

Despite the pervasive gloom and doom which seems to be the spirit of our age, there are grounds for hope as we now have the conceptual and empirical components of a strong foundation for developing programs aimed at family strengthening and community building.

Dorothy Scott outlines these components, gives examples of what she sees as promising programs, draws together the common ingredients, and identifies some of the challenges such programs face in “going to scale”.

Building communities that strengthen families



This discussion extends a keynote address I gave in 1999 at a conference at the University of Newcastle, subsequently published in *Children Australia* (Scott 1999), and explores what appear to be effective elements in programs aimed at strengthening families and rebuilding communities. In doing so, I will draw upon examples from my recent research at the University of Melbourne and from programs with which I have been involved through The Ian Potter Foundation.

In this discussion, I will be focusing on what might be called “micro-level” community building – interventions aimed at developing natural helping networks around families and generating social capital at the neighbourhood level. Such interventions obviously need to be embedded within “macro-level” interventions that address underlying structural inequalities.

The conceptual foundations for such initiatives are twofold: an ecological framework for understanding families and communities; and empirical research on prevention.

An ecological way of understanding families and communities

We have recently witnessed a re-emergence of an ecological understanding of child development and family life developed by Urie Bronfenbrenner and extended by James Garbarino. This perspective provides a conceptual framework which bridges the social exterior and the psychological interior of family life.

Bronfenbrenner (1979) spoke of the social environment as akin to a “set of Russian dolls, each nested within the other”, or a series of concentric circles, each of which represents a different level of analysis from the family through to the society. The innermost circle is the *microsystem* of the family which is embedded within the *mesosystem*, or the web of kith and kin and neighbourhood networks. These exist within the *exosystem*, the formal service system and labour market, which in turn is encompassed within the *macrosystem* or the cultural blueprint of the society. In reality, of course, the social world has no such boundaries, and is as dynamic and complex as any natural ecological system.

Garbarino (1995) reminds us that while the most socially toxic of western communities are those which are materially impoverished, there are some low income communities that are well endowed with social capital while there are affluent communities which have little social capital and where children are not free to move beyond their walls and elderly people live in fear. We therefore need to identify the conditions that are present in healthy communities and seek to replicate these elsewhere.

The ecological framework is essentially an analytical tool that provides a conceptual link between family and community. As such it is descriptive rather than prescriptive and in itself does not provide specific strategies for intervention.

New research on prevention that can guide effective programs

We now have a growing body of research on vulnerability and resilience, much of it based on sound longitudinal studies. This is complemented by a growing body of research on the evaluation of prevention strategies.

A recent meta-analysis of 1200 outcome studies of prevention programs in the United States (Durlak, 1998) demonstrates that the same set of risk factors at the levels of the individual child, the family, the peer group, the school environment, and the broader community is associated with major negative outcomes. These include child behavioural and mental health problems, school failure, drug use, and child abuse. And the same set of protective factors, including the availability of social support, and connectedness to school and family, is associated with positive outcomes.

It is this body of knowledge that underpins the Federal Government's Pathways to Prevention initiative in crime prevention, and which is also behind the Communities that Care program focused on adolescents in high risk communities.

In the words of the reviewer, Joseph Durlak (1998: 518): "Those working with prevention in different fields must realise that the convergence of their approaches in targeting common risk and protective factors are likely to overlap . . . Categorical approaches to prevention that focus on single domains of functioning should be expanded to more comprehensive programs with multiple goals. Future prevention programs, therefore, will need to be more multidisciplinary and collaborative. Also needed are comprehensive process and outcome assessments of how risk and protective factors influence outcomes in multiple domains."

There are two messages for us here. The first is that the separate silos of health, mental health, education and welfare need to be bridged at the policy creation, program development and service delivery levels. The second is that in relation to our prevention programs we need formative evaluations – evaluations focused on process, not just summative evaluations focused on outcomes. That is, we not only need to know *if* programs work, but we also need to know *how* and *why* they work. Knowing the therapeutic ingredients – what actually happens in a program and under what conditions, is equally important.

Emergence of innovative programs

Creative approaches to community rebuilding and family strengthening are emerging across Australia. Overseas programs are also being implemented here. We need to identify the core elements of both effective home-grown and imported programs, and explore their potential to be transplanted in different community contexts.

I have selected the following four examples to highlight some of the issues that this involves. Each example, in a different way, is involved in generating social support for families with young children. We know that deficits in social support are strongly associated with a broad range of psycho-social problems including maternal depression and child neglect. If we can demonstrate enhanced social support then we have reason to believe that this may prevent such psycho-social problems. We should not however assume that this is a simple unilinear relationship as deficits in social support may be a function of an individual's or a family's limited capacity for reciprocity and social exchange, the lifeblood on which all social networks depend for their survival.

The first example deals with the transition to parenthood, and is based in maternal and child health services in two outer urban fringe Melbourne municipalities.

The second is an early childhood education program focused on emergent literacy development among children aged one to three years in socially disadvantaged families in rural New South Wales.

The third is a North American program for primary school aged children with behavioral and related problems, and involves child welfare agencies working in close collaboration with primary schools.

And the fourth example is a community development project undertaken by a child and family welfare agency in a stigmatised and socially disadvantaged community in regional Victoria.

Transition to parenthood and social network intervention

For over 20 years the untapped potential of maternal and child health centres has been the focus of much of my research. We have had such services in Australia since the early twentieth century, and what were once infant health focused services are now broadening their focus to include family psycho-social well-being.

In Victoria over the past few years, all maternal and child health services have been funded to provide new parent groups for first-time parents. Approximately two thirds of first-time mothers join such groups. These groups run for six to eight weeks within the first few months of birth and have an educational focus on feeding, settling, safety and the like, but they also have a social support function. Facilitating such groups is a new role for the nurses, and a statewide professional development program was created to help them perform this role in non-didactic ways which might be more likely to facilitate group cohesion.

Our study, funded by the Department of Human Services and the University of Melbourne, evaluated the outcomes of these six to eight week groups in terms of their long-term capacity to create self-sustaining social networks (Scott, Brady and Glynn, in press).

We followed up all women who joined such groups in 1996 in two outer urban municipalities of Melbourne and found that one to two years later over 80 per cent of these women were still meeting regularly in their groups on an informal basis, usually in one another's home. Even when the group did not survive, usually due to women returning to paid employment, many of the women continued one-to-one friendships they had formed through the group. In some cases family-to-family friendships evolved. The women talked about "getting together for the children" as the main reason for the group continuing, but they also reported marked benefits for themselves in terms of confidence as a parent, social contact and support.

An outcome evaluation only tells us so much. We also set out to document the diverse ways in which nurses approached their work with these groups and how they had to adapt to the particular needs of their area.

Some nurses were successful in including fathers in the groups. They would hold one of the groups in the evening and specifically invite fathers to come along with their partners for a session on "infant resuscitation". There was none of this "talking, sharing and caring stuff" for these blokes – at least not initially. What got them through the door and down on to the floor was the invitations to learn how to save their child's life. Once "captive" however, the men provided opportunities which some nurses skillfully

exploited. One nurse with a good sense of humour described how she soon had the fathers talking about the challenges of fatherhood and the changes to the couple relationship following the birth (“what happened to sex?” she would ask, and everyone would laugh). Even the sensitive area of the danger of shaking babies was broached with both mothers and fathers encouraged to talk about the frustration of caring for a baby and their strategies for dealing with this.

Other nurses were particularly successful in engaging adolescent mothers, sometimes forming special groups for them. One described how she would put aside the usual list of topics (which she knew the young women would reject as “parenting propaganda”), and sit on the floor with them as they made babies toys and talked about their troubles. From her own money she would buy them coke instead of tea and coffee, and after discovering that some of the young women would drive to the group in unlicensed cars, she arranged for a council bus to bring them.

It is in the fine detail of professional practice such as this that one finds the pearls of practice wisdom. Rarely is this captured in program evaluation but only by describing such detail can innovative and creative methods of working be identified and transmitted to others.

There are several points I would want to make with this example. First, the program required thinking beyond the silos of “health” and “welfare”. Second, this innovation was incremental and was done within an existing service system as there is no way that government resources would have been available to have mounted a program like this outside an existing service. Third, a professional development program was necessary to enhance the skills of staff to deliver this program. Fourth, it tapped the resources within the community for mutual aid – the professional was merely the catalyst or yeast for a naturally occurring social process. Finally, it reached out to families from an accessible, non-stigmatised setting and was based on broad goals of facilitating healthy parenthood, not “preventing child abuse and neglect” in a targeted “at risk” group.

An ecological perspective leads us to see a maternal and child health centre as akin to a village well for new parents – a potential nucleus in the neighbourhood networks where information is informally exchanged and where friendships have a chance to develop between those sharing a common life transition.

We need to identify and exploit the potential of “village wells” in our communities for people of all ages and stages in the family life course. With imagination we could tap the capacity of naturally occurring sites of social interaction such as day care centres, kindergartens, parks, laundromats, churches, schools and shops.

A home-based emergent literacy program (HELP)

The Ian Potter Foundation has provided support to Associate Professor Laurie Makin from the University of Newcastle for her pioneering work on emergent literacy in one to three year old children in rural New South Wales.

This home-based program is fine example of a program that has as its manifest goal the development of children’s literacy while also providing one-to-one support for vulnerable and socially disadvantaged rural families. The activities are designed to be fun for both the parent and the

child, and so reinforce positive interaction in their relationship. Parents also come together on a regular basis, thus strengthening mutual support. While ostensibly an early literacy program, it is delivered in a way that places the parents at centre stage of their child’s education and enhances family morale by building on parental aspirations for their children.

The early evaluations of Laurie Makin’s program are most encouraging. She has recently extended the program into an indigenous community with the assistance of an indigenous PhD student, and the model is being adapted to fit the needs of this particular community.

Families and Schools Together (FAST)

Over the past decade we have seen a growth in imported family-strengthening program models from the United Kingdom and the United States. These include secondary prevention programs such as volunteer-based home visiting services like HomeStart (introduced by the Family Action Centre, University of Newcastle) and tertiary prevention programs like NEWPIN, a group therapy and non-residential therapeutic community program for depressed mothers (introduced by Burnside, a non-government child and family welfare organisation in Sydney).

The Ian Potter Foundation is supporting the introduction of the FAST program (Families and Schools Together) in partnership with The Ross Trust and the Uniting Church. FAST is based in socially disadvantaged primary schools and reaches out, via the school, to families experiencing a range of difficulties such as child behavioural problems. Parents are invited to join other families one evening a week for an intensive and very structured eight-week program which has a number of core elements, each of which has been demonstrated to be effective (McDonald et al. 1997). The distinctive feature of FAST is its unique integration of parent-child psycho therapeutic techniques, family therapy concepts, groupwork and community building interventions.

As well as focusing on parent-child interaction and parent-to-parent communication, the program generates strong bonds between the families. Each family, with financial assistance and aided by volunteers, takes a turn in preparing a simple meal for everyone. In the second phase of the program, the parents continue to meet on their own to sustain the gains that they have made, and parents from previous cohorts of the program are invited to assist in the next cohort of the program. This transition from helpee to helper is a characteristic of many successful programs.

Imported program models face special challenges. To transfer program models successfully requires a good grasp of the context in which the program was initially developed and how this is similar to and different from the context in which one is seeking to introduce it. This is often hard to do because there are aspects of the original service system that are unknown and which are so taken for granted by those who work within that context that they do not recognise the core components of their own service system and setting.

In trying to replicate successful programs from other systems, including across national borders, there is also the dilemma of how far to adapt the program to a new context and thus risk throwing out some of the vital ingredients, or sticking so slavishly to the recipe that necessary

adaptations are not made. In the implementation of the FAST program a cautious approach has been taken to program modification, and a licensing system limits the degree to which modifications can be made.

Some imported programs generate their own promotional hype and come to be seen as a panacea for complex and interrelated social problems. Unrealistic expectations can be counterproductive in terms of the program's longer-term viability.

There is also a risk that programs will fail because they are extended beyond their capacity. This can occur when secondary prevention programs are used as tertiary prevention programs. For example, if most of the families in a particular FAST program are in acute crisis with serious problems of drug dependence and/or family violence, then it is unlikely that reciprocity between families and mutual social support will develop.

Shared Action – community development in a deprived rural area

St Luke's Child and Family Services received a grant from The Ian Potter Foundation for "Shared Action", a three-year community development project in Long Gully near Eaglehawk, just outside Bendigo in regional Victoria. It is an area with a lot of public housing, and a fairly transient population with many isolated single-parent families from Melbourne being offered housing there. An external evaluation has been published on the first three years of this initiative (Gardner and Jamieson 2000) and the initiative has now become self-sustaining.

It is hard to summarise the Shared Action program as it worked on a range of projects emerging from consultation with the community. These included activities as diverse as: an oral history project; a neighbourhood welcoming group for new families moving into the area; family and school linking projects; the creation of a new playground; and the development of an under-11 football club. Each one of these was a carefully nurtured social process aimed at strengthening a sense of community.

For example, how the football club was brought into being, and how it has flourished in this deprived and stigmatised community, is a classic Australian story of local social cohesion being generated through sport. On a small scale it is similar to the historic role that football clubs in urban working class communities played in fostering a strong sense of belonging during the Great Depression. Through the children's football club in Long Gully many people have become involved in their community for the first time and parents have dealt with important issues, such as norms relating to violence and fair play.

Discussion

While the programs discussed above are all very different, some similarities also emerge. All of these initiatives were located within natural, non-stigmatising social settings. The professionals involved focussed as much on "process", or on the generation of social cohesion and interaction between participants, as on performing specific tasks. Furthermore, while having community building as a latent goal, these initiatives had their appeal by adopting manifest goals that were very concrete and by providing activities that were intrinsically enjoyable.

Innovative programs also confront similar challenges. Precisely because they transcend the silos of different

sectors they are often vulnerable to "buck passing" when it comes to government funding.

Innovative programs may be effective but unsuccessful in gaining ongoing funding, and have the potential to damage communities. Programs drawing heavily upon that precious reservoir of energy, hope and goodwill in a community, and which collapse after a year or two for lack of funds, can hurt fragile communities by draining their social capital. Thus it is essential that there is a viable strategy for program sustainability in place before new initiatives are launched.

Innovative programs often have short-term appeal due to the political appetite for new initiatives. All too often the resources for the new initiatives come from existing programs. This is not a problem if it is clear that the old approach needs to be discarded, but there are many examples of excellent programs being sacrificed, sometimes for new programs which have a lot less going for them. Sometimes good programs are destroyed and then reinvented at a later date under a new name. Hence we see visiting child health nurse programs destroyed at the beginning of the 1990s in Victoria only to resurface a decade later under the guise of new outreach programs. In the process, families are hurt by the withdrawal of a service, valuable staff and professional expertise are lost, and inter-agency goodwill is weakened.

To conclude, as well as these obstacles, there are grounds for optimism. We are adding to our understanding of what it takes to rebuild communities that strengthen families. To put this into practice requires partnerships between funding sources, agencies with expertise in delivering services, and researchers who can undertake both outcome and process evaluations. Beyond this are the tasks of dissemination and "taking to scale" successful initiatives in ways that ensure that the core components of their effectiveness are retained while at the same time being flexible enough to adjust to the needs of different communities.

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