our community partners in their setting are repeated amongst us, as students, in our setting.

The Staff story: Kath Knowles, Rebecca Lawthom and Carolyn Kagan

We have a few words to say in conclusion. Rebecca spoke to you about how this course is positioned in the MMU Psychology Department and how we try to give the students the opportunity to work from a Community Psychology perspective and some of the problems and tensions that we as tutors and the students have encountered. Natalie has described the change project that they are actually involved in, out on the overspill estate very clearly indeed. Karen has just told you about some of the issues from her point of view and how she sees the differences between community psychology and the other psychologies she has encountered..

It has been quite a difficult journey for students, but also for staff. Working to other people's agendas and trying to balance this with the requirements of the assessments within the degree programme has been tricky. It has taken a lot of mediation by staff to enable the balance of meeting both the students' and community partners' interests to be met. We have all been working in an environment over which we have had little control. We have had to work through tensions and conflicts within the community group and within the student group, and be open to learning about what kinds of additional supports students need when undertaking a course of this sort. We are lucky to have gained access to such a community setting, where the students could all work together, and experience at first hand some of the tensions, issues and problems of working with a real group, as a real group.. Furthermore our community partners have been delighted with the work the students are doing, whilst at times feeling frustrated they cannot do more. Members of the community have attended the student presentations, some setting foot in a University for the first time.

One of the interesting things about working as Community Psychologists in the UK, is that we work without the professional passports that other psychologists have. We cannot go into a setting saying we are allowed to be there because we are social workers, clinical psychologists, occupational psychologists etc.. We are allowed to be there because we are community psychologists. We negotiate access, and our students have to negotiate their access because they are not even on vocational training courses. So what is their license for even being involved? The license is the invitation by local people, and that again, requires a whole set of skills and resources that have to be drawn on, to be able do that.

We appreciate being able to work as a teaching team and to be based in a Department with a critical mass of supportive staff (or at least staff who will not sabotage our project). This, in itself is not luck or circumstance. We believe it has come about as a result of a great deal of effort and tenacity over a long period of time. It has involved the employment of deliberate tactics and strategies over time and across different domains of Departmental activity. Whilst we know our position within psychology in the UK is a fragile one, there are a number of overlapping interests within the Department, including collaborative research projects, publishing projects (we are the editorial home of an International Journal, C*ommunity, Work and Family),* international links and courses that lead us to entertain the idea that we have created a counter-hegemonic bloc within the psychology curriculum - at least in Manchester. But that is another story!

We would like to thank all the students, and especially Natalie and Karen who have demonstrated one of the key components of what Alinsky (1971) talked about in manual used by community activists, namely the ability to be able to communicate appropriately to the audience.

Questions: What difference has doing this course made to the students about their options and plans they had for following on after their degree? How, do you see yourselves continuing to be involved in this sort of community role?

Karen: Well I think to start off with I think it's absolutely changed our plans and direction in psychology. Doing Community Psychology has reminded us of the importance of embracing the past the present and the future throughout our work, and our careers. Personally I think that after doing this Community Psychology course ,I don't think I will ever only look back, and will always look forward at the same time.

Natalie: I just think, I just feel it is extremely liberating to go from being told that everything has got to be so controlled to going and working in a real environment. It is so very different from sitting in a lecture theatre, taking notes and doing essays, to actually working in the field. It has improved my confidence a great deal and it is the type of thing I'd like to go into in the future definitely.

References

Alinsky, S. (1971) *Rules for Radicals: A pragmatic primer for realistic radicals* New York: Random House

Gramsci, A (1971) *Selections from the Prison Notebooks* Trans. by Q Hoare and G.N. Smith London: Lawrence and Wishart

Banister. P., Burman, E., Parker, I., Taylor, M. and Tindall, C. and (1994) *Qualitative Methods in Psychology: A research guide* Buckingham, Open University Press

C. Kagan and S. Lewis (eds) (1998 on) *Community, Work and Family* Abingdon: Taylor and Francis, CARFAX

The Primary Prevention of Community Psychology[ii]

David Fryer, University of Stirling

Introduction

Community psychology is difficult enough even in optimal circumstances, but in this paper I describe some experiences of my work in community psychology being made even harder than necessary. However, my intention here is not catharsis through personal disclosure but a wish to stimulate collective reappraisal and support. Effectively I am inviting readers who are also trying to work `community psychologically` to look beyond troublesome personal events to see if some of our experiences, rather than being treated as individual misfortunes, are usefully reappraised as indicators of collective disempowerment.

Community Psychology and Professional Organisations

The British Psychological Society (below BPS or the Society) has played and continues to play a number of valuable roles in relation to community psychology. For example the Society made a submission about the links between unemployment and mental health to the Employment Select Committee of the House of Commons, thereby – a cynic might say - taking disturbing research findings to people who could ignore them at the very highest level! As a C.S.Myers Lecturer at a BPS Annual Conference, I had another valuable opportunity to give a community psychological perspective on the social causation of mental health problems by unemployment. The BPS recently funded a UK visit by Donata Francescato, Professor of Community Psychology at the University of La Sapienza, Rome, as a BPS Visiting Fellow and has also kindly agreed to fund a UK visit by Julian Rappaport, Professor of Community Psychology at the University of Urban-Champaign Illinois, in 2001, again as a BPS Visiting Fellow. I have recently recorded for the BPS archives an interview with Professor Marie Jahoda, who I regard as being the quintessential and most admirable of community psychologists. The BPS supported a series of community meetings around unemployment and the Scottish Branch of the BPS recently financially supported the 1999 Meeting of the European Network of Community Psychology (ENCP) with published accounts appearing in The Psychologist and The Bulletin.

In all these, and other, ways the BPS has been supportive of community psychology - increasingly so of late. It might therefore seem churlish to be critical here of the BPS in relation to community psychology. However, at a deeper level than that of the welcome facilitation of scholarly and research activities, there seems a fundamental incompatibility between the BPS and community psychology. The BPS is in part a protectionist organisation seeking to develop a closed shop for people with BPS

[ii] This title (and the contents of this paper) have been edited and amended from that delivered at the Community Psychology conference. In the conference paper I took more risks in front of an audience, which I assumed to be fundamentally supportive, than I feel safe doing in a written paper, which will also reach more hostile readers. Nevertheless, in their different ways, both papers say much the same thing.

accredited degrees. The justification for this closed shop is presented in terms of 'protection of the public' in recent and current debates about the statutory registration of psychologists. Such moves result in a restriction of entry to the profession; and, of course, restriction of the earnings, status, power and privilege that goes with being a psychologist to those who have been through a BPS credentialising process. Like all higher and professional education this is disproportionately the prerogative of the better off.

To be more specific, a BPS document ("Answers to questions raised by academic psychologists about the consequences of a bill to register psychologists by statute" written in 1996 by the (then) Executive Secretary, Colin Newman), written in 1996 as a consultation paper, presented the issue as follows:

> "The case for registration is based on the argument that members of the public have a right to statutory guarantees if they approach people called `psychologists` for a consultation, the people concerned are properly qualified and accountable to a Registration Council, from whose register they can struck off if they abuse their clients and are found guilty of professional misconduct." (page 3).

This paper expresses the view that

> "the public will be best protected by a system of statutory registration similar to that of other major professions" (page 4)

and describes an attempt to find a way, which

> "closes the profession effectively" (page 4).

Throughout this BPS document, this idea of closing the profession and restricting entry to people with BPS accredited qualifications, and thereby the possibility of offering `psychological services` (defined as "*any services derived from the application of psychological knowledge*" with a caveat exempting "*knowledge about psychology for academic purposes*"!), becomes clearer and clearer. The Society and its Parliamentary lawyer came up with the following clause defining what would become an offence if and when a proposed bill became an Act of Parliament. I quote from the document

> "Any person who, in the course of providing or offering or agreeing to provide services which are or are described as psychological services, describes himself (sic) as a psychologist, is guilty of an offence unless he is a fully registered psychologist" (page 3).

"*Fully registered psychologist*" effectively means having satisfied the "Graduate Basis for Registration" with the BPS i.e. graduated from a BPS approved degree, which provides "*broadly based training in psychology*" (page 11). What `broadly based` means is clarified elsewhere:

> "nobody wants graduates to go forward into training as, for example, clinical psychologists who have no knowledge of the biological basis of behaviour or individual differences, and this is the rationale for the Graduate Basis for Registration" (page 11).

However, from a community psychology perspective this requirement seems very narrow: there is no suggestion that graduates should be required to know about groups, family systems, organisational processes or the socio-structural, economic and cultural constitutive contexts of experience and action. The BPS document further asserts that psychology "*began and remains a scientific discipline*" (page 2) but from a community psychological perspective, much of BPS accredited psychology appears scientistic rather than scientific, largely dominated by a naïve quantitativism which has failed to learn the lessons of history of science and the sociology of scientific knowledge and still clings to a philosophy of science which most other sciences abandoned long ago. As a community psychologist I want a scientific community psychology but a science which is appropriate to a discipline whose explicanda are socially embedded moral agents upon whom the social world impinges largely via their subjective experience.

More generally, the procedures of clinical and other professional psychologies are, by most accounts, only modestly effective and, as most community psychologists are aware research has shown that para-professionals and non-professionals are generally as, or more effective than, trained professionals in dealing with mental health promotion and reduction of mental health difficulties (Durlak, 1979). If this research is correct, restricting the provision of psychological services to BPS accredited graduates would exclude the vast majority of the most effective practitioners from practice.

The BPS document claims that "*psychological techniques are powerful and can cause harm if they are mis-applied*" (page 3), so argues, therefore, that the public must be protected from such rogue psychologists. Looking at recent publications in which psychologists describe the provision of versions of cognitive behaviour therapy to jobless people as a way of dealing with mass unemployment, it is difficult not to agree with this statement but with a rather different target group of psychologists in mind. The BPS document is also concerned that "*charlatans might misappropriate the term 'experimental psychologist' and practise under this title*" (page 8) unless prevented through legal means.

However what is likely to worry community psychologists is that those experimental psychologists who are licensed to practice under BPS training requirements may be the very people who are really the bigger danger to the public. For example, experimental cognitive psychologists who do research with worrying civil liberties and military implications; occupational psychologists who spend their time intensifying work in industrial settings; clinical psychologists who collude with victim blaming by looking for intra-psychic causes and solutions of socially caused mental health problems. Community psychologist might argue that the very people that the BPS finds no difficulty registering are more dangerous to the public than those they are seeking to exclude.

In brief, though the BPS can, and sometimes valuably does, support the scholarly activities of community psychologists, we need to ask whether the BPS as it is currently characterised with its scientism, protectionism, accreditation and privileging of largely middle class professionals, its legitimation and promotion of professionals who for many people in communities are part of the problem rather than part of the

solution and its attempts to exclude and further marginalise para- and non-professional mental health workers, ultimately provides a niche in which community psychology can survive let alone flourish. Whether this means community psychologists in the UK should be chary of BPS involvement or whether, on the contrary, they should try to play a more major part in the national professional organisation (as is the case with community psychologists and the APA, for example), seeking to influence the BPS from the inside towards adopting more community psychology friendly assumptions, I leave to the reader.

Community Psychology and Commercial Organisations

The Journal of Community and Applied Social Psychology (JCASP) functions because of the very large amount of hard work done with good intentions by people with real insight into the nature of Community Psychology. It is also a commercial operation owned by a major international publisher. I believe there are real conflicts of interest here which make the promotion of community psychology through commercial organisations problematic.

Volume 1 of JCASP (1, 1-4, 1991) carried an editorial written by Jim Mansell, Jim Orford, Steve Reicher and Geoffrey Stephenson setting out what JCASP was to stand for. The editors stated

> "we believe that psychological ideas and practices should help to remove exploitation and oppression from people's lives and be aimed at giving all people greater control over their lives".

JCASP was to offer

> "a radical agenda for social change on behalf of minority groups".

More specifically they wrote

> "we intend to bring together psychologists and the people about whom they write and research ... we very rarely allow the willing, and unwilling, recipients of our efforts to speak and we hardly listen to them even when our work has damaging effects. We do not want to perpetuate these processes in this Journal. We will invite the subjects of research – or where that is not possible, their advocates – to answer back. When an article is written about a particular group of people we will ask them to respond, to discuss how adequately it represents their experiences and the issues that confront them".

It was this Editorial which first inspired me and made me want to work for the Journal. I have been Book Review Editor, now Associate Editor (Book Reviews), for several years. How does the actual practice of the Journal match up to the admirably community psychological rhetoric? At most editorial meetings, which I have attended, members have observed with dismay the spiral of increasing costs of and decreasing subscriptions to the Journal and the preoccupation of the publisher with (more lucrative) institutional subscriptions. Although none of the editorial team likes these apparently inexorable changes, none of us individually or collectively is able to stem or reverse these trends. When the chips are down it has been made clear that the journal belongs to the publisher, and that the editorial team are temporary custodians who can be replaced. The commercial organisation is very much in the driving seat.

Furthermore, there has been occasional outright commercial interference in editorial matters, at least in the Book Review section with which I am involved. Although there is a commitment on the part of the Journal to bring together psychologists and the people about whom they write and research, this does not always work smoothly in practice. For example, I invited a homeless person (a 'Big Issue' salesperson) to review an academic book about homelessness. Getting this published proved to be extremely problematic. All sorts of problems were raised in relation to the reviewer's writing style. Whilst I had some concerns that some of the objections raised were not consistent with community psychological values, I did accept these matters were proper ones for discussion at the editorial level. What disturbed me more was that the publisher made it explicit that "the purpose of JCASP is not to provide a voice for the homeless or any other group in society" and that a major concern from the publisher's perspective was that such social commentary would soon render JCASP unmarketable to libraries, the most lucrative market. An edited version of the homeless review was eventually published in JCASP but, significantly, as Book Review Editor I had to get final approval for publication of the final version not from one of the JCASP Editors but from the publisher, who insisted upon a number of changes to the manuscript. I believe that it is extraordinarily difficult for JCASP to be thoroughly community psychological, sharing the power of publication platforms with disempowered people, if wedded to a publisher who is willing to directly interfere in editorial matters in this way. Whether this is a reason for community psychologists to avoid publishing in collaboration with commercial organisations or whether they just need to be more inventive and persistent in their attempts to promote community psychology from within such journals I leave to the reader.

Community Psychology and Teaching Quality Assessment

//

Censored

//

At the conference I also reflected upon recent bruising experience of external teaching quality assessment. However spelling this out in print here would involve sharing information, which was not given to be shared, and which, in some cases, was `leaked` at a `high` level with an implicit or explicit prohibition on it being shared. It is sometimes necessary to ignore such prohibitions and embargoes, to share such information with others involved in a common collective enterprise in order to challenge the harassment and/or more widespread passive collusive silence, which may be the lot of others trying to work community psychologically. Those who seek to harass and undermine others who practise or promote a different psychology, like other bullies and abusers, prefer their activities to remain a secret shared only between themselves and their victims. In these cases speaking out about what is happening can be a vital first stage in disempowering the harasser. How many researchers and teachers in Universities are singled out and picked off one at a time, little realising there is a public pattern to the private pain?

However, sometimes speaking – or writing – out is tantamount to suicide and I believe that going public about this material in print would be dangerous both personally and

to the future of community psychology at Stirling. So about these matters I am, here, silent ... at least for now.

Conclusion

The experiences referred to above have suggested to me that it is not only difficult to do Community Psychology within the regulatory frameworks of dominant psychological professional organisations, commercial psychological organisations and psychology teaching policing organisations, but can also be dangerous.

Community psychologists are familiar with the notion of primary prevention in connection with efforts to reduce the incidence of community and mental health problems. However, I am increasingly coming to fear that community psychology, at least in the UK, may itself be the target of considerable and effective primary prevention efforts.

References

BPS (1996). *The British Psychological Society: Answers to questions raised by academic psychologists about the consequences of a bill to register psychologists by statute* (final version) by Colin V. Newman, 30/1/1999. Unpublished document circulated to BPS members.

Durlak, J. (1979). Comparative effectiveness of para-professional and professional helpers. *Psychological Bulletin*, *86*, 80-92.

Wilkinson, R. G. (1996). *Unhealthy Societies: The Afflictions of Inequalities*. London, Routledge.

Service Development and Social Change: the Role of Social Movements

Mark Burton [iii] Mancunian Community Health NHS Trust and University of Manchester.

Abstract

Service Development can be understood in terms of 'the creation of settings'. Some developments break new ground, pioneering social relationships in advance of those otherwise sanctioned by the existing social order. As such they are 'prefigurative'. However, there is always the threat of their settling, or being forced into forms and ways that increasingly conform to the rules and norms of the dominant society. The interplay between prefigurative and reactionary tendencies tells us about the nature of a society and what will have to be done and what overcome to create social justice. For an innovation to successfully move beyond prefiguration will require a coalition of support extending beyond its immediate context. This talk will use ideas from the study of social movements to explore the connections between social change, communities of interest, and ideology in relation to some histories of service developments.

Introduction

One characteristic common to much community psychology is the proactive creation of new social settings. This paper attempts to draw together some concepts of broad generality from outside the community psychology field, to try and illuminate some of the dynamic aspects of setting creation in a societal context.

Sarason (1974: 269) defines social settings broadly:

> *By a new setting I mean any instance in which two or more people come together in new and sustained relationships to attain stated objectives.*

This could be anything from cohabitation to social revolution: this broad definition of new social settings will also be followed here, although most community psychology has tended to focus on human service settings in particular (see however Thomas and Veno, 1996; Montero, 1994, for broader views.)

Sarason (1974: 270-271) mentions four reasons why new settings can fail. His analysis is based on an analysis of mostly government funded human service alternatives in the USA in the 1960s.

[iii]Address for Correspondence:
Joint Learning Disability Service
Chapman Place
Chapman St.
Gorton
Manchester
M18 8UA
Email: mark.burton@mcr1.poptel.org.uk

1. Little or no prior anticipation that verbal agreement on values and goals will be confronted with disagreement about the appropriateness of actions, and the absence of vehicles for handling disagreement. Often a suppression of conflict as inimical to unity - suppression which only serves to reduce cohesiveness.
2. The primary basis of the setting, or its aims, overshadow other aspects of setting maintenance.
3. Creators of the setting regard it as 'their own' which creates barriers with other communities, whose collaboration is important for the success of the setting.
4. The persistence of traditional concepts that enter into the functioning of what was to be a new set of social relations.

What follows is mostly concerned with aspects relevant to the last two factors.

The radical nature of alternative social settings

Alternative social settings will often 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.

New social setting	New social relations	Dominant social context
1. LETS	Alternative labour exchange relationships.	• Orthodox exchange / exploitation relations. • Non-local markets.
2. Supported living for impaired persons	Support as a right to enable inclusion in communities.	• Societal exclusion and devaluation of impaired persons.
3. Co-operative movement	Social ownership of means of distribution and production.	• Market where big capital dominates and drives down costs.
4. National Health Service	Health care taken out of the commodity market.	• Capitalist economic system prone to fiscal crises. • Entrenched professional interest groups. • Increased hegemony of market model.
5. Social revolutions in post colonial countries	Social ownership. Empowerment of peasants and workers (politically, and through redistribution).	• Global system of postcolonial exploitation. • Local elites with stake in exploitative relations. • Imperialist policing / superpower conflicts.

We can call these alternative social settings that challenge, 'prefigurative'. The term comes from Antonio Gramsci (e.g. 1971) who defined 'prefigurative struggle' as struggle that in its form explores, defines, and anticipates the new social forms to which the struggle itself aspires.

In any new social setting, there will 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 baggage that the participants inevitably bring with them. There is never a clean beak with the past.

Social movements

It is simplistic to talk of new social settings in isolation from the people that create them, live part or all of their lives in them, and defend them. It may be useful to consider this human dimension in terms of social movements. Most social settings will be connected in some way to some kind of social movement. This term will be used here almost as broadly as the term 'social setting' has been. Examples include community groups, tenants associations, political organisations, trades unions, special interest groups and campaigning organisations, and coalitions of these.

Now, the extent to which the new social setting can stay prefigurative, and even survive, will depend on its connection to its social movement, and on the nature of that social movement.

Being so varied, social movements will have different concerns, values, ideologies, aims, and so on. Ray (1993), (for social movements in 'peripheral' states) distinguishes between two tendencies, traditionalising and de-traditionalising:

Traditionalising: chiefly defensive	**De-traditionalising: chiefly offensive**
Mass religions	Ecology
Ethnicism	Human rights
Nationalism	Self-help
Authoritarian populism	Broad coalitions

Similar comparisons could be made between parent-based organisations defensive of institutional models of care on the one hand, and those actively involved in promoting educational and social inclusion on the other. Community groups that are concerned with protecting their locality from settlement by 'undesirable' outsiders can similarly be contrasted with those that are developing inclusive responses to social problems they experience.

Often, new settings often make manifest some aspects of the galvanising ideology of the social movement. They therefore feed back into the social movement as persuasive exemplars (images of possibility) and sites to defend (causes celebres). If the social movement has an overarching, transcending philosophy, it is likely to be able to support the setting to grow and develop, but where the social movement has

only a limited philosophy, then it is more likely that the setting will become 'stuck' and increasingly take on features of the dominant system.

So, when creating settings we can and must pay attention to the social movement dimension.

There is a literature on social movements, which holds some useful ideas for those working with groups and movements to create, develop and sustain new social settings. Four strands can be identified:

1. A largely European literature, rooted in social theory and sociology, on New Social Movements (e.g. feminism, ecology, lifestyle movements) is concerned with the question: 'why do social movements arise'. Habermas (1973) emphasises crises of legitimation of authority, and the colonisation of the (implicit, social, phenomenological) lifeworlds of citizens. Offe (1985), relates new social movements to the 'crisis of governability' stemming from the contradiction between capitalism and mass democracy. Tourraine (1988) sees the new social movements emerging around the transition from industrial to post-industrial society. These European theorists emphasise issues of identity in social movements.
2. A North American social-psychological literature, 'Resource Mobilisation Theory' (e.g. Zald and McCarthy, 1979) was concerned with how social movements operate, and how they mobilise support.
3. More recently, attempts have been made to unite these two approaches, which in any case are probably mainly complementary rather than contradictory (Cohen and Arato, 1992; Foweraker, 1995; Gamson, 1992; Mueller, 1992; Ray, 1993).
4. While not usually considered within the field of social movements, the insights of Gramsci (1971; see Burton, 1989; Burton and Kagan, 1996; Kagan and Burton, 1995) are invaluable to understand the relationships between ideology and the lived world in which dominant and emancipatory social movements operate. Gramsci uses the concept of ideological hegemony to explain how order is maintained in modern capitalist societies by the organisation of consent. His understanding of hegemony is not just about beliefs and ideas, but concerns the whole of society, permeating it, and even defining the nature and limit of common sense. Ideology, which is more than ideas, acts as a kind of 'social cement', unifying a bloc of varied social groups and interests. In this, a hegemonic social group exercises leadership and power, not through crude ideological domination, but rather through the combination of key elements from the ideologies of those social groups that form an alliance or social bloc with it. Elsewhere we have identified the following postulates about the exercise of ideological hegemony in relation to social settings (Burton, 1994; Kagan and Burton, 1995):-

i.) **Ideological hegemony, with its ideological coalitions, has boundaries other than those of the setting.** Therefore change efforts at the ideological level must focus on both the internal coalitions of the setting but also on other external interest groups who can be empowered in the process of cohering in a hegemonic coalition.

ii.) **Ideological coalitions are likely to have varying degrees of hegemony.** The effective range of their hegemony over diverse interest groups will vary as will the intensity with which such groups identify with the hegemonic ideology.

iii.) **In order to continue uniting diverse interests under changing conditions, the dominant group will need** what we call ***necessary hegemony*** **, i.e. a sufficient degree of hegemony (in range and intensity) to handle threats to the hegemonic view.** Where there is a deficit in the necessary hegemony of the dominant group in the coalition then there can be signs of hegemonic strain with the breakdown of ideology and the splitting off of components of the coalition.

iv.) We therefore have a basis for the succession of hegemonic groups and their wider coalitions. **The more successful hegemonists will be able to alter both the ideology and the assemblage of allied groupings to adapt to changing conditions, protecting a core ideology and the core membership of the alliance.** It is this ***active*** engagement that Gramsci refers to with the metaphors of the 'Modern Prince' and the 'War of Position'.

The store of social learning

Finally, how can these ideas of new social settings linked to social movements help identify priorities for the expenditure of energy by community psychologists and other change agents?

Given the constant tension between prefigurative and reactionary tendencies in new social settings, it is not surprising that such settings are often threatened, either in terms of their existence or their ethos. It is tempting to want to defend such innovatory social settings, and often this is a precondition for the maintenance of change. Sometimes, however, it may be not be a particularly high priority to defend a new setting. Two such cases can be identified.

1. Sometimes the setting really was prefigurative, and although it is now under threat, its insights and innovations are carried on into more mainstream social relations. Short term grant aided projects sometimes have such widespread success, although they themselves are not sustained.
2. Sometimes energy would be better expended elsewhere because the prefigurative battle has already been lost in the particular setting.

In the latter case, however, the setting and its associated movement have not necessarily failed. New social settings engender new learning about social relations, which is not just retained in that setting, but released into the wider society (Ray, 1993) in a variety of ways including through the lived experience of those who participated, were challenged, who grew, or benefited. Sometimes that social learning is successfully stabilised in new social institutions (services, customs, laws, rights, democratic processes), and sometimes not. Yet that learning is always stored among people, and can and will be accessed later, at times and in ways that cannot be predicted. So even apparently failed social settings can, despite the degeneration of democracy, contribute to a more informed and reflexive civil society.

References

Burton, M. (1989) Australian Intellectual Disability Services: Experiments in Social Change. Working Papers in Building Community Strategies, No 1. The Kings Fund College; London.

Burton, M (1994) Towards an alternative basis for policy and practice in community care with particular reference to people with learning disabilities. Care in Place, 1, (2) 158-174.

Burton, M. and Kagan, C.M. (1996) Rethinking empowerment: shared action against powerlessness. In I Parker and R Spears (Eds.) Psychology and Society: Radical theory and practice. London: Pluto Press.

Cohen, J. and Arato, A. (1992) Civil Society and Political Theory. Cambridge, USA: MIT Press.

Foweraker, J. (1995) Theorizing Social Movements. London: Pluto.

Gamson, W.A. (1992) The social psychology of collective action. In A.D. Morris and C.M. Mueller (Eds.) Frontiers in Social Movement Theory. New Haven: Yale University Press.

Gramsci, A. (1971) Selections from the Prison Notebooks. Edited by Q. Hoare and G.N. Smith. London: Lawrence and Wishart.

Habermas, J. (1973) Legitimation Crisis. London: Heinemann.

Kagan, C.M. and Burton, M. (1995) Paradigm Change in Action: the role of social movements. (IOD Occasional Papers 3/95) Manchester: Manchester Metropolitan University, IOD Research Group.

Montero, M. (1994) Psicología Social Communitaria: Teoría, método y experiencia. Guadalajara, Mexico: Universidad de Guadalajara. (in Spanish).

Mueller, C.M. (1992) Building social movement theory. In A.D. Morris and C.M. Mueller (Eds.) Frontiers in Social Movement Theory. New Haven: Yale University Press.

Offe, C. (1985) New social movements: challenging the boundaries of institutional politics. Social Research, 52, (4).

Ray, L.J. (1993) Rethinking Critical Theory: Emancipation in the age of global social movements. London: Sage.

Sarason, S.B. (1974) The Psychological Sense of Community: Perspectives for Community Psychology. Jossey-Bass, San Francisco.

Thomas D and Veno A (1996) Community Psychology and social change: Australian and New Zealand perspectives. Dunmore Press, Palmerston, New Zealand.

Touraine, A. (1988) The Return of the Actor: Social theory in post-industrial society. Minneapolis: University of Minnesota Press.

Zald, M.N. and McCarthy, J.D. (1988) The Dynamics of Social Movements: Resource mobilization, social control, and tactics. Winthrop, 1979; reprinted Lanham, MD.: University Press of America.

Towards a Conceptualisation of Power: a critique of Power-mapping

Steve McKenna, University of Stirling.
e-mail:steve.mckenna@stir.ac.uk

Abstract

Gaining an understanding of the processes inherent in power interactions is central not just to gaining insight into issues surrounding mental health and also to a community psychology. Hagan and Smail (1997) have offered power mapping as both a conceptual and clinical tool, suggesting that it is the radical shift from the regnant paradigm. However, it can be shown that what has been delivered, rather than a radical shift, actually aids the maintenance of the professional and societal status quo. The decontextualisation inherent in the application of power-mapping fosters unwitting complicity, by clinicians, in the societal and professional systems, processes, ideological perspectives and representations that effect the impress of grossly deleterious power as well as maintaining client/professional power imbalances. Adoption of, and compliance to the paradigmatic and conceptual constraints inherent in power-mapping has the potential to perpetuate disempowerment of the disempowered. Power-mapping is a uni-dimensional conceptualisation of power, where power acts as an impress affecting the well-being of the individual. It can be argued that there is a bi-directionality of power. Human agency, acting as an express has the potential to interact with impressive power, reducing the debilitating effects.

Introduction

Denis Fox and Isaac Prilleltensky (Fox and Prilleltensky, 1996) suggest the onus is on all psychologists to be cognisant, not only of how we theorise, conceptualise, and apply, but also of the consequences of our efforts, that in the past have tended to maintain unjust systems and representations, and support exploitation and oppression. In this context, I would like to give a brief overview of Power-mapping. I would like to suggest that Power-mapping adopts and reflects a myopic view of power. It takes power out of its multiple and complex contexts; tends to disempower the very people who it purports to support; offers a conceptualisation of power that is over simplistic and rather than offering any radical shift, it helps to maintain the status quo.

Power-Mapping

Power-mapping is a process conceptualised by Teresa Hagan and David Smail (Hagan and Smail,1997). Briefly, Power-mapping is based on one fundamental assumption, that there is an impress of power from the distal to the proximal. Power in the distal is suggested to emerge, for example, from political or economic sources. Such sources are central to structural or systemic power. Proximal influences are suggested to arise from such things as domestic and work situations, education, and personal relationships. The impress of power from the distal to the proximal is assumed, by Hagan and Smail (1997) to ultimately effect psychological well being. From this basic conceptualisation, they have created what they see as a clinical and community psychological tool for mapping only the proximal terrain of power. They have created

a graphic representation of the proximal terrain which is segmented into specific areas, representing the proximal powers that act upon the individual.
These areas may be different for everybody, but it is suggested that it is possible to delineate, and quantify in a simplistic fashion, the proximal power that influences individuals. These segments are actually given a score. If, for example, money is considered as a proximal resource, somebody who is unemployed and whose only income is income support may be scored very low on the money segment, with someone who has a good salary perhaps being scored quite high on the money segment. By doing this with all the relevant areas relating to proximal power, Hagan and Smail (1997) state that it is possible to build up a map of the terrain of proximal powers and resources. It is this map that they suggest can be used as a tool for Clinical and Community Psychologists.

I would like to state that this is not Community Psychology. Power-mapping maps only proximal power. If it can help to explore power it can only help in terms of proximal power, avoiding consideration of oppressive and exploitative distal systems and power interactions totally. Distal power is explicitly excluded from Power-mapping. That is a blatant decontextualisation. Community Psychology on the other hand asserts that there is a need to gain an understanding of the person-in-context (Orford, 1992). In gaining insight into the person-in-context it is absolutely vital to consider both the proximal and the distal in relation to the power interactions involved. By considering only the proximal there can only ever be a focus on modification of proximal factors that affect power feeding into ameliorative change only at a proximal level. Yet we are increasingly aware of how distal power affects us, for example, economic and social policy that maintains the high levels of relative deprivation that has a direct and deleterious effect on well-being (Wilkinson 1996). Such omissions can be seen to readily support the concept of clinical complicity in maintaining a status quo that is built upon oppression and exploitation. Rather than acting to alleviate the problems endemic within society, the theoretical base for Power-Mapping will act towards compounding and increasing these problems - further disempowering the disempowered.

Community Psychology needs to develop an understanding of the socio-psychological powers that impinge upon us to effect psychological morbidity. Community Psychology must explore means through which distal forces can be changed however the proximal cannot be isolated from the distal. Discarding the distal powers, that originate in the socio-political, structural and systemic, means that it is impossible in my view to use Power-mapping as a way of conceptualising and measuring power. Community Psychology attempts to take account of the interactions of the person, the social, the communital, the societal, and the influences and power interactions that impinge upon us to affect psychological well being.

Hagan and Smail (1997) point to Power-Mapping as a tool for clarifying the experience of individuals in a way that can aid and maximise empowerment, yet on the contrary Power-Mapping acts to maintain disempowerment. Who is empowered by the decision to disregard distal power, the person? Who is empowered by deciding

what segments to include, the person? Who is empowered by scoring the segment from one to five, the person or the clinician?

By looking at each proximal power in virtual isolation from other proximal powers, where the complex interactions and interelationships between proximal powers and resources are excluded from consideration there is little chance that the person is empowered. For example money cannot be seen in isolation from the other proximal powers impinging upon many people living in areas of high relative deprivation. Income has an effect on family, partners, housing, diet etc. Yet in Power-Mapping it is seen in absolute isolation.

Hagan and Smail point out that it is generally understood that middle class people benefit more from psychotherapy. This is taken to be because they can influence the proximal powers that impinge upon them. People suffering as a result relative deprivation will therefore continue to suffer. Housing, money, employment, education all added together at the proximal level, might be highlighted by Power-mapping as debilitating, but people living in these circumstances have few resources and little power with which to effect change. If the individual does not have the resources, due to distal systemic and societal power influences then the individual has no opportunity to effect alteration to the problematic situation they find themselves in - perpetuating sub-optimal mental health. Although Hagan and Smail (1997) recognise the outcome of Power-Mapping may act "*as a sober and realistic view of what can be achieved*" (p. 266), little appears to be afforded by such a process that can alleviate the psychological distress encountered by vast swathes of the population of the UK forced to live in overpowering situations of relative poverty and deprivation (Wilkinson, 1996).

Rather than the radical shift in focus heralded by Hagan and Smail it would appear that by highlighting, then side-stepping, the factors which maintain psychological distress and which are outwith the control of clients and clinicians, and in keeping with service purchasers ever increasing need to maximise cost-effectiveness in terms of health gain, Power-Mapping could be readily used to discount the poor, exploited, and oppressed from service provision. This feeds into the hostile loop of pressed service purchasers targeting limited resources to the area of greatest "apparent" health benefit rather than to the area of greatest need. An effect of this would be to facilitate and perpetuate the specific problem that Hagan and Smail (1997) set out to address, namely those

> "... with the most resources, will become preferentially targeted for resource allocation and those least able to benefit abandoned" (p261).

Power-Mapping may be shown to help those who are already relatively empowered however this can only lead to the further disempowering of people who are already disempowered, and perpetuate the regnant culture of victim blaming. When a person cannot be helped by Power-Mapping, it may show that they do not have a suitable education, that they are a single parent, that they have an abusive partner but they can do little to change their circumstance. It will be easy for them to assume that the fault is with them. People will become a victim of a therapeutic tool that was reportedly to help. This problemetisation at an individual level acts to maintain the ideology of individual fault and responsibility, again acting to maintain the status quo.

In central Scotland as many as 30% of the population already suffer from 'mental health problems' in any one year (Forth valley health Board, 1997a, 1997b, 1997c). In 1995 the standard mortality ratio for women for one small community in Stirling was 144 (Stirling Council, 1996). This community is subjected to exceptionally high rates of relative deprivation, yet the standard mortality ratio for Stirling as a whole, a relatively affluent town was 87, in the same year (Stirling Council, 1996). What is going on? To begin to understand this, Community Psychology needs a power conceptualisation that can get insight into power interactions at the multiple levels that affect health, which includes both the proximal and the distal. Power-mapping is unable to provide this.

Hagan & Smail are indicating that the individual is a passive recipient of the "impress" of power. This is based purely on a limited materialist understanding of power and power influence working uni-directionally. Following from Berlin (1969) it is possible to argue that there are two distinct forms of power: impressive power and expressive power. Impressive power can be represented as the social and societal influences that block or inhibit the psychological well-being of the individual, and can be readily conceptualised as the risk factors delineated by such as Albee (1982), Rutter(1985) and Gullotta (1997). Expressive power is effected by human agency and can perhaps be best conceptualised as the basis of the resilience factors, again outlined by such as Albee (1982), Rutter (1985) and Gullotta (1997). It can be argued that there is a bi-directionality of action of impressive and expressive power where the mutually reciprocal interactions affect and effect psychological well-being and distress. We see this when we see how self-esteem contributes to psychological well-ness; we see this also when we see mutual support affecting our psychological well-ness.

I would argue, though, that power is situation specific. I act, react and interact differently in different situations. If I were to aggregate or average the power that is involved in my social interactions as a 3 on a scale of 1 to 5, this would mean little to me. A score of 3 on Monday may be a 5 on another day.

Power, I would argue is complex, multi-level (in a systemic sense) and diverse. To try to fit our understanding of power into a nicely segmented circle, gives us a very false representation of power. Indeed, one of the things that gives me the greatest cause for concern in relation to Power-mapping is that it maintains the status quo. This is a status quo that can in many ways be disempowering, oppressive or exploitative. By focusing on the proximal terrain of power, we gain some insight into proximal effects, but they will generally be proximal effects of distal causes. What is of critical importance is finding and altering the distal causes of proximal effects. A focus on the proximal effects, I reiterate, leads us to the possibility of placing the responsibility for exercising and using (or not) power firmly on individuals, and those that she or he immediately act, react and interact with.

Conclusion

In summary I have argued that Power-mapping offers a simplistic method for conceptualising power which fails to consider contextual constraints on people's experiences, and inadequately links distal with proximal power issues. It has the tendency to disempower the least powerful and to support the status quo. Furthermore, it offers no suggestions for action. Instead of Power-mapping, Community Psychology must gain an understanding of how macro social influences impinge on communities, sustaining high levels of relative deprivation and maintaining the marginalisation of those already socially excluded.. We need to gain insight into the psycho-social pathways through which structural factors affect optimum mental health, and we need to understand the role of, for example, relative deprivation and social exclusion in maintaining situations harmful to psychological well being. I believe that Hagan and Smail (1997) are at least correct in their assertion that we still do not have anything like an adequate conceptualisation of power.

References

Albee, G.W. (1982) Preventing psychopathology and promoting human potential. *American Psychologist, 37*, 1043-1050.

Berlin, I. (1969) *Four Essays on Liberty*. Oxford University Press: Oxford

Forth Valley Health Board (1997a) *Joint Community Care Plan for Falkirk*. Forth Valley health Board: Stirling.

Forth Valley Health Board (1997b) *Joint Community Care Plan for Stirling*. Forth Valley health Board: Stirling.

Forth Valley Health Board (1997c) *Joint Community Care Plan for Clackmannanshire*. Forth Valley health Board: Stirling.

Fox, D., and Prilleltensky, I. (1997) Introducing critical psychology: Values, assumptions, and the status quo. In Fox, D. and Prilleltensky, I. (eds) *Critical Psychology: An introduction*. London: Sage publications.

Gullotta, T.P. (1997) Operationalizing Albee's incidence formula. in Albee, G.W. and Gullotta, T.P. (eds) *Primary Prevention Works*. Sage; California.

Hagan, T. and Smail, D. (1997) Power-mapping: background and basic methodology *Journal of Community and Applied Social Psychology, 7*, 257-267

Orford, J., (1992) *Community Psychology: Theory and Practice*. Wiley and Sons: London

Rutter, M. (1985) Resilience in the face of adversity: Protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry, 147*, 598-611

Stirling Council (1996) *Eastern Scotland, Objective 2 Programme, 1997-1999: Stirling Locally Based Initiative Strategy*. Stirling Partnership for Urban Renewal: Stirling.

Wilkinson, R.G.(1996). *Unhealthy Societies: The Affliction Of Inequality*. Routledge: London.

Hackney Community Parenting Project Mary Spence, Child and Adolescent Psychology, Hackney Community Psychology Service

Abstract

This paper will describe the aims, content, philosophy and actual practice of the hackney Parenting Project. Hackney Parenting Project aims to make parenting courses more widely available in the local community. It aims to develop courses which are accessible and relevant to all parents - being firmly based on the identified needs. This will involve developing courses which acknowledge and respect racial and cultural diversity and different family structures. An important aspect of the project will be to look at creative ways of engaging and supporting parents. This is a community project for parents and all those concerned with, or working with young people parents and families. The project will develop training, resources and support networks to enable workers to develop parenting projects in the settings in which they work. The project's philosophy is to work in a way that

- starts from what the parents want and need
- acknowledges that there is no single 'right' way to parent
- builds on people's skills and strengths
- encourages respecting and valuing of difference
- makes parenting groups sociable, supportive and fun
- encourages non-violent approaches and alternative ways to discipline
- recognises parenting can be difficult and is affected by the wider social context
- promotes partnership working by sharing ideas and working together.

The philosophy was developed during a four day training course in March 1998 by people who came from wide cultural backgrounds and who work in different settings.

Introduction

Hackney is an inner city multi-cultural London borough, with high levels of deprivation. It is also an interesting, thriving community with lots of projects, and lots of different things going on. There is diversity at every level in terms of provision, in terms of people and so on. I work in the health service, in the Community Services NHS Trust, mainstream, statutory provision. My Department is the Child and Adolescent Services, and we are part of the child provision. We work with community paediatricians with school doctors: we are not part of mental health, but rather of children services. What we are paid to do is to prevent psychological distress in children and families in Hackney.

Our theoretical orientation is to work in a preventative way with children; we use community models and systemic ideas. One way of thinking about our work is in terms of the 'prevention triangle'. At the bottom there is the general population with smallish problems and lots of people; towards the top there is a smaller number of people with quite severe problems; and at the very top there are those who have been referred to mental health services with diagnosed problems of various sorts. All our

work is from mid-way down, with early interventions with these groups from the general population.

The Parenting Project

The Project is a two and half year project, which is about half way through now. What we are doing is to develop parenting programmes in different accessible settings, which meet the needs of parents in these settings.

There were many personal and institutional reasons for beginning the project.

(i) the literature. My background is clinical psychology and I had done some work around parenting and parenting programmes. I had been very impressed with how they seemed to make a difference to people, and was interested in thinking about how that might be transferred to a preventative, early intervention setting.

(ii) other people within the department had actually been to parenting programmes and were interested in developing the work.

(iii) point popular interest. There has been a lot in the press around parenting programmes. We actually thought that the general population might be interested in doing some of this work and that there would be take up.

(iv) gaps in provision. This was an important factor for us, because parenting programmes seem to me to be kind of duel-pronged. At one end there is work that has been done with parents with diagnosed mental health problems, (particularly the work around conduct disorders, parenting conduct disorders, and disturbed children and so on). Lots of children have been referred to mental health settings, and their parents get this kind of help. At the other end there are lots of educative programmes in Britain. These are often demanding, high powered programmes, usually charging a fee which have very good take up around/ amongst people - generally better educated, middle class white people.. So it would seem to me there where those two streams of provision around parenting and that in the middle were all the people who might not be in the habit of signing up for classes, but who might be at risk, might just be interested, and who had as much right to use these sorts of help as anyone else. We wanted, therefore, to look at some of those gaps.

(v) comprehensive service provision. In a place like Hackney, there are always issues about how who has access to which services, because we have a lot of different communities who are not going to use things that are not really targeted for them. so we are very interested in looking whether the ideas which derive from white middle class cultures and mental health movements would fit different communities.

(vi) as a focus for psychology. If you come from a therapy background it is quite interesting when you start working in a preventative setting, because people don't want therapy: there is nothing wrong with them; they do not see themselves as a problem. We needed, therefore to find different ways of giving what we knew away to people, and we thought that parenting might be an acceptable way of stimulating people's interests.

(vii) receptive *Zeitgeist*. There was emerging a general interest in parenting, promulgated by the Government in different arenas.

Whilst those were the main reasons we wanted to undertake the project, it is also necessary to consider how we managed to get funding (we have hundreds of good ideas and most of them we can't get funding!) I think we got funding partly because there were a lot of good reasons for starting the project. However, I think, too that we had good momentum - we actually new what we wanted to do, had been thinking about it and talking about it, knew the area quite well ,and had a lot of plans that were beginning to take shape. Thus we had a good sense of direction. An analogy might be if you get on the motorway and the traffic is moving, if you are not moving too there is no point in you being there. We had done a lot of thinking and the project had an understandable focus, going in a common direction with many other things. Getting funding for something that is offering general family support, essentially community development, is much harder than getting it for something very specific and concrete. So this helped us. We also had people who wanted to do the work, who were willing within the organisation, I think that helped us too. Importantly, there just happened to be a joint finance initiative about peoples' mental health, so I think that helped us.

We wanted to support and compliment existing provision and to support and encourage development of parenting programmes by sharing resources, materials, training, accommodation, crèches and staff. We knew very early on that we did not actually want to run the programmes. We were not interested in setting up yet another series of parenting programmes, but what we were interested in doing was influencing existing provision, increasing it, and trying to get people who were working with parents to try some different things that had proved useful to others..

Outcomes

We are half way through the project. One of the things that we have done is to set up one of the best libraries in Britain of t parenting materials, and those materials are available to anyone in Hackney. Anyone who works with parents and wants to do this kind of work just has to come and check it out. We have got videos and books and that sort of thing. We have also set up a forum which meets once a term, and this has been open to anyone who does this kind of work or is interested in this kind of work. We give people lunch, we have speakers, usually local, usually talking about some of the work we are doing. It is not a strategic meeting, it is, instead, a support meeting for all the ground workers. It is one of the ways that we try and get an idea about what people are interested in, and what their needs are.

The main outcome what we have done has been to establish what we call the 'partnership cycle'. We got together about 14 people that we knew wanted to do this kind of work, and who we knew were connected to groups that we wanted to work with. We had people from the orthodox Jewish community, from the Turkish community, from the Asian community and also from all statutory services, and a couple of individual schools. Our plan was that these people would come to a four day training event that we paid for, which was about different ways of doing this kind of work and how to choose how to do it. It was really an open ended training and we intended to support other groups by letting them bid for resources. The sorts of things that we were prepared to finance were crèches (absolutely fundamental for parenting work), refreshments, maybe room hire, translators possibly, - things like that. We would not want to fund staffing costs, as we expected them to contribute those. We

had this idea that people would all go out and run groups. Some have and some have not - we developed understanding that for some of these communities, groups were not the best means of delivering parenting programmes.

One of the things that we did was to resource an open day around family problems in the Asian community for about 40 people, with speakers and lunch and so on. Out of that day came an agenda of things that they would like, which included some of the work that we can contribute to but also things that are not part of our brief.

We operated a bidding system for everyone, and within this, we arranged for a kind of mini-secondment in order to reach two areas that we particularly wanted to work in order to move towards universal access to parenting information. We wanted to work in schools and we wanted to work in primary care and health visiting. We identified people within those services who might develop the work within their own organisations and arranged for half a day secondment. So we are supporting these other agencies, we are paying for it, and working with them on these projects.

For 'partnership cycle' two, we are about to develop a second training which will be rather different. In the first group, the first partnership cycle, we developed a philosophy underpinning parenting programmes. This included working in ways that:

- starts from what the parents want and need
- acknowledges that there is no single 'right' way to parent
- builds on people's skills and strengths
- encourages respecting and valuing of difference
- makes parenting groups sociable, supportive and fun
- encourages non-violent approaches and alternative ways to discipline
- recognises parenting can be difficult and is affected by the wider social context
- promotes partnership working by sharing ideas and working together.

There is an interesting mix of issues here, and it is an inclusive philosophy. Yet, right in the middle of the list is non-violence. The second 'partnership cycle' will focus on working towards non-violence in parenting.

The last link in the chain is getting parents interested in the programmes, which are professionally driven. It is interesting to consider which incentives seem to work.. We know something about the incentives that do not work. We know, for example, that putting up a poster does not work and that people are not interested in the abstract when coming to a parenting groups. We know that the quality of the materials used does not work. It does not matter whether posters are good or bad or pamphlets are good or bad, people do not come. We know that pizza does not lure people. What does work is building on relationships that are already there. Some relationships are good enough and some are not. Being signed up in a GP practice, for example, is not in itself, good enough: it is not meaningful to people. Having a child, however, in a school sometimes is enough to create a sort of relationship that is meaningful, and our most successful work has been when we have piggy-backed existing relationships - where we have built on existing structures in existing organisations. When we use existing structures, we have had positive feedback.

Conclusion

We started the project because we were interested in the area and wanted to do a piece of work. It has turned out to be an area in which lots of other people are doing things. At the top there is the Government; then there are the statutory agencies like Health, Social Services, Education; then there are voluntary agencies, at least in Hackney, lots of them; and then there are parents. All these different groups bear similarities in their interests in developing parenting skills. However, in contrast to clinical work, this work has pursued a top down agenda. At least in clinical work there is an element of bottom up work: somebody sits in my office and tells me 'this is my problem, this is what I need some help with', and this is the direction of our work together'. The parenting work is not like that. The whole parenting agenda is absolutely top down. Although there have been lots of surveys of need, there has not been a grass-roots movement saying 'this is what we want'.

This very ambitious Government has taken on parenting beyond that of any previous Government. The statutory agencies (including ourselves) are then influencing voluntary agencies, who are then offering things, and inviting parents to come and participate. Thus the entire system is incentive driven. It certainly the way we worked: we have said 'if you do this way, we will be very happy to support your work'. The Government has done the same. There are large pots of money, centrally, available for parenting, all trying to influence and pull practice in certain directions - to influence priorities amongst people who are offering services. There is little that is prescriptive, and this, too goes all the way through the system. The Government does not say exactly what you must be done, they just say 'give us a bid and we will then tell you whether it is what we want'. The statutory services (like us) have also been non-prescriptive, although it could be said our philosophy set out some requirements of ways of working. These can be seen more as a set of values, boundaries within which we work, rather than prescriptions for activities.

Question: I wonder about what it is that parents want and need. Who decides what parents need within the actual groups?

Answer:.. What seems to work best is to have some kind of a taster. If there is a group that is already functioning then you can actually do something that sets out options can be set out to people who are then able to say, 'oh we'll be interested in that or we wouldn't be interested in that'. From this point parents' preferences can be worked with.. In many ways, it seems to me the same kind of dilemma that you have as, say therapists, in that you know things, and you have a duty to tell people the things you know, but you are also trying to follow their lead. One of the examples that actually happened was when we did a needs assessment in a GP surgery. The literature says that parenting groups work best if parents are thinking about children of roughly the same age, so either under fives, adolescents and so on. When we did the needs survey parents said that age did not matter, that they would be really happy to mix ages. They said even if they had little children they would soon be adolescents and so on. People said that would be fine. In the event we tried to run it like that. It wasn't fine. People did not attend. Should we have said 'you'll be sorry' or should we have just said 'look lets just try it our way and ignore what parents said.' There is no right way to manage something like that.

Question: I am curious about the differences between the work that you are doing and that undertaken in community developmental family support centres. There, there is a high degree of emphasis put on directly involving parents and increasingly the children themselves in the process of the centre itself as part of the whole experience

Answer: We are one place removed from the way these programmes are delivered and I think different places delivered them in different ways. Again we are very non-prescriptive about how the programmes should be delivered, and about how people have been involved. At the last Community Psychology conference one of the papers that had been discussed was about some material that people had developed and whether it should be kept or given away, trusting people to use it in their way. It comes back to the issue of top down or bottom up processes discussed earlier.

Community Oriented Primary Care: The community approach to developing innovative primary care for older people.

Penny Lenihan, Royal Free and University College London Medical Schools, Royal Free Hospital, London-

Abstract

Community oriented primary care (COPC) is a community development approach to primary health care. It is based on the core belief that primary care should be rooted in communities, for communities and with communities, and has a history of being at the cutting edge of social change, particularly in deprived communities. It necessitates the co-ordination across a range of social and health agencies, an interdisciplinary perspective on health in addition to sell developed communication, advocacy and research skills. The emphasis is on community involvement and the creation of a partnership between the health care centre and the community it serves. Psychologists have been encouraged to be at the forefront of the development of effective health care and can bring consultative, research and developmental skills, expertise innovation and change, and facilitate the process of inter-disciplinary working in primary care. COPC is an example of a health care development model which has relevance for psychology today and in particular the concerns of community psychologists.

Following the disappointing outcomes of the London Implementation Group's attempts to foster innovation in services within the London Implementation Zone, and the failure of the 75 and over checks to have a significant impact on older people's health, Camden and Islington Health Authority have been experimenting with the COPC model of health care in order to develop innovative services for older people in selected local general practices. This has given rise to the Primary Care for Older People Project, a multi-disciplinary project, co-ordinated and supported by a general practitioner and Reader in primary care. This presentation will outline the COPC model, present the multi-disciplinary Primary Care for Older People Project and promote discussion around the role community psychologists can play in the future development of primary care.

Introduction

Today I will be speaking on behalf of myself, my colleague Steve Illife, who is a general practitioner and Reader in Primary Care at the Primary Care and Population Sciences at the Royal Free and University College London Medical School. Firstly I will be talking about a specific variation on the general primary care model the COPC then the primary care for the people project which is a project being carried out by myself and through the department, and finally I will be touching on some of the skills I think psychologists can bring to the development of innovative health care services. What is COPC? It is rooted in the assumption that local communities and individuals have an equal right to both food and health and was originally developed

by Sidney Kark in South Africa in the early 1940's. He had a vision for a national health service of community health centres across South Africa that would provide equal health care to all. This was eventually developed into about 40 health centres which were closed down or taken over by administration when the Nationalist party came to power illustrating how vulnerable COPC is to socio-political changes.

The model promotes primary care practice, which has a specific health responsibility for a defined community, and a systematic process by which the practice assesses and addresses the major health problems of that community. The COPC process involves:

(i). defining and characterising the community: A boundary around the community to be served is required. The process of defining the community is informed by a range of data which can be practice data consultation, patterns of demographic and economic data, political and cultural information, and any other relevant data. Mortality and morbidity data may also be relevant, particularly where a community has unusual clusters of health problems compared to the national average.

(ii). diagnosis of the community: Communities are actively involved in this process of assessment identification of the community's health problems. The means of consulting the community can vary from consultations, focus groups, tenants association meetings, surveys, interviews, newsletters and so on. It all depends on what kind of community the practice is working with, but it should be a collaborative process of assessing the community health problems and identifying those problems and prioritising them. At the end of the process of consultation is a prioritised list of health problems that are of most concern to the community, and of most concern to the practice, along with some kind of agreement as to how those can be addressed.

(iii) modifying and developing local services: The services are then developed in order to address those particular identified health problems. That might mean introducing new services or just modifying district services. The new service development should have measurable objectives for reducing the community health problems or risk factors. COPC services often have an emphasis on health education, disease prevention or health promotion, so COPC is moving outside the usual remit of general practices. A short term time limit was agreed upon for accomplishing the initial objectives.

(iv) monitoring the effectiveness of service change: There is an ongoing evaluation and monitoring process concerned with the effects of service change, both in terms of whether the practice addresses health matters and whether community expectations are being met. Figure 1 outlines the process.

Figure 1 about here.

As we can see this is similar to a problem solving process with a feedback cycle. The process includes problem diagnosis (which is the assessment); prioritisation; more detailed assessment; planning of interventions; implementation of those interventions; specific evaluation in terms of intervention's objectives; and a reassessment of the

community's problems, resulting in further development of services, or a re-prioritisation of the problems because some have been addressed.

What are the practical applications at community and primary care levels? What is offered is an interdisciplinary model for planning, implementing and evaluating primary care health promotion, and disease prevention in the community. It is an amalgamation of public health and primary care and it therefore represents a broadening of the traditional GP perspective. The perspective moves not just from the individual to the family, as in family medicine, but from the individual to the family to the community. The family is not a population in COPC, instead COPC considers a far wider remit.

All this requires substantial interdisciplinary working, in order to include the public health components of preventative work and the primary care services. However, the interventions are specifically targeted towards the needs of a particular community. That is what is special about COPC: It is not just seeing the individual patient coming into the surgery and treating them person by person; it is not a response to national concerns, to media circulation to whatever happens to be flavour of the month,; it is looking at your local community and saying , 'This effects our community and we are going to address it'.

COPC can, therefore, be very cost effective for the practice, but may not be of national relevance, which means that the practitioners may be developing specialist skills which may not be particularly useful outside their own community.

Skills needed to carry out the COPC programme

A range of different skills have been identified. Insofar as the approach is an interdisciplinary one, it would be very difficult for one person to have all the skills required. Psychologists are, however, well placed to offer many of them. They include:

- community assessment skills which require an understanding of the wider community system and the relevance of socio-political issues;
- the ability to relate to different centres of the community ;
- a knowledge of how the health system works and how to get things done;
- experience and knowledge of service development and of evaluation (the methodological basis of COPC is a key factor, as it is an evidence based approach);.
- training experience with current staff (mainly training of specialist skills, although in many COPC programmes in deprived communities, community members are trained to provide some of the services);
- understanding and ability to work with group dynamics;

- organisational consultation (general practice is generally part of hierarchical organisations, and GP's do not have a knowledge of group dynamics and group process. Consultants in COPC could be very useful in facilitating the organisational side of the development and helping teams look at how they can work most effectively)

- qualitative and quantitative research skills are necessary in the data gathering stage and the evaluation stage.

We will now consider a project for older people.

Innovative Primary Care for Older People Project

The context: checks for people aged 75 and over have been introduced in every GP practice, regardless of people's health status. These checks have been introduced without any evidence that they would actually make any difference to older people's health. Recent research has, in fact ,confirmed that this requirement has not improved older people's health. There has been limited innovation in primary care, limited team-working relating to older people, and many older patients complain of age discrimination. This is manifest in being told that their ill health is 'just your age', or in them feeling that in some way they are not worthy of the services in the way that perhaps younger people are, and other groups that have been targeted for special services.

Life expectancy is increasing, and with that there is greater functional disability. This means that quality of life issues are coming to the fore, and professionals are concerned with the difficulty of helping people have a higher quality of life alongside their increased longevity. Prescribing has become based on poly-pharmacy. People are receiving multiple medications which a) may conflict with each other; or b) result in idiosyncratic ways of taking the medication. Older people are prescribed drugs from hospitals, and from their GP's; they store up medications.

Taking account of these different concerns, Camden and Islington Health Authority funded a project to see whether a community oriented approach could be used to develop innovative primary care. The Department of Primary Care and Population Sciences was to set up this project and facilitate practices in developing COPC interventions. At the end of this project we may be in the position of rolling it out across the Boroughs, and many more practices may be involved depending on the outcome.

Each practice can apply for limited funding from a core budget, and there is consultation and research input from the primary care for older people team. Project practices are all co-ordinated managed and evaluated from the Department, and the team itself reports to a multidisciplinary steering group. In order to join, each practice must be committed to developing a COPC intervention for older people. We are now nearing the end of a two year period, and it is timely to consider what the practices have come up with in those two years.

One Practice has piloted a comprehensive three way research assessment called CAN (the Camberwell Assessment of Need). This is a three way assessment system, which looks at patient, carer and professional perspectives, and assesses function in terms of environmental, sociological and psychological needs. The practice is concerned to be able to enable people to stay in their own homes as long as possible if that is what they want. Thus, they have been exploring the expectations patients between 60 and 65 have over the next decade. Some focus groups have been set up to examine what kind of needs would they expect to have over the next decade and what it is that they want from their general practice. In this way, it is hoped that the practice will be better informed for the 70 to 75 age group.

Another Practice set up a 'one-stop' shop. The idea of putting services together in order to make them more accessible to the community is typical of COPC types of intervention. The facility included benefits assessment, hearing assessment, chiropody, physiotherapy, GP and nurse assessment.

A third Practice has used a comprehensive assessment, combined with a case management approach to target specific health problems, including poly-pharmacy, cognitive impairment, depression, continence and osteoporosis. They established a specialist one-day clinic, attended by GP's a nurse and a consultant geriatrician. Many patients have reported the benefits of having the consultant geriatrician available in general practice. It is a lot easier for them to go to the clinic, with no waiting around and long appointment times, than to go to the hospital. The local clinic is very easy to access. A half hour exercise class has been offered on a weekly basis.

The final Practice were concerned that no older people were saying that they did not have access to the resources that they should have. However, they did report that they needed more money and that they needed more informal services There are clear medical benefits to increasing people's income, and a Citizen's Advice Bureau advisor was seconded to set up a benefit resources advice post within the practice. The advisor has been active in contacting people and checking that they are receiving the money they should be, and that they have access to the resources they should have, and providing them with help where necessary.

Evaluation

The evaluation phase has only just begun and more detail can be given of this on request..

Project specific evaluation depends on the specific intervention being introduced in the different Practices. Sources of information collected have included:

- a 36-item quality of life questionnaire, administered before and after the changes (currently being analysed);
- database of clinic usage;

- practice consultation data (e.g. who uses the practice, what kind of consultations are made, what kind of medical problems, home visits as opposed to surgery visits, and so on);
- structured before and after interviews with the practice teams, with organisations and with patients;
- patient satisfaction questionnaires distributed to focus groups;
- analysis of the stages of development the practice has gone through;
- on-going process reports;

Throughout, the Department has been taking a 'hands off' approach unless asked to provide a particular input. The development has been co-ordinated and facilitated, but the GP's are given responsibility to construct and develop the service. In general practice research, it is rare for GP's to develop their own services in this way: usually research is imposed in a 'top down' way, rather than bottom up as here.

Community Psychologists' contribution to innovative health care

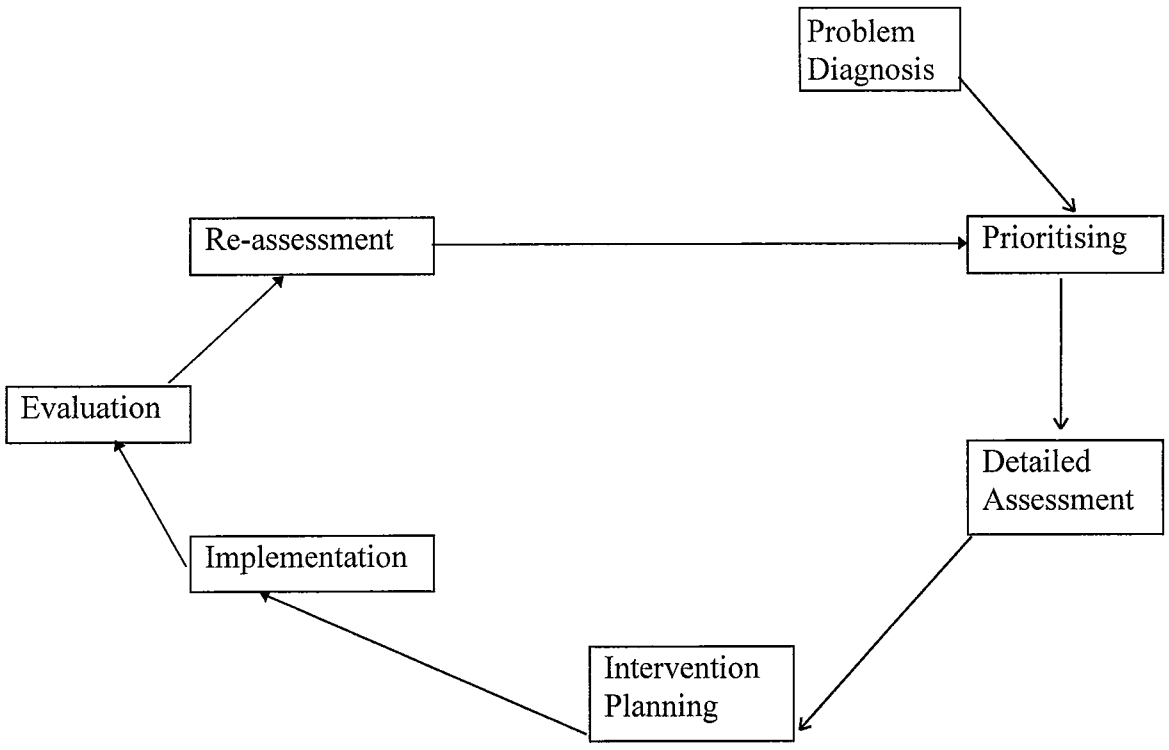
Psychologists have many skills of relevance to this kind of project. Many of these are similar to those skills of COPC (see above).

- research skills (qualitative and a quantitative research skills are essential for developing evidence based primary care services);
- consultation skills
- training skills
- understanding of group dynamics and group facilitation
- managing organisational change (this is important in a project like this: just as general practices may need team facilitation, so they may need people to come in and help them overcome organisational barriers, particularly in the early stages). Psychologists can bring both theoretical understanding and practical experience to address many of the issues of change management, in particular the dilemma of 'changing without changing'. Whilst the practices wanted to innovate, they also did not want to be seen to change their core services.
- collaboration and negotiation (essential for innovations which depend on collaboration between health care providers and communities).

Conclusion

Community Oriented Primary Care is an approach to innovative primary care which embodies many of the features of community psychological practice. It is a process which encourages collaboration with, and participation of those affected by services; it is a bottom up development process, committed to innovation, experimentation and evaluation, sometimes leading to the creation of new community settings; and it demands a range of practitioner and research skills which include group work, organisational change, qualitative and quantitative research skills. Community psychologists are well placed to be centrally involved in projects like COPC, as they posses the knowledge, skills and experiences required of a good facilitator and evaluator of change.

Figure 1 Community Oriented Primary Care (COPC)



Men's Health and Community Action Steve Melluish (Clinical and Community Psychology) and Don Bulmer (Community Development) Nottingham Health Care NHS Trust

Abstract

The literature on men's health has tended to link men's psychological distress with the negative effects of male socialisation and masculinity. This analysis, which tends to ignore social class influence on the experience and communication of distress, is at risk of misrepresenting the nature of working class men's experience and may lead to a practice that is orientated towards intra-psychic approaches or men's 'inner worlds'. This paper reports on a grass roots mental health initiative called the Men's Advice Network, set up in the west area of Nottingham, for men experiencing psychological distress who have been unemployed for over one year. The project was based on ideas developed by Sue Holland in her work on the White City Estate, which attempted to link psychotherapeutic work with social action. The men's project attempted to take account of working class experience and hence developed an approach that emphasised the role of the group rather then the individual, the social as opposed to the intra-psychic aetiology of distress and the role of action rather than introspection. The paper describes some of the theoretical ideas that inform the project, the project's slow evolution and some of the general issues raised in setting up a project for and with men.

Introduction[iv]

In recent years there has been a growing interest in the literature on men's health, as evidenced both within the more academic literature but also within the wider media. This literature tends to talk of masculinity as a singular category and often seems to assume that men's health issues are the same for all men. In this literature the subject of men's mental health has been mainly discussed in terms of problematic nature of male socialisation with it's emphasis on competitiveness, material success and the prizing of the external world over the inner world of feelings. This understanding of men's mental health tends, in practice, to lead to the advocating of interventions based on traditional psychotherapeutic approaches, concerned with intra-psychic change and with men's inner worlds. There is a risk that such approaches not only misrepresent the nature of distress for working class men, exclude working class men from obtaining necessary help, and also subtly encourage them to internalise the injustices of their class position.

[iv]Steve Melluish: works as a clinical psychologist in Nottingham, mainly as a community psychologist in the primary care service. Don Bulmer: works as a community development worker also in Nottingham. The intention was to involve some of the men who are in the project in today's talk, but they were unable to be here. This account is, therefore, very much our account, and clearly there are different accounts of the same community project that could be presented. However, we did present this talk to the men before we came: their only comment was that the language was somewhat waffley and jargonous!

We want to talk about a project, establishing a health resource for men in a predominately white working class area of Nottingham, with which we have been involved over the past three years. The project has drawn on the work of Sue Holland, a Clinical Psychologist who set up a project for women on the White City estate. Her model has been an inspiration, as it offers ideas and techniques that take account of working class experience: the role of the group rather than the individual is emphasised, and social as opposed to intra-psychic causes of distress are explored. Most importantly it stresses the role of action, rather than introspection (see, for example, Holland, 1988).

Holland suggests a method of practice that helps people move from individual, subjective concerns, through to collective action concerned with changing the objective conditions inwhich people live. During this process, they begin to make connections between their state of health and the social and economic conditions of their lives to a position where they join with others with similar realities to give voice to that understanding and lastly to a stage in which they engage in collective action.

Origins of the Men's Project

The Men's Project originated from an awareness that within the local area men's health needs were not being fully addressed by local services. It was known that men:

- under-used primary care services;
- sought help at a later stage often when problems or difficulties were more severe and entrenched;
- were less likely to consider preventative aspects of health care;
- were over represented in psychiatric settings;
- were over represented in high-dependency places where there were custodial type elements (reflected in the prison population);
- formed the majority on the case loads of the probation services;
- had a poor record as attendees of psychological services.

From a Community Development Service point of view, there was also a wish to try and set up some kind of project for men in which they might be able to address issues around violence. There are high rates of domestic violence within the community and there had been attempts both within the Community Development Service before, and within a local mental health team, to try and set up some kind of men's group in the area. Both of these had been unsuccessful and there was a general sense of how difficult it is to engage men in change projects.

The question was, therefore, where to begin? We decided that we would start by trying to set up a support group, building on our existing relationships. So that meant for Steve, it was the men that he had come into contact with who had been referred by local GP's; and for Don it was men that he knew through his local community links. Clearly this was not in any way a representative sample. Nor was it necessarily those men most in need (the men we saw as being most in need of services). The rationale

was that these men, getting together, might then encourage other men to become involved and have some kind of local connections. When we actually looked at the men that were being referred, there was a pattern. They tended to be in their late thirties to late fifties; unemployed for several years; experiencing various feelings of psychological stress, depression, and anxiety of long-standing; many of the men had had experiences of prison; some of them had had been in psychiatric services in the past; and the majority of them were on some kind of form of psychotropic medication when they came.

We invited the first men that we had seen through the Primary Care Service, or that Don knew from his work, to attend a meeting. At the first meeting, only two men attended - a repetition of what had happened before. However, we persevered. Steve was still seeing some of the men through Primary Care Services, and through the GP practice. It seemed that for many of them there was just a fear of meeting other people that they might know from the community. There were worries about their problems becoming publicly known - their private problems becoming some how communicated. There were general feelings of shame or humiliation being seen as a weakling in front of other men. With encouragement, gradually, some of those men came to the meetings and the group reached six to eight men on average every week. (The group met weekly in a community centre.)

Issues raised in the group

As in Sue Holland's descriptions of her working in the White City estate, at the beginning the men spoke of their distress, mainly in individualised ways focusing on symptoms and suffering with their nerves. They were referred often by the GP's and they thought individually about their problems, and were often on medication.. Over time the discussions shifted from a preoccupation with individual troubles to shared concerns about injustices in their lives and their sense of exclusion. They voiced frustrations and anger particularly at the authorities, including the local council (all of them lived within local authority housing on the estate); the police (particularly the persistence of the police helicopter which came out every weekend and hovered over the estate and woke them up at three in the night); the benefits agency (many of them are on sickness benefit, and they are frequently called to go to the benefits agency doctor, or to have assessment at home, being asked to do press-ups in front of their family and so on) . They shared a sense of indignity, of frustration and of mistrust of various professionals working on the estate, who they saw as having not only sometimes let them down personally, but also let the Community down over the years.

They felt that doctors did not really trust the ability of local people to run their own affairs. This was evidenced by increasing numbers of professionals who had been employed on the estate, to work on projects funded by different Government schemes. There was a frustration that this money was not being channelled into the Community, even though it was a significant amount of money. It seemed that the men's relationship with authority was to experience not just some sort of process of external control, but also something which became felt as self doubt and distrust of themselves.

The importance of class was also discussed in the context of injustices, and is something which linked them to a shared past both in their working lives but also to a past here when perhaps there was a greater sense of working class cohesion, perhaps through work and so on. The fact that the men many of the men were middle-aged, allowed them perhaps to have some knowledge of the past solidarity which had been stored away, only to re-emerge later. We were aware of how class memories and past solidarities had been undermined by the Major Government's constant celebration of the possibility of a the classless society. Within the group there was an awareness that other men living in the local estates would be experiencing some of the same difficulties. Whilst on the surface there may be an appearance of people not making demands for change (as revealed through many of the Council's consultation exercises) this masked the signs of happiness. All the men knew of others - friends, relatives or neighbours who were experiencing similar distress to their own. They might be drinking to excess or shutting themselves away in their homes. Some of these men were introduced into the group, so the group grew through some of the men's links.

The fact that the Community's distress generally was hidden, was understood by the men as being not so much because people were wary to talk, but because like the men themselves, distress tended to be viewed as some kind of a new, personal experience about which the community could do little. The task of the group then became focused on how to overcome such feelings of resignation and passivity, and how to begin to make changes to the community and the lives of those that live there.

The move from being a support group to one thinking about trying to take some kind of action within the community, was motivated by different things with different men. For some, it was a result of the frustration of having seen professional agencies not getting it right and feeling that they were not doing the right things. For others there was a wish to have their own space - a place for themselves, a place to meet as a group. For others, there was also a wish to reach out to other men that they saw as needing help and who were not getting it. For many of them, though, there was also a very personal sense that something needed to change. Several of the men had lost friends through suicide or early death and there was a kind of a personal commitment to try and prevent that.

The initial focus for collective action, was when the contract for a community garden next to the Community Centre came up for renewal, and the men decided to put in a bid to take over the contract for the maintenance of the garden. They were successful in winning that contract and it became an opportunity for them to begin to meet and to have some kind of shared activity.

Development of the Project

As the men increasingly focused on action and discussion of ideas for what a local resource for the men would involve, a plan was developed incorporating five key components: support, action, reflection, advice and information. The resource was, therefore, envisaged as providing practical, psychological and social support for local men. It was seen to centre around a community drop-in that was accessible and run by the men themselves. Funds from the garden contract were placed in a bank account

for the group and they were used to rent other Community premises from which the drop-in could operate from 9am to 5pm one day a week. The men gave the project a name, and decided upon the Men's Advice Network (MAN!) and it is known locally as the MAN project - something we are obviously very proud of.

The different components of the project were gradually established. A small information library with information on health issues and directories of local resources was set up, welfare rights sessions were arranged and a *Grub Club* established, which involved the men preparing hot meals for themselves. The project increased its activities to take on a contract for the delivery of the local monthly Community Newspaper: they are now in the process of bidding to actually have the rights to publish the paper themselves. Posters advertising the project were put up in all the local Community amenities and health centres, and some of the men also gave interviews on the local radio station just to publicise what they were doing and to try and get more membership. Word of mouth appears however to have been the most successful medium through which other local men had come to hear of the project and become encouraged to visit it. The project has been running now for just over a year (it was last October that we celebrated with a birthday cake with a candle in it). Forty three local men have used the resource over this year, with varying degrees of frequency. The project has also been successful in attracting small amounts of funding to purchase gardening tools, equipment, art materials and basic office equipment. Some of the men were very proud two or three months ago. They received £1500 from the Co-op, went for a photo session and had some new lawn mowers. For them it was an important positive step. The project manages to cover its running expenses through the income from the various contracts, which has been important, giving the men involved a sense of autonomy and freedom that may not have been possible if they were accountable to funders.

Future of the Project

MAN has adopted its own constitution and is therefore recognised as an official voluntary organisation. In the near future there are plans to extend the drop-in to another day, to have an evening session and to have study sessions on the history of mutual aid initiatives and class consciousness. A few men are also planning to research the mental health needs of local men to provide an evidential basis for further funding of the project. MAN is also working with two local women's support groups to organise a community health conference in the area. The important things about the project for us has been the recognition the men had of their interdependence. This sense of solidarity not only led them to engage in collective activity and social action to alter the condition of their lives, but the process of doing so also changed their sense of themselves, their expectations and their feelings of self-worth.

There are also some examples of men who have, through their involvement with the project, got back into employment or gone into training; and some of them have certainly taken a marked role in their local community. Although the initial group meetings were facilitated by us, the group has now established its own autonomy. It has its own management committee and it makes its own decisions as to its future development. We, and representatives from the probation service and the local advocacy group, meet with an equal number of men from the project as an advisory

group. We meet alongside the Management Committee, but only in the sense of offering support and advice where required.

Conclusion

It is unusual for clinical psychologists to be working with community development workers. However, we have found that by working together from our different agencies, we have exposed the overlap and the common arteries flowing between community development approaches and community psychology. Most significant of these for us is as follows. We believe in people's ability to collectively change their circumstances and in emphasising people's strengths rather than their deficiencies. But to work in this way takes time, commitment, and the capacity to retain hope.

Reference

Holland, S (1988) Defining and experimenting with prevention *in* S. Ramon and M.Giannichedda (eds) *Psychiatry in Transition: The British and Italian Experiences* London, Pluto Press

Building Organisational Capacity to Develop Indigenous Community Leaders: Translating social science data into useful products

Darius Tandon, Univeristy of Illinois at Chicago

Abstract

This paper describes collaborative research between a university-based research team and a grassroots, African American community organization in an economically disenfranchised community in Chicago, Illinois. Specifically this paper will describe the two parties' efforts to better understand how to develop and train indigenous community members to become community leaders who are adroit in combating a host of economic, social and political issues. this endeavour is notable, given the paucity of empirical research examining leadership in community organisations. Using a semi-structured interview, 80 community members nominated by the host organisation were asked about various aspects of their community work. qualitative analyses of interview text generated five conceptual dimensions related to community leadership: (a) community involvement and reasons for involvement; (b) the host organisation's impact on community members; (c) factors promoting continued and active involvement; (d) religious influence affecting community work; (e) community members' personal visions for their community. A description of these leadership dimensions will be provided. Additionally, discussion of how the two parties are interpreting and utilising this data to improve the development of community members as indigenous community leaders will be undertaken. Time will be left for discussion of the implications of the present work for the host organization as well as social scientists studying community development.

Introduction

I am a doctoral student in Community Psychology, at the University of Illinois, Chicago. This is a free-standing Community Psychology programme and I am about six months away from getting my PhD.I will not attempt to be representative of Community Psychology in the USA: I Will give just one slice of Community Psychology from USA. At the University of Illinois, Chicago, (UIC) we have been working for the last eight years with grass roots community organising organisations on the south side of Chicago called the Developing Communities Project (DCP).

DCP is in a 100% African American neighbourhood. It was not 100% African American until the 1960's: what happened in the 1960's was that the steel mills on the south side of Chicago closed down, white Americans left for the suburbs and the neighbourhood became entirely African American. In the last twenty to thirty years there has been an increase in crime, poverty and mortality: the area has rapidly declined, although it is by no means a terrible place in which to live.

Aims of the Project

The work that we have been doing with DCP has been to promote DCP's community development and community change capacity. DCP is a grass-roots organisation and it tries to tackle multiple issues, including those I mentioned, and in particular

unemployment, crime, drug and alcohol abuse. DCP tries to develop ordinary citizens in that neighbourhood to be advocates for community change and community development around different issues. The state of Illinois' Department of Health and Human Services, round about 1990, wanted to know whether community organising was a viable means to prevent drug and alcohol abuse, to prevent crime, and to promote positive mental health. As a means of finding this out, they partnered a university (UIC) and a community organisation (DCP). We were required to monitor incident and prevalence rates - if the incidents of drug and alcohol abuse goes down, the prevalence goes down, then community organising may be seen to work and be feasible. The Community Psychologists at UIC argued that in order to have effective community organising, it is necessary first to develop citizens and community leaders. At UIC, therefore, we decided that what we needed to do, was to explore how DCP was developing, training, or recruiting ordinary citizens. Once we were able to see how they were doing their work, how they were developing their community leaders, we would be able to get a better picture of whether or not organising was effective. The focus of this project, therefore, instead of looking at incidents and prevalence rates, became a focus on trying to understand how communities, community residents ordinary citizens were being developed as community leaders by this organisation DCP.

We were trying to do two things. We were:

trying to promote Community Psychology theory around citizen participation and community leadership;

trying to enhance DCP's capacity to develop its leaders.

Thus, we attempted throughout to integrate theory and practice.

Development of the Project

In the spirit of Community Psychology, we collaborated with DCP. We formed a community research panel which was a panel of ten citizens from that neighbourhood and the UIC research team worked with these citizens to design the method to explore community leadership as well as the topics that were going to be explored. We wanted to find the best way of gaining an understanding of community leadership. We discussed the possibility of doing surveys, giving questionnaires or doing interviews with the Community Research Panel. Overwhelmingly, the Community Research Panel said *'listen you got to do something that's engaging. You have to do something that, you know, allows us to freely express our community work. Don't give us service, don't give us questionnaires'*. One community member we worked with said a very poignant thing that has implications for many of us who do work in the community. She says

> "You have to go a long way in order to feel comfortable and really respond truthfully, we (meaning community members), can respond but we won't always respond truthfully unless we feel that we trust you, we can give you what you want, what we think you want"

What we took from that was, '*you give us a survey, we'll give you back you know, what we want you know*': if the researchers were to give a survey to community

members, community members were just going to give it back what they think the researchers wanted.

The Community Research Panel, instead, designed a semi-structured interview, which allowed building of trust as part of the research process. The interview protocol was designed collaboratively, down to every last word. By working collaboratively, we were all confident that the information that we were to glean from these interviews with community leaders would be authentic: we would really going to be able to tap into what it meant to be a community leader, and community member in that particular community.

We asked the executive director of DCP whose perspectives would be useful. who we should interview. She gave us a list of eighty people, so we did 80 one and a half to two hour semi-structured interviews with members of DCP.

DCP is a church-based organisation and at the time there were 21 churches that comprised DCP. We interviewed the pastors of the churches as well as lay-persons - a wide range of participants. 80 interviewees at two hours each generate a lot of qualitative data. We painstakingly analysed all this data, condensing it immensely. When we analysed the data we came up with five broad dimensions of community leadership.

1. The first one had to deal with community involvement. During the interviews DCP members talked about why they were involved, what they were involved in, and this gave us a sense of what sort of community work people in the community did.

2. The second has to deal with DCP's influence and response. This referred to how the organisation developed its members, what sorts of skills and competencies do they expect of them. DCP were thus able to get sense of exactly what they people were gaining from their training.

3. The third dimension has to do with active involvement - how people involvement changed over time. Community members had jobs, they had families, they had responsibilities and burn out is a big issue. We were interested in what keeps people going, what keeps citizens involved in doing community work.

4. Fourthly, religious influences were important in encouraging people to stay involved or become involved in the first place. Trying to grasp the interplay between a religion and community involvement was very important.

5. Finally, people's personal visions about where they wanted the community to go, seemed to be important.

These five dimensions of community leadership emerged from the interview data, and there is a great deal of supplementary information about each of them. We then faced the challenge of how to convey this information back to DCP so that they would be able to make sense of it and use it. We thought about making statistical analyses or frequency analyses. In the end after considerable deliberation, we decided to create what we call *leadership trees*. These are diagrams which look a little like mushrooms, but they are really trees. There is one leadership tree for each dimension, and the branches of the tress present an array of responses.

Thus, for the first dimension of community involvement, the branches represent the range of different reasons that people were involved in community work (and the numbers of people giving the different responses are included in parentheses). So the trees represent the variety of responses that people gave along each dimension. The trees give complex information to DCP in a form that they can analyse and see what their membership was doing, why they were involved, and so on.

The appeal of this way of presenting the results was that it is visually appealing, it is not intimidating as a set of mystical statistics might be, it is what people said during interviews and it is conveyed back to them in an accessible way, which was very important.

Furthermore, we were able to highlight what each of the 80 respondents had said for each of the dimensions in a series of little trees. Not only were we able to show commonalities across all participants, we were also able to show the unique set of responses for each participant. We created a whole package of these trees and give them to DCP as a record of what their membership had said, offering a profile of their membership.

Developments Within the Project

In addition to the Community Research Panel, there is now another panel of ten citizens that we created and together we are trying to identify more concrete and specific ways in which some of this information can be utilised by DCP. We aim to work together with DCP on a developing a training manual which should help DCP meet its objective of developing and training its citizens. Information from the project will be used in the training material. It is also being used to create a publicity brochure.

Conclusion

Data from this project has proved useful to DCP as a result of three key features of the project. Firstly, throughout there was a commitment to collaboration and the creation of new collaborative settings (such as the Community Research Panel). The decisions made via the collaborative settings helped ensure the project was conducted in ways that would be relevant and give meaningful information. Secondly, the development of relationships over time have been good. This projects has been going for eight years. We from the University have shown commitment (we did not go in and out as many university based projects do). Thus we were able to build relationships with community members. Good relationships are necessary for good connections within collaborative projects. In part, these helped us with the third key feature of the project, namely the presentation of the data. It was clear that statistical presentations would not have made sense to community members. The use of metaphor and creative means of presenting data increased the likelihood that the data could be used. And it was..

Self-help and Social Change Ron Coleman[v], Hearing Voices Network and Handsell Publishing -

Abstract

The nature of 'self-help' is discussed in the context of current policy development in mental health. Drawing on the experiences of users of mental health services, the importance of recovery and of collective action and responsibility within the recovery process is highlighted.

Introduction

I do not believe that self-help actually exists, because we cannot do anything in isolation. I will argue that helping *ourselves* is a more useful concept than *self*-help. In doing this I will illustrate how central recovery is to mental health, but how Government strategies prefer to emphasise illness, not recovery. If we are really to help *ourselves,* we will form alliances with professionals, who in turn will base their work inthe experiences of users, and together challenge oppression within society.

Current Mental Health Policy

In December (1998) the new emergent mental health strategy was published by the Government, called, something like *Mental Health Towards the Millennium: Safe, Sound and Secure*. As you read it you discover that what the Government is planning to do with mental health is unsafe, unsound and there is absolutely nothing secure about it. It is a shambles, a knee-jerk response to various pressure groups which are dominated by carers who see their whole role in life as subjecting the user of mental health services to even more oppression (such as SANE, fronted by Marjory Wallis). This is one of the problems in mental health that we face. So where does self-help come into it?

The Government is going to introduce compulsory community treatment orders. They have stated this quite clearly in their strategy. For the first time they are saying quite clearly that mental illness has biology at its root, that there is no social cause of mental illness. Mental illness is biological, and therefore we must forcibly treat people in the community if need be. That is the only real inference you can take from their strategy statement.

In the executive summary, which is only four pages long, *dangerousness, risk, violence*, are mentioned seven times. In Frank Dobson's (the Minister of Health) forward (only a page and a half) it mentions *dangerousness*, and this is risk and violence, six times. In the whole document it mentions *recovery* once, once. This is a mental health strategy that is not based on people getting better, but one based on people remaining where they are. This is a nonsense, but it is what we are facing in mental health.

We have a strategy that is about illness and not about wellness. When we have a strategy like that, then the community is going to get more nervous and more worried

---

[v] Ron is managing director of Handsell Publishing, former national co-ordinator of the Hearing Voices Network, and a founder member of the international committee of the network, INTERVOICE. He is author of *Politics of the Madhouse*.

about people with mental health problems. NIMBY-ism (not in my back yard) is going to go rampant. We are told constantly by Dobson and his cronies at the Department of Health that community care has failed. However, a piece of research came out recently, reported on Radio Four, which showed that the number of murders has dropped by three per cent since the introduction of community care. This gives lie to all the things that we read in the tabloid press about these 'murdering axe-wielding schizophrenics' (sic), wandering around the country bumping people off.

Self-help - a contradiction in terms?

I am a schizophrenic. I was diagnosed as being a 'schizophrenic' in 1983; they changed my diagnosis to 'chronic schizophrenic' in about 1987. I gave up being a schizophrenic in 1991 and went back to being Ron Coleman. I accept the notion of mental distress. Mental suffering and mental pain is when you do not want to do anything, and somehow all your drive to go on with your life disappears. I used to think that was part of the illness, but I soon discovered that it is actually part of the drug treatment - it has actually more to do with the medication, or what they think of as the recovery process. In this light, self-help and social change are contradictions if you think about it. Self-help, itself, is a massive contradiction in terms, because one of the characteristics about being mentally distressed, as I have said, is that your drive to go on has gone.

When we think of self-help, we think of us sitting, in the hearing voices group for instance, talking about our voices. Now, I was in a Manchester group for a number of years and I can assure you that very rarely did we talk about voices. We talked about football, we talked about going to the pub, we talked about relationships, we occasionally talked about voices but not in the way that psychologists might think about it[vi].

Community

How can we talk about community in a post-Thatcher era, where we have lived through the rampant cult of the individual, where everything is 'me, me, me'; where 'self' means 'selfishness' not self-help, and help *yourself* rather than help *ourselves*; where in one sense we have got community care? Have you noticed that everything is *community* now - *community* care, *community* artist, *community* psychologist, *community* losses? What are they really talking about? What does this really mean?

Perhaps it is fear of community. I know, for instance, that if I was hearing voices and I was an Aborigine the tribe would all come together and all would sit around and they would say "what have we done to this person to make them mad?" That is community. Can you imagine that happening in Manchester? No. Can you imagine Manchester City

---

[vi] I must confess that I am not a psychologist, so that probably makes me qualified to speak at the Community Psychology conference! I am, however, influenced by psychologists, and it probably does not surprise people to know that the psychologist that influences me most is Lev Vygotsky. I am very much a Marxist, a Trotskyist and proud of it. There are not many of us left in this country, but we are growing. Marxism is now back on the agenda, since the fall-out of Russia, and it is safe again to be a Marxist. It is safe because it is not seen as a threat anymore. John Major would call me a ba**ard, Margaret Thatcher would have called me the 'enemy within', and Tony Blair would have expelled me from his party - and I would be proud of all three of them doing that.

Council ganging together to say "what have we done to make this person mad?" No. It does not, and will not happen.

Instead, we have a new way of doing it, which we call a ward round. During this, the person is split, and you get experts - psychologists, nurses, doctors - who sit around and tell you why the person is mad and just how they are going to treat that person.

As a consequence, when I work with people that hear voices, the very first thing I have got to do is deal with the damage that the 'system' has caused them. I do not work with the voices or deal with the stress: the first thing I work with is the system within which they have had to live for years. Once this has been worked through then I can normally work with the problem. I spent ten years of my life in psychiatric services, six years of them as an in-patient, all of that time as a 'section' patient. I was not allowed to go out even if I wanted to, and my favourite pastime as a section patient was sleeping. If you look at what we should really be talking about in mental health and even in Society, we should not be talking about illness or outcomes, we should be talking about recovery.

Helping Ourselves to Recovery

I believe there are four elements and stages in a recovery process: the role of people; the four selves of self confidence, self esteem, self awareness and self acceptance; choice and ownership. I think recovery is a process. I get fed up listening to cognitive behavioural therapists, with cognitive analytical therapists telling us this that and the next thing. I believe recovery is a developmental process, a belief I gained from watching people recovering from hearing voices. Let me give you one statistic. In the Hearing Voices Network, we have got about a thousand people who are in groups in this country, and most of them are diagnosed as chronic schizophrenics. The suicide rate amongst that group nationally is 15%; the number of suicides we have had in the last ten years of active group members who were in groups is zero - 0%. That seems to me a much more important statistic than whether or not people take their medication or not. Why might this be?

The role of people

In the Manchester group one year, there was a guy told us he was going to kill himself. His voices had told him to kill himself on Hogmany. This guy was told by his voices that on Hogmany he would die. He was told this in August, and in the August meeting we talked about it. In the September meeting we talked about it. In the October meeting we talked about it. In the November meeting we talked about it, and people in the group got a bit panicky, because we thought we were going to lose this guy. So what we did, was to organise a Hogmany party. He came, and somebody told him after midnight that it was now the next year and he could not kill himself any more.

Hearing Voices groups are a lot like other groups, they are groups that work together to achieve a recovery process, and the first thing in recovery in any recovery process is people. People play an amazing role in your life and people play amazing roles in my life - the bulk of them were not professionals. There are professionals amongst them, but the bulk of them are non-professionals.

The four selves of recovery

The only 'self' that does come into the recovery process is what I call the four selves - self-confidence, self-esteem, self-awareness and self-acceptance. I see these as essential to the recovery process.

Choice

The next thing I see as essential to any of the recovery process is choice, and status. All of us can choose (even you, in your professions and in your professional lives) to remain victims of the system. We can blame the system, we can whinge, we can say 'my boss does not let me do it'. Blaming the system is an excuse, and the last people to use that excuse were Nazis at the Nuremberg trials. It did not hold water then, and it does not hold water now. We can choose to impact on our Society or we can choose not to impact. Choice. We can choose to be a victim or we can choose to go forward to victory. That is what I mean by recovery, the choice.

Ownership

The last thing for me in recovery, (and there are probably loads more), is the notion of 'ownership'. You see, hearing voices is a wonderful thing. I love hearing voices - if it is good enough for Jesus Christ, it is good enough for me. Everybody and their auntie have tried to own my voices. doctors want to own my voices; nurses; social workers; psychologists. They love owning people's voices. Occupational therapists, carers, lovers, all want to own my experience. Professionals may be experts by virtue of knowledge, but the client, the user, is an expert by virtue of their experience, and if the user cannot own their own experience however can they own their recovery? How is their recovery possible if they cannot own what is happening to them and everybody tries to disassociate the experience from the person as psychiatry does?

User Experiences

The difference between me and you is amazing. You wake up in the morning feeling down, you are sad, or have got the blues. I wake up in the morning and I am depressed because I've got a label. You wake up in the morning feeling happy, you are happy. Me, I'm manic. I have got a label. You wake up in the morning feeling angry, you are angry. I wake up in the morning feeling angry, I am aggressive, and aggression is a symptom of my illness, not a feeling. You do not clean your house for a week and you are lazy.. I do not clean my house for a week and I lack daily living skills a symptom of schizophrenia. I'm not lazy, I am ill. When community psychiatric nurses and community support workers go into people's houses, the first thing they look at is the state of the house. They forget immediately what a state their house was in, but they comment about the state of the house because that tells them supposedly tells them about your psychiatric state. But we are mad, not stupid. Test us out - go and see somebody who is in the psychiatric system and tell them you are visiting, tell them you are psychologists professionals. When you walk in you will see the kitchen floor is damp when you get there. We clean our house an hour before they arrive. We learn.

Psychiatry and psychology is just as bad. Psychology is an abusive practice at times, *Reconstructing Schizophrenia,* by Richard Benthall, is exactly that. Psychologists

reconstruct schizophrenia away from psychiatry, away from that clinical framework into the clinical framework of psychology, and then they, not the psychiatrists own it. It then becomes the psychologists' big thing, not the psychiatrist's. Therein lies the problem - we rely on other people to define our experience[vii].

Psychiatry and psychology manage to reduce our experience. In psychiatry our feelings are reduced to a behaviour which is in turn reduced to pathology, biology and symptoms. In CBT and CAT exactly the same process happens. Psychologists reduce us to their beliefs not to what we, the users believe. If professionals are going to be usefully involved in the recovery process, the very first thing they have got to learn to do is to accept the reality of the person's experience.

Helping ourselves and forming alliances

I am a professional, I am not a user any more. I do this for a living and I am getting money out of doing it. We have tried to set out to help *ourselves* not our *self.* We set up two companies, a consultancy training company and Handsell Publishing, which is a publishing house. They were set up by service users using our own money, we had no grants. We did it ourselves. The reason we set up Handsell was simple, we got annoyed by what was being published, and what was being talked of in conferences, so we decided to respond by getting back to the roots. Some people are having conferences on *clinical governance*, for example, and we are having conferences on *recovery,* which is the real issue.

I believe we can work together. I do not believe in community in terms of practice on people, with discard to doing any, because I believe we still are in a revolutionary situation within a war, okay I call it a class war. Our struggle is not against doctors or nurses, our struggles are against the ruling classes of this country, because it is they that find madness. Winston Churchill heard voices, but he was eccentric. Ron Coleman heard voices and he was schizophrenic. That is the difference. The ruling class define what happens in our Society. If we are going to fight and I do believe we need to fight back against what is happening in our Society, then that fight has got to be led, not in partnership, (partnership is another buzz word that means nothing) but in alliances. Alliances happen between people that have power and people that have no power, and an alliance means that you work together on a particular thing. Remember the enemy of my enemy is my friend at the moment.

[vii] It is even worse in learning disabilities. Social role valorisation - seems to me to be the attempt to turn learning disabled people into middle class Americans. This is just not good enough. Working class kids are not middle class, and this idea that somehow class no longer exists is a myth. I am a working class man and I'm proud of it. I come from good working class stock - two parents who are militants. Most of my friends are militants or Marxists, (mind you they are the only people who would have me as a friend!).

Inter-generational understanding in the inner city: 'Edge effects' and sustainable change in community organisations

Mal Choudhury, Project 2000, 'New Borough[viii]' and Carolyn Kagan, Manchester Metropolitan University

Abstract

A community organisation, aimed at developing inter-generational understanding and community spirit in the inner city Borough of 'New Borough' was developed. The paper will present an action research project conceived from a community psychology perspective, in which a new community setting was created. Three cycles of the Action Research process will be described, illustrating how alliances were formed, and 'edge effects' maximised. The project launch, held at Manchester United Football Ground, as well as subsequent inter-generational events will be described. Some of the dilemmas of conducting 'insider' action research will be highlighted.

Introduction

The work of the Interpersonal and Organisational Development Research Group, in the Department of Psychology and Speech pathology, Manchester Metropolitan University, is concerned with social change, and the improvement of life opportunities for the most vulnerable members of society. The Community Programme of work combines interests and skills in community, organisational and empowerment psychology. Staff and students work in partnership with community organisations, both formally and informally constituted, and including those from statutory, voluntary and commercial sectors.

This paper will describe some steps of a project which seeks to develop inter-generational understanding in an inner city borough in Greater Manchester. The project described is part of a larger Millennium Project, which was conceived and is co-ordinated by one of the authors (MC). The context in which the project developed, and the methods used to create principled organisational and community development and change in the lives of local people will be described. Particular attention will be drawn to the ideological climate within which the project operates and to which it contributes; the organisational eco-systems within which the project operates; the elements that combine to form the basis of the project and the different functions they perform; and the natural resources that are harnessed in the course of the project development.

Climate, eco-systems, elements and functions, and use of natural resources are all critical components of analyses of sustainable ecological development (Mollison, 1991), and analogies will be drawn with natural ecology throughout the discussion (Trist, 1976). The concept of 'edge' effects (see, for example, Odum, 1971), which are highlighted by the permaculture movement in the design of **sustainable** ecological development, will be explored, in order to demonstrate how such a small human

[viii] Pseudonym

resource (one co-ordinator and a steering committee)can be an effective agent in principled and sustainable community development.

Principled Development

Greater Manchester supports a number of ethnically and socially mixed boroughs containing large areas of social deprivation. Some of these localities are high on the list of communities to receive Government attention under the *New Deal for Communities* (Social Exclusion Unit, 1998). 'New Borough' is one of these areas. Administratively it is separate from surrounding towns, although historically, distinctions were less easy to draw. In common with other such localities, youth unemployment is high, juvenile offending rates give cause for concern and fear of crime amongst the increasing elderly population is high. There are many welfare organisations seeking to provide better futures for specified groups of people, e.g. Community Services to Asian Elders; Youth projects, etc., few grass-roots organisations seek to combine the interests of both young and old in the borough. The purpose of the project is to facilitate inter-generational understanding between elderly and young people in 'New Borough', so that greater understanding and social harmony follow. A 'new community setting' (e.g. Sarason, 1972; 1974) has been formed, and this paper will describe some of the methods of doing this. The project has incorporated statutory and voluntary education and welfare organisations, including several local council departments and grass roots projects; youth projects; Greater Manchester Police; commercial sponsors; and the general public (see Mayo, 1997 for discussion of partnerships for community development).

Ideological Climate

Education, welfare and community organisations, whether statutory, voluntary or commercial, operate in the midst of a web of different, often conflicting ideologies that at different points in time create a climate of uncertainty and turbulence. The last decade in Britain has seen particular ideologies gain a stranglehold on many different sectors of social life. The ideologies of the 'new right', which stress anti-egalitarian individualism and autonomy, and traditional family values (within which are enshrined patriarchal ideologies of work and of caring wherein men of all ages work as the major breadwinners, and women of all ages do the caring and the community work), have contributed to the strengthening of those ideologies which underpin self-help in contrast to state welfare or even full employment. This injunction to self-help has now been extended by *New Labour* to communities (as if they are real, see Hoggett, 1997), as part of their commitment to communitarianism (Driver and Martell, 1997). Somewhat paradoxically, under *New Labour* even greater centralised power has undermined the autonomy of locally determined education and welfare provision. However, there are apparent contradictions within these ideologies (see Fawcett and Featherstone, 1994, in relation to Community Care). Along with individualism and autonomy go the ideologies of consumerism - choice, consumer demand, and user participation in determining both community need and local responses to need. Along with the centralisation of power, goes a concern with quality, efficiency, effectiveness, and budgetary control.

The very paradoxes and contradictions within the ideological web present possibilities for change (see Rappaport, 1981 for the principle). Progress to community integration is possible as different hegemonic coalitions form, uniting the interests of different stakeholders in the futures of the Borough (Burton, 1994; Gramsci, 1971; Kagan and Lewis, 1993; 1994). Thus, for example, local government education officials who have to enhance school performance may ally with local businesses who want to sustain a good press, locally, and with voluntary agencies who seek to enable good quality and fulfilling lives for elderly people, and with police forces who wish to reduce local juvenile crime and engender a greater sense of social responsibility in young people.

The current ideological climate has been used by the project in one main way. It has been able to catalyse the formation of coalitions between different existing community organisations (commercial, statutory and voluntary) and external interest (sponsorship) groups, thus forming a hegemonic coalition (Burton and Kagan, 1996). Ideological turbulence and contradiction need not lead to organisational stagnation. Instead, it can be the foundation of progressive organisational responses to community change.. Much of the project's work has been forming, facilitating and helping to sustain the coalitions. These coalitions have boundaries other than those of the constituent organisation(s).

Stages in the development of Challenge 2000

There were a number of stages inthe development of Challenge 2000, characterised by three cycles of action research up to the launch of the organisation. In anticipation of the final product, at the outset a stakeholder map was sketched out (see Figure 1). The task of the creation of the setting was, then, to realise this. The first stage was to gain the participation of voluntary sector organisations for elderly people and some sponsorship for the project (see Figure 2). The researcher made contact, negotiated and persuaded involvement and invested a great deal of time and energy into gaining participation. Voluntary organisations were spread out over a long thin borough and the logistics of meeting with organisers and members of organisations were considerable. Equally, appealing to sponsors who were already over-stretched within the Borough required commitment and perseverance as well as good presentation skills. The second stage (see Figure 3) involved further negotiation and persuasion to encourage young people from schools to become involved. The researcher had to be aware of current educational priorities and to be able to convince potential partners of the benefits for the time and efforts expended. At this point it was clear that a project advisory group and steering group was required, (Figure 4) demanding further negation and the building on existing local relationships. In order to help get wider public interest and encourage participation from the voluntary sector, local authorities schools and sponsors, the media were contacted. Interviews were given (Figure 5) and the project attracted a good spread of interest. A coup for the project was the acquiring of a high profile venue for the project launch (Manchester United football ground) as part of a sponsorship arrangement. By the time of the launch, therefore, a number of stakeholders were involved as planned (Figure 6) and the organisation was now a complex interweaving of different community partners (Figure 7).

Organisational Eco-systems

The project's work has few organisational boundaries. It works with statutory agencies (social services, education, youth, employment, leisure and recreation) and with voluntary organisations. It also works with local business, some of whom are developing reputations for social responsibility (Reder, 1995). Work has been undertaken with different levels of organisations, from Chief Executives, Senior managers, middle and first line managers, contact workers, children, elderly people and their friends and relatives. Care is taken to negotiate a brief and follow up any work with further contacts and time, so that those that are in the position to make change happen are able to do so. For community development it has been necessary for the project worker to develop a thorough understanding of the different stakeholds in the locality.

The project does not work in isolation. Within the different organisations, use will often be made of existing people (e.g. teachers, youth workers, Chairs of voluntary organisations, police officers etc.), some of whom will be managers in the developmental change process. Between organisations, experienced and knowledgeable people have been linked, in order to maximise developmental possibilities. When new activities have been suggested, existing workers and managers who will be in a position to create change have been involved. It is one segment of a complex community system that has been incorporated into the project and with which the worker must engage.

Elements and Functions of the Work

The work of the project can be described in terms of the different elements involved: each element focuses of different aspects (or combinations of aspects) of community development. The activities undertaken, and community development functions served, include:

Elements of Activity

- visits/series of visits to local schools,
- projects and organisations
- discussions with councillors and officers; contacts with change agents
- information exchange
- obtaining sponsorship
- interviews and observations
- talks
- resource procurement
- negotiation and consultation
- group work and networking
- membership of planning groups
- research
- organising and mounting community events
- media interviews

Functions

- personal interpersonal and organisational capability
- decision making
- project development
- involvement of young people
- resource allocation
- resource co-ordination
- thinking and understanding
- building on existing practice
- publicity
- introducing best practice
- event design
- local participation
- enhancing skills

Natural Resources Used

As far as possible those resources that are already available in the locality are used. Schools and youth projects already work to support the development of young people's creative and performance skills, their moral and social awareness, their contributions to community life. Sharing of practices has been spread by the project. Newspaper and television coverage has helped disseminate the achievements throughout Greater Manchester. The project works with other local projects in their own localities in order to help them develop from where they are now. Where good relationships exist between different agencies and sectors these are supported: where they do not attempts are made to enable them to develop by strategic use of planning committees and networking events. The project worker is able to respond to local requests for assistance and to identify other sources of support. The project has often served to catalyse (speed up) processes that are happening anyway. In ecological terms the project is interested in sustainable development and this will be best achieved by addressing local conditions and working with existing practice. Where additional resources are artificially injected, this is done in a way that is short term and will lead to the development of local resources (Mollison, 1991) - much of the project's work is analogous to 'do nothing farming' (Fukuoka, 1971).

'Edge' Effects and Energy Efficiency

The breadth of the geographical remit, and complexity of the community system with which the project works, means that the different elements of the work of the project and the resources available, have to be focused carefully if any coherent community development development is to be achieved that is of benefit to those living locally.. One way of thinking about the work is to see everything that is done as being at the interface of at least two different organisational eco-systems (or parts of them). For example, the project may work at the transition of existing practice and better practice; of statutory organisations and non-statutory organisations; of education and social services; of policing, transport for the elderly, and youth work; of welfare organisations and local communities. The transition between two or more diverse ecological communities is known as the ecotone (Odum, 1991). At such junctions, the variety and diversity of species and thus the productivity of the ecotone is usually

greater than the sum of each of the adjoining communities. Not only do species from each community share the ecotone, some species are only found there. Furthermore, the junction between communities often acts as a kind of net or sieve for resources - they accumulate at the boundary.

The increased variety, resources and productivity of the ecotone is known as the 'edge' effect. Mollison (1991) highlights the importance of the 'edge' for sustainable development: the economies of at least two different environments can be combined and the natural benefits of each environment can be preserved. The same may be true of sustainable organisational development. By working at the 'edge', the combined resources of adjoining eco-systems can be used. Just as it is possible, through the design of sustainable systems of ecological development, to increase the relative contribution of the 'edge' to each adjoining community, so it is possible to create a larger edge effect in organisational development and thereby maximise its benefit to the organisational eco-system as a whole. This is, in effect what the project is attempting to do. Figure 8 illustrates this developmental process.

If we are successful in maximising the 'edge, it will be possible to maximise the energies and resources available to the community development process, and be energy efficient, whilst contributing to sustainable change. With such a small human resource facing such a large and complex community development task, it is essential that the work is carried out in sustainable and energy efficient ways. It is uncertain whether, at the moment the project is successfully working at the 'edge' : it may be that it is still too occupied with bridging activities. Current attempts to obtain financial support for the project as a whole, rather than for individual events, as in the past, may lead to further clarification of this point.

Conclusion

Some concepts borrowed from sustainable ecological development help in the understanding of the contribution that a small project can make to large scale, geographically spread community development in inter-generational understanding. Climatic turbulence can enable the formation of hegemonic coalitions. Access to both horizontal and vertical zoning of the organisational eco-system can help target activities appropriately so that beneficial development is most likely. The work of the project is made up of a diverse range of elements with different functions and combinations of functions, to fit local conditions and different historical requirements. Existing natural resources and developmental processes are used to maximise the chances that developments will be sustainable. Most usefully, the project attempts to work at the 'edge' - the transition between two or more ecological communities. In working to increase the edge and with the edge, the project will be most likely to maximise the amount and variety of resources available to it; to preserve the best features of adjoining systems and to enhance the likelihood that developments will be sustainable ones. Whilst the 'edge' is usually enriched by the adjoining communities, with bad stewardship it can become barren and impoverished, supporting little of environmental benefit. Working at the 'edge' therefore has responsibilities to preserve the very best of all adjoining communities and this may present further challenges for the project in the future.

Acknowledgement: *We are grateful to Mark Burton for his help in formulating some of the ideas contained in this paper.*

References

Burton, M (1994) Towards an alternative basis for policy and practice in community care with particular reference to people with learning disabilities *Care in Place, 1,* (2) 158-174

Burton, M. and Kagan, C. (1996) Rethinking Empowerment: Shared action against powerlessness in I. Parker and R. Spears (ed.) *Psychology and Society: radical Theory and practice* London: Pluto Press

Driver, S. and Martell, L. (1997) New Labour's communitarianisms *Critical Social Policy 17* (3) Issue 52 27-46

Fawcett, B. and Featherstone, B. (1994) The implications of community care policies for people who require and use services *Care in Place, 1,* (2) 120-132

Fukuoka, M. (1978) *The One Straw Revolution: An introduction to natural farming* Emaus: Rodale Press

Gramsci, A. (1971) *Selections from the Prison Notebooks* (Q. Hoare and G.N. Smith, Trans.) London: Lawrence and Wishart (Originally published in Italian, 1948-1951)

Hoggett, P. (ed) (1998) *Contested Communities: Experiences, struggles, policies* Bristol, Policy Press

Kagan, C. and Lewis, S. (1994) Family, empowerment and social change in Britain: Coalitions and counter-hegemonic action *Paper delivered to International Conference 'Empowerment in Families',* Plymouth, UK (See IOD Occassional Paper: Lewis, S., Kagan, C. and M. Burton (1995) *Families, Work and Empowerment: Coalitions for social change* Manchester, IOD Research Group pp 49 ISBN 1 900139 21 0)

Kagan, C. and Lewis, S. (1993) *Family, Employment and Social Change in Britain: Accounts of women with multiple commitments* Paper delivered to International Sociological Association, Committee on Family Research Seminar 'Rapid Social Change and the Family: Palanga, Lithuania (See IOD Occassional Paper (1995) Manchester, IOD Research Group pp 29 ISBN 1 900139 00 6)

Mayo, M. (1997) Partnerships for regeneration and community development: some opportunities, challenges and constraints *Critical Social Policy 17* (3) Issue 52 3-26

Mollison, B. (1991) *Introduction to Permaculture* Tyalgum, NSW: Tagari Pubs

Odum, E.P. (1971) *Fundamentals of Ecology (3rd. Ed.)* Philadelphia: Saunders Press

Rappaport, J. (1981) In praise of paradox: A social policy of empowerment over prevention *Americal Journal of Community Psychology 9* 1-26

Reder, A. (1995) *Best Business Practices for Socially Responsible* Companies New York: Tarcher/Putnam

Social Exclusion Unit (1998) *Bringing Britain together: a national strategy for neighbourhood renewal* London: HMSO Cm 4045

Sarason, S.B. (1972 *The Creation of Settings and the future societies* San Francisco: Jossey Bass

Sarason, S.B. (1974) *The Psychological Sense of Community: Prospects for a Community Psychology* San Francisco, Jossey Bass

Trist, E.L. (1976) A concept of organizational ecology *Australian Journal Management, 2*

Figure 1: Potential Stakeholders at the Start of Challenge 2000

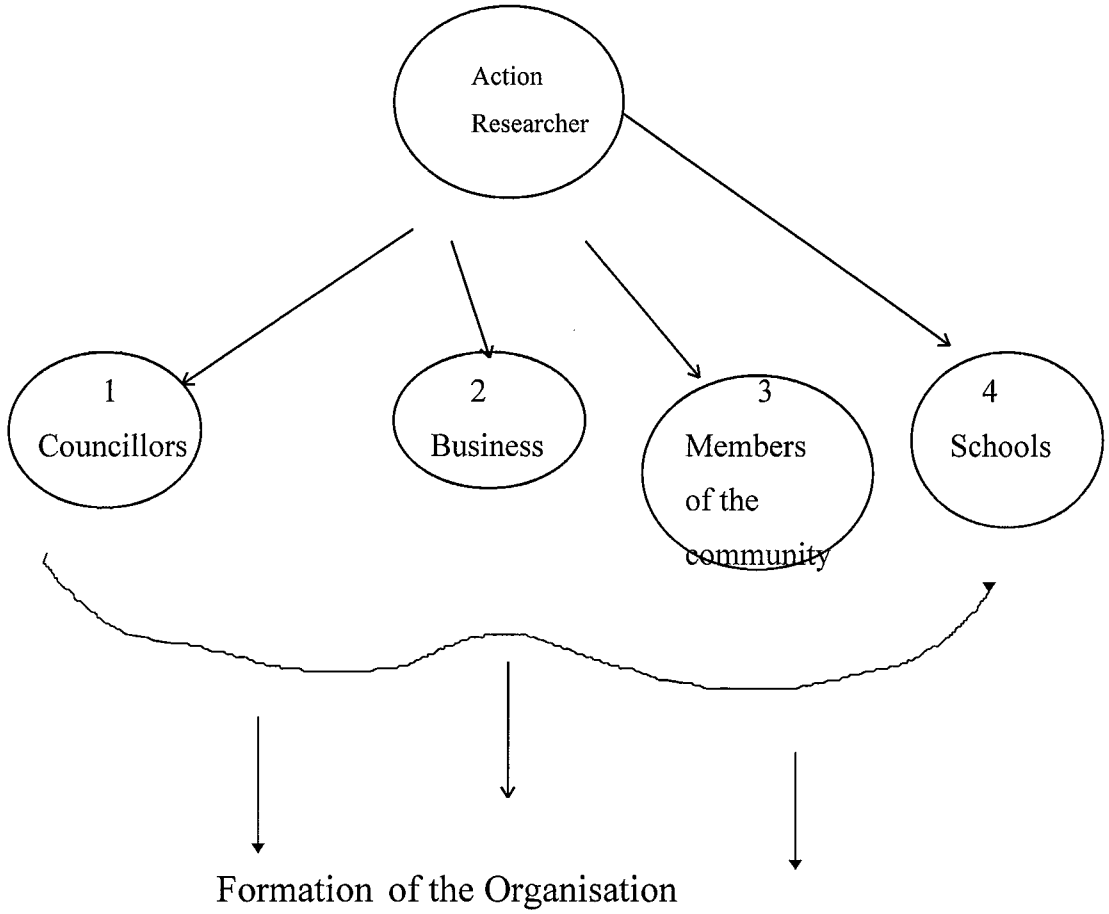


Figure 2: Expansion of Stakeholders to include voluntary organisations and commercial sponsors (Action research Cycle 1)

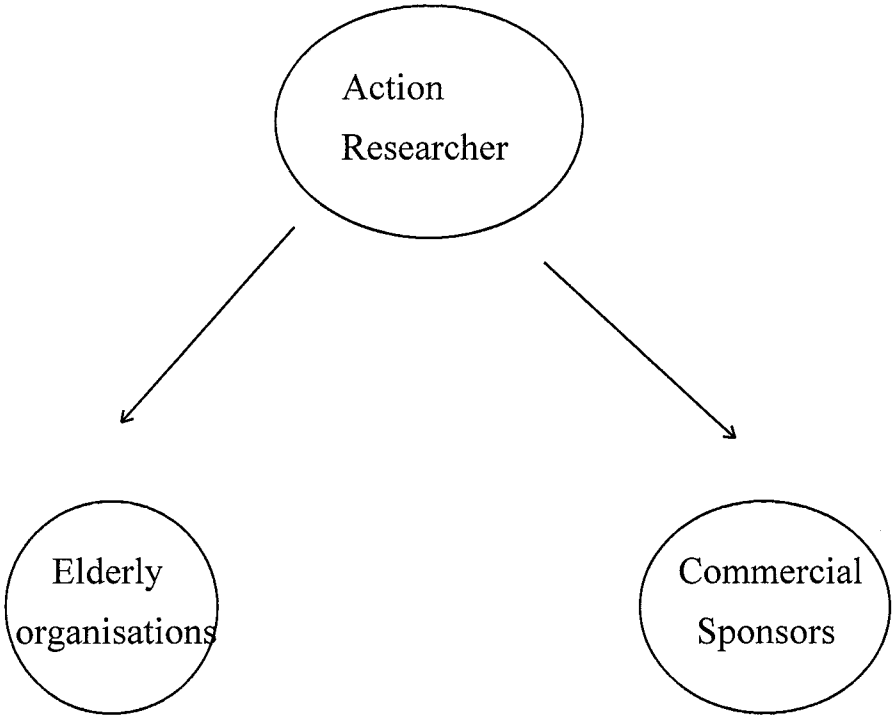


Figure 3: Creation of Challenge 2000 Steering group: Action research cycle 2-3

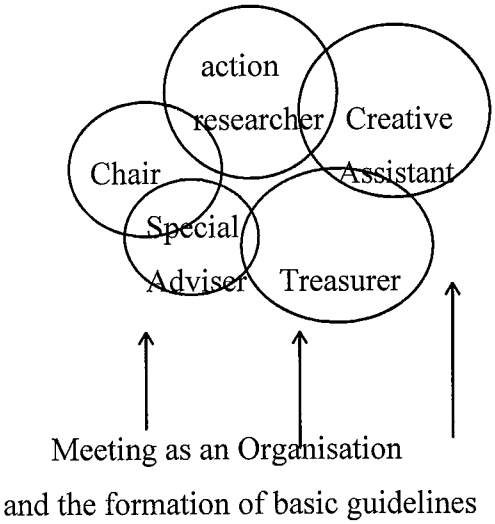


Figure 4: Initial involvement of schools (negotiation and persuasion) (Action Research Cycle 2)

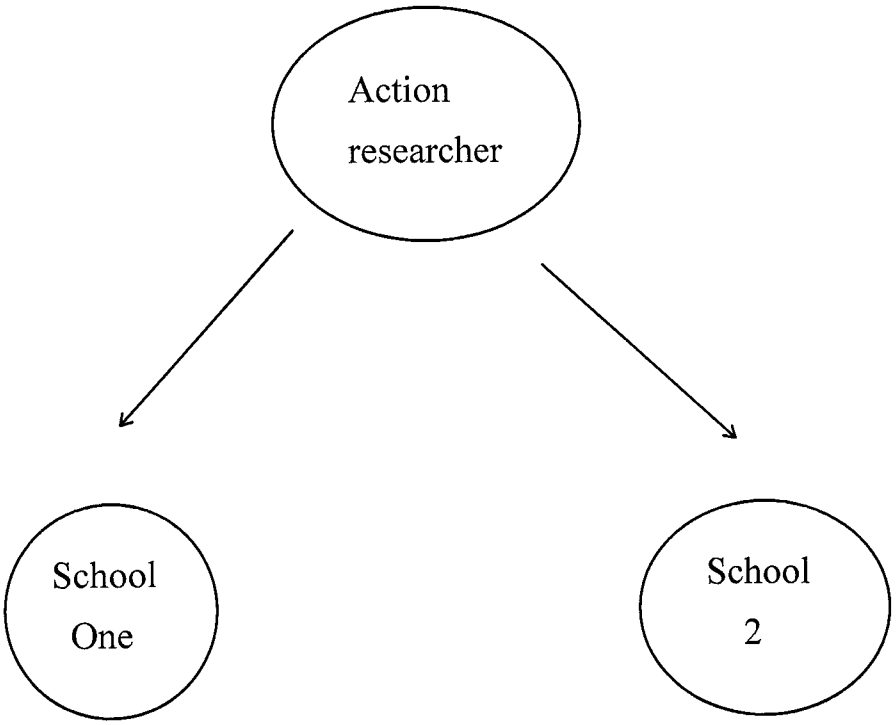


Figure 5: Stimulating the interest of the media (Action Research Cycle 3)

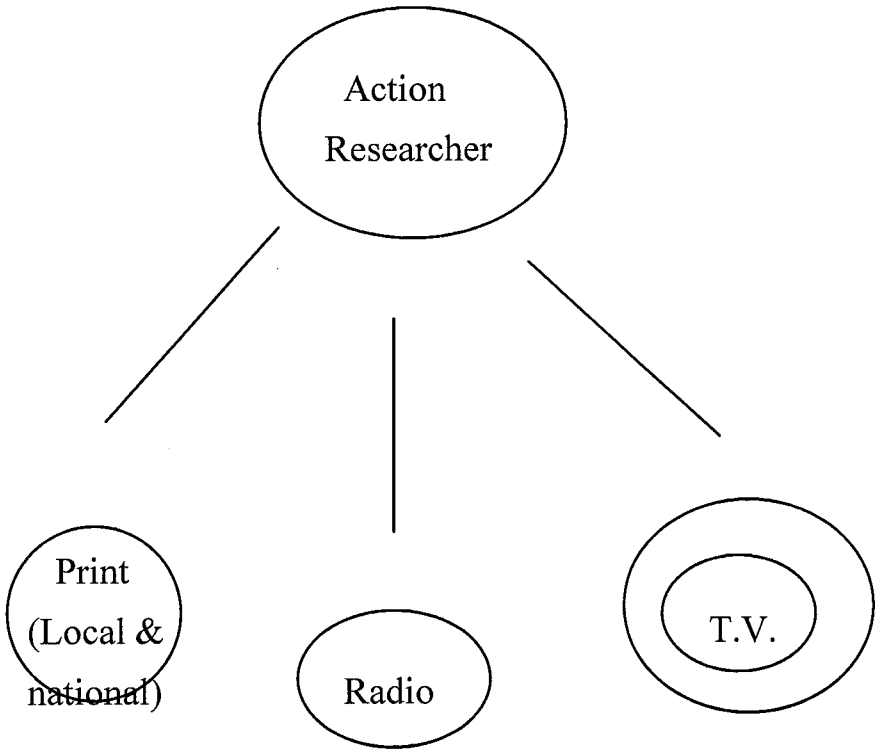


Figure 6: Launch of Challenge 2000: Simple Stakeholder involvement (Evaluation of Action research Cycles 1, 2 and 3)

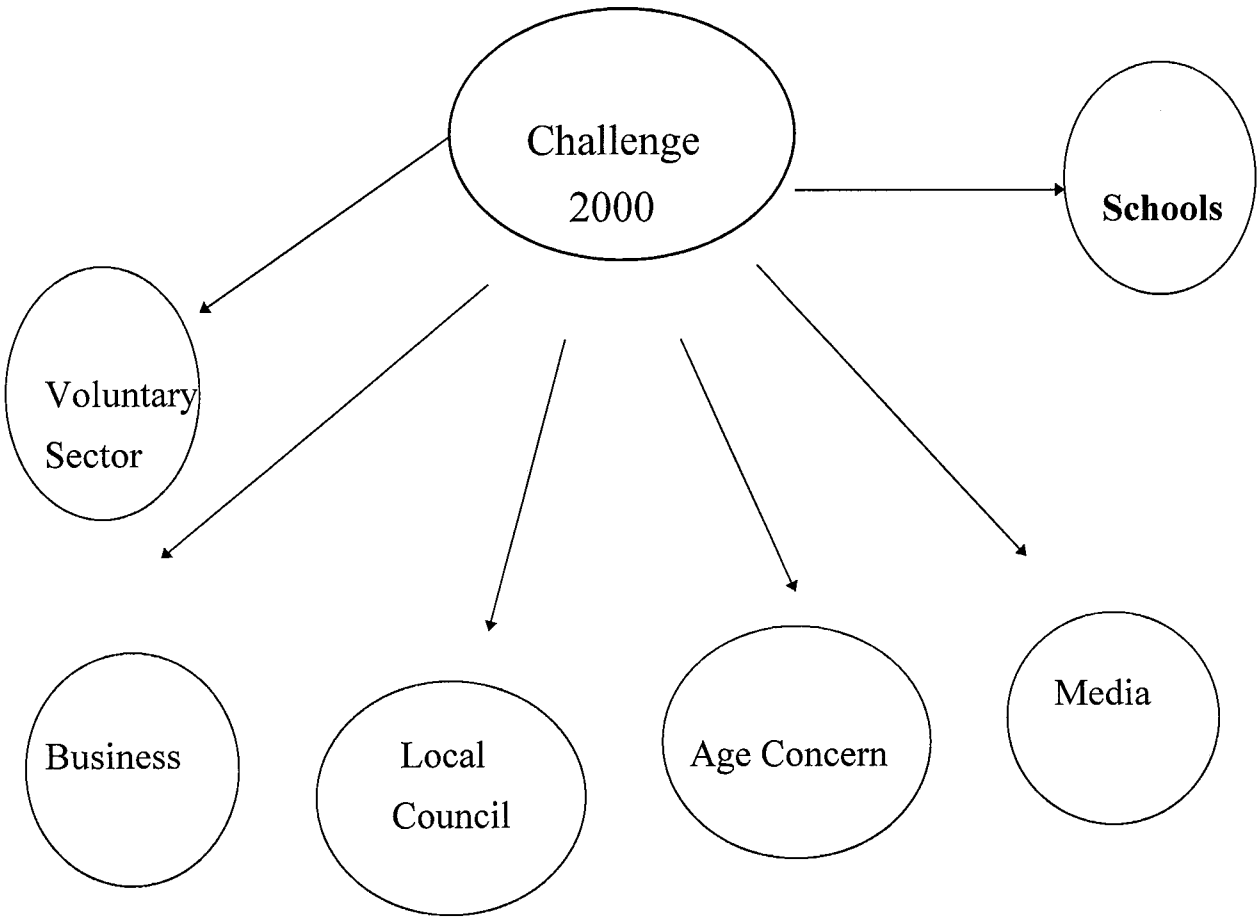


Figure 7: The Launch of Challenge 2000: Complex Multiple Stakeholders - (The creation of an alternative community setting)

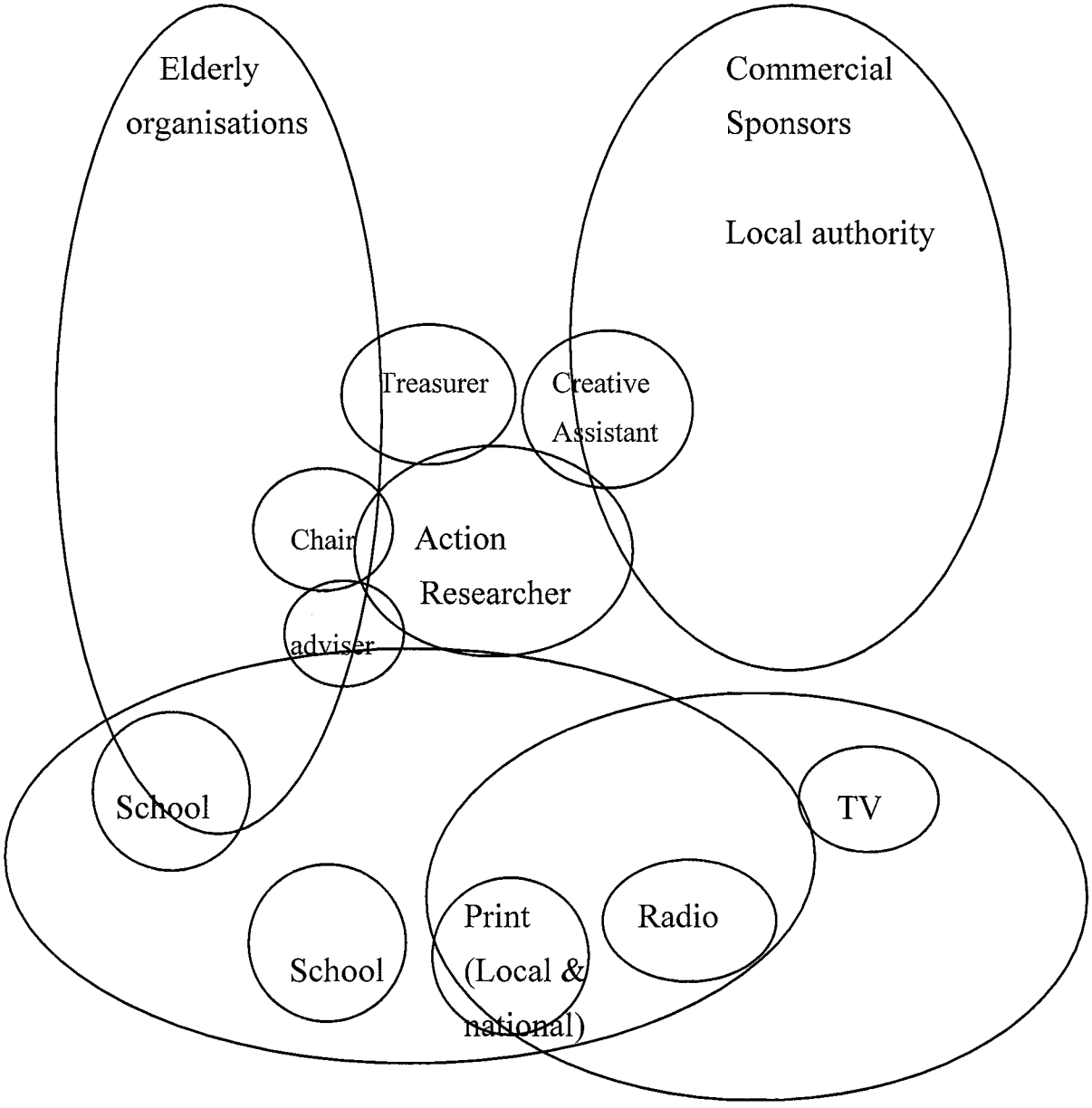
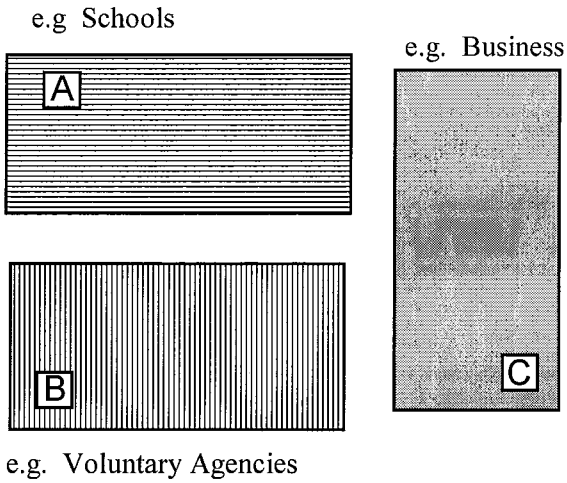


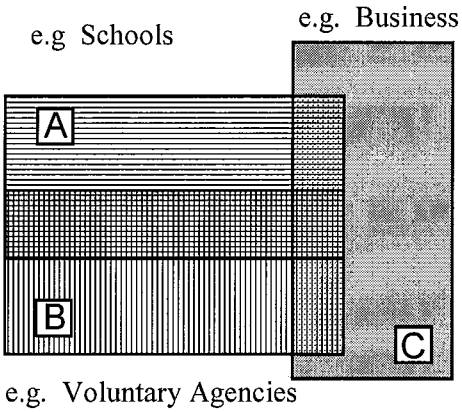
Figure 8: Maximising 'Edge' Effects for Sustainable Organisational Development



Working within organisational boundaries:

Development and change targeted at each organisation separately.

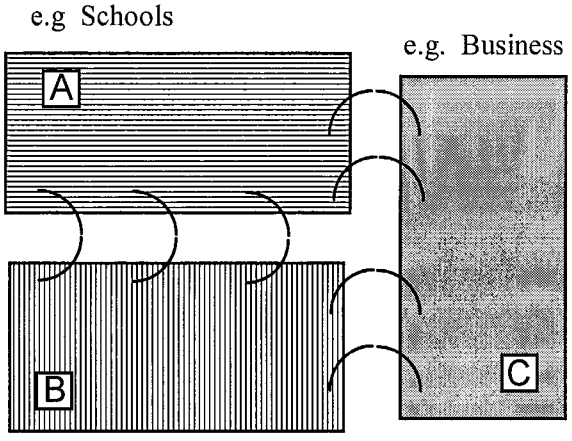
Energy inefficient and unlikely to lead to co-ordinated change in the common domain.



Maximising the 'edge':

Using natural resources - getting people from different organisations to work together and utilise the expertise of each.

Energy efficient and high likelihood of leading to sustainable and co-ordinated change.



Working at the organisational interface:

Attempts to bridge organisations.

Energy intensive: some likelihood of co-ordinated change, but effort is on the margins of each organisation's area of concern, so sustainability is questionable.

Up and Downward Mobility & Empowerment: Robert Dalziell, Northamptonshire Council -

Abstract

This paper looks at the impact of recent changes in the delivery of local authority services and legislation to promote capacity building in the community, on community development and psychology. The principles of co-operation and partnership are fundamentally altering the way in which people relate to the organisation and institutions which shape their lives. People's expectations have been raised and they now want to have more direct control over the decision making processes that affect them and the communities in which they live. However, there are tensions between traditional ways of working and new models for empowerment that need to be resolved within the context of a culture change. The question is how best can this be achieved and how can local government respond to the challenge.

Previous government sponsored regeneration programmes have focused on the renewal of infrastructure and the improvement of the housing stock. Now the focus is shifting towards the welfare of individuals, many of whom may be unemployed or in low paid work and may lack numeracy and literacy skills and have low self-esteem. Projects are now designed to get people to participate in the development of credit unions, co-operative cafes, community gyms, local exchange trading schemes and other similar ventures which do not simply deliver a service but also provide real opportunities for personal self-development through volunteer work and vocational training. In the town where I am a councillor, there are many examples of the changes in local government working and community development which are creating a new approach to service delivery and the achievement of sustainable enterprise.

Introduction

This conference has been interesting for me as a psychologist and as someone with an interest in development management in the Third World and also as a politician. My talk was entitled - Up & Downward Mobility & Empowerment, and I intend to look at it from the angle of a local authority working with partners to promote community development. My talk will also have a focus on health which is an area which is particular interest to me, as I founded and chaired a health and welfare working group on Corby Borough Council.

There is a considerable body of evidence which has built up over time to link the issues of poverty, deprivation, social status and the environment in which people live, to their physical and mental well-being and we have seen that this effects their capacity for personal and community development.

Capacity Building in Socially Deprived Communities

Corby scores badly on various indicators of deprivation, but it also has a strong vibrant sense of community spirit which has been widely recognised over a long period of time, and indeed admired. This, together I think with a new National and local emphasis on the importance of capacity building in communities, can help us to encourage the promotion of sustainable community development projects. The aim

must be to avoid the conveyor belt scenario short term intervention by an external agency followed by their exit and more often than not a return to the pre-existing condition. Change is occurring in the way that services are delivered locally, and legislation is proposed to improve democracy at the local level and stimulate community development. I feel that is a positive combination.

Partnership and Co-operation

Previous Government sponsored regeneration programmes had a focus on the renewal of infra-structure and the improvement of housing stock. That brought some important benefits for ordinary people, but at the same time largely failed to address the wider welfare needs of those individuals and their communities. I am pleased that there has now been a shift in focus towards accommodating areas and issues like unemployment, low pay, poor numeracy and literacy skills, low educational achievement, poor health, alcohol and drug abuse and low self-esteem.

The principles of partnership and co-operation are said to hold the key to fundamentally altering the way in which people relate to the institutions and organisations which shape their lives. Some agencies will, however, have to give up some of their power if partnerships are really to work and be sustainable in the longer term, and that may be a more thorny issue to resolve. People's expectations have been raised, and the feeling that I get as a politician is that they now want to have more say and more control over the processes and decisions that effect them and the communities in which they live. However, tensions remain between the traditional ways of working and the new models for empowerment.

Barriers to change

Many of these tensions can only be resolved through a longer term process of cultural change and the question is how best can this be achieved, and can Local Government respond appropriately to the challenge? Barriers to be overcome include fear of change, fear of the loss of power, hidden agendas, fear of compromise and the relinquishment of values and ideals, fear of losing one's job, role distrust, professional fiefdoms, already busy agendas, different values and philosophies, different cultures and priorities, different financial regimes, information within corporate frameworks, different accountabilities, levels of understanding, differences in the language people use, lack of information exchange and lack of commitment.

We also know that there are different types of community and it is important to understand that there are specific communities of interest, like young people, older people, people with disabilities and so on. There are old communities, defined by area or neighbourhood. There are vulnerable communities who are at risk of exclusion, like the homeless, refugees, the unemployed. There are poor communities and there are transient communities.

Corby Borough

Before 1935,. Corby was a hamlet with a population in the hundreds located in the midst of rural Northamptonshire. After 1935, large scale iron ore extraction began in the area and a steel making plant was constructed. The population grew rapidly and that single industry eventually employed twelve thousand people, mostly men. Large

numbers of people came from Clydeside and other parts of Scotland looking for work. People also came from other parts of England and from Ireland. People even came from further afield and there is, for example, today an active Serbian community in the town. In 1981 steel making stopped and there was massive unemployment. Now, in the 1990's new industries, particularly in the food warehousing and distribution sectors have emerged. Today the population of the town is around fifty three thousand. Job creation in the town has been a success story for most people, but social problems remain.

Social Deprivation in Corby

Townsend's deprivation score ranks Corby nationally 51st out of 366 local authorities in England. The Bristol statistics monitoring unit, in a comparison of each district in England against a number of social and economic indicators, identified Corby as having the highest proportion of working-class residents in England in any town in England. It ranked 38th in terms of the proportion of poor households, 16th in proportion of lone parents households, 88th in proportion of children in households with no earners, 8th in proportion of young families, and 22nd in terms of the number of young people not in full time education. There is also a high instance of young motherhood. Figures from a study by Trevor and Whitehead, published in 1995 entitled *Mortality in Regions and Local Authority Districts in the 1990's*, gives the standard mortality ratio for men living in Corby as 138 - the 9th highest in England , and for women as 155 - the highest and therefore the worst in England.

Partnership and Preventative Approaches to Health

The human suffering, debilitation and premature death reflected in these statistics disturbed councillors and prompted the setting up of a health and welfare working group to promote public health improvement throughout the Borough. This had a membership drawn from the Local Authority, the Health Authority, NHS Trusts and the voluntary sector. It is an example of successful partnership working, that has raised awareness about important health issues and helped to obtain extra health care provision for the Borough. There is an enormous amount of commitment and goodwill amongst all of those partners who are involved in that stakeholder group, and they all desperately want to contribute to plans for public health promotion and improvement in the area.

The work of this group is also about empowering communities and we will, for example, be submitting a bid through the National Lottery New Opportunities Fund, for moneys to establish a healthy living centre in the town. This will take a holistic approach to health and community well-being and promote the virtues of stable social capital. Here, an endowment of social capital, together with inputs of physical capital, financial capital, human capital and organisational capital, leads to dividends of interest and the completion of the circle with the initial endowment of social capital strengthened.

The Bromley by Bow Centre

An example of such a project is the Bromley by Bow Centre in East London which has sought to create community space in which the entrepreneurial potential and

creativity of local people can be explored. The centre's project director Alison Trimble talks about the extraordinary achievements quite ordinary people have been able to make when offered the space and opportunity to engage and experiment with diversity. The lives of ordinary people are complex difficult and full of demands. They have to cope with unemployment, low pay, and managing a tight budget, a lack of access to transport and to services and facilities. This means that they have to be ingenious and adaptable in order to survive. The centre has dance classes for those who are over-weight, portrait painting for people with mental illness, silk painting for pregnant women who are drug dependent, and provides training for local volunteers as health outreach workers based on the Third World *barefoot doctor* model. There is a GP team with consulting rooms, clinic space, project offices, activity rooms, complimentary therapy space; multi-purpose fitness rooms; a day-care room; theatre space; integrated reception area and courtyard garden. The centre is owned and managed by the community. There is continual reflection on cause and effect. If for example unemployment is thought to be the source of mental and physical illness and ill health, the thinking would be to set up partnerships with employers or trainers to provide or even prescribe employment opportunities.

Empowerment: the example of Rebecca

One example from the Bromley by Bow centre is of Rebecca, a young Bengali woman, who was isolated at home with young children and no family support. She became involved with the centre when one of its outreach workers built a relationship with her and encouraged her to accept a place for her child in the community nursery. Rebecca then joined the English class, then she joined the silk painting class, a mixed group where she discovered she had a real talent for telling stories through silk painting. She improved her English, gained confidence, was accepted onto a small business course and is now able to earn an income through commissions for silk paintings. She presented one of her paintings to the public health minister and her ambition is to expand her business, employ more people and help the local community. Rebecca is one of the centre's success stories: she has travelled an enormous distance from those days when she was an isolated young mum, stuck at home and yet she is quite an ordinary person.

All of this good work cannot disguise the fact that partnership working can be difficult and it can be difficult to achieve and sustain. The idea of partnership working is not new, but there is now a unique emphasis placed on breaking down the institutional and organisational barriers that can strain partnership working and to develop real community involvement, that involves more than simple consultation. People need to feel that they have influenced what happens and witness this in the actions that different agencies take on their behalf.

Empowerment: the Government agenda

The Government has made its aspirations for partnership working clear in a number of green and white papers, including *A New NHS, Modern and Dependable*, *Our Healthier Nation* and *A Local Government In Touch with People*. Local Authorities have democratic legitimacy obtained through the ballot box and they have in most cases a close contact with the communities they serve. They have experience of

working across many disciplines and many types of organisations and have developed for example bidding skills which many other organisations do not have. Finally, they are able to deal with the problems of short term funding and manage projects at a local level using their established networks and a large number of contacts.

Participation

All of this should mean that they are in a unique position to ensure that the Government's intentions for local communities are realised. As has been said before people are fed up with being surveyed, they are fed up with questionnaires and they fed up with studies by outsiders. Corby Borough Council recognises this and is keen to look at innovative ways of promoting new partnerships. It has been doing so for some time prior to the announcement that there would, for example, be a duty on the local authority to promote environmental economic and social well-being in their area. Councils can now utilise citizens juries and panels, community forums, referenda and techniques like *planning for real*, where people use three-dimensional model to map out what they want to happen in their community. These are new ways to access public opinion.

Structure of Local Government

There is also a change afoot in the structures of local Government, with proposals for cabinet style government, more scrutiny, and elective mayors. Corby Council has changed its management committee structures to make them more responsive to the needs of people who increasingly live in a complex world. It has introduced strategic directors who work across disciplines and reduce departmentalisation in the organisation. It has taken a more holistic and integrated approach to service delivery. In the area of community action this has meant that there are now twenty workplaces in Corby involved in becoming healthy workplaces and developing strategies for reducing coronary heart disease. There is the *Heartbeat Award* for partnership between the council's environmental health function and the health authority's health promotion unit, setting many new standards for restaurants, pubs and other catering establishments.

Health and equalities are also being dealt with through the single re-generation budget work going on in deprived wards in the borough. There is a health promotion programme and a Corby young people project starting soon. Corby women's health and community initiative is working with women to address their health concerns and a scheme *Active for Life* is promoting physical activity among young women. *Respect Corby* aims to catch people whilst they are young and influence their health knowledge and attitudes to health. The aim must be to genuinely empower people and give them more control. In order to do this, the Council must provide people with opportunities and seek to build capacity in communities so that they have the knowledge and skills that are needed to take control.

We already have the infrastructure. We have splendid community centres, splendid neighbourhood offices, and we now have splendid housing on many of our housing estates that has been improved through estate action and SRB moneys. The local authority is now no longer a simple provider of services to the community, it is also an enabler with a duty to identify and act upon the real needs of communities. People

must be given opportunities to influence and take control of processes and procedures that affect their lives and the communities in which they live. The local authority and its partners (including the Health Authority, the County Council, the police, businesses and education providers), can provide funds, advice, support and access to premises and equipment. All of this can help to improve esteem within communities and assist in the process of establishing effective partnerships.

Communities, by building on their strengths, are then more able to co-ordinate action for new or improved services for the refurbishment of an area. They can then begin to have real ownership of the management of housing and community facilities. They can play a fuller part in the development of for example the new health improvement programmes, the new primary care groups and the new initiative of community plans.

Conclusion

Much is already happening in the community and in Corby examples include the formation of credit unions, a community fitness gym, community cafe and furniture turnaround projects. There is also a group now thinking about the possibility of a local exchange trading scheme of which some of you were being made aware of earlier today, where individuals provide services to each other and to the community , based on their skills and using a barter system. Another group in the town is looking to become a tenant management organisation taking control of the housing and repair maintenance budget for their area, and finally there are now a number of active tenants' and residents' associations who meet regularly around the town and have a very strong influence now on housing and environmental policy.

Question: You mentioned was that there can be very real barriers to the developments of partnerships and alliances, and that we have some very strong injunctions now from Central Government about the ways in which we should work together. I was wondering whether you had any kinds of handy hints about how to work through those barriers?

The process of culture change I think is a longer term goal, but there can be ways in which it can be facilitated in the early stages. and some examples from my local In the area of health we now have a Corby Primary Care Group, where for the first time in history all the doctors who operate in the Borough are now sitting round the same table talking about how they will plan primary care provision. There is a lay member on that board, I am a co-opted member. There is also a chief officer who has been appointed and we have offered the chief officer accommodation within the local authority building. We are trying to establish a direct link between the work of the local authority, the work of the chief officer who is an employee of the primary care group and the work that we do, so we have offered those premises rent-free as a token of our commitment to approaching health holistically, wherein we can all be involved in tackling the serious problems of health that we have in Corby Borough. We are also looking at joint funding for a post which will be able to work across the local authority and the health boundaries, and that will be funded half by the primary care group and half by the local authority.

It was the local authority which actually suggested that they used local authority premises. We feel that it is a good idea in a sense that the health authority were looking at basing their offices in a hospital and we felt that it might send a better signal to the community, particularly if they want to establish links with the community and have an input from them. If they could be seen to be more a part of the community and not based in a hospital and that's why we've made that offer we thought it would work better that way.

I'm just wondering what do you see is the future for psychology in local authorities who have never had a tradition in this country of psychologists working in authorities except in the education service. Do you see ground in the future for community psychology in local authorities, or would we remain marginal to what goes on?

In think psychologists will have to prove their values. In the past I think there has been a suspicion about exactly what extra added value psychologists might give over that of other disciplines already at work in most local authorities. I think to some extent that many of the issues raised at this conference, such as types of methodologies available, the values and principles underlying community psychological practice and so on, fits well with what is currently happening in lots of different ways already amongst local authorities and other partners that they work with. It may not, however, be called Community Psychology. I think that there are now new opportunities arising where people working in an area of Community Psychology can begin to make more inroads than perhaps they were able to do in the past. The will is now coming from the top; the Government is now saying that we want things to be done in a different way, we want communities to start being involved and deciding their own priorities in a real and meaningful way, not just through consultation, not just through surveys, but really actually doing it themselves, and I think that should offer opportunities for people to practice a useful and new community psychology..

Local Trips highlight key issues for Collective Action and Social Change

1.Pump House People's History Museum, Manchester

This museum provides a record of how the Mancunian working class, as a community, organised themselves politically, socially, culturally to improve their situation. It describes a history of collective action and social change in an industrial setting and over a period of centuries. The museum's education officer will take the tour and answer questions.

2. Gay Village, Manchester.

Starting at the Chinese Arch in the centre of China Town we cross the physical and conceptual boundaries to the neighbouring Gay Village. There the history of its development and an introduction to its present economic and cultural vigour will be explained as an example of what 'community can represent, followed by questions and answers. This will take place out on the street and in one of the Village's bars.

Pre-visit Discussion Points:

- What is community?
- What paradoxes do the concepts and realities of 'community' create?
- How unique are the Manchester experiences of community?
- What role does chronology and an understanding of history have for psychology?
- What are the forces that drive change and continuity?
- How rigid are the boundaries between different commmujn9ties - how are insiders and outsiders affected?
- Sense of belonging - who decides on community membership? centrality, marginality and exclusion.
- What is the role of conflict for and within communities?
- Good and bad communities - who decides which is which?
- How might entrepreneurial spirit cause conflict within communities and unexpected alliances with other communities?
- What is the prevalence of entering a community's culture from the 'ground up' rather than the 'top down'?
- Does professionalism of the community experience disempower the people it aims to help? Is it academic or professional imperialism, and what are the features of such annexation?
- What role should psychology and the community psychologist play in collective action and social change?

Post trip discussion points
(practical implications for CP in bold)

- Tradition in CP conferences of linking to local geographical context
- **commonalities and differences between localities**
- Agricultural histories ↔ urban histories are intertwined
- **expose folk memories as CP.**
- Present day ↔ past intertwined
- Collective struggles, suffrage etc. contribute to current day life
- **Collective action within CP. is necessary at times**
- CP. ↔ Trades Union. boundary?
- e.g. Clinical psychology and MSF or UNISON
- **Should we organise within Unions more? → ?POLITICS? ←**
- How might Trades Unions use members who are psychologists?
- Industry (ex) ↔ Community struggles intertwined
- Locality starts as the site for political organisation - taken over by 'fashion'
- **Need for separation and permeation with the 'mainstream'**
- Colonisation of minority culture by dominant one a constant theme
- Safety & insecurity within and between community boundaries frames identities
- Difference & diversity within boundaried communities frames identities
- **Dynamic chance & flux within communities becomes the process of change**
- **How does Community Psychology engage with & approach dynamic social groups**
- **Battles are rarely won - they change**
- **Within some movements, oppression changes to 'sandbagging' - Is CP. about bringing the dynamics back? Sandbagging leads to stagnation**
- Are youth engaged with collective action ? **How is the energy within youth galvanised?** Single issue movements?
- **Single issue politics may act against person-context holistic perspectives & work**
- **Global issue awareness may militate against local action**
- **Technology may be used to 'silence' activism → pressure to conform**
- Boundary between struggle & social life - communion
  - ↳ **being with others against others**
  - Time - use time - leisure time - structured/unstructured - permeates issues in our work
- **Social movements probably depend on pre-existing social organisation**
- Young people's time - organisationally free & commercially driven
- Motivation for activism - are conditions now too comfortable? (even if the social divisions are widening) or are they so oppressed that activism is suppressed
- What mobilises popular emotion currently? (e.g. TV, Internet)
- Environment ↔ community inseparable
- **Where is CP. e.g. in housing research, social impact research etc. There are lots of gaps.**
- Use of spaces - privatisation & commercialisation of public space - also serve to silence protest (e.g. illegal to organise or demonstrate in shopping centre as it is privately owned - extending to City centres)
- Using charity to make money in commercial settings - emerging themes
- Increasing control of what would otherwise be social time - soap time.
- but Intrusion from mobile phones.
- **Technological developments have ambiguous implications** **popular control ↗ individualisation**

Conference Workshops

LETS Workshop: Julie Downs and Felicity Glass, South Stockport LETS

Abstract

Julie and Felicity are members of South Stockport LETS (Local Exchange Trading System), which enables people to access goods and services without using money. They are a way of using community resources in a friendly, informal way which can help to reduce loneliness and isolation. There are now 400 LETS Scheme as a way of alleviating poverty. The workshop sill consist of exploration and discussion of how LETS works in practice.

Space, Place, Sexuality and Mental Health: Julia Horn, 42nd Street, Manchester

Abstract

This workshops is about how young lesbian/gay/bisexual (lgb) people experience the scene in Manchester. It raises issues of accessibility, safety, mental health and community. It asks about reputation and personal development and raises issues around the heterosexual community's use of lesbian/gay/bisexual resources. Key questions asked in the workshop are:

- What is the scene?
- Is it safe?
- Who uses it?
- How does it work?
- What personal resources do you need to be able to use it?

Is 'the scene' good for your mental health, finances or relationships?

Forum Theatre as a method of raising awareness about the effects of domestic violence on children and young people: Heather Hunt, Community Under 7s, Sheffield

Abstract

A collaborative project inthe Park Hill area of Sheffield between Community Under 7's (a community psychology project aimed at preventing childhood distress), the Report project (community drama project aimed at addressing male violence), and women survivors of domestic violence.

I want to describe the process of collaboration between community dramatists, a community psychologist and women survivors of domestic violence within the inner city area of Sheffield, which leads to production and performance forum theatre plays, highlighting the dilemma facing children and young people exposed to domestic violence. I want to give examples of the way the forum theatre process engages community residents and workers as 'spectators' (Boal, 1979) in emphasising and trying out ways of supporting children and young people caught up in domestic violence. I want to develop ideas about the potential of forum theatre to address some of the issues of power and secrecy inherent in domestic violence (Mullender and

Morley, 1994), e.g. (i) the bridge building process between the private worlds of women and children subject to domestic violence and the wider, public group of residents and professionals; (ii) broad audience participation widening the context for intervention beyond the family, challenging perceptions of helpfulness between residents and professionals; (iii) its dramatic portrayal that families can operate and different family members have different needs often best met outside the family. I would like to use a workshop format to exchange experiences of forum theatre, particularly in relation to gender and power.

Boal, A. (1979) *Theatre of the Oppressed* London, Pluto Press

Mullender, A. and Morley, R. (1994) *Children Living with Domestic Violence* London, Whiting and Birch

Transpersonal Psychology: A Model for change? John Shiers, London Institute of Psychosynthesis

Abstract

This workshop will consider what transpersonal psychology is: its emergence as the 'fourth force' in psychology following psychoanalysis, behaviourism, and humanistic psychology; its emergence in the late 1960's from the point that humanist psychology stops; what is the 'self' actualising individual? The earlier influences of Jung who rooted his psychology in a perspective that to fully express our individuality required us to recognise our connectedness to 'the whole'. The perspective of 'new science' in challenging mechanistic materialism which had become the consensual scientific world view in the West. New Science emphasises the inter-connectedness of everything, including human beings. Nothing is absolutely separate from anything else.

The task for change agents (and I include psychologists amongst these), ass we enter the new century is to work from 'true consensus', rooted in a broader understanding and experience of who we are and what our potential as beings with consciousness of the interconnected process with the universe is...Equality, social justice and environmental sustainability will not come from groups where power differences are ignored or denied; where personal needs are irrelevant and 'control freakery' is viewed as the ultimate skill of group and political management. We need to 'revision' politics as much as we need to 'revision' psychology: both are healing arts. The qualities we need of the activist of the 21st Century are going to be close to the image we hold in our minds of the 'healer' than of the 21st Century politician. Transpersonal psychology...is about the exploration of this interface.

£7.50p