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Editorial

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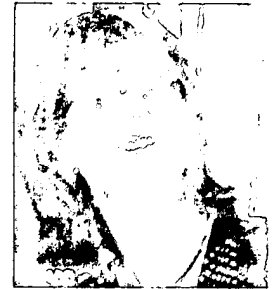
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It is a particular pleasure to introduce this special issue of *Just Policy*, published, by coincidence, just as the new federal Labor administration is beginning to get to grips with shaping its policy agenda. This issue focuses on policy in relation to the position of different disadvantaged, marginalised and/or socially excluded groups. A focus on such groups is essential if we are to succeed in addressing the many inequities in the distribution of health and wellbeing that exist no matter what geographical scale we are talking about: across the different communities of Victoria, Australia, or internationally.

Common to all the contributors here is an understanding of the determinants of health and welfare inequities as grouped into three discrete but overlapping and integrated types: upstream, midstream and downstream. Upstream factors are those social, physical, economic and environmental factors affecting health and welfare that are influenced by government policies and factors associated with globalisation; these includes education, employment, occupation and working conditions, income, housing and country or area of residence. Midstream level factors are those social, physical, economic and environmental contexts that influence health and wellbeing indirectly via psychosocial processes and health or social behaviours, or more directly via accidents, injuries and violence. Downstream level factors are those changes or disruptions to functioning of various physiological systems.

The prioritisation of a focus on macro or upstream approaches is extremely important with respect to tackling the public health agenda, and this is the focus taken by much of the research discussed in this issue. This acknowledges that individuals live and work in a variety of social, physical, economic and environmental contexts that influence psychosocial wellbeing and behaviour and ultimately health and wellbeing. It recognises the important and urgent need for policies and interventions that incorporate inter-sectoral collaboration, for example, between health, welfare, housing, education and

employment sectors. The development of systemic and sustainable change needs the development, implementation and evaluation of policies and interventions that involve: changes to macro level social and economic policies; strengthening communities for health and wellbeing (including individuals and families); improving living and working conditions; influencing behavioural risk factors; and addressing and engaging the health care system and its associated services.



The papers in this edition have been divided into two sections. The first section focuses on different policies and their impact on health and wellbeing. The papers marshal the findings from a range of different research studies that addressed the impact of past policy

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and past practice, and to explore the implications of these findings for the development of future policy and practice that will improve the relative position of currently disadvantaged groups. The second section focuses more on issues of research methodology, exploring the potential of two different approaches, (community-based participatory research and Health Impact Assessment), in researching social exclusion, social policies and health.

The first paper in the first section, by Furneaux and Cook, provides a detailed analysis of the Australian Temporary Protection Visa (TPV) policy. Their study, based on in depth, semi-structured interviews, examined how institutional policies and processes shape the experiences of refugees both during and post-TPV. Their findings

highlight the issues of employment, access to English language classes, financial hardship and ongoing issues associated with family sponsorship as the main problems during TPV status. Critical analysis indicated that many of the problems associated with the TPV process continued well into the lives of those who have been granted permanent protection and that post-TPV refugees are not afforded the full social rights to which they are entitled, pointing to the existence of structural factors maintaining social exclusion and disadvantage for this particular group, with consequent effects on their individual rights.

Gussy et al, in the second paper, examine the case of community water fluoridation (CWF). Often advocated as an exemplary public health intervention (as Gussy et al mention, in 1999, the Centre for Disease Control listed as one of the ten great public health achievements of the 20th century (CDC 1999)), it still remains controversial, and recently, the widespread use of other forms of fluoride particularly toothpaste have caused some to question the ongoing relative benefits at the population level of artificially adjusting water supplies. The paper concludes from its review of the current available evidence that CWF continues to offer benefits over and above those afforded by alternate sources of fluoride such as toothpaste and supplements. The paper also finds some evidence that fluoridation of water supplies reduces social inequalities in dental disease experience, but emphasises however, that further research is required to provide better evidence for this claim. The paper identifies a lack of access is biased towards lower socio-economically positioned groups, through the provision of CWF primarily in metropolitan areas.

The third paper addresses one of the major global challenges to health and well-being, namely climate change, where the predicted health consequences will affect every strata of the population. Climate change and its resulting impact on the physical environment will lead to a ripple effect, touching all aspects of people's lives, with significant implications for physical, emotional, mental, social and spiritual health. To date, all levels of government and some public utilities have responded with an array of water and energy conservation policies, in an attempt to both adapt to and mitigate the affects of climate change. Capetola's paper seeks to examine the extent to which a selected sample of these climate change policies contribute to or alleviate the experience of social exclusion experienced by certain segments of the population, such as people living in rural areas, from low socio-economic status and/or non-English speaking backgrounds. It discusses a range of examples responding to this important health and wellbeing issue with clear implications for public policy.

The fourth and fifth papers in the first section both address the topic of domestic violence, understood as abuse by a current or past intimate partner. While both papers acknowledge the existence of male victims/survivors, their focus is on female victims/survivors and male perpetrators. Morley and Macfarlane's paper subjects the Howard government's policy on domestic violence to a critical,

feminist, analysis, whilst additionally acknowledging the significance of intersectionality theory which identifies, for example, the ways in which race and gender shape experiences of oppression or privilege. They find that the Howard government's policy responses to the issue of family violence have reflected a renewed attack on previous gains made by women, and exemplify a neo-liberal, neo-conservative approach to social policy. The impact of this in relation to the service responses to victims/survivors of abuse is explored, highlighting actual and potential negative effects of this policy stance on domestic violence. They illustrate the value of a feminist analysis in conceptualising and implementing appropriate practice and policy responses to this significant social issue.

The focus of Pease and Rees' paper, the final paper in section one, is on domestic violence against immigrant and refugee women who are particularly at risk in cases of domestic violence. To make sense of this issue, they articulate an intersectional feminist framework that they used to analyse the results of an empirical investigation of men's violence against women in refugee families in Melbourne. Although this research has investigated the complex field of domestic violence, culture, trauma and historical and contemporary disadvantage, it has a fundamental prerequisite stance, that, regardless of past and current experiences, men must take responsibility for their abuse of women. Pease and Rees' concern is with understanding how male domination manifests itself within each culture and emerging, changing cultures in the diaspora, and exploring its connections with men's violence against women within the unique domain of the refugee experience. Their paper argues for the development of programs and interventions with violent men that recognise the impact of class, race and ethnicity on men's lives, and presents a case for community-based, culturally-competent interventions in specific communities as well as multi-level empowerment based interventions.

Moving on to the second section with its focus on methodological innovation, domestic violence is also the focus of the first paper in the second section, where Potter explores the case for applying Health Impact Assessment (HIA) to the specific case of domestic violence policy development. She argues that HIA, by bringing a consideration of health to the policy development process and by identifying any potential health impacts of a policy or strategy prior to its implementation, can potentially assist in assuring that that domestic violence policy in its own right does not result in adverse health outcomes for women through unintended or unanticipated outcomes.

In the final paper of the second section Gibbs and colleagues present a hypothetical exploration of the costs and benefits of community-based participatory research (CBPR) using as a single case study a CBPR project that is underway. Community-based participatory research (CBPR) involves a shift from traditional expert-driven research to a co-learning process that recognises the community as active research partners. This is reported to contribute to more

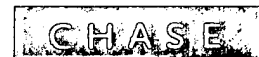
relevant, equitable and sustainable research outcomes. The additional time and resources involved in CBPR is perceived to be a barrier to more widespread adoption of this research approach. As all research resources are limited, the additional potential benefits offered by a CBPR approach over and above a more traditional research approach need to be weighed against any potential additional costs involved. Using one particular case study, estimates how additional benefits and costs might compare. They conclude in this case that a CBPR approach has minimal overall impact on potential research costs and time as the initial additional investment of time and money is offset by efficiencies achieved through increased access to the community and shared resources. However, it does represent a significant additional investment by the community.

Reading across the papers in this issue, several common themes seem worth highlighting here. The first of these is that many of the papers, and/or the studies discussed within them have arisen as a result of research carried out in partnership between academics and practitioners and/or health and welfare service providers. Creating positive partnerships is particularly essential in ensuring the research can inform policy and practice. The final paper in the issue (Gibbs et al) illustrates this very explicitly, being prepared as a collaborative exercise by University researchers (Gibbs, Gold, Waters, Riggs) and Community partners (Kulkens, Van Gemert). What is also evident in many of the papers is a close and reciprocal relationship between theory and practice, important in ensuring the relevance of academic research and theorising to policy development that can make a difference to inequities. Adrienne Rich, feminist theorist and activist, expresses this wonderfully: 'Theory - the seeing of patterns, showing the forest as well as the trees - theory can be a dew that rises from the earth and collects in the rain cloud and returns to earth over and over. But if it doesn't smell of the earth, it isn't good for the earth' (Rich 1984, pp. 213-4).

Finally, a number of the papers discuss negative impacts of policy in terms of restriction of human rights: Furneaux and Cook; Gussy et al; Morley and Macfarlane; and, Pease and Rees. It is increasingly argued (Gruskin et al 2007) that argumentation based on human rights serves as a valuable ground for developing new or re-developing old health and social policies so that they will successfully tackle inequity. Various forms of human rights analysis or assessment have been developed (Gruskin & Tarantola 2005; Hunt & MacNaughton 2006) to help in this process; this is a fruitful area for further work in the future. A previous special edition of this journal (number 43, April 2007) explored the context, theory and practice of human rights developments and the consequent implications for social policy, focusing both on the situation in different Australian states and outside Australia. The implementation of the Victorian Charter of Human and Responsibilities from January 1st this year (<http://www.humanrightscommission.vic.gov.au/> and then select human rights and then the Charter) provides new opportunities for ensuring that rights are supported rather than threatened when

creating or interpreting laws or policies, and contains papers that illustrate both the Charter's potential (Williams 2007) and caution against regarding it as an unproblematic panacea (Salvaris 2007). The incoming Rudd government has also promised an apology, long overdue, to Australia's indigenous people, an important step towards reconciliation and in recognising the need to address the many human rights abuses affecting indigenous people connected with Australian policies, past, and unfortunately still present.

So, these are exciting times for researchers whose rationale for doing research, like authors represented in this special edition, is not just the pursuit of knowledge (important and fascinating though that is), but the desire for understanding how to promote change in policy and practice that works towards equity and social justice; in the words of Karl Marx's 11th Thesis on Feuerbach (1845): 'Philosophers have hitherto only interpreted the world in various ways; the point, however, is to change it'. While the challenges we face are enormous, there are also enormous opportunities. We hope the papers presented here serve as a stimulus to seeing this type of research flourish, both in substantive application and in terms of methodological development, so that we can fully utilise the opportunities present in this current climate.



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