

See discussions, stats, and author profiles for this publication at: <https://www.researchgate.net/publication/251235419>

# Community Psychology and Transformative Policy Change in the Neo-liberal Era

Article in *American Journal of Community Psychology* · July 2013

DOI: 10.1007/s10464-013-9591-5 · Source: PubMed

---

CITATIONS

50

READS

2,037

1 author:



**Geoffrey Nelson**

Wilfrid Laurier University

167 PUBLICATIONS 7,146 CITATIONS

SEE PROFILE

Some of the authors of this publication are also working on these related projects:



At Home Chez Soi initiative [View project](#)



Housing, Citizenship, and Communities For People with Serious Mental Illness [View project](#)

# Community Psychology and Transformative Policy Change in the Neo-liberal Era

Geoffrey Nelson

Published online: 23 July 2013  
© Society for Community Research and Action 2013

**Abstract** I present ideas about how community psychologists, as researcher-activists, can influence public policy. I begin by describing the current neo-liberal era, noting the immense obstacles it poses to progressive policy change. Next I contrast two approaches to understanding policy formation, evidence-based policy and discursive policy analysis, and argue that transformative policy change can benefit from both approaches. I then propose three types of policy outcomes that community psychology research and activism should aim to promote: (a) shaping problem definition, (b) controlling channels for debate and participation, and (c) allocating resources. I use examples from community psychologists' involvement in policy, mostly in Canada, to illustrate how such policy change can be both achieved and constrained. I conclude by discussing implications for theory and practice related to policy change.

**Keywords** Community psychology · Policy · Transformative change · Neo-liberalism

## Introduction

In his article, “Community Psychology and Public Policy: Missed Opportunity,” Sarason (1984) asserted that the field

of community psychology had neglected policy and urged it to become more involved in this arena. He also argued that in the policy realm, community psychologists need to be activists, as well as scholars and scientists.

It is a strange and difficult role because one walks a tightrope between partisanship, on the one side, and the desire to learn, on the other side, and to make that learning public in a way that allows others to examine critically what one thinks one has learned. Activism, in this sense, is not an immediately practical and applied endeavor but a way of furthering one's development and contributing to knowledge. (Sarason 1984, p. 207)

Shinn (2007) likened researchers' engagement with policy-makers to “waltzing with a monster”; Serrano-García (2013) noted the tension between partisanship for social change and science in policy-making; and Solarz (2001) described the different communities or cultures of academic researchers and policy-makers. These differences are captured well in the parable of the researcher and the policy-maker.

A man in a hot air balloon realized he was lost. He reduced altitude and spotted a woman below. He descended a bit more and shouted, “Excuse me, can you help me? I promised a friend I would meet him an hour ago, but I don't know where I am.” The woman below replied, “You are in a hot air balloon hovering approximately 30 feet above the ground. You are between 40 and 41 degrees north latitude and between 59 and 60 degrees west longitude.” “You must be a researcher,” said the balloonist. “I am,” replied the woman, “how did you know?” “Well,” answered the balloonist, “everything you told me is

---

This article was originally presented as a Distinguished Contribution to Theory and Research in Community Psychology Award address at the Biennial Conference of the Society for Community Research and Action, Division of Community Psychology of the American Psychological Association, in Miami on June 29, 2013.

---

G. Nelson (✉)  
Department of Psychology, Wilfrid Laurier University,  
Waterloo, ON N2L 3C5, Canada  
e-mail: gnelson@wlu.ca

technically correct, but I have no idea what to make of your information, and the fact is I am still lost. Frankly, you've not been much help so far." The woman below responded, "You must be a policy-maker." "I am," replied the balloonist, "but how did you know?" "Well," said the woman, "you don't know where you are or where you are going. You have risen to where you are due to a large quantity of hot air. You made a promise that you have no idea how to keep. You expect someone else to solve your problem. And the fact is you are in exactly the same position you were in before we met, but now, somehow, it's my fault."<sup>1</sup>

In this paper, I present ideas about how community psychologists, as researcher-activists, can influence public policy. My aim is both to inspire hope that policy change is possible, as well as providing a sober assessment of the limitations of policy change work in the current context. I begin by describing the current neo-liberal era, noting the immense obstacles it poses to progressive policy change. Next I contrast two approaches to understanding policy formation, evidence-based policy and discursive policy analysis, and argue that policy change can benefit from an integration of both approaches. I then propose three types of policy outcomes that community psychology research and activism should aim to promote. I use examples from community psychologists' involvement in policy, mostly in Canada, to illustrate how such policy change can be both achieved and constrained. I conclude by discussing implications for theory and practice related to policy change.

### The Neo-liberal Era

Beginning in the late 1970s and early 1980s, Margaret Thatcher in the UK, Ronald Reagan in the US, and Brian Mulroney in Canada, ushered in a new era of neo-liberalism. Business and financial organizations, such as the Treasury and Federal Reserve Board in the US, the Business Council on National Issues (now called the Canadian Council of Chief Executives) in Canada, and the International Monetary Fund and World Bank, all played instrumental roles in promoting policies of market fundamentalism (Barlow and Campbell 1995). In contrast to classical liberalism, more commonly known as conservatism, which focuses on freedom and the protection of individual rights, and social liberalism, which focuses on the creation of opportunities, neo-liberalism is based on the assumption that unfettered markets are the best way of allocating resources in a society and globally, and emphasizes individualism, competition, and reliance on

oneself and the market rather than on the state (Mahon 2008). These values are contrary to the community psychology values of collective empowerment and social justice (Nelson and Prilleltensky 2010). As Margaret Thatcher once stated, "there is no such thing as society. There are individual men and women, and there are families. And no government can do anything except through people, and people must look to themselves first."

This neo-liberal narrative about rugged individualism, and the policies that accompany it, have led to the privatization of public goods, the development of public-private partnerships, an increase in market forces, a diminished role for governments, and the implementation of austerity measures by government. Critical analysts (Klein 2007; Stiglitz 2012) have shown the dark side of neo-liberalism, including the widening gap between the rich and poor, the degradation of the natural environment, poor working conditions, the erosion of labor unions, high levels of unemployment (e.g., youth unemployment in Spain and Greece in excess of 50 %), diminished social capital, the hollowing out of social programs, and global trade agreements that give more power to transnational corporations and less power to governments to regulate these corporations.

The neo-liberal emphasis on markets has taken capitalism to new levels—a capitalism on steroids, with shocking increases in economic inequality, fueled by new discourses of austerity. From the late 1940s through the early 1970s, income growth in the US was quite equal across income groups (Bartels 2008). Following the adoption of neo-liberal policies, Bartels (2008) reported that over a 30-year period from the mid-1970s to 2005 the cumulative income growth was 10.3 % for the lowest 20th income percentile, but 42.9 % for the top 20th income percentile. But it is people at the very highest levels of income that have gained the most. In 2008, the top 1 % in the US collected 24 % of the national income (McQuaig and Brooks 2010), and the top 99.99 percentile obtained a five-fold increase in income from 1981 to 2005 (Bartels 2008). Similar trends have been reported in Canada (Yalnizyan 2013). McQuaig and Brooks (2010) argued that extreme levels of inequality lead to financial instability, including the stock market crashes of 1929 and 2008. On the other hand, lower levels of income inequality are associated with stronger consumer demands for goods and services and more shared political power (Stiglitz 2012).

These rising levels of inequality have serious consequences. Coburn (2004) hypothesized that differential access to housing, employment, and education, which stems from economic inequality and diminished social capital, contributes significantly to health inequalities. Using data from the Organization for Economic Cooperation and Development (OECD), he found that social democratic regimes in western countries, based on social

<sup>1</sup> I learned of this parable from my colleague, Ray DeV. Peters of Queen's University.

liberalism (e.g., the Scandinavian countries), have the lowest level of economic inequality and, correspondingly, the lowest rates of infant and adult mortality, while neo-liberal regimes (e.g., UK, US, Canada) in western countries have the highest rates of economic inequality and the highest rates of infant and adult mortality. This is the case, Coburn (2004) argued, because social democratic regimes “decommodify citizens’ relationships to the market” (p. 44), which means that the state provides citizens with financial means to enjoy a decent quality of life.

Many of the social problems with which community psychology is concerned have been exacerbated by neo-liberal policies. Furthermore, government’s role in addressing social problems has been reduced. For example, in Canada, the Progressive Conservative Mulroney government eliminated federal funding for affordable housing in the 1980s, and the Liberal Chretien government downloaded responsibility for housing to the municipalities in the 1990s. Fewer than 1,000 units of low-income housing were created from 1993 to 2000, compared with 25,000 units that were created in 1980 alone (Nelson and Saegert 2009). It is within this context of neo-liberalism and the political right’s demands for austerity measures that Sarason’s (1984) injunction for community psychologists to engage in public policy becomes both more compelling and more challenging.

## Two Approaches to Policy

Westhues (2012) defines social policy as follows:

Social policy is a course of action or inaction chosen by public authorities to address an issue that deals with human health, safety, or well-being. These public authorities include those who work directly with service users, bureaucrats working in international organizations and at all levels of government, and elected officials. Policy decisions at the international and governmental levels reflect the values acceptable to the dominant stakeholders at the time that the policy decision is taken. Decisions taken by front line workers may reinforce the intent of these policy decisions, or may resist it when they are understood to be inconsistent with the values of the front-line professionals. (p. 6)

In this section of the paper, I discuss two different approaches to policy analysis.

### Evidence-Based Policy

The language and concept of “evidence-based policy” has recently gained prominence in policy-making (Bogenschneider and Corbett 2010; Pawson 2006). Rooted in rational empiricism, the central notion of the evidence-

based approach is that policy should be based on the best available research evidence (see Table 1). Evaluation research using experimental and quasi-experimental designs and systematic, meta-analytic, and realist literature reviews, such as those conducted for the Campbell Collaboration, are particular tools that are used to influence policy (Pawson 2006). As well, there is an emphasis on knowledge transfer to promote evidence-based policy (Mitton et al. 2007). Recognition of the challenges of incorporating evidence into policy decisions has led to a number of strategies to increase the influence of scientific evidence in the policy-making process (e.g., Bogenschneider and Corbett 2010; Choi et al. 2005; Gormley 2011). The primary stakeholders in this approach are researchers and policy-makers, like in the balloon parable. Finally, the evidence-based approach has grown out of the field of medicine to a large extent and emphasizes policy formulation based on evidence (Sackett et al. 1996).

Given psychology’s roots in empiricism, it is not surprising that community psychology is well acquainted and allied with the evidence-based policy approach, particularly in the areas of prevention science and community mental health. And there is much to be said for an enlightened approach that brings reason and research evidence to bear on public policy (Weiss 1999). However, policy-making sometimes has little to do with evidence, but more with ideology and political interests. For example, the Progressive Conservative Harper government in Canada has legislated a number of “tough on crime” bills, including mandatory minimum sentencing, that will likely have no impact in reducing crime, but will put more people in correctional facilities, thus leading to greater costs, all in a context of declining crime rates in Canada (Cook and Roesch 2012). Another example is Prime Minister Harper’s actions to silence Canadian scientists, particularly around issues of environmental degradation (Gatehouse 2013). For example, scientists with Environment Canada are required to obtain approval from government before speaking to the media about their research (Linnitt 2013).

As a way of understanding the policy-making process and creating policy change, the evidence-based approach has been critiqued on several grounds: its roots in empiricism, its assumption that there are technical solutions to objective social problems, its inattention to values and the political context, and its over-reliance on quantitative data provided by research experts (Fischer 2003; Rappaport 2005; Stanhope and Dunn 2011). While it is important to base policy on evidence about what works, there is a danger that exclusive reliance on research evidence privileges the voices of researchers and professionals while diminishing the voices of disadvantaged citizens (Nelson et al. 2008). Given these criticisms of the evidence-based policy approach, an alternative discursive approach has emerged to provide another lens on the policy-making process.

**Table 1** A comparison of evidence-based and discursive approaches to policy

Dimension	Evidence-based approach	Discursive approach
Epistemology	Rational empiricism	Social constructionism
Focus	Empirical evidence	Values, politics, language
Methods	Program evaluation, systematic reviews, knowledge transfer	Analysis of discourse, frames, narratives
Stakeholders	Researchers and policy-makers	Multiple stakeholders, including citizens, discourse coalitions, policy entrepreneurs
Emphasis	Policy formulation	Critical policy analysis

### Discursive Policy Analysis

A discursive approach to policy analysis is anchored in the epistemology of social constructionism and draws attention to values, politics, language, and meaning-making (Fischer 2003) (see Table 1). Discourse, according to this perspective, does not reflect objective social problems and solutions, but is a reality in itself that needs to be explained. Fischer (2003) stated that “words and language, especially when combined with power, are recognized themselves to be a form of action, and thus important data for political and policy analysis” (p. viii). Similarly, Greenhalgh and Russell (2005) argued that:

The selection and presentation of evidence for policy making, including the choice of which questions to ask, which evidence to compile in a synthesis and which syntheses to bring to the policy making table, should be considered as moves in a rhetorical argumentation game and not as the harvesting of objective facts to be fed into a logical decision-making sequence. (p. 31)

The analysis of policy discourse, frames, and narratives are methods used to understand policy formulation (Fischer 2003).

Operating from a constructionist, discursive perspective, Hilgartner and Bosk (1988) argued that social problems must compete with one another for attention. Different stakeholders in policy arenas must make claims about the importance of the particular problems that they want addressed. Others have also used the metaphors of “policy arenas” (Weiss 1999) or “policy drama” (Greenhalgh and Russell 2005) as ways of thinking about the policy-making process. Furthermore, a discursive approach emphasizes that the policy-making process is intensely political and value-laden. As Weiss (1999) states:

Most fundamentally, policy making is the arena where all the conflicting pressures in a society come to bear. Policy making deals with a choice of directions. And some groups will be advantaged and others disadvantaged by the choices made. The phrase

“policy making *arena*” has an apt connotation of the place where contests are waged and some team or interest comes out the winner. In policy making, the contest is called “politics.” Multiple interests collide and seek advantage. (p. 477)

In its analysis of power, the discursive approach points to the importance of the participation of multiple actors, including those who are often excluded from such discussions, in the policy-making drama (Fischer 2003).

Finally, the discursive approach has drawn attention to individuals who have been called policy “operatives” (Hilgartner and Bosk 1988) or policy “entrepreneurs” (Kingdon 2005; Mintrom and Norman 2009). These individuals are well-positioned and skilled in knowing how to advance particular social problems and solutions in the policy arena, in which multiple problems compete for attention. Kingdon (2005) argued that policy entrepreneurs take advantage of policy windows, or opportunities for change, when three different streams—problems, politics, and policies—converge. During such conditions, multiple stakeholder groups, including government insiders and activist outsiders, form a discourse coalition that comes together on a problem definition and policy solution (Fischer 2003). The importance of timing and providing the right information in a timely matter is important for policy change (Choi et al. 2005). Whereas the evidence-based approach is action-oriented in emphasizing policy formulation, the discursive approach is more analytical in understanding how policy is formulated.

### Summary

While evidence is important, I argue that it is also important to examine the values and assumptions on which policy is based, and the political context in which it is formulated (Nelson et al. 2008). Values provide the moral foundation of policy. I see the evidence-based and discursive approaches to policy as potentially complementary, rather than as incommensurate. In fact, one of the early formulations of evidence-based medicine noted the importance of values and expertise, as well as evidence, in

medical decision-making (Sackett et al. 1996). As Greenhalgh and Russell (2005) stated, “we need better evidence, but we also need better awareness by policy makers of the language games on which their work depends” (p. 31). Similarly, Weiss (1999) argued that it is not just information that shapes policy, but also interests, ideologies, and institutions. I believe that a critical pragmatist approach that is at the service of transformative social change is the kind of policy framework that we need in community psychology (see Nelson and Evans, in press, for more on this approach). What is important is the acknowledgement of values and power for the promotion of progressive social change. In the next section I outline some of the markers of transformative policy change and provide examples of how such change may or may not be achieved.

### Transformative Policy Change

Watzlawick et al.’s (1974) distinction between first-order and second-order change was introduced to community psychology by Rappaport (1977). First-order change is ameliorative in its focus on technical solutions to social problems, while second-order change seeks to fundamentally transform the underlying values, assumptions, and power dynamics of systems (Nelson and Prilleltensky 2010). Gaventa’s (1980) framework for understanding power suggests some potential outcomes of transformative policy change. According to Gaventa, there are three dimensions of power: (a) shaping problem definition, (b) controlling channels for debate and participation, and (c) allocating resources. I provide examples of policy change that pertain to each of these three dimensions.

#### Shaping Problem Definition

Shaping problem definition is one key element of power in Gaventa’s model that is important for policy formulation. The way social problems and their solutions are often defined is in terms of individual deficits, which lead to victim blaming (O’Neill 2005). Problem framing is of critical importance to policy formulation because the way a problem is framed often dictates the solutions that will be implemented to address the problem (Hilgartner and Bosk 1988; O’Neill 2005; Seidman and Rappaport 1986; Watzlawick et al. 1974). Seidman and Rappaport (1986) provided numerous examples of how community psychologists have reframed social problems to focus on the social context, rather than the individual. Levine and Levine (1992) argued that the way problems are framed depends on the *zeitgeist* or socio-political context. In a conservative political context, such as the current neo-liberal era, an intrapsychic mode of problem definition

dominates; individuals need to be changed, not their social circumstances. In contrast, during periods of social reform, a situational mode of problem definition becomes more prominent; social conditions, not individuals, need to be changed. A recent Canadian example of different ways of framing problems is an exchange between Prime Minister Harper and the new federal Liberal leader, Justin Trudeau, son of former Prime Minister, Pierre Trudeau. In the wake of the recent 2013 Boston Marathon bombing, Trudeau suggested that it is important to determine the “root causes” of such actions. Trudeau was rebuked by Harper, who stated that it was “not the time to commit sociology,” meaning that individual terrorists should be held accountable for their actions.

Homelessness is another social problem that is subject to contested viewpoints. Framing homelessness as a structural problem of income inequality, housing advocates in Canada have pushed for renewed federal involvement in the creation of affordable housing (Nelson and Saegert 2009). In contrast, when he was campaigning for the Ontario Progressive Conservative leadership in 2002, Jim Flaherty, now Minister of Finance in the federal government of Canada, called for homeless people to be jailed. But in the lead up to the 2010 Winter Olympics in Vancouver, the federal government had a major political problem on its hands—the visibility of homeless people with mental health and addiction issues in the downtown eastside of Vancouver. Michael Kirby, former Senator and Chair of the newly minted Mental Health Commission of Canada, used his political capital and acted as a policy entrepreneur to obtain \$110 million in federal funding for a 4-year project to address homelessness and mental health in five Canadian cities (Macnaughton et al. 2013). Kirby believed that a social movement needed to develop if progress was to be made on mental health issues in Canada. The homelessness and mental health initiative, At Home/Chez Soi, became a research demonstration project, administered through the Mental Health Commission, using the Housing First model developed by community psychologist Sam Tsemberis (2010) in New York City. Kirby quickly connected with Dr. Paula Goering, a well-respected mental health services researcher, as the Research Lead for the project. She played an important role in framing the project as an evaluation of Housing First, based on research evidence about this approach (Macnaughton et al. 2013). In addition to the positive outcomes of this program for the people being served, there is evidence that the initiative has also begun to transform the way communities and systems frame services for this population in the five cities (Goering and Tsemberis, in press).

In the US, Stanhope and Dunn (2011) described the uptake of the Housing First model by President George W. Bush as a “curious case,” because Housing First has

research evidence to support it and is based on progressive values (e.g., choice, community integration) that can potentially transform services for homeless people from shelters to permanent housing. Phillip Mangano, a policy entrepreneur, was able to frame homelessness as a costly, chronic, and highly visible problem, focusing particularly on the sub-population who account for the majority of shelter use, as popularized in Malcolm Gladwell's (2006) Million Dollar Murray story (a homeless individual with a high rate of utilization of services resulting in high costs to the system), that could be solved through Housing First. This curious case illustrates the socially constructed nature of responses to homelessness. Interestingly, Stanhope and Dunn (2011) concluded that the adoption of the Housing First approach was "... a victory for social justice advocates" (p. 277), while at the same time, David Frum (2013), Bush's former speechwriter, claimed that reducing homelessness in the US is a legacy of President G. W. Bush, the most neo-liberal leader in US history.

What this story about Housing First tells us is that progressive approaches to homelessness can be framed in such a way that are palatable both to those of us who pursue social justice and conservatives who believe in so-called "fiscal responsibility." In this vein, Rappaport (1981) noted that there are sometimes "strange alliance(s) between fiscal conservatives and social reformers" (p. 11), a point that was echoed by Linney (1990) years later. While we are not satisfied that a fuller debate on the moral foundations of a society based on neo-liberalism that leaves citizens living on the streets has not occurred, and that a concern with cost savings seems to have replaced compassion in policy debates (Shinn 2007; Stanhope and Dunn 2011), we take some solace in seeing the implementation of a progressive approach that has provided thousands of vulnerable people with permanent housing of their choice. Moreover, we have learned that skilled policy entrepreneurs can use rhetoric to frame and advance evidence-based solutions in a neo-liberal context.

#### Controlling Channels for Debate and Participation

Controlling channels for debate and participation is the second dimension of Gaventa's (1980) model of power that is relevant to transformative policy change. Fischer (2003) contends that citizen participation in policy-making is vital to a democratic society and a cornerstone of the discursive approach to policy analysis. Citizen participation has long been a key value and concept in community psychology (Wandersman and Florin 2000). In Seidman and Tseng's (2011) model of social change, participation, along with norms and interactions, is one important aspect of the social processes that lead to social change. Similarly, Prilleltensky's (2012) theorizing about social justice draws

attention to procedural justice, which includes "... participatory decision making processes... and a fair and inclusive process in all interactions" (p. 7). Meaningful citizen participation strives to include disadvantaged citizens in policy debates, going well beyond token consultation in which decision-making rests with those in power (Arnstein 1969).

An example of a policy change that focuses on citizen participation is the story of the mental health consumer/survivor development initiative (CSDI) in Ontario (Kloos et al., in press; Trainor and Reville, in press). This is an interesting and important story because it focuses on how a population that was previously socially excluded began to participate in society in meaningful ways. Up until the 1970s, mental health policy in Ontario was extremely "unbalanced," with numerous psychiatric hospitals, but little in the way of community mental health alternatives (Simmons 1990). During the early days of deinstitutionalization, mental health "consumer/survivors," which is the term that they use to refer to themselves, began to organize into self-help, social movement organizations in Toronto, Ontario (Everett 2000), inspired by the Vancouver mental patients association (MPA) (Chamberlin 1978). At the same time, John Trainor, a social worker, David Reville, a survivor activist, Ed Pomeroy, a community psychologist, and Kathryn Church and Bonnie Pape spearheaded the *Framework for Support* project through the Canadian Mental Health Association's (CMHA) National Office, based in Toronto. This framework and other CMHA National projects and reports emphasized the need for self-help and consumer/survivor and family participation in a reformed mental health system (Church and Reville 1989; Trainor and Church 1984; Trainor et al. 1999).

The framework was very influential for senior civil servants working in mental health policy in the Ontario Ministry of Health and was adopted by the Ontario government as the centerpiece of mental health reform. Concretely, the policy reform document, *Putting People First*, mandated 30 % consumer/survivor participation and 20 % family participation on all district and regional planning bodies in mental health in the province (Ontario Ministry of Health 1993). Furthermore, this document came after a community mental health services legislation committee held hearings about mental health across the province. Not only did activist consumer/survivors participate as members of this committee, but David Reville and others organized consumer/survivors to attend these hearings and tell their stories, raw and painful as they were, and say what they wanted changed (Church 1995).

Another significant change occurred when the New Democratic Party (NDP), a relatively left-leaning political party, won the 1990 Ontario provincial election. Prior to the election, Reville had been a member of the NDP caucus

of the provincial government for 5 years and had earned a reputation for advancing policy to create mental health systems change. As new Premier Bob Rae's special advisor and having a positive relationship with the provincial health minister, Reville was able to provide inside support for the idea of the CSDI as a special project that government would fund. Reville's colleague, John Trainor, who was the key person behind the previously mentioned framework, was seconded to work with the Ontario Ministry of Health to launch the CSDI, including the creation and funding of a network of local consumer/survivor initiatives (CSIs), which now total around 60 across the province. CSIs could take many different forms depending upon the local context but were expected to adhere to three main guidelines: (a) utilize a non-services approach; (b) be independent; and (c) be member-driven.

My colleagues with the then Centre for Research and Education in Human Services (now the Centre for Community Based Research) and I collaborated with the CSDI and Trainor to conduct an evaluation of four CSIs using a participatory action research approach that focused on the two main goals of CSIs: self-help/mutual aid and systems transformation (Nelson et al. 2010). In line with these two main goals, we not only found positive impacts of participation in CSIs on the members themselves (Nelson et al. 2007), but also positive impacts of consumer/survivor participation in education, planning, action research, and advocacy in creating broader systems and community change (Janzen et al. 2007).

The CSDI story is instructive not only because it involved citizen participation in formulating policy, but the resulting policy further promoted the participation of a population that was previously excluded from participation in civil society. Despite evidence about the positive benefits of the CSDI, the CSIs remain poorly funded, and some have lost their independence by being absorbed into larger mental health organizations (Trainor and Reville, in press). While it is desirable that peer support and consumer/survivor participation have become mainstream, there is a very real danger of co-optation of this liberation movement and the muting of the voices of its more radical members.

It is also important to note that the CSDI was not created out of an evidence base, but more out of a value base about the rights of mental health consumer/survivors to have a voice and be able to participate meaningfully as citizens rather than as patients. However, the creation of the CSDI enabled it to develop an evidence base. Consistent with the discursive approach to policy formulation, the development of the CSDI occurred through the activities of a nascent consumer/survivor liberation movement and insider/outside policy entrepreneurs who were able to forge partnerships between progressive mental professionals and mental health consumer/survivors. These stakeholders

were able to take advantage of the increasingly visible problem of deinstitutionalized people with inadequate support in the community and the opening up of a policy window with the election of a new government that was favorably inclined to make mental health reforms.

#### Allocating Resources

Bargaining power and resources are another component of Gaventa's (1980) analysis of power. How resources are allocated in a system is an element of the ecological model (Trickett et al. 1972) and Seidman and Tseng's (2011) model of social change. Similarly, Prilleltensky (2012) asserted that distributive justice "refers to the fair and equitable allocation of burdens and privileges, rights and responsibilities, and pains and gains in society" (p. 6). As Rappaport (1981) stated: "Having rights but no resources and no services available is a cruel joke" (p. 13). Below, I relate stories about the issue of resource allocation in two different social policy issues in Canada.

Quite recently, the government of Canada renewed funding of the federal Homelessness Partnering Strategy (HPS), which provides financial support for services for homeless people in more than 60 Canadian communities. This funding announcement came 1 year earlier than expected and extended HPS funding for 5 years. The renewed funding occurred in the context of discussions between the Mental Health Commission and the Prime Minister's Office around continued federal funding for At Home/Chez Soi project and explicitly cited the results from this study as the rationale for "repurposing" HPS. As well, there was pressure from advocacy groups like the Canadian Alliance to end homelessness. It is quite ironic that federal Finance Minister Flaherty, who, you will remember, called for jailing homeless people in 2002, announced the renewal of HPS in the federal budget for the next 5 years *and* a shift in the programs to be funded by HPS to a Housing First model. While this policy change is a positive step, it is limited in terms of Gaventa's (1980) resource dimension of power. The total amount allocated to HPS, \$119 million per year for 5 years, falls far short of what is needed to implement Housing First on a widespread basis to end homelessness in Canada, and is actually a reduction of \$20 million in the funding envelope per year for HPS. Besides shifting to a Housing First approach, there is also a simultaneous need to increase the supply of affordable housing, both for people who are vulnerably housed and for the implementation of Housing First with chronically homeless people. Gaetz (2010) noted this problem and posed the question "How effective can Housing First be if there is no affordable housing to move people into?" (p. 25).

A more encouraging example of resource allocation in policy formulation comes from the province of Québec in

the area of early childhood learning and care (see Evans et al., in press). Early childhood learning and care has come to be framed as a social justice issue by international organizations, such as UNICEF and WHO (Commission on the Social Determinants of Health, WHO 2008; Schraad-Tischler 2011; Siddiqi et al. 2012; UNICEF 2012). As a social justice issue, it is believed that all children have the right to health, nutrition, child protection, social protection and welfare, and education (Hertzman and Siddiqi 2013). Research has shown income gradients for access to early childhood learning and care resources and various domains of child development (e.g., health, academic achievement) in both developing nations and more developed nations (Hertzman et al. 2010; Schraad-Tischler 2011; Siddiqi et al. 2012); the higher the income level, the better access to resources and the better child development outcomes. Across countries, income gradients vary in terms of how steep or flat they are. Those nations with flatter gradients, which are due to lower levels of economic inequality, such as the Scandinavian countries, have more favorable child and family policies and better child development outcomes (McCain et al. 2007; Siddiqi et al. 2012).

This framing and evidence suggests that it is important for countries to invest in early childhood learning and care interventions (Schraad-Tischler 2011; Siddiqi et al. 2012). Indeed, research on such programs outside of North America has shown that they promote positive developmental outcomes for children (Nores and Barnett 2010), and that they appear to flatten the afore-mentioned gradient, "... as children from less advantaged backgrounds benefited more than those from more advantaged background" (Melhuish 2011, p. 300). However, as McCain et al. (2007) have asserted:

To work, programs must be universal. Vulnerable children are found in all SES groups but populations are not evenly distributed between groups. The largest numbers of children overall are found in the middle groupings. The lowest SES group has a greater percentage, but a smaller number, of vulnerable children. Conversely, children in the middle SES groups are less likely to be vulnerable, but because of the size of the group, this is where the most vulnerable children are found. Restricting programs to vulnerable children in the low SES group therefore misses the majority of children experiencing difficulties. (p. 46)

So, programs targeted at low-income children and families cannot flatten the gradient because too many vulnerable children, roughly 60 % in the middle and affluent classes, are not reached.

Enter Canadian community psychologist, Camil Bouchard, who brings together evidence-based policy, policy

discourse, and policy entrepreneurship to make transformative policy change in Québec. Bouchard chaired a working group and wrote a report for the government of Québec that recommended investment in high quality childcare environments for children from birth through age five (Bouchard et al. 1991). This report helped to influence the development of progressive family policies, including a universal licensed, childcare network that costs parents \$7 a day, and a generous parental leave program. Bouchard (2005) notes that these policies were also "... in response to years of claims-making by the Québec feminist movement" (p. 465). The province subsequently enacted a law for the reduction of poverty and social exclusion in 2002, which was implemented in 2004 in response to pressure from a broad-based and active coalition of 22 advocacy groups (Bouchard 2005; Noël 2002). These policies came about when the Parti Québécois, a left-leaning party, formed the government of Québec. Bouchard, a Professor in Community Psychology at l'Université du Québec à Montréal, ran for the Parti Québécois and was elected in 2003, holding a position in the National Assembly of Québec until he resigned in 2010.

The aforementioned policies led to increased participation of women in the workforce and generated \$1.05 to the province and \$.44 to the federal government for every dollar invested. They also reduced the poverty rate, lowering the low-income cut off rate (after tax) from 17.6 % in 1995 to 9.4 % in 2009, a drop of more than 46 % in the poverty rate (Canada Without Poverty 2012; Fortin et al. 2012; McCain et al. 2011).

In just a decade, Québec has gone from the bottom to the top on many important social indicators. From having Canada's lowest female labour participation, it now has the highest. Where Québec women were once less likely to attend post-secondary education than their counterparts in the rest of Canada, today they dominate. At the same time, student scores on standardized test have gone from below the Canadian average to above. Despite working more, Québec women are also having more babies, and Québec dads are more involved in child rearing. Eighty-two percent take paid leave after the birth of their infants, compared to just 12 percent of fathers in the rest of the country. In addition, childhood programs that allow mothers to work have slashed Québec's child poverty rates by 50 percent. Finally, in an analysis that should catch the attention of policy makers everywhere, Montreal economist Pierre Fortin revealed that the tax revenues from mothers who are able to work because of low cost children's programming pay for the entire cost of Québec's system. (McCain et al. 2011, p. 2)

Now that's what I call a transformative policy change! In a reflection 20 years after the publication of this groundbreaking report, Bouchard (2012) noted that the title of the report evoked “un frisson,” which roughly translates as a shiver, a very emotional response, from the people of Québec. In a discursive tour de force, he entitled the report *Un Québec fou de ses enfants (Québec crazy about its children)*. He joked that if he had named the report *Un Québec fou de ses banquiers (bankers)* that the report would not have had the same resonance value for people.

Other provinces are trying to catch up with Québec. Through the work of Charles Pascal (2009), another psychologist policy entrepreneur who was special advisor to former Liberal Premier Dalton McGuinty, the government in Ontario is in the process of implementing full-day early learning in junior and senior kindergarten, along with Best Start Child and Family Centres for preschool children. Paid parental leave is another recommendation of Pascal's report, *With Our Best Future in Mind*. However, Canada has a long way to go on this front. In a 2008 study of the top 25 economically advanced countries, UNICEF found that Canada ranked at the bottom on 10 benchmarks for early learning and care services for children (Adamson 2008).

### Implications for Theory and Practice

The policy stories, frameworks, and dimensions of transformative outcomes that I have related have implications for community psychology theory and practice related to policy change.

#### Theory

Watzlawick et al.'s (1974) first-order and second-order change focus on types of change. While the idea of transformative or fundamental change of a system is appealing to community psychology, this categorical way of thinking may limit our understanding of change. Thinking about policy change along different dimensions, such as those presented here, may be more useful. Moreover, change on one dimension (e.g., participation) does not necessarily mean that change will occur on another dimension (e.g., resource allocation), which points to the value of a multi-dimensional approach.

Another theoretical concern is that the types of policy change described here do not challenge larger neo-liberal policies. This is exemplified in the title of Hertzman and Siddiqi's (2013) recent chapter, “Can communities succeed when states fail them? A case study of early human development and social resilience in a neo-liberal era.” In fact, the examples of the three types of changes that I

related may have been successful because they are congruent with the aims of neo-liberalism. Housing First for people with addictions and mental health issues focuses the problem as people with complex needs, not a lack of affordable housing. Also, the solution in Housing First lies in the private housing market, which has the support of landlords and property owners, not in the expansion of affordable housing, which has been cut back by neo-liberal policies (Nelson and Saegert 2009). The development of mental health consumer/survivor participation and CSIs occurred in the context of deinstitutionalization, which resulted, in part, because institutions were becoming expensive to operate (Nelson 2012). Consumer/survivor participation and CSIs, on the other hand, cost government very little. And, if consumer/survivors are brought into and paid by the system, they may less likely to “rock the boat.” Finally, the investment in early childhood learning and care in Québec may have also been supported for economic reasons. These programs have saved both the provincial and federal governments money. Moreover, Québec's birth rate, which was low before these initiatives, has risen, and Québec now has more women in the work force, which is good for neo-liberalism. It may be useful to theorize about policy changes that promote community resilience in the face of neo-liberalism, such as those reviewed in this paper, and those that directly challenge and strive to reverse neo-liberalism.

#### Practice

Here I suggest different roles that community psychologists can play and activities that we can undertake to promote policy change. First, the examples that I have provided and the evidence-based approach to policy-making certainly indicate that community psychologists have important roles as *researchers/evaluators* both to inform and to study the policy-making process. Evidence is important for policy and needs to be widely shared in accessible forms with different policy stakeholders, including those most affected by the issue, other citizens, advocacy organizations, and government decision-makers. Policy relevant research evidence was certainly a key piece in the formulation of the At Home/Chez Soi project for homeless people with mental health challenges and Québec's universal child care program. Moreover, research can also confer scientific legitimacy on policy decisions, as was the case with the research that was conducted with the CSDI initiative in Ontario (Trainor and Reville, in press). It's also important to consider what type of evidence is considered valid. While evidence-based policy research has rested on experimental and quasi-experimental trials, increasingly qualitative and mixed methods approaches are being incorporated into policy research. Both the At Home/Chez

Soi project and the CSDI studies used mixed methods approaches. Many research funding bodies and universities still look skeptically on community-based participatory action research and qualitative research, seeing such approaches as “soft” or “subjective.” While we face institutional constraints and prejudices about what counts as research, I think we are making progress on this front.

A second role is that of *program innovator*. Many community psychologists have created innovative programs that have been well conceptualized, rigorously evaluated, and scaled up to other communities or enshrined in broader social policies. The previously mentioned Housing First program (Tsemberis, 2010) and the work of José Ornelas, who created the AEIPS program in Lisbon, Portugal (Ornelas et al., in press) are exemplars of this role. A third role is that of the *public intellectual*. We have an important obligation to speak out on social issues. This can involve public speaking, writing articles for newspapers and popular magazines and newsletters, talking with the media, and using social media to express positions on important public policy issues. In this role, we need to present research evidence to educate the public, but also to contest the framing of policy positions that blame the victim. This means reframing social problems and solutions in terms of alternatives to neo-liberalism. This is where our values and theories also come in as part of a broader project of enlightenment and social change.

A fourth role is that of *policy advisor*. Elsewhere, we have called this working in the “belly of the beast” (Nelson and Prilleltensky 2010). I recognize that there are many constraints on working inside government or closely with government (Fox 2010). However, there is evidence that policy-makers value having advisors, inside or outside of government, on whom they can rely for ideas and evidence about policy (Waddell et al. 2005). Without some of the people mentioned throughout this paper, who have taken on the role of policy entrepreneur, we would not have had some of the important policy changes in homelessness, mental health, and early childhood learning that I described.

Being an *ally to progressive social movements* is a fifth role we can play. The late George Albee once told me that when he was APA President that he led the APA office in a March in Washington to protest the Vietnam war. Of course when one adopts such a role, one can always be dismissed as a partisan by those who resist social change, as Sarason (1984) and Serrano-García (2013) observed. On the other hand, the stories that I have relayed in this paper about homelessness, mental health, and early childhood learning and care all show policy change agents as allies to social movements. In a well-known story of President Franklin Delano Roosevelt and a labor leader in the US, the labor leader demanded that Roosevelt make certain policy

changes. Roosevelt is reported to have said, “You’ve convinced me. I would like to push forward these changes. Now go out and make me do it.” I believe that we must have a broad social movement and sustained advocacy to create policy change that challenges neo-liberalism.

The final role that I believe we should undertake is that of *boundary spanner, partnership maker, or insider/outsider* (Bond and Keys 1993; Nelson and Prilleltensky 2010). Sometimes the roles that I have described above intersect and policy entrepreneurs have the opportunity to work both inside and outside for change with different policy stakeholder groups. Michael Kirby did this both in his role as Chair of the Mental Health Commission and in his past role as a Canadian Senator, drawing upon his experience as an insider in the federal Liberal government. In Ontario, David Reville had connections with the consumer/survivor liberation movement and became the Premier’s special advisor. In Québec, Camil Bouchard played all of the roles that I have described, eventually entering the realm of elected representative. Individuals who can play this insider/outsider role have the potential to make a policy deal that satisfies many different stakeholder groups.

In conclusion, neo-liberalism poses major challenges to making progressive policy changes, but that is all the more reason for community psychology to engage in the policy arena. Both evidence-based and discursive approaches provide tools for framing social problems and solutions, enhancing citizen participation, and allocating resources more fairly in policy-making. I hope that the examples that I have related provide some encouragement that transformative policy change is possible, as well as some instruction about the ways we conceptualize policy change and the roles that we can play to create such change.

**Acknowledgments** I thank the following people for their helpful comments on a previous draft of this paper: Tim Aubry, Camil Bouchard, Rachel Caplan, Peter Dunn, Paula Goering, Bret Kloos, Timothy Macleod, Eric Macnaughton, José Ornelas, Isaac Prilleltensky, John Trainor, David Reville, Manuel Riemer, and Kathleen Worton.

## References

- Adamson, P. (2008). *The child care transition: A league table of early childhood education and care in economically advanced countries—Report card 8*. Florence: UNICEF Innocenti Research Centre. Available at <http://www.unicef-irc.org/publications/507>.
- Arnstein, S. R. (1969). Ladder of citizen participation. *Journal of American Institute of Planners*, 35, 216–224.
- Barlow, M., & Campbell, B. (1995). *Straight through the heart: How the liberals abandoned the just society*. Toronto: HarperCollins.
- Bartels, L. M. (2008). *Unequal democracy: The political economy of the new gilded age*. Princeton, NJ: Princeton University Press.
- Bogenschneider, K., & Corbett, T. J. (2010). *Evidence-based policymaking: Insights from policy-minded researchers and research-minded policymakers*. New York: Routledge.

- Bond, M. A., & Keys, C. B. (1993). Empowerment, diversity, and collaboration: Promoting synergy on community boards. *American Journal of Community Psychology*, 21, 37–57.
- Bouchard, C. (2005). Commentary: Disadvantaged children and families: The power of a just asymmetry. In G. Nelson & I. Prilleltensky (Eds.), *Community psychology: In pursuit of liberation and well-being* (pp. 464–466). New York: Palgrave MacMillan.
- Bouchard, C. (2012). *20 ans... Un Québec fou de ses enfants*. Questions pour Camil Bouchard. Available at <http://camf.mordic.us/files/file/CAMF/aneapasmanquer/entrevuecamilbouchard.pdf>.
- Bouchard, C., et al. (1991). *Un Québec fou de ses enfants*. Rapport de Groupe de travail pour les jeunes, Québec, Direction des Communications, Ministère de la Santé et des Services Sociaux. Available at <http://msssa4.msss.gouv.qc.ca/fr/document/publication.nsf/0/709ac25babdaa570852577e000720e05>.
- Canada Without Poverty. (2012). *Québec provincial poverty profile*. Ottawa: Author. Available at <http://www.cwp-csp.ca/poverty/poverty-progress-profiles/>.
- Chamberlin, J. (1978). *On our own: Patient-controlled alternatives to the mental health system*. New York: McGraw-Hill.
- Choi, B. C. K., Pang, T., Lin, V., Puska, P., Shernan, G., Goddard, M., et al. (2005). Can scientists and policy makers work together? *Journal of Epidemiology and Community Health*, 59, 632–637. doi:10.1136/jech.2004.031765.
- Church, K. (1995). *Forbidden narratives: Critical autobiography as social science*. Luxembourg: Gordon and Breach Publishers.
- Church, K., & Reville, D. (1989). User involvement in the mental health field in Canada. *Canada's Mental Health*, 37(2), 22–25.
- Coburn, D. (2004). Beyond the income inequality hypothesis: Class, neo-liberalism, and health inequalities. *Social Science and Medicine*, 58, 41–56.
- Commission on Social Determinants of Health. (2008). *Closing the gap in a generation: Health equity through action on social determinants of health—Final report of the commission on social determinants of health*. Geneva: World Health Organization. Available at [http://www.who.int/social\\_determinants/the\\_commission/finalreport/en/index.html](http://www.who.int/social_determinants/the_commission/finalreport/en/index.html).
- Cook, A. N., & Roesch, R. (2012). “Tough on crime” reforms: What psychology has to say about the recent and proposed justice policy in Canada. *Canadian Psychology*, 53, 217–225.
- Evans, S.D., Rosen, A., & Nelson, G. (in press). Community psychology and social justice. In C. Johnson, J. Diaz, Z. Franco, H. Friedman, & B. Nastasi (Eds.), *Praeger handbook of social justice*. Westport, Connecticut: Praeger.
- Everett, B. (2000). *A fragile revolution: Consumers and psychiatric survivors confront the power of the mental health system*. Waterloo: Wilfrid Laurier University.
- Fischer, F. (2003). *Reframing public policy: Discursive politics and deliberative practices*. Oxford: Oxford University Press.
- Fortin, P., Godbout, L., & St. Cerny, S. (2012). *Impact of Quebec's universal low fee childcare program on female labour force participation, domestic income, and government budgets*. Working paper 2012/02, Université de Sherbrooke: Sherbrooke, Quebec. Retrieved from [http://www.usherbrooke.ca/chaire-fiscalite/fileadmin/sites/chaire-fiscalite/documents/Cahiers-de-recherche/Etude\\_femmes\\_ANGLAIS.pdf](http://www.usherbrooke.ca/chaire-fiscalite/fileadmin/sites/chaire-fiscalite/documents/Cahiers-de-recherche/Etude_femmes_ANGLAIS.pdf).
- Fox, D. (2010). Towards transformative social interventions. In G. Nelson & I. Prilleltensky (Eds.), *Community psychology: In pursuit of liberation and well-being* (pp. 197–199). New York: Palgrave MacMillan.
- Frum, D. (2013). Fewer homeless, a Bush legacy. *CNN Opinion*, available at [http://www.cnn.com/2013/04/29/opinion/frum-less-homelessness/index.html?eref=mrss\\_igoogle\\_cnn](http://www.cnn.com/2013/04/29/opinion/frum-less-homelessness/index.html?eref=mrss_igoogle_cnn).
- Gaetz, S. (2010). The struggle to end homelessness in Canada: How we created the crisis, and how we can end it. *The Open Health Services and Policy Journal*, 3, 21–26.
- Gatehouse, J. (2013). *When science goes silent: With the muzzling of scientists Harper's obsession with controlling the message verges on the Orwellian*. MacLean's. Available at <http://www2.macleans.ca/>.
- Gaventa, J. (1980). *Power and powerlessness: Quiescence and rebellion in an Appalachian valley*. Urbana, IL: University of Illinois Press.
- Gladwell, M. (2006). *Million dollar Murray*. The New Yorker. Available at [http://www.gladwell.com/2006/2006\\_02\\_13\\_a\\_murray.html](http://www.gladwell.com/2006/2006_02_13_a_murray.html).
- Goering, P., & Tsemberis, S. (in press). Housing First and system/community transformation. In G. Nelson, B. Kloos, & J. Ornelas (Eds.), *Community psychology and community mental health: Towards transformative change* (Society for Community Research and Action Book Series). New York: Oxford University Press.
- Gormley, W. T. (2011). From science to policy in early childhood education. *Science*, 333, 978–981.
- Greenhalgh, T., & Russell, J. (2005). Reframing evidence synthesis as rhetorical action in the policy making drama. *Healthcare Policy*, 1(1), 31–39.
- Hertzman, C., & Siddiqi, A. (2013). Can communities succeed when states fail? A case study of early human development and social resilience in a neo-liberal era. In P. A. Hall & M. Lamont (Eds.), *Social resilience in the neoliberal era* (pp. 293–318). Cambridge: Cambridge University Press.
- Hertzman, C., Siddiqi, A., Hertzman, E., Irwin, L., Vaghri, Z., Houwelling, T., Bell, R., Tinajaro, A., & Marmot, M. (2010). Bucking the gradient: Tackling inequalities through early child development. *BMJ Open*. Available at [www.bmjopen.bmj.com](http://www.bmjopen.bmj.com).
- Hilgartner, S., & Bosk, C. L. (1988). The rise and fall of social problems: A public arenas model. *American Journal of Sociology*, 94, 53–78.
- Janzen, R., Nelson, G., Hausfather, N., & Ochocka, J. (2007). Capturing system level activities and impacts of mental health consumer-run organizations. *American Journal of Community Psychology*, 39, 287–299. doi:10.1007/s10464-007-9107-2.
- Kingdon, J. W. (2005). *Agendas, alternatives, and public policies* (2nd ed.). Boston: Addison-Wesley.
- Klein, N. (2007). *The shock doctrine: The rise of disaster capitalism*. New York: Metropolitan.
- Kloos, B., Ornelas, J., & Nelson, G. (in press). Drawing upon community psychology history and theory as resources for transformative change in mental health. In G. Nelson, B. Kloos, & J. Ornelas (Eds.), *Community psychology and community mental health: Towards transformative change* (Society for Community Research and Action Book Series). New York: Oxford University Press.
- Levine, M., & Levine, A. (1992). *Helping children: A social history*. Oxford: Oxford University Press.
- Linney, J. A. (1990). Community psychology into the 1990s: Capitalizing opportunity and promoting innovation. *American Journal of Community Psychology*, 18, 1–17.
- Linnitt, C. (2013). Harper's attack on science: No science, no evidence, no truth, no democracy. *Academic Matters*, May issue, 3–7.
- Macnaughton, E., Nelson, G., & Goering, P. (2013). Bringing politics and evidence together: Policy entrepreneurship and the conception of the at Home/Chez Soi Housing First initiative for addressing homelessness and mental illness in Canada. *Social Science and Medicine*, 82, 100–107. doi:10.1016/j.socscimed.2013.01.033.
- Mahon, R. (2008). Varieties of liberalism: Canadian social policy from the “golden age” to the present. *Social Policy and Administration*, 42, 342–361. doi:10.1111/j.1467-9515.2008.00608.x.
- McCain, M. N., Mustard, J. F., & McCuaig, K. (2011). *Early years study 3: Making decisions, taking action*. Toronto: Margaret and

- Wallace McCain Family Foundation. Available at [www.earlyyearsstudy.ca](http://www.earlyyearsstudy.ca).
- McCain, M.N., Mustard, J.F., & Shanker, S. (2007). *Early years study 2: Putting science into action*. Toronto: Council for Early Child Development. Available at <http://earlylearning.ubc.ca/documents/40/>.
- McQuaig, L., & Brooks, N. (2010). *The trouble with billionaires*. Toronto: Viking Canada.
- Melhuish, E. C. (2011). Preschool matters. *Science*, 333, 299–300. doi:10.1126/science.1209459.
- Mintrom, M., & Norman, P. (2009). Policy entrepreneurship and policy change. *The Policy Studies Journal*, 37, 649–667.
- Mitton, C., Adair, C. E., McKenzie, E., Patten, S. B., & Perry, B. W. (2007). Knowledge transfer and exchange: Review and synthesis of the literature. *The Milbank Quarterly*, 85, 729–768.
- Nelson, G. (2012). Mental health policy in Canada. In A. Westhues & B. Wharf (Eds.), *Canadian social policy: Issues and perspectives* (5th ed., pp. 229–252). Waterloo, ON: Wilfrid Laurier University Press.
- Nelson, G., & Evans, S.D. (in press). Critical community psychology and qualitative methods: A conversation. *Qualitative Inquiry*.
- Nelson, G., Janzen, R., Ochocka, J., & Trainor, J. (2010). Participatory action research and evaluation with mental health self-help groups and organizations: A theoretical framework. In L. Brown & S. Wituk (Eds.), *Mental health self-help: Consumer and family driven initiatives* (pp. 39–58). New York: Springer.
- Nelson, G., Janzen, R., Trainor, J., & Ochocka, J. (2008). Putting values into practice: Public policy and the future of mental health consumer-run organizations. *American Journal of Community Psychology*, 42, 192–201. doi:10.1007/s10464-008-9191-y.
- Nelson, G., Ochocka, J., Janzen, R., Trainor, J., Goering, P., & Lomotey, J. (2007). A longitudinal study of mental health consumer/survivor initiatives: Part V—Outcomes at 3-year follow-up. *Journal of Community Psychology*, 35, 655–665. doi:10.1002/jcop.20171.
- Nelson, G., & Prilleltensky, I. (2010). *Community psychology: In pursuit of liberation and well-being*. New York: Palgrave.
- Nelson, G., & Saegert, S. (2009). Housing and quality of life: An ecological perspective. In V. R. Preedy & R. R. Watson (Eds.), *Handbook of disease burdens and quality of life measures* (pp. 3363–3382). Heidelberg: Springer.
- Noël, A. (2002). *A law against poverty: Québec's new approach to combating poverty and social exclusion*. Ottawa: Canadian Policy Research Networks Inc. Available at <http://www.cprn.org/index.cfm>.
- Nores, M., & Barnett, S. W. (2010). Benefits of early childhood interventions across the world: (Under) Investing in the very young. *Economics of Education Review*, 29, 271–282. doi:10.1016/j.econedurev.2009.09.001.
- O'Neill, P. (2005). The ethics of problem definition. *Canadian Psychology*, 46, 13–20.
- Ontario Ministry of Health. (1993). *Putting people first: The reform of mental health services in Ontario*. Toronto: Author. Available at <http://ontario.cmha.ca/files/2011/06/puttingpeoplefirst.pdf>.
- Ornelas, J., Duarte, T., & Fátima Jorge-Monteiro, M. (in press). Transformative organizational change in community mental health. In G. Nelson, B. Kloos, & J. Ornelas (Eds.), *Community psychology and community mental health: Towards transformative change (Society for community research and action book series)*. New York: Oxford University Press.
- Pascal, C. (2009). *With our best future in mind: Implementing early learning in Ontario*. Toronto: Queen's Printer. Available at [www.ontario.ca/earlylearning](http://www.ontario.ca/earlylearning).
- Pawson, R. (2006). *Evidence-based policy: A realist perspective*. London: Sage.
- Prilleltensky, I. (2012). Wellness as fairness. *American Journal of Community Psychology*, 49, 1–21. doi:10.1007/s10464-011-9448-8.
- Rappaport, J. (1977). *Community psychology: Values, research, and action*. New York: Holt, Rinehart and Winston.
- Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, 9, 1–25.
- Rappaport, J. (2005). Community psychology is (thank God) more than science. *American Journal of Community Psychology*, 35, 231–238. doi:10.1007/s10464-005-3402-6.
- Sackett, D. L., Rosenberg, W. C., Gray, J. A. M., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: What it is and what it isn't. *BMJ*, 312, 71–72.
- Sarason, S. B. (1984). Community psychology and public policy: Missed opportunity. *American Journal of Community Psychology*, 12, 199–207.
- Schraad-Tischler, D. (2011). *Social justice in the OECD—How do the member states compare?* Available at [www.bertelsmann-stiftung.de](http://www.bertelsmann-stiftung.de).
- Seidman, E., & Rappaport, J. (Eds.). (1986). *Redefining social problems*. New York: Plenum.
- Seidman, E., & Tseng, V. (2011). Changing social settings: A framework for action. In M. S. Aber, K. I. Maton, & E. Seidman (Eds.), *Empowering settings and voices for social change* (pp. 12–37). New York: Oxford University Press.
- Serrano-García, I. (2013). Social policy: The tightwire we walk (a commentary). *Global Journal of Community Psychology Practice*, 4(2). Available at <http://www.gjcpp.org/>.
- Shinn, M. (2007). Waltzing with a monster: Bringing research to bear on public policy. *Journal of Social Issues*, 63, 215–231.
- Siddiqi, A., Hertzman, E., Irwin, L.G., & Hertzman, C. (2012). Early child development: A powerful equalizer. In J. H. Lee & R. Sadana (Eds.), *Improving equity in health by addressing social determinants* (pp. 115–141). Geneva: World Health Organization, The Commission on Social Determinants of Health Knowledge Networks. Available from [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/).
- Simmons, H. (1990). *Unbalanced: Mental health policy in Ontario, 1930–1989*. Toronto: Wall and Thompson.
- Solarz, A. L. (2001). Investing in children, families, and communities: Challenges for an interdivisional public policy collaboration. *American Journal of Community Psychology*, 29, 1–14.
- Stanhope, V., & Dunn, K. (2011). The curious case of Housing First: The limits of evidence based policy. *International Journal of Law and Psychiatry*, 34, 275–282. doi:10.1016/j.ijlp.2011.07.006.
- Stiglitz, J. (2012). *The price of inequality: How today's divided society endangers our future*. London: Norton.
- Trainor, J., & Church, K. (1984). *A framework for support for people with severe mental disabilities*. Toronto: Canadian Mental Health Association/National Office.
- Trainor, J., Pomeroy, E., & Pape, B. (Eds.). (1999). *Building a framework for support: A community development approach to mental health policy*. Toronto: Canadian Mental Health Association/National Office.
- Trainor, J., & Reville, D. (in press). Beginning to take control: Ontario's Consumer/Survivor Development Initiative. In G. Nelson, B. Kloos, & J. Ornelas (Eds.), *Community psychology and community mental health: Towards transformative change (Society for Community Research and Action Book Series)*. New York: Oxford University Press.
- Trickett, E. J., Kelly, J. G., & Todd, D. M. (1972). The social environment of the high school: Guidelines for individual change and organizational redevelopment. In S. E. Golann & C. Eisdorfer (Eds.), *Handbook of community mental health* (pp. 331–406). New York: Appleton-Century-Crofts.

- Tsemberis, S. (2010). *Housing First: The pathways model to end homelessness for people with mental illness and addiction*. Minnesota: Hazelden.
- United Nations Children's Fund (UNICEF). (2012). *Inequities in early childhood development—what the data say*. New York: Author. Available at <http://193.108.43.49/content/library/documents/inequities-early-childhood-development-what-data-say-evidence-multiple-ind>.
- Waddell, C., Lavis, J. N., Abelson, J., Lomas, J., Shepherd, C. A., Bird-Gayson, T., et al. (2005). Research use in children's mental health policy in Canada. *Social Science and Medicine*, *61*, 1649–1657.
- Wandersman, A., & Florin, P. (2000). Citizen participation and community organizations. In J. Rappaport & E. Seidman (Eds.), *Handbook of community psychology* (pp. 247–272). New York: Kluwer/Plenum.
- Watzlawick, P., Weakland, J., & Fish, R. (1974). *Change: Principles of problem formation and problem resolution*. New York, NY: Norton.
- Weiss, C. H. (1999). The interface between evaluation and public policy. *Evaluation*, *5*, 468–486.
- Westhues, A. (2012). Becoming acquainted with social policy. In A. Westhues & B. Wharf (Eds.), *Canadian social policy: Issues and perspectives* (5th ed., pp. 3–20). Waterloo, ON: Wilfrid Laurier University Press.
- Yalnizyan, A. (2013). *Study of income inequality in Canada—What can be done: Presentation to the House of Commons Standing Committee on Finance*. Ottawa, ON: Canadian Centre for Policy Alternatives. Available at <http://www.policyalternatives.ca/newsroom/updates/ccpa-presents-income-inequality-standing-committee-finance>.