COMMUNITY CENTRED FAMILY SUPPORT –
Think differently to work differently

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The Community Need – what did we hear?

The tragic deaths of three parents on local housing estates in the City of Bayside Melbourne led Family Life to review the most effective use of our limited and shrinking family support resources. Interviews with children and parents told us about the real dangers they perceived in their neighbourhood. Residents expressed fear of other residents, and anger at a broad range of government and local services they described as unresponsive or ineffectual in their local area. We heard a real sense of abandonment and powerlessness. We also heard a clear sense of isolation within the neighbourhoods and from the broader community.

Main roads, a railway line, and industrial zone border the public housing estates of walk up flats. More blocks of flats and ministry houses are scattered around residential streets nearby. The public housing also sits within a local government area which includes the full range of population ages and socio-economic groups, including an industrial zone and some of the most exclusive suburbs in Metropolitan Melbourne. There is extreme cultural diversity within the public housing population and socio-economic extremes through out the local government area.

As a local family service agency Family Life was presented with a number of challenges. The mission of the community owned and managed agency includes being responsive to local community needs. Funding from state government has never been sufficient to meet the actual level of demand for Family Support. The program is also tied through service agreements to particular targets and models of services. Clearly episodes of service with individual families would not address the broader community concerns, anger, and very real sense of disempowerment. The community context in which these families and children were living was contributing to the difficulties of these already disadvantaged and struggling members of our community. The “system”, from their perspective, was part of the problem rather than providing solutions. To engage with and address their concerns we needed to think and respond differently and make sure we understood what was wanted by the residents. We also had the long-standing suspicion of “the welfare” to overcome and no money for additional staff or services.

A further challenge was the established perception of the local government area and surrounding region as an affluent community and not a priority for new funding or services. The significant needs of these families and children only became visible and a priority on statistical scales of need when viewed from a neighbourhood focus. We were faced with a mis-match between the expressed needs of the community and the established normative understanding and funding response.[1]

The Agency Response. – what did we do?

An ongoing process of consultation with residents and delivering what was asked for has evolved commencing in 1998 into **a community centred model of family support.** Whilst maintaining a clear focus on safety and well being outcomes for families and children, the target for service is the neighbourhood and surrounding community, not just individual families and children.

At the residents request, we first organised an after school program for primary aged children focussing on safety. Using a puppet-making workshop, personal safety strategies were promoted with the children. Increasingly the parents stayed to watch and began to join in the activities. When the program finished parents and children were sad and asked for the agency to continue being present in the local community setting. Parents asked for something fun and helpful to also be organised for them. This led to the development of the pilot **Creating Capable Kids** (CCK) program. Utilising the research of Deborah Daro (1993) on initiatives for child abuse prevention and the strengths and resiliency literature[2], the CCK program joined with parents in the neighbourhood around three key principles:

1. the belief that everyone wants what is best for the children, and

2. Parents need consumer skills to find and use what they need in the community to help them meet their responsibilities as a parent.

3. It is normal for parents to come together to share concerns, seek support and have fun.

Creating Capable Kids, commenced in 1998. It was designed in consultation with the residents and drew strongly on research and the practice experience of staff. A primary partnership with Bayside Council provided a small grant and the Brotherhood of St. Laurence, as the estate manager, provided the venue and contacts with key local residents. Maternal and Child Health nurses were also

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[1] The Jesuit Social Services report *Unequal in Life* (2000) provided the statistical validation for our anecdotal knowledge by using a neighbourhood / postcode focus which confirmed these niehgbourhoods as amongst the most disadvantaged in metropolitan Melbourne.

[2] See the resiliency literature summary provided by Raynor & Montague 1999 and Michalski (1999) for an integrated review of Family Strengths research and practice

key service partners for visiting and introducing family workers to residents of the estates with young children.

CCK ran twice each year up to 2001 and made a valuable beginning for engaging the trust of isolated parents in these neighbourhoods[3]. These parents personal stories are characterised by multi generational histories of welfare dependence, abuse, limited educational opportunities, mental illness and poor parenting. Other parents, who are refugees from war zones, have painful stories of death and violence well outside the experience and understanding of most of the local community. Interpreters are engaged to help isolated newly arrived migrants participate in the program and connect with other members of the community.

Through the CCK program, participants from these diverse backgrounds have demonstrated significant change in parenting skills, increased self esteem, the development of social support networks, and improved their capacity to utilise community resources. Pre and post program evaluation tools and data collections have consistently documented these outcomes. From the pilot initiative we now have a core group able to act as community networkers and mentors to host service providers into the community. These local residents became interested to expand the parenting program to include a broader group of residents, and develop other community initiatives. Family Life partnered with the parents around this interest and, with a successful submission to the Federal Government under the Stronger Families and Communities Strategy, were funded for a three year pilot project to improve the local capacity to support each other, promote child development outcomes and improve community well being.

Context for the service development – what influenced how we responded?

Through the 1990's, like many other community services, survival was a challenge for Family Life. In 1996 the agency had "endangered species" status. Community need and demand for service was growing: government funding was not. Over the following years our precious resources were also required to demonstrate cost effectiveness and accountability to private sector business standards, and for forums and workshops as part of a major re-structure of the service system. Strategic planning and stakeholder development were key to determining whether it was desirable or possible for the agency to continue as an independent, geographically focussed, community owned and managed organisation.

A Community Relations program was initiated in 1996 to explore the possibilities and test the options. Rather than fund raising and development, a specific model and strategy for Community Relations was proposed to maintain integrity with the

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[3] Since 2001 CCK has continuously evolved in response to the needs of parent but remains based on the same principles with increasing parent t participation in the planning and delivery.

community base and history of the agency. We went back to the values and founding base of the agency, to the members of the community and volunteers who had helped create and sustain the agency over its then 26 year history. We found many past and new friends of the agency committed to the agency mission and ready to respond to an invitation to become involved. The community support was still there but needed to be tapped and developed. This became the role of the Community Relations program which has evolved to diversify the support base and funding for the work of the agency. The Community Relations strategy is now implemented as part of the agency core business. It is integral to developing the capacity to work from a broader whole of community perspective to promote inclusion and social and economic participation within high need neighbourhoods. [4]

In 1996 Family Life had two full time staff - the Director and the Receptionist. The other 10 staff were all part–time. This changed rapidly over the next two years as a result of community support, successful trust applications and tenders. The agency doubled in size and the budget tripled by 2000. To strengthen the management and business capacity of the agency community support and creativity was needed, as most new funding was for direct service delivery, not management and administration. In this process there was a sifting of management literature and thinking to find what was helpful from the business world and what was not. [5]

The challenge of leadership and leading change, also lead to the work of Covey (1989) and Senge (1990). Knowledge and skills for improving service delivery and leading change needed to be integrated in the community based organisational context. Thinking tools and strategies were needed to bring a values based and feminine model of management to delivering and demonstrating business outcomes from community services work. We needed to be able to talk about what we did, how we did it, and what difference it made with evidence of cost effectiveness, good professional practice, and quality assurance. This all needed to be understood by and engage diverse audiences of past, new and potential stakeholders. The bottom line was that people needed services and we needed an organisation and funds to deliver services that showed they worked. This management learning became integrated with the process for promoting community centred innovation in programs and practice.

New thinking – what did we learn?

Growing community needs, organisational survival, and management effectiveness; the research, thinking and planning needed to respond to these three challenges has come together to inform and direct the way we now work with our community and as an organisation. Most fundamental to this is the way

[4] see website www,familylife.com.au
[5] for example see Drucker 1990, 1997 and Helgensen 1995

we think about what we hear and what we do. Paradigm is the concept we use to describe the mental models which integrate values and knowledge into a way of thinking which then influences our actions. Integrated together, this becomes the pattern that can be seen across the diverse activities of the agency. Whilst this needs to remain a work in progress, as we continue to apply the philosophy and practice of continuous learning and evidence based practice, the following are now the key mental models / thinking patterns / paradigms which underpin the agency approach across all aspects of our community centred agency, including the family support services. The service system paradigm is translated into a shift in practice and program paradigms. Together they inform a community centred way of thinking and working to support families and children. This thinking has not necessarily developed sequentially but the formation and articulation of the newer paradigms can help us to critically review, understand and share what we do.[6]

Systems Paradigm – Prevention, Treatment and Maintenance

The practice has been to describe the service system according to types of services which deliver interventions targeted to eligible families and children according to intensity or nature of need. These have been variously referred to as universal, generalist and specialist services, or primary, secondary and tertiary, and prevention, early intervention and treatment. Research and knowledge emanating from wellness and health promotion perspectives have influenced the development of a newer service system paradigm of prevention, treatment and maintenance. [7]

Descriptors and diagrams generally present the service system as a continuum or a linear model moving from general, lower intensity needs to specialist or high intensity. The child welfare model described by Laird and Hartman (1995: 564) was helpful in locating the primary, secondary and tertiary levels of the system in relation to services to support families and the progression to child removal, placement and adoption according to need and risk. Importantly Laird and Hartman reflected the linkages in both directions to achieve permanency for children, either through successful re-unification with family or, a legally secure alternative placement with birth family contact. They underlined the opportunity to move children along the continuum in either direction assisted by services targeted to promote the best interests of the child.

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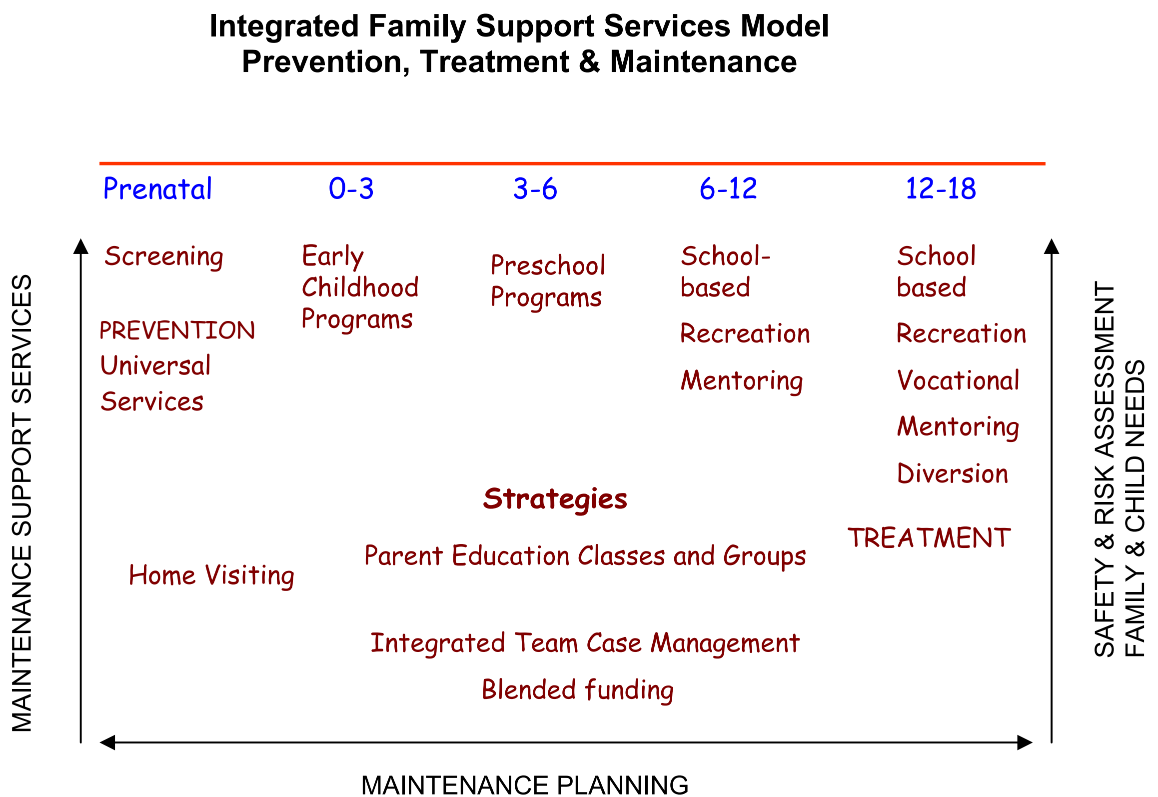
[6] No claim is being made here to new and exclusive knowledge. Rather this paper describes a synthesis of many years of knowledge building across the globe which has informed the writer in leading the agency response and conceptualisation. The purpose is to share the experience and learning to contribute to management and community service knowledge and practice.

[7] The writer was first introduced to this newer paradigm at the International Family Violence Conference in San Deigo (September 2000) as the underpinning for redesigning the California service system and funding model.

The newer model of prevention, treatment and maintenance has also been graphically represented as a linear or vertical progression from low to high support needs. The model introduces a significant shift towards closer alignment with the realities of practice by recognising that some families need relapse prevention services and/or ongoing and long term support. This model recognises maintenance as a critical and essential component of the service system. This change in thinking responds to the literature and research on resiliency and incorporates an understanding of what resiliency means for families with ongoing and pervasive welfare issues, with disabilities or a long term illness. To strengthen and hold such families, services may be needed over the life cycle, particularly the developmental life cycle of children and adolescents. If we want children where there are strong indicators of risk to remain safely and permanently in the care of their primary and attached caregivers, then supports should be available according to their ongoing and developmental needs. Fundamentally this challenges inferences that "good practice" means services "fix" families, and where the need for further intensive support or re-referral might be seen as a "failure" or evidence of ineffective practice. Acknowledging the maintenance function also opens up new practice possibilities of planning services for the next major transition phase which a family can expect to face, thus re-framing the need for further support as good practice and prevention work.

If we accept that the objective for all families is the same – to maximise child development outcomes and well being – then the prevention and maintenance components can be understood as providing the same function for the families targeted for service delivery, whether this is the broad population of families, or those needing ongoing, sequential support. This suggests a holistic, or joined up service system, where support services for families remain integrated with the universal service system. The treatment and maintenance services are added, accessed or joined in with the universal system, where there are welfare and child protection issues and according to the complexity and intensity of needs. This paradigm allows us to think about how we work with families now and for the future to secure improved longer term outcomes of those most at risk.

Diagram 1. Integrating treatment and maintenance service functions with Prevention and the Universal service system



Practice Paradigm – shifting from intervention to facilitation

Our aim in the CCK program is to partner with parents, facilitate their growth and development, and empower them together to achieve their goals for themselves and their children. We must think and practice differently to engage and work with these families who have little reason to trust service providers or what we have to offer. Child and family welfare services have historically emerged from social policy objectives to intervene in families to produce change and exert social control (albeit with the best intentions) to protect children. It is possible that the increased Child Protection language and focus on risks to children has created a service system more alienating for parents despite our best child welfare reform intentions of the 70's and 80's.

At the same time the family services literature and program models have increasingly stressed the need to be child focussed and family centred and to understand families and children within the context of their community. The Community Centred Family Support model builds on these developments adding a further expanded objective incorporating attention to achieving the context or conditions for sustainable change and support over the life cycle. The practitioner's role is philosophically and practically re-defined. The goal is to meet needs now whilst building resiliency and sustainability for the future.

Bringing together the learning from the strengths and resiliency literature and empowerment models, the work of the provider is conceptualised as opportunities to facilitate the roles of parents and caregivers. Whilst maintaining a paramount commitment to the safety and well being of the child, developing a partnership to resource parents is the key objective of the family worker. This partnership may be with other parents or members of the community rather than the worker. The worker's role is to facilitate parents having and getting what they need to provide the best nurturing and care they can for their children. A key understanding is that it is the primary carers of children (who are usually their parents) who need to be able to nurture the children. They are also regarded as the experts in their situation, with the program and worker resources made available to adapt to their needs.

Like the commitment to permanency for children in care, a commitment to facilitate parents identifying and getting what they need to maximise the developmental well being of their children opens up new options and imperatives for how we think and work. Systems and ecological theories are translated into practice as the facilitator listens to and thinks broadly, beyond traditional service models, to deliver what is asked for to connect and build trust towards the partnership. For example whilst attending to immediate parenting issues, as in the CCK group, the family workers need to be facilitating supportive relationships between families and strengthening parents skills for accessing universal services and resources to promote sustainable change and resiliency for the future.

Importantly a commitment to empowerment also means that as a facilitator, workers will make sure that parents understand any safety concerns for their children and how statutory bodies and workers will act when a child is assessed to be at significant risk of harm. A mind shift which sees the purpose of practice as moving from intervention to one of facilitation underlines the workers responsibility to communicate openly with parents about the parent's responsibility to secure and act for the well being of their children. This includes parent's responsibility to learn how to access and use available services which address risks and promote their child's well being.

In summary, working with the community to facilitate the context which can support families and children becomes as important as the direct work with the family if we want parents to meet their responsibilities now, and achieve the longer term child well being outcomes.

Community Relations paradigm – from transactions to transformational relationships

The community relations paradigm for building connections across the community between advantaged and disadvantaged groups has been essential to enabling new practice and creating opportunities for enhancing social participation. Overall, the community based auspice and philosophy of the agency, Family Life, has been central to giving leadership to a process of parallel and intersecting change:

- effective service for vulnerable families and children, and
- increased social responsibility shared across diverse groups and individuals in the community.

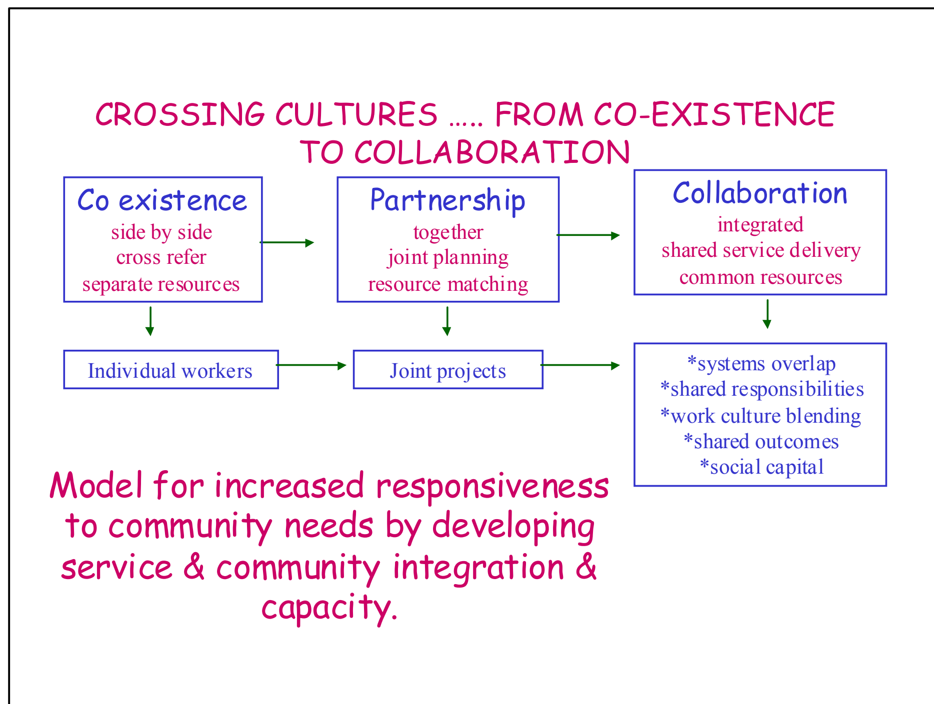
Advocacy for the CCK program with local government, businesses, service clubs and trusts has been continuous and ongoing to gather together the resources for running the program. Further than funding to employ staff, facilitating the broader community participation in the program has become a key strategy and outcome for developing from a neighbourhood to a broader community well being initiative. Understandings from social capital research and theory [8] are integral to developing strategies which will respond to individual needs and promote child and family well being by working with and through the community context. Whilst parents are assisted to connect with and support each other, the resources, interest and good will of the surrounding community are brought into contact with the program and the opportunity to participate. Thus needs arising from disadvantage are met, and the desires and needs of more affluent people "to make a difference" are channeled. Bonds within and between families, <u>and</u> bridges to the wider community, services and resources are nurtured. Examples include local businesses and service clubs giving in kind and financial assistance

[8] See Putnam 2000 Bullen 1999

such as repairing furniture, community fundraising events, community activities and outings, computers for families, and trained volunteers assisting with the CCK group program and child care. These relationships form bridges between the housing estate neighbourhoods and the wider community. Additional resources and people come into the neighbourhoods and residents are encouraged and assisted to venture out into the wider community and enjoy the physical, social and community amenities of the surrounding area.

This community relations paradigm is translated into a program model which moves from identifying services, resources and people co-existing side by side in the community, through forming partnerships and joint projects, to collaboration where power and resources are shared and programs are collectively "owned".

Diagram 2. Crossing Cultures …From Co-existence to Collaboration.[9]



[9] This model was first developed at Family Life to describe the relationship development process between schools and community agencies but is now used more broadly to conceptualise and track relationship development across all levels of the community .

The Practitioner Manager - A Work in Progress

The writings of Peter Drucker, Steven Covey and Peter Senge strongly influence how learning from the researchers such as Daro (1993), Michalski (1999), and Putnam (2000) has been applied to the needs of our community. The first group speak to how we think, behave and organise ourselves to be able to listen and choose our response. The second group gives us evidence based practice knowledge about service outcomes to inform the development of our program and practice strategies.

Both bodies of knowledge have been critical for leading and delivering social innovations to think and act now for sustainable long-term change. It is proposed here that uncovering the paradigms we bring to expressed or identified need is as important as being in touch with current theoretical and technical knowledge.

Do we really hear what a family or community expresses, or have we developed a professional role which limits us to the options we have available or are comfortable with? Do we fit families into programs and models, or develop programs around families?

Do we use systems thinking to explore interventions in families or as a broader tool which enables us to make a shift of mind from seeing parts to seeing wholes? - to recognise that "doing the obvious thing does not produce the obvious, desired outcome" (Senge 1990: 71) A child's wellbeing requires parents who have skills for the parenting role. Will a parenting program make a difference over the long term if the parent's social and economic needs remain unmet? The parenting program might only confirm a perception of inadequacy and failure when the despair of social isolation and fear of violence continue to erode the parent's energy and skills for focusing on the needs of their child.

From the small parenting program, *Creating Capable Kids*, we were resourced to move to the next phase *Creating Capable Communities*. As Peter Drucker tells us..

> "What the dawning of the twenty-first century needs above all is ...explosive growth of the nonprofit social sector organisations in building communities…..." [10]

This international management expert stresses that global sustainability will be founded in the values led work of community service organisations. He encourages learning from the private business sector to improve the not for profit sectors organisational and management effectiveness. The private sector is also exhorted to become involved in community service as essential for achieving a civil and just society. Family services can contribute to this broader impact by

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[10] Drucker, P. The Community of the Future, The Drucker Foundation USA 1998 : 6.

opening up our work to the participation of the community, business, and all levels of government.

In summary, it is proposed that we need to think differently to practice differently. From the community origins of Creating Capable Kids, and the community base of the organisation, the **Community Centred Family Support** model is emerging to facilitate change for now and for the future. It is proposed that to be effective, we must integrate work at all levels of prevention, treatment and maintenance. Further, by working with and through the context, we can work for sustainable safety, healthy development and well being for all children, and focus additional effort to significantly improve outcomes for the children most disadvantaged or at risk for abuse and neglect.

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