Note: this paper is a very rough sketch of elementary ideas and questions around the concept of placebo policies. I would be grateful for any comments, critiques and suggestions (allan.mcconnell@sydney.edu.au).

Title: Placebo Policies: Feelgood Measures For Tough Policy Problems

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INTRODUCTION

This is a very different paper from the one I intended to write. My original goal was to draft a heuristic – a combination of map and compass – that would allow researchers to think about a neglected aspect of policy studies but one that I think is pervasive in the practice of policy making. I am referring here to 'placebo' policies, a term which as far as I can see was used initially and briefly by Stringer and Richardson (1979), Gustafsson (1983) and Hogwood and Peters (1985) but little else since.

This short paper I have written does not do what I intended – to some extent because I realised that I needed to walk and reflect a bit, rather than trying to run from a standing start. So, this paper is a basic and personally reflective outline of some issues to consider in thinking about placebo policies. It resolves little and indeed it begs more question than it answers. Nevertheless, I have come to realise that this exceptionally tough topic requires some caution.

WHY PLACEBO POLICIES?

After writing several pieces on the nature of policy success (McConnell 2010a, 2010b, 2017), I became ever-more convinced that policies had a value to policy policy-makers, beyond that of attempting to address the policy problem. Amon other things, policies can help boost the electoral fortunes/political capital of policy makers and help forge a governance trajectory. Indeed, my instinct was that in some instances, the value of a policy is not really in terms of trying to fix a problem (that could never be fixed), but in demonstrating that government is seeking to manage the perception that it is dealing with the problem. Instinctively, the kind of policy initiatives that have a strong placebo element would be in relation to:
- complex wicked policy problems e.g. gender inequality, poverty, crime, indigenous disadvantage
- sudden emergence of media firestorms/panics/scandals/panics/crises
- public sector organisational reforms to join up, rationalise, refocus service delivery etc.

Governments cannot be seen to be absent when it comes to such issues. Governments cannot say we want nothing to do with addressing poverty, managing pandemics or addressing the issue of 'failing' systems and processes in governments agencies and departments. Addressing such issues can pose immense and at times seemingly impossible challenges, However, if they are armed with with a raft of policies in place to alleviate some of the symptoms and occasionally mitigate deeper causal factors, governments can at least demonstrate that they are doing something.

My instincts here are similar to Edelman and his argument about words that succeed and policies that fail', where using upbeat language, showing compassion and showing initiative, are often enough to mask the fact that many policies are never going to work as effectively as government's might have us believe. Contingency planning for disasters is a similar issue. Plans may be more or less effective in the event that a disaster/crisis happens, but government can't be seen to be absent

by not having a plan (Clarke 1999). Failure to have a plan, smacks of recklessness and a public dereliction of duty.

So, irrespective of the merits (or otherwise) of the impact of a particular policy, perceptions of what a government is doing to address a policy problem can convey competence, compassion and leadership, or precisely the opposite: incompetence, lack of compassion and lack of leadership. Most policy makers (political and bureaucratic) would understand that designing policy responses involves not only tackling a problem, but managing perceptions of what is being done to tackle a problem. For governments it is important to 'have a policy' as well appearing to have a policy.

THE ADDED PRESSURES OF AN AGENDA SQUEEZE

The very business of being in government, means that politicians and officials are directly asked, lobbied and pressured to address a particular issue, as well as indirectly expected to respond to issues of concern that emerge from sources ranging from political opponents and non-governmental organisations, to new and old media. Yet in pragmatic terms, government has limited policy capacity (such as time, expertise and resources) to tackle every issue that seeks to break onto its policy agenda. The issue is also a political one, in the sense that government has its own sympathies and concerns, which in turn means that – all things being equal – it has greater interest in dealing with some issues and a stronger sense of the types of policies that constitute appropriate responses. This combination of (a) high expectations/high demands and crowded policy agendas, coupled with (b) limited policy capacity and limits to its political will, means that governments cannot and do not equally tackle the causes and symptoms of every single problem that is asked and/or expected of it. Coping with these competing forces is a daily problem for governments. Often, expectations of intervention outstrip governments' capacity and will to do so. Placebo policies are one tool in government's toolkit, enabling them to reduce (or at least try to reduce) the agenda burdens placed on them.

WHY USE THE TERM PLACEBO POLICY?

In medical terms, a placebo is an intervention with no medical effect, but its very existence makes some patients feel as though they obtaining benefit. Medical placebos – often sugar pills - are placebos in themselves i.e. they are medical treatments that are technically unable to impact positively on the conditions for which they are administered. I have some reservation in applying this definition wholesale to policy placebo. I would have to define a policy placebo as having no effect on the cause or symptoms of a policy problem, but its very existence makes some citizens and stakeholders feel as though the problem is being addressed. While I think that a strict definition of placebo as 'having no effect' would very rarely apply to a policy problem, I nevertheless feel that it is useful to retain the metaphor of a 'placebo'. Metaphors have a long history in policy studies (from policy cycles to multiple streams, garbage cans). While they are very simple and rarely stand up to extrapolation and detailed scrutiny, they nevertheless are useful in capturing the imagination of analysts and researchers. The term placebo policy helps capture something of the dynamics of many government policies – of needing to be seem to do something and managing the perceptions that it is doing something, even although the policy/program itself might do little to actually address the policy problem.

HOW CAN WE RESEARCH PLACEBO POLICIES?

One difficulty is that most policies are likely to have a placebo effect – however small. Whatever government chooses to do or not to do, the very existence of a policy sends out a signal (however strong and however well received), that government is doing *something* to address a problem.

It is difficult, therefore, to separate out placebo and 'non-placebo' policies, if indeed the latter actually exists.

Another potential barrier is that policy problems, causes and solutions are often complex, ambiguous and contested. For example what are the causes of drug abuse? Individual weakness? Poor enforcement of the law? Dealers and drug cartels? What, therefore, should be done about drug abuse? Tougher penalties? Better Education? Better enforcement? Tackling drug networks? The range of possibilities are endless yet the spirit behind placebo policies is that the largely address symptoms are less likely to address deeper causes (whatever these causes may be). One consequence is that placebo policies are methodologically difficult to research. We could certainly use surveys and interviews in an attempt to capture 'feel good' experiences of stakeholders and citizens, but the much tougher issue is operationalizing the minimal effects of a policy for example. For example, if we felt that government was resorting to a tokenistic placebo policy such as the creation of a homelessness task force in order to address the problem of homelessness, we would need strong agreement on the causes of homelessness and the symptoms of homelessness, before we could say (if at all) that the work of the task force had minimal effects on the causes and/or symptoms of homelessness. As with drug abuse, arriving at an authoritative and widely accept 'cause' of a particular policy problem can be an exceptionally difficult task.

A further complication is in terms of the motivations of political decision makers. The use of placebo policies may be conscious and/or unconscious. Or to put it another way, placebo policies may be driven my strategic intent (the cynical view), or they may be driven be a genuine desire to do good in the face of difficult circumstances (the optimistic view). Unless we bring a pre-determined research position to bear (such as rational choice), then we would have to research the existence or otherwise of strategic intent through interviews, surveys etc. Clearly, it would be difficult to get hard and reliable data/information, because the admission of strategic (placebo) intent smacks of deceit and manipulation

DEFINING A PLACEBO POLICY

At least for initial heuristic purposes, I am tempted to be more pragmatic, leaving motivations out of a working definition, but being aware that motivations may be part of the explanation for the deployment of a placebo policies. Hence, my working definition is that:

> *a policy placebo is a policy with minimal effect on the causes and/or the symptoms of a policy problem, but its very existence makes some citizens and stakeholders feel as though the policy problem is being addressed.*

ARE SOME POLICY PROBLEMS MORE LIKELY TO PRODUCE PLACEBO POLICIES THAN OTHERS?

I've already suggested some areas such as wicked problems and media firestorms that are more likely generate a mismatch between the demand for policy action and government's capacity and/or willingness to take effective action. Taking this a bit further would be through a typology which encapsulates key phenomena and the extent to which they vary.

Table 1: Placebo Policies – A Typology					
	Public Visibility of the Issue	Complexity of the Problem	Degree of Urgency	Expectations that Government Will Act	Government Capacity to Address the Issue
Strong Placebo	High	High	High	High	Low
Moderate Placebo	Medium	High/Medium	Medium/ Low	Medium	Medium
Weak Placebo	Medium/ Low	High/Medium/ Low	Low	Low	High

The lower a government's capacity to address an issue (potential barriers would include the power of established coalitions, resourcing issues, complexity of the issue and lack of time for a careful examination of policy options) then the more inclined it will be to produce a placebo policy. The epitome would be 'strong' placebo policies where a major driver for government is to manage an issue down or off the agenda. Policy issues surrounding rapid response to shark attacks are arguably one such case, where public reassurance is typically the driver for new initiatives (such as shark nets or aerial patrols) even though such measures have limited effectiveness in terms of public safety.

On step removed are moderate placebo policies. All the main variables shaping a response will tend to be neither very high or very low. In essence, a hoped-for placebo effect is reasonably prominent factor to help compensate for some government lack of capacity to address the causes and symptoms of a policy problem. The creation in the US of the Department of Homeland Security after the 9/11 attacks is potentially a moderate placebo, in the sense that it cultivates a level of reassurance that the US has a coherent approach to the protection of the country from internal and external attack, even although the challenges of doing so are near insuperable.

Further removed are weak placebo policies (such as some municipal policies around parks and recreation), where government does have strong capacity to address an issue and there are no highly charged imperatives such as time pressure and strong public visibility, providing it with the freedom to not be overly concerned about public/stakeholder perceptions. This is not to imply an absence of a placebo effect. Rather it is to suggest that it is low, and there are no strong imperatives for government to consider agenda management to be a major driver of its policy design process.

ARE PLACEBO POLICIES RISKY?

To varying degrees, the answer to this question is yes. All policies carry risks they will not achieve their many goals. Policy making involves formal and intuitive risk assessments that involve policy makers weighing up multiple potential outcomes (amid the often multiple goals of policies) and accepting that proceeding with a particular policy is likely to involve accepting or at least tolerating some risks (Althaus 2008). Building from recent work on policy success and failure, I would argue that placebo-inclined policies have agenda-management attractions for government but they also generate policy making, programme and political risks.

Policy making Risks
- Government unable to gain legislative/executive approval for its proposals because they are considered tokenistic
- Proposals lack legitimacy because they are not considered a credible response
- Proposals insufficient to build a sustainable alliance of interests to support them but they are considered weak an ineffectual

Programme Risks
- Government encounters implementation problems of confusion generated by the grander aims of the programme not being reflected in more modest measures put into practice
- Government unable to achieve desired programme outcomes because it has oversold the benefits of the programme

Political Risks
- Government damages its electoral prospects/reputation because it is perceived as not being serious enough and appropriate in the way it addresses societal problems.
- Government agenda-management tactics backfire and a policy widely perceived as 'token' generates high levels of discussion and controversy
- Broad values and direction of government under threat because its approach is seen to be dysfunctional e.g. lacking compassion, misguided.

WHERE TO NOW?

More thinking is needed around the aforementioned issue (feedback very gratefully received)! There are also a few other issues to consider:

1. Gustaffson and Richardson (1979: 415) ask the question 'What are policies for?'. A simple answer would be 'to help solve policy problems'. This is the logic of the policy cycle, of quasi-rational policy process and indeed it and remains today the public face of policy makers and political elites. I am intrigued by the answer of Gustaffson and Richardson (1979) argue that even on the most basic of levels, policies can seek to (a) solve the policy problem (b) give the appearance of tackling the problem when there are no real solutions available and/or (c) address the conflict generated by the policy problem. I am intrigued but feel there are a deeper range of possibilities. Policies being 'for' the managing of perceptions would be one role.
2. How can we identify – with a standard by which to compare – the effects of policies? We would need such a standard to gauge minimal policy effects.
3. Can we 'prove' that a placebo policy exists? Here we get into classic ontological questions questions, filtered through the lenses of foundationalism, interpretativism etc. Perhaps a more pragmatic approach is to think about plausibility, perhaps using triangulation. Could we say that a combination of minimal policy effects, feelgood and motive make for a plausible case?
4. Many people I have spoken to 'get' the concept of placebo policies straightaway. There's something worth exploring here – albeit difficult to research. What's the best ways of doing so?!?!

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