

Embracing what works

Building communities that strengthen families

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There are three conceptual building blocks to assist us in building communities that strengthen families: an ecological way of understanding families and communities; exciting new research on prevention; and the development of some highly innovative programs. The re-emergence of an ecological understanding of families broadens our focus from the psychological interior of family life to encompass the social exterior of family life. This social exterior includes the micro level of kith and kin and neighbourhood networks right through to the macro level of globalisation and economic restructuring.

In relation to research, recent meta-analysis demonstrates that the same set of risk and protective factors at the levels of the individual child, the family, the peer group, the school environment and the broader community are associated with the presence or absence of major problems such as child behavioural and mental health problems, school failure, drug use, and child abuse, to name a few of the problems which confront us. Creative and innovative programs are emerging in communities across the land. A strengths based approach requires us to identify the core elements of successful programs and explore their potential to be disseminated and transplanted in different community contexts.

Drawing on a few examples of successful programs, both of the home grown and the imported variety, I will identify some of their common qualities as well as explore some of the challenges which need to be faced to

sustain and disseminate them. Strength based strategies to rebuild communities must construct bridges across both the different levels of government and the different sectors of the service system, and involve a broad range of people such as economists, business and union leaders, social planners, professionals in health, education and welfare services, and local community members.

If it takes a village to raise a child then what might it take to rebuild the village? That is the central question facing us in building communities that strengthen families in an era when many children are growing up in what James Garbarino (1995) describes as socially toxic societies. In the face of the sense of despair which at times is part of the spirit of our age, I believe that we have three conceptual strengths upon which we can draw in building communities that strengthen families. These are: the re-emergence of an ecological way of understanding families and communities; exciting new research on prevention; and innovative programs. Let us look at each of these.

AN ECOLOGICAL UNDERSTANDING

Garbarino's mentor, Urie Bronfenbrenner (1979), an inspiring developmental psychologist whose name is associated with an ecological understanding of human development, spoke of the social environment as akin to a set of Russian dolls, each nested within the other. For the purpose of analysis, he partialised the social environment into different system levels, as in a set of concentric circles. In the real life of the social world, of course, there are no such arbitrary boundaries, and we are faced with something as dynamic and as complex as any physical ecological system.

Bronfenbrenner (1979) called the innermost circle the microsystem, and each of us belongs to several microsystems. These are the face to face interactional sites of our daily life – the

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workplace, the immediate neighbourhood, the classroom, the creche and above all, the family home which James Garbarino described as the headquarters of human development. These are social niches, but they are also physical places and the built environment we inhabit in our day to day lives also shapes our emotions and behaviour. These niches or microsystems interact in complex ways and form a web of inter-relationships which Bronfenbrenner (1979) described as the mesosystem. Let us not assume that the word *ecology* assumes any necessary harmony between these settings. The potential for tension is always there, between the child's school and family, between the adolescent's peer group and family, or between the adult's workplace and family. Understanding how the various microsystems affect one another is critical.

Bronfenbrenner (1979) sees the mesosystem as embedded within the exosystem, the institutional infrastructure of the labour market as well as legal, monetary, health, education and welfare systems. Perhaps we should also add the wider physical environment as we are now beginning to realise the massive economic and social impact that environmental degradation such as that caused by salinity in the Murray Darling Basin will have on whole communities.

And all of this is embedded within the macrosystem, that broader cultural blueprint of a society shaped by its core values and characteristics, be these secularism or religion, collectivism or individualism, pluralism or monoculturalism. At the most fundamental level of the culture, the core societal values have a striking impact on the well-being of families. For example, the extent to which a society values its children will be reflected in the degree to which it collectively cares for their well-being.

In an era of globalisation I think that Bronfenbrenner would want to add to these macrosystem forces those cross-national economic and political factors which also have such impact on families and communities. Perhaps nowhere in Australia are the challenges of shifting from a manufacturing to a tertiary based economy so visible as

here in Newcastle. We will hear more about how this region is meeting this challenge this afternoon. Necessity is the mother of invention and I suspect that Newcastle may be leading the way for the nation in developing strategies based on harnessing its natural and human resources. We need to broaden our endeavours to include people such as economists, union and business leaders, planners – people whom many of us here may have not traditionally seen as key partners in strengthening families, yet who have a central role in shaping the economic and social exterior of family life.

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Efforts to address high levels of structural unemployment which have come about in part as a result of globalisation and the technological revolution are obviously a necessary condition for building communities which strengthen families. But while they are a necessary condition, they are not a necessary and sufficient condition. The limits of economic reductionism – the assumption that economic reform which gets the economy working right, will inevitably repair the torn social fabric – are obvious. One cannot reduce the social to the economic.

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, where children are not free to move beyond their walls and elderly people live in fear. We therefore need to identify the strengths which are

present in healthy communities and seek to replicate these strengths elsewhere.

At the other extreme of economic reductionism is psychological reductionism – the assumption that therapy type interventions can get the individual and family functioning, and that they will inevitably repair the torn social fabric. We are drawn to the psychological for many reasons. 'Therapy' confers status upon those who practise it! It also protects us from feeling impotent in the face of overwhelming social forces and it enables us to derive an often illusory sense of efficacy from trying to fix things at the level of the individual. The retreat from the social exterior to the psychological interior now extends to the pharmacological as we become a society increasingly dependent on chemical control of our emotions, be that in relation to the overdiagnosis and treatment of attention deficit disorder in children or the mood management of adults.

Twenty-five years ago, when I was a young social worker working in a psychiatric clinic, I was first struck by this as it was epitomised in an advertisement I saw for a pharmaceutical company which appeared in one of the main journals of psychiatry. A full page close up of the despairing face of a depressed woman against the background of a high rise public housing estate, had as its caption, 'You cannot change her environment but you can change how she feels about it.' Some of the chronically depressed women with whom I worked lived in such housing estates and this advertisement confronted me head on. I always carry this image in my mind as an antidote for the seductive attraction of individualising what are essentially social problems. The work of the Victorian agency, St Luke's, in a largely public housing community near Bendigo, demonstrates how it is possible to work with a community to change the environment and in doing so enable individual lives to be transformed (Scott & O'Neil 1996). Individual and environmental interventions are thus two sides of one coin, not opposites. The psychological interior and the social exterior must

therefore be held together in our work so that it is truly psycho-social.

THE ROLE OF RESEARCH

Despite the gloom and doom of our times, we are in the midst of an extraordinary era, filled with exciting ideas and a growing body of research on prevention. The debates on social capital have renewed interest in community development which came of age in Australia in the 1970s. Unlike in the 1970s though, the renewal of community development in the 1990s is occurring in a context which is supported by a growing body of empirical research. Research has the potential to guide our interventions and to tell us what works in a much more sophisticated way than was previously possible.

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A recent North American review of prevention programs based on 1200 outcome studies (Durlak 1998) has now empirically demonstrated what people like Urie Bronfenbrenner have been telling us for decades and which those who work at the coal face, be it in educational, health or welfare settings, have long known in their bones. The research conclusively shows 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 including 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, is associated with positive outcomes for children and adolescents. It is this body of research which underpins the Federal Government's Pathways to Prevention

initiative in crime prevention (National Crime Prevention 1999), and which is behind the Communities that Care program focussed on adolescents in high risk communities.

In the words of the reviewer, Joseph Durlak:

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. (Durlak 1998, p.518)

What does this mixture of 'academese' and 'bureaucratese' tell us? I think there are two messages for us here. One, that the separate silos such as those of health, mental health, education and welfare must end. Strong bridges must be built between those working in different sectors, at the policy creation, program development and service delivery levels, and between each of these levels. And two, that in relation to our prevention programs we need formative evaluations, that is, evaluations focussed on process, not just summative or outcome evaluations. 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 happened in the program and under what conditions, to make it work, is vital if we are to adapt programs and transfer the learning to other contexts.

EXAMPLES OF BUILDING COMMUNITIES THAT STRENGTHEN FAMILIES

There are so many examples of innovative programs that I could use to illustrate what is working in building communities that strengthen families, but I will mention just a few to highlight different approaches. They are

drawn from my own research and from projects with which I am associated through The Ian Potter Foundation, a leading Australian philanthropic trust which has a strong commitment to community building and family strengthening.

1. Building on what is already there

One strategy is grafting on to our existing universal health or educational services new functions which are specifically aimed at community building and family strengthening. For over 20 years the untapped potential of early childhood or maternal and child health centres has inspired me and been the focus of much of my research. We have had such services since the 1920s and 1930s in Australia, when they were formed to combat the problems of infant mortality and morbidity, but we now need to transform them so that they can combat the psycho-social problems of families in the 1990s. We take them for granted but if you visit North America, which does not have such services, their importance becomes very obvious. These services are a great strength on which to build.

In Victoria the maternal and child health service is used by 98% of parents with infants and over the past few years, all maternal and child health services in Victoria have been funded to provide new parent groups for first time parents. Approximately 60% 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, safety in the home, settling techniques, etc, but they also have a social support function. Facilitating such groups is a new role for many nurses and a statewide professional development program was created to help nurses perform this role in a way which facilitates group cohesion.

My research has evaluated the outcomes of these 6 to 8 week groups in terms of their capacity to evolve into self-sustaining social networks. We followed up all women who joined such groups in 1996 in two outer urban growth corridors of Melbourne where approximately 66% of all first time mothers joined such groups. We found that 1 to 2 years later over 80% of the

groups were still in existence, usually meeting informally in one another's homes. Even when the groups did not continue, usually due to some women returning to paid employment, many of the women continue to enjoy one-to-one friendships with one another, and some of these have become whole family to family friendships. These women talked about 'getting together for the children' as the main reason for the group continuing but they also report marked benefits for themselves in terms of social contact, support and confidence as a parent. Given our knowledge that social support is a key protective factor in relation to psycho-social problems such as child abuse and maternal depression, any programs which generate social support can be assumed to have a preventive effect.

An outcome evaluation only tells us so much so I also set out to document the diversity of ways in which nurses approached their work with these groups and how they had to adapt to the particular needs of their area. For example, some nurses were more successful in including fathers in the groups. They would invite the fathers to come along with the women to an evening session on infant resuscitation. None of that 'touchy feely, sharing and caring' stuff, at least not initially – it was down on the floor learning practical skills in how to save your child's life which was what got these blokes in the door. But once they were captive, skilful nurses with warmth and a sense of humour had them eating out of her hand, talking about the challenges of fatherhood, the changes to the couple relationship following the birth ('what happened to sex?' one nurse would ask and everyone would laugh), and on top of this, even broaching the difficult area of the dangers of shaking babies.

Other nurses were more successful than others in engaging adolescent mothers, sometimes forming special groups for them. One nurse would put aside the standard list of topics, and just sit on the floor with these young women, making babies' toys, listening to their many troubles, not prematurely pushing parenting propaganda as she well knew they saw the parent educational information. Last but not least, from her own money she would always buy them Coke rather than tea and coffee. The

young women initially drove to the group in unregistered cars until she arranged for a council bus to bring them. It is in the fine detail of the process of professional practice that you find the pearls of practice wisdom. Only by capturing such detail can innovative and creative work be transmitted to others. The points I want to make with this example are these:

- The program required thinking beyond the silos of health and welfare.
- This innovation was incremental and was done within an existing service system. There is no way that government resources would have been available to have mounted a program on this scale otherwise.
- A professional development program was necessary to enhance the skills of staff to deliver this program.
- It tapped the resources within the community for mutual aid – the professional was merely the catalyst for a natural social process.
- It was based on broad goals of facilitating healthy parenthood and supporting all families, not just preventing child abuse and neglect among the 'at risk' population.
- It is located in an accessible, non-stigmatised setting.

A maternal and child health centre is like the village well for new parents, a nucleus in neighbourhood networks, a place where information is informally exchanged and where friendships have a chance to develop between those experiencing a common life transition.

We desperately need more village wells in our communities – for people of all ages and stages in the family life cycle. With imagination we can deliberately tap the potential of such naturally occurring sites of spontaneous interaction – kindergartens, parks, sports clubs, milk bars, laundramats, churches, schools, to name just a few. Some churches are rediscovering their mission to their local communities, and reaching out to families without being preoccupied with whether the numbers in the pews on Sunday are increasing as a result. Dixon House, located in an Anglican church in the Melbourne suburb of Clayton, is a prime example

of a congregation-based education and welfare service.

Schools are also excellent sites from which to reach out to families. In New South Wales in particular, there is some excellent community development being done out of schools. One example is the 'Schools as Community Centres' program which is jointly funded by different Departments – Education, Housing, Community Services and Health.

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2. Having manifest and latent goals

Some of the most impressive initiatives have community building as a latent rather than their manifest goal. People often respond more positively to a practical purpose, rather than a nebulous endeavour, and in pursuing the practical, discover a community. My example here is very much one of bringing coal to Newcastle! The pioneering work of Associate Professor Laurie Makin and her colleagues from the University of Newcastle on the Central Coast is a fine example of a program which has as its manifest goal that of enhancing the literacy of pre-school aged children in socially deprived environments but which has as its latent goal community building and family strengthening. The literacy program is delivered in a way which places the parents, even those with literacy problems themselves, as children's first and foremost educators. Parents come together in a program

which taps their aspirations for their pre-school aged children, and which enables close bonds to be forged with one another.

Also close to home here in Newcastle is the Family Action Centre's Homelink program which focuses on school aged children's educational needs and builds a bridge between home and school. The assistance is given via a one-to-one relationship between the volunteer and a child needing help with homework. What is distinctive is that the volunteer is encouraged to tap the potential for a broader mentor relationship with the child, and to engage the parents so that other needs may be met and so the school-home relationship may be strengthened. We are just beginning to discover the potential of mentoring in a broad range of fields, including education and employment, and mentoring programs, if run well, have enormous potential to extend the social networks of isolated families.

Perhaps the most vivid example of pursuing a manifest goal which is very specific while having latent goals which are centred on community building, is the work of St Luke's in their Shared Action program in a town on the outskirts of Bendigo in central Victoria. How an under 12.5 years football club was carefully nurtured into being and how it has flourished in this deprived and stigmatised rural community, is a classic Australian story of neighbourhood social cohesion being generated through sport. What has been created in that community is far more than a children's football team. Through the football club many issues have been faced and people have become involved in their community and exercised leadership for the first time. We need to remember that it was football which strengthened the bonds during the adversity of the Great Depression in working class communities from Collingwood to South Sydney. Let's build on what has worked.

Observing what is already happening naturally in some communities may give us ideas as to what could be done in other places. Thinking along these lines, it has been heartening to see how some rural communities have come together and established their own banks. Tapping into a common need

behind which a community can unite is an obvious strategy for community building. Working together for a common purpose, being part of something larger than oneself, are things for which most humans hunger. One only has to look at how the bonds in some communities are strengthened by pulling together to get through a natural disaster to see this at work. There is also a dark side to 'natural' social processes – one which generates cohesion in the majority by making the minority a common enemy. It is not difficult to see populism and its partner, racism, emerging in Australian society today. It is not sufficient to condemn populism – sometimes that even feeds it. We must address the underlying socio-economic conditions which give rise to populism.

... let us make sure we concentrate on the social exterior as well as the psychological interior of family life. Let us also sustain one another's hope for, despite the obstacles, we are making real progress on our journey towards understanding what it will take to rebuild communities which strengthen families.

3. Imported programs

Over the past decade we have seen a growth in imported program models. They are not necessarily better than home grown programs but it would be unwise to ignore programs which have been shown to be effective in other countries. The Family Action Centre at the University of Newcastle pioneered the introduction of volunteer home visiting programs in Australia by adopting the UK Home-Start program. It has certainly taken a long time but volunteer based home visiting programs are now receiving a great deal of

attention from both sides of politics and this is very likely an area in which we will see considerable development.

To transfer imported 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 which we do not know about and which are so taken for granted by those who work within that context that they do not even realise that these are important components of their programs. In trying to replicate successful programs from other systems, including across national and cultural borders, there is always the dilemma of how far to adapt the program to one's own context and in so doing, risk throwing out some of the vital ingredients.

In Victoria there is increasing interest in a North American program called FAST (Families and Schools Together Program) which The Ian Potter Foundation is supporting in its pilot implementation phase. This program is based in primary schools and reaches out to families experiencing a range of difficulties via the school. Parents are invited to join other families one evening a week for an intensive 8 week program which has a number of core elements, each of which has been demonstrated to be effective.

As well as focussing on parent-child interaction and couple communication, the program generates strong bonds between the families through shared recreation and social rituals, such as each family taking a turn to prepare a simple meal for everyone. In the second phase of the program, the parents continue to meet to sustain the gains which they have made, and parents from previous cohorts of the program are invited to assist in the next cohort of the program. This move from helpee to helper is a characteristic of many successful mutual aid programs, such as the NEWPIN program which Burnside has introduced, and it is worth considering the potential of doing this in our other programs.

