



## **Community Bubs: A Model for Healthy Families, Healthy Infants.**

### **What's Working at Family Life in 2005**

**By: Tina Rowley, Dianne Griffiths & Alison Normanton,  
Family Life, Victoria**

#### **Abstract**

“Learnings begin at birth, all children are born with the capacity to learn, the most solid base on which any society can build.”

(Pollard, E.L., Davidson, L: 2001). Family Life subscribes to the view that early intervention, flexibility of service and longer duration of support is crucial in assisting families with complex needs to live independently and interdependently within the community. This view is being implemented and researched in our Community Bubs pilot with vulnerable parents and infants with complex needs.

Previous learnings have shown that longer term support which is multi-faceted in its approach can allow for integration of new skills, positive shifts in family patterns, consolidated links with ongoing community resources and ultimately, sustainable change.

Duggan (1999:67) states that by providing services directly and by promoting family use of preventative and early intervention services, parent and child outcomes in ‘at risk’ families will be improved. Families and parents capacity to make choices that provide the best nurturing and care for their children is optimised.

The paper will discuss the model and best practice elements of the Community Bubs program. In recognition of the valuable role of volunteers in this work, one of our family support volunteers reflects on her role with families. In conclusion, the research findings to date are discussed and their relevance to developing trends highlights further evidence of what is working.

---

## **The Model**

Community Bubs is a three year privately funded demonstration project to trial an intensive community centred support model for parents and infants with high needs. The program is piloting a model of twelve months intervention for infants and their families with a target group of 36 families over three years.

The model was conceptualised and initiated by Family Life. This agency has operated in the local community for more than thirty years, was founded on the work of volunteers and continues to work closely with the resources of its local community.

The objective of Community Bubs based on a socio-ecological model, is to improve parent and child outcomes by strengthening the resources of the individual, family and community thereby optimising the infants' opportunities for thriving and developing safely in the care of their parents or caregivers.

"...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 the long term child well-being outcomes." (Cavanagh 2003).

## **What works best?**

Comparable models of early intervention home visiting programs such as 'Home Start' in Britain, 'Good Beginnings' in Australia and 'Hawaii Healthy Start' in the U.S., have contributed to the early intervention literature, which indicates key elements for best practice and successful outcomes. (Commonwealth Department of Health & Family Services 1996).

In addition, Family Life has developed expertise in the area of family support since its inception of its home visiting family aid program initiated by the agency's foundation volunteers as early as 1970.

The key elements of best practice inherent in the Community Bubs program are:

**Evaluation and best practice development** – Family Life in partnership with Monash University, Social Work Department have designed the research model consistent with project objectives. An Advisory Group representative of professionals from different areas in the field add expertise and value to the program's development.

**Early Intervention** – Timing of support for families with young infants is crucial, particularly where potential risk factors are present. Community Bubs program commences with families any time between just prior to the birth of their infant to approximately 6 months of age.

**Intensive & flexible support** is needed for families with complex issues. Offering support to families over a longer period gives families time to initiate and consolidate change and build relationships. Frequent contact with worker/volunteer and the family is pivotal to building trust acknowledging strengths and taking measured steps to promote change. The program has a commitment to work with families for up to 12 months with intensive support provided by the Parent Support worker in the first few months. The volunteer supports the family for the remaining time. There is some flexibility with this timing in consideration with family's needs.

**Localised community based support** – allows the support to be accessible both in terms of service delivery and in making it possible for families to connect with others in their community who can be there beyond the duration of the formal program involvement. Program strategies which promote this are a localised agency working with a local community, the use of volunteers in the program who build relationships of a non-professional nature with capacity for longer-term friendships and the linking of families with other families in their neighbourhood as they learn and socialise together. Community Bubs is programmatically situated within the context of Family Life's Creating Capable Communities (CCC) neighbourhood community development program. CCC as part of its community initiatives, makes available a community facility to families living in local public housing. Many of these families are particularly isolated and therefore vulnerable. Parents chat in a safe and friendly environment, look out for each other's children, provide role modelling and learn new skills. Parents feedback indicates they are less isolated, feel safer and more connected to others and have found valued friendships. In separate CCC evaluations parents also report a significant improvement in their children's health and well being across all domains – social, physical, emotional and behavioural. As well as receiving some referrals direct from community agencies, in particular early childhood and Maternal Child Health, many referrals have been promoted directly through previous clients advocating on behalf of other families in need. Conclusively, families are receiving timely support as a result of the relationships built through informal networks. This integration achieves the objectives for families, which is to develop and sustain a social and supportive network and through relationships with other parents, experience positive bonding of infant and parent.

**Holistic and integrated** – Work is relevant to the family's identified goals potentially addressing a range of needs. This may require diverse approaches to support such as parenting education, home visits, social networking, role modelling, links and referrals to other services. Supports served as an integration of the family with their community, resourcing them to what any family may need to assist the health and well being of all its members.

**Competent and empathic workers** – Daro et al (1999:7) indicates that 'competent and empathic' workers are the linchpin for successful programs and that the priority should not rest so much on qualifications, but rather the

worker's ability to relate to clients in a supportive and non-judgemental way. Successful change is attributed largely to the quality of the relationship of client and worker. Current literature and client feedback from the program supports this assertion. When a worker believes in a family's ability to make changes and acknowledges existing strengths, an environment of hope and optimism is created and paves a way forward. In addition to the professional expertise offered, volunteers building relationships with and for families that are normalising with possibilities for a longer-term relationship. Competency of volunteers is acquired (often in addition to skills and experience that they already bring) through our six monthly volunteer training program, regular group and individual supervision and availability of agency core professional development opportunities. Integrated employed and volunteer worker teams have been a continuing component of the Family Life, Family Support Program and hence the agency's own history has informed the appreciation of the essential and special contribution of community volunteers in assisting families.

### **A Volunteer's perspective of the Community Bubs program**

I have worked for Family Life as a volunteer for several years, firstly as a family support worker which led me to be offered the first family to come through the pilot program of Community Bubs as their support worker.

I jumped at the chance to work in the program, as I have a fundamental belief that if we can reach young mothers who have been traumatised in their lives, and form a caring relationship with them, we can change the outcome of trans-generational trauma. I believe that by forming a secure attachment with the mother, the impact of that relationship will flow on into other relationships within her life.

From my perspective over the years as a volunteer, I have wanted to have more knowledge about the impact I was having with my families. This led me to further my education, and to acknowledge the importance of the therapeutic relationship with another person, and the role I play in my capacity as a volunteer.

### **What do I bring to the role?**

I started out with training from Family Life. My own life experience of loss and grief gives me a high level of compassion. My caring nature, my instinct, my personality and my commitment to give back to society in an area that I believe is essential, that is with young families in crisis, are integral to what I can offer in this role.

I can assume that my age and size also play a role in why families find me non-threatening. In addition, I could be seen as a mother figure. Several of my mothers think of me as their friend, that I have a youthful outlook, that I am energetic and I have fun with them, which I believe is appealing – I am not seen as another authoritarian figure.

Over time I came to realise that I needed to further my education in order to respond with deeper understanding to the trauma I was coming in contact with. This has, I believe, given me two major assets. Firstly, is the knowledge that I can apply to what I witness in families' lives, that being the understanding of the reasons for trauma, dysfunction within families, and the principles around which my clients have organised their belief systems.

*A mother's partner raged about his hatred for his drunken violent father. He told me how his father had instilled hatred within the family amongst the siblings and for neighbours, so much so that this man had no dream left. As he stated he had had his dreams beaten out of him.*

Secondly, this knowledge is integrated with my own beliefs in my responses to these parents. I see them within the whole context of a lived life, rather than as the 'labels' that are given to families in crisis. When I feel it is appropriate, share with the mothers an explanation about what is given to me in our discussions. I mirror back and I discuss and explain my ideas, which in turn gives them an understanding and an ability to self-reflect on how their experiences has left an inscription on their whole life. This can empower my clients to explore possibilities for change.

*The same man mentioned in the previous example has now sought counselling from the agency to deal with his anger and hatred against his father. His greatest fear is that he will be like his father.*

*The physical changes which occurred over time with one of my clients was markedly different to how she presented initially. She was now standing tall and her skin tone was clear and glowing. She gave the impression of a self-assured young woman who was full of energy to start a new phase of her life. When she was upset or touching on difficult emotional issues she would self-soothe by stroking her eyelashes but maintain eye-contact and be still. She was now able to self-reflect and have an understanding of how she had organised her life experiences.*

At times it is very hard being a part of the struggle, and the anger that is present. Sometimes it is hard to have belief in the process when the issues that present themselves are overwhelmingly complex. I have noticed with the families with whom I have worked that drug addiction has robbed them of possibly years of their lives but more importantly, a piece of themselves. I also believe they have lost skills as they have embraced the life of drugs. As the mother and baby relationship mutually influence each other, drugs can also interfere with the attachment to that baby. From my observation, if drugs are still present in their lives, the process will be undermined, as change won't usually happen unless the client wants a different life. This requires the ability to self reflect on one's life journey. I have seen my role as giving back that piece that was lost, and to support the re-learning of social skills to enable clients to begin another phase of their lives. Change does not happen overnight. A person's story has so far taken a lifetime therefore changes require time.

*The Parenting Worker and I recently visited a family who was a previous client. They have relocated back to their hometown. She expressed delight in showing us her new home especially her backyard in which her daughter can play. I was also delighted in seeing my client in her new environment, as when we were working together she stated that she wanted her old self back. She has had another baby who is loved by her bigger sister. It was great to see the strong attachment both these children have with their mother, how she is able to respond appropriately to their needs and what great care she takes of her family. She has attended a local playgroup, telling other parents and the local Maternal & Child Health nurse about the Community Bubs program, suggesting it would be a great program to duplicate in the country.*

I believe that given the length of time I have to work with families, I can prove I am constant, consistent, trustworthy and honest. I can be in the hard places with them and can genuinely form an attachment to them that in turn allows them to form an attachment to me. This can progress to them being able to form secure attachments to others.

*One mother had lost all contact with her family and first son as she embraced a life of drugs in Melbourne. Over the time I had with her she reconnected with her son and family. She now has regular contact with her mum and dad and siblings, as well as her partner's family. She has re-established regular contact with her son.*

I often hear the words, "I have never told anyone that before", so this suggests that maybe I am the only person who has heard their whole life story. In turn I feel honoured that they give me such a level of trust to hear their story. I believe that they feel heard and validated, not judged, which allows this level of honesty.

*After I had been working with a family for a couple of weeks, the mother's partner was surprised to hear that she felt no bond with her son. She saw her relationship as a friendship rather than a mother/child attachment. My client had already in her life, adopted out a son, and had a son removed by Department of Human Services due to the environment she lived in. She feared being close to her son in case he was removed as well.*

How do I think clients see me?

I am seen as a volunteer, or someone who does not have to be there. I am giving of myself. I am not seen as being attached to an agency, or as another caseworker. This has proved to be invaluable, as it gives my clients the freedom to speak the truth (maybe for the first time in their lives) rather than to say what they think I need to know, to get me "off their backs" or for them to get something. What my clients say they appreciate about me is that I am an unbiased, non-judgemental presence in their lives. I believe I may be the one constant stable person in their lives, as well. I am not there with all the answers. I am there for them to find the answers for themselves, which will empower them to take action and move on with their lives. I can be seen as

threatening to my clients' partners. As their partners being to change, I am often checked out to see if I am okay. I have also found that the partner gains from my being in their partner's life as it has encouraged them to share their own concerns with me as well.

I have been profoundly touched when I see the changes which take place over the time I am with my clients, and the way the relationship that we form flows into other relationships and opens up another way of being for them. I have found that by caring, being supportive, and wanting the best for my clients, they can come to see good in themselves.

“Human beings who are loved and responded to by caring others, acquire a consolidated self over the course of development and the capacity of pleasurable intimacy with others.” (Shane, Shane and Gales: 1997) If these mothers have a sense of being held and loved for who they are as they struggle to make sense of the world they will be better equipped to provide the best nurturing and care for their children.

## **RESEARCH FINDINGS**

Structured interviews are conducted by the researcher with the families at the start, end and post six months. Each of these interviews is designed to measure family's progress and change in areas of: - links to their community, the infant safety living at home, level of risk, infant development, bonding and attachment, stable environment and achievement of goals.

The following data is relevant to May 2005 and collated by the project researcher from Monash University, Cathi Flynn. Clients commenced in the program from August 2003. To date 90% of families have participated in the interviews.

### **What families identify as areas of change.**

The core areas emerging for families are around:-

- Parenting issues which is frequently related to management of children or feeling more confident as a parent.
- Personal issues such as self-confidence, assertiveness and other emotional difficulties.
- Social isolation translated into their need to develop their network of supports, largely social.

### **Outcomes**

15 families so far have participated in the program, seven of whom have finished and completed an exit interview. As a result, samples for outcomes are small but indicate promising trends as follows:-

- Links to community – all but one family have increased or strengthened their formal or informal connections.
- Infant safely living at home – all families achieved a safe context for their infant.
- Level of risk – all families risk indicators have decreased.
- Infant development – those families measured at post exit indicate their infant is reaching their normal developmental milestones.
- Bonding and attachment – all parents were demonstrating a healthy and positive attachment.
- Stable environment – all families, many with a previous history of transience, were providing a more consistently stable environment for their infant.
- Achievement of goals – all families indicated they had achieved their stated goals.

## **Indications**

With the assumption that these trends will continue, the majority of families involved are demonstrating successful change in those areas measured by the formal research. Our own CCC evaluations (as mentioned earlier) also add to this assertion. All of this evidence points particularly to significant changes in areas of families' connection to their community, increased safety of the infant, stable environment and a family's sense of achievement of their goals. All of these elements are interrelated and impact upon each other.

The researcher notes that many of the problems identified are not directly connected to their infant. It is the range of varied and complex needs including difficulties with previous children and relationships, past or current domestic violence and drug and alcohol issues that potentially impact on the infants health and wellbeing.

The researcher further identifies that the parent support worker/volunteers has identified a range of issues with clients across a number of arenas such as personal and health issues, housing, budgeting, education, domestic violence and links to community resources. In addition to this, parenting has also featured as part of the work.

The researcher suggests that the program has “an understanding of parenting support beyond ‘parenting education’ in isolation” and sees as part of its core business to enable clients to manage these other impacting issues. Feedback from parents during interviews indicate that it is the diversity and flexibility of the program to provide a range of supports to meet their needs which proves extremely helpful. In addition, they find links to a supportive informal network such as Keith Street invaluable to themselves and their children. Finally, parents appreciate the approach and the qualities of the workers in descriptors such as ‘genuine’, ‘unbiased’, ‘non-judgemental’,

'reliable', 'available' and 'supportive'. The researcher's conclusion is that this model of work is holistic and flexible.

## **CONCLUSION**

When families feel safe and nurtured, so do the children of those families. Research and our consequent practice confirms our belief that the most sustaining elements for positive change and healthy human development is achieved through meaningful, trusting and responsive relationships which are fostered in the day to day life of our communities. It is the integration of a flexible, responsive and individualised approach with family's connection to their community that supports sustainable change.

Evidence so far from the Community Bubs Program indicates that we have some forward momentum in supporting families to achieve these lifetime changes and one of the greatest testimonies to this are the families themselves. One mother writes, "Before coming to Keith St (the community facility) I was frightened. (Community Bubs) ... has saved me in lots of ways. I have met new friends, built my confidence and am looking forward to my future." (Jayne)

---

## **REFERENCES**

Cavanagh, J. (2002a), Government and Human Relations: The Importance of Relationships in Formal Service Systems. Paper presentation for Latrobe University, Social Policy Series, Melbourne

Cavanagh, J (2002) 'Creating the Village – research underpinnings' Keynote address: Tasmanian SAAP conference, Hobart.

Cavanagh, J (2003) 'Community-Centred Family Support – Think Differently to Work Differently. Australasian Child Abuse Conference October, Melbourne

Commonwealth Department of Health & Family Services (1996) '*An Audit of Home Visitor Programs & the Development of an Evaluation Framework*' Canberra: Australian Government Publishing Service

Daro, D., Jones, E. & McCurdy, M. (1993) *Preventing Child Abuse: An Evaluation of Services to High-Risk Families*. National Committee for Prevention of Child Abuse, Research Department, Chicago, U.S.

Ewins, J., Sinclair, R., Wellesley, B. & Cant, R. (1999:7-12) Creating a New form of Extended Family – Good Beginnings Volunteer Home Visiting Program *National Child Protection Clearinghouse Vol. 7 No. 1 Autumn*

Flynn, C. (2003) Community Bubs – Research Proposal Component: Literature Review

Flynn, C. (2005) Community Bubs – Research Findings

Shane, M, Shane, E, Gales, M, (1997) Intimate Attachments: Towards a New Self Psychology, The Guilford Press, New York London

Tomison, A.M. (2002) Preventing Child Abuse: Changes to Family Support in the 21<sup>st</sup> Century *National Child Protection Clearinghouse Vol. 17 Summer*

For more information about Family Life programs, visit our website on  
[www.familylife.com.au](http://www.familylife.com.au)