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Contents

Contents	3
General Information	4
<i>Editorial</i>	
Introduction to the special issue on place based research and intervention Colleen Turner	5
<i>Special Edition Papers</i>	
Building Community Connectedness in Broadmeadows Cemile Yuksel and Colleen Turner	7
Working on the Ground to Redress Disadvantage: Lessons From a Community-based Preschool Program Deborah J. Warr	22
Families Living in Poverty in Broadmeadows: Challenges, Survival Strategies and Support Services Mathew Barth and Heather Gridley	36
Relieving Some of the Legal Burdens on Clients: Legal Aid Services Working Alongside Psychologists and Other Health and Social Service Professionals Liz Curran	47
Working with Wasim: A Convergence of Community Anne Pedersen, Mary Anne Kenny, Linda Brinkman and Sue Hoffman	57
Community Involvement Among Residents of Second-order Change Recovery Homes Leonard A. Jason, Dan Schober and Bradley D. Olsen	73
A Place-based Approach to supporting Low Income Minority Children and Their Families: Including Children With Disabilities Donald G. Unger, Tara Woolfolk, Vanessa Harper and Teresita Cuevas	84
Evaluating Playgroups: An Examination of Issues and Options Ann Dadich and Catherine Spooner	95
Using the Theory of Planned Behaviour to Determine Recycling and Waste Minimisation Behaviours: A Case Study of Bristol City, UK. Georgina Davis and Alexa Morgan	105
Preparation, Submission and Publication of Manuscripts	118

General Information

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Editorial

Introduction to the special issue on place based research and intervention

Colleen Turner

Broadmeadows UnitingCare

Place based research and intervention

The purpose of this Special Issue is to present papers that contribute to the evidence on community collaboration and the complexities inherent in place-based interventions and research. The issue is divided into two complimentary segments: The first, showcases “Communities for Children” in Broadmeadows, Victoria as a case study into place-based intervention and research. The second, includes papers from Australian and international practitioners and researchers on practice and research that has a community or place based approach.

The special issue demonstrates a range of perspectives and is proudly multidisciplinary and multi layered. I have very much enjoyed the privilege of reading and putting together contributions from the US, Australia and the United Kingdom. These papers explicitly consider how poverty and lack of education can be overcome and how the social exclusion resulting from these community vulnerabilities can be prevented. Many recommend community development or action research approaches where the community, service providers, researchers and policy makers can work together as equal collaborators in providing services and in advocating for the development of more and more inclusive and community focussed services and programs.

As individuals our sense of ourselves is impacted on by our own sense of place in the world and our pride (or shame) in our community of origin. The first question both Indigenous and non Indigenous people often ask when meeting for the first time is ‘Where are you from?’ It is often in childhood that our sense of where we come from is most strongly felt and from where our sense of social connectedness begins. Therefore this special issue has a secondary theme which considers the question of what role neighbourhood and place play in the

development of children and what kinds of physical and social environments best support children and their families. This secondary theme relates to the genesis of this special issue in the Communities for Children project in Broadmeadows Australia. We who live and work in ‘Broady’ as it is known often consider the question of ‘*How do we grow a community for Children?*’ and we have given that theme to our conference – at which this special edition will be launched.

Theory, research, practice and participant wisdom all tell us that one of the key tasks of early parenting is for mothers and fathers and other primary carers to develop strong and close ties with children and then gradually expand that connection to family, to friends and to the community. The most obvious way to do this is through accessing local activities such as playgroups, preschools, and eventually neighbourhood schools. One of my favourite book titles is ‘From Neurons to Neighbourhoods’ which neatly defines the intersection between Developmental and Community Psychology. The policy and practice question then is: how do communities, community based organisations, local state and national governments ensure that these child, parent, and community friendly pathways are available to all communities, families and children in ways that suit their individual and collective needs? The next complexity is how researchers “capture” those understandings and measure progress along the path of growing communities for children? And finally how is that translated into policy and funding to support parents and communities in growing communities for children.

If the aim of research and intervention is to understand and improve – it is important that research and intervention does not increase community stigma and associated social exclusion. The aim of community psychology and community development in this context is to work with the community to gain those

understandings and to develop strategies for improvement in ways which fit within the strengths of the community and where appropriate to share those learnings with other communities, other researchers and policy makers who might be able to learn from our experience.

This special issue uses a particular community (Broadmeadows, Victoria-Australia) as a case study and digs deeper to consider the needs of young children and their families within that community. Broadmeadows is a small geographic corner of the City of Hume in the North West of Melbourne. Broadmeadows was established as an outer suburban housing estate in the post war era. The area continues to be subject to significant economic disadvantage and demonstrates vulnerabilities associated with poverty that can be easily measured using local demographics including income and education level. At the same time Broadmeadows is a vibrant multicultural centre with many strong, well-established community groups that are articulate, skilled and active in working for and with their communities. The special issue explores those community strengths and vulnerabilities particularly in the context of young children. It outlines the strategies being developed and used to ensure that children their carers and the community benefit from the strengths of their community including cultural and linguistic diversity while the vulnerabilities are simultaneously addressed.

Papers in this special issue have been ordered from the particular to the very general and so to begin the collection Cemile Yuksel and I report on some promising results of the Broadmeadows Communities for Children project that allow us to begin to quantify many of the conversations we have had with local parents over the last three years about what they want and need for children in the local area. Overall the results demonstrate Communities for Children projects have contributed to parents and children being more involved with their neighbours and feeling that they are able to access community and organisational supports when they need help. We interpret this as indicating a “Communities for Children effect” of increasing social

connectedness for families in Broadmeadows.

Deborah Warr considers one early childhood program operating in Broadmeadows, placing it firmly in the context of economic disadvantage and examining from an insider’s perspective how and why a particular community program (the Meadowbank Early Learning Centre) contributes to enhancing community connectedness for local children and their parents and carers. This article demonstrates the value of very close observation and engagement with community members and agencies in working collaboratively to understand what community members want for their children and how everyone can best participate.

Mathew Barth talked with eight sole parents of children under five who are facing the extremes of poverty, to the extent they need to regularly access emergency relief in order to feed and clothe their young children. This paper provides a sense of how it feels to be struggling with the bare essentials and how that leads directly to a sense of social exclusion not only for parents but for their children who are less able to access the expanding social and environmental worlds that allow for their intellectual social and emotional development. The paper demonstrates how social exclusion and poverty are related and how they can adversely affect even very young children. The parents Matthew talked with provide some very practical suggestions to policy makers on changes that would assist them to better care for their children.

Liz Curran’s paper considers research relating to connections between economic disadvantage and access to legal services and other community based services. This research was not conducted in Broadmeadows but in nearby West Heidelberg which has similar demographics especially in relation to economic capacity. As in the first two papers, Liz finds that accessing the appropriate services is not straightforward and that people are more likely to access trusted local community based services even when those services do not have the expertise to solve or even in some cases identify problems that might have legal solutions. This research found that many people

did not believe there was anything they could do about issues as basic and important as social security payments and that formal complaints would not make any difference. Other participants avoided doing any thing about legal issues because of high levels of anxiety and shame about their problems. The paper recommends holistic working relationships between community and health based services and legal and para legal services such as financial counselling to improve access, to intervene earlier, to provide better solutions and to minimise the stress and anxiety caused by legal problems.

Anne Pederson tells the story of Wassim, a refugee without rights in Australia. This very particular case study 'Working with Wassim' effectively demonstrates the power of government and legal structures. The study also shows how important individual and community support is for people and groups in a situation of structural disadvantage or oppression.

Leonard Jason, Dan Schober and Bradley Olson specifically introduce the concept of social liberation which is implicit in many of the other papers. Contributing to your neighbourhood and to your community is theorised as a strategy for recovery from addiction and as a way of building long term social support. Ironically it is the only place based paper in this issue that has been faced with the intersection of advantage and disadvantage. Oxford house, the program described in the paper, had to face at least one legal battle where the local community did not wish to have a recovery program housed in their area because of the possible negative impact on real estate values.

The paper by Donald Unger, Tara Woolfolk, Vanessa Harper, & Teresita Cuevas draws together the themes and issues explored in this special issue. It outlines, the internal, historical and structural reasons that lead people living in disadvantaged areas to access services that are local, trusted and culturally competent. It also notes the diversity between communities that may appear from the outside to policy makers and to large scale service providers as demographically very similar. The article

describes a multipronged education and early intervention program to improve understanding to assist families and professionals to work together as equal collaborators in providing services and in advocating for the development of more and more inclusive and community focussed services and programs.

Ann Dadich poses some difficult questions around how to best understand and support the value of community generated activities without imposing too many restrictions on the important work of building social connections and *growing up* children that is the essential purpose of playgroups. She concludes that while it is generally agreed that playgroups are a valuable social glue and a vehicle for change and development of children and parents; there is very little empirical knowledge about how and why those positive changes take place. She suggests that a range of methods can be used to research and evaluate playgroups. Action research in particular is seen to be an appropriate and indeed empowering methodology for investigating, instigating and sustaining positive social change at a local level.

The final article in this edition by Georgina Davis and Alexa Morgan is locally based but in many ways a contrast to other papers in the collection in that it uses traditional survey methodology and a more 'rational' theoretical framework to consider how people act in their local community. The article employs the theory of planned behaviour to investigate how householders decide to recycle. It should come as no surprise to community psychologists that planned behaviour accounts for very little actual behaviour. The results from this study can be used by Local Authorities to highlight the importance of keeping a recycling system convenient and easily accessible to residents.

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Building Community Connectedness in Broadmeadows

Cemile Yuksel

Colleen Turner

Broadmeadows UnitingCare

The paper reports on a study of parents who participated in Communities for Children (CfC) programs in Broadmeadows during 2006/07 and forms part of the Local Evaluation Interim Report. The findings indicate that parents became more involved with their neighbours, children were more sociable and parents felt more supported after their involvement in the range of CfC activities in Broadmeadows. The first round of the surveys were conducted in 2006 (n=108) and found that parents had relatively little contact with their neighbours. By the second round of the surveys in 2007 (n=50) families – (both parents and their young children) had significantly increased their relationship with their neighbours. This is an encouraging indication that our activities are contributing to the development of community connectedness for families and young children in the CfC catchment area.

Importance of Community Connectedness

The Australian Government funds place based initiatives that emphasise a community development approach to improving outcomes for young children and their families, building on community strengths and contributing to family and community capacity building. Evidence from the Sure Start (Sure Start Unit) initiatives in Canada and the United States indicate that local, community-based initiatives are attractive to families and sustainable because they provide parents with the ability to increase their knowledge and skills around parenting, communication and play (Plowman, 2004; Sneddon & Haynes 2003).

One way of supporting families more effectively is to build social capital and promote community connectedness (Etzioni, 1996; Home, Elias & Hay 2001; Perkins, Crim, Silberman & Brown, 2004). When social capital is high and communities are well-connected, children and families benefit in a number of direct and indirect ways (Fegan & Bowes, 1999). Social capital is thought to have direct benefits for individuals and communities, including improved health, greater well-being (according to self-reported survey measures), better care for children, lower crime rates, and improved government - regions or states with higher levels of trust (Organisation for Economic Co-operation and Development, 2001).

Community connectedness is about creating a

sense of belonging. People who have family, friends, neighbours and other networks tend to be better equipped to deal with problems that arise. Researchers measure community strength by a family's ability to get help when needed, their participation in a range of community activities (such as volunteering and parental participation in schools) and community attitudes around life in their local area (such as safety and tolerance) (Department of Planning and Community Development, 2007). Tomison (1999), states that "people who feel part of a vibrant, healthy community are themselves more likely to see that they can contribute something worthwhile to that community. This then, is the beginning of a cycle of positive support and enhanced community life where individuals and the wider social group reap the rewards" (Tomison, 1999). In well-connected communities, families have many opportunities for incidental encounters with other children and other parents within the local neighbourhood. These encounters can involve the exchange of important information and they also have the potential to reduce uncertainty and alleviate parental anxiety (Fegan & Bowes, 1999).

In contrast, a lack of community connectedness can have serious social consequences such as: alienation, loneliness, low self-esteem, boredom, intolerance of others, lack of motivation, and it can negatively impact on family functioning or impair child

development (Fegan & Bowes, 1998 cited in Tomison 1999).

Neighbourhoods and community have an influence on a child's development as the first five years of a child's life are seen to impact on the rest of their lives. Australian and international researchers emphasise that parent's perception of their neighbourhoods and community is based on the neighbourhood quality (e.g., neighbourhood facilities, neighbourhood socio-economic status, level of trust, safety, help) have been found to be associated with children's outcomes (e.g., social, emotional, physical and learning) (Edwards, 2005 & 2006; Wilkenfeld, Lippman & Moore, 2007; Growing up in Australia:LSAC 2007). For example, the supportiveness of neighbours can influence children's development through social connections. When neighbours report high levels of positive social ties, children tend to have more social skills and display fewer problem behaviours (Wilkenfeld et al, 2007).

Numerous studies of children and families have shown that social support directly influences their well-being, regardless of whether or not they belong to a risk group (Crnic & Stormshak, 1997). Social support has been found to be linked to a number of negative child and family outcomes, including low birth weight (Oakley, 1992), child abuse (Gracia & Musitu, 2003) and child neglect (Connell-Carrick, 2003). It has also been shown to have an impact upon maternal adjustment (Barakat & Linney, 1992) and mental and physical health (Cooper, Arber, Fee & Ginn, 1999).

Communities for Children

Communities for Children (CfC) is an initiative funded by the Australian Government that emphasises a community development approach. The CfC initiatives under the umbrella of the National Stronger Families and Communities Strategy (SFCS) aim to improve outcomes for children and families in areas identified as 'disadvantaged' by developing and implementing local strategies for children aged 0-5, their families and the community, in partnership with the local community.

Broadmeadows UnitingCare, a local

welfare agency was appointed as part of a lead consortium to manage the project which began in 2005. The project will inject 3.5 million dollars into the local community in its period of operation May 2005 until June 2008. The role of Broadmeadows UnitingCare is to support early childhood initiatives/projects; engage community leaders; existing service providers; work with early childhood experts; promote, integrate and coordinate services; and to manage the funding and report to government. The projects operate under the guidance of a Partnership of local agencies including, health, education and welfare agencies.

The Communities for Children model has been implemented in 45 sites across Australia. The model allows for local priority setting and the addressing of local priorities. The model is open to critique on a number of grounds including that it not entirely locally developed and that the partnership models are focussed more at community agencies than at community members. However, the aim of this article is not to critique the model rather it is to outline results in a particular area of the evaluation which suggest encouraging indications that local activities are contributing to the development of community connectedness for families and young children in the CfC catchment area.

Profile of Broadmeadows

One CfC site is Broadmeadows; this site forms a small geographic corner of the City of Hume in the north west of Melbourne. The site includes the suburbs of Broadmeadows, Campbellfield, Coolaroo, Dallas, Jacana and Meadow Heights. The neighbourhoods that make up the site have long been subject to significant economic disadvantage and demonstrate associated vulnerabilities including higher than average rates of unemployment, lower income and the need to access subsidised housing. Disadvantage indicators are also evident for young children, including lower than average attendance at preschool programs and a higher than average level of developmental vulnerabilities present when children begin school (CCCH-AEDI-Hume City Community Profile 2007 & Best Start Access to Preschool Report 2007). The 2006 census reported that there were 4324 children

under 4 years old living in Broadmeadows and 11,132 in the city of Hume (Census, 2006).

The Jesuit Social Services report 'Dropping off the edge – the distribution of disadvantage in Australia' (2007) identified Campbellfield as one of Victoria's ten most disadvantaged postcodes and Broadmeadows (including Dallas and Jacana) in Victoria's 40 highest-ranking disadvantaged postcode areas (Vinson, 2007). Many of the residents in the site are subject to unemployment, income and housing disadvantage which impacts on their ability to access appropriate early-childhood family services. The 2001 Socio-Economic Index for Areas (SEIFA) - index of disadvantage ranked the Hume/Broadmeadows as the third of 197 most disadvantaged statistical local areas in Victoria (Best Start Community Profile Indicator data, 2006).

Strategies to Address Local Priorities

Broadmeadows, like other sites, followed a number of stages in its implementation of the CfC initiative. A comprehensive community consultation was conducted to inform a Community Strategic Plan that would identify local priorities. The community consultation facilitated the identification of specific neighbourhood priorities. Local agencies were invited to work within the Early Years Partnership to develop priorities that were reframed into five strategies to contribute to improving conditions for families and children in Broadmeadows. Those five strategies were further developed into 23 projects which were implemented by local agencies.

The five strategies all have a community development aspect and they are:

1. Setting the hubs humming: Inclusive meeting places for family engagement
2. Playgroups Rule ok!
3. Connecting Dots and Neurons: Promoting Health and Wellbeing
4. We are All Community: Parents and professionals working together for the community
5. Catching them all: Connecting the most vulnerable and most isolated into the community

The *Community hubs strategy* brings essential elements of existing services, including preschools, playgroups, primary

schools, childcare programs, staff and expertise, into an integrated model to provide a 'one stop shop' for parents and encourage community participation. The *Playgroups strategy* provides informal parenting support, information about services and a vehicle for increasing socialisation and education of preschool children. The *Connecting Dots and Neurons strategy* has a social health model. The activities in this strategy group focus on prevention and early intervention. *We are all community strategy* is about developing a more child and family centered community by professionals and parents working in collaboration to develop a service system that suits the needs of parents, children and families to maximize social capital. The *Catching them all strategy* is designed to incorporate activities that work with families and children to address complex needs.

Activities were framed around ensuring that there was at least one activity in each of the six local neighbourhood areas and around ensuring very local priorities were identified and met. For example, the suburb of Campbellfield did not have a playgroup and parents in that neighbourhood identified this as their number one priority. Communities for Children was able to provide a facilitated playgroup for Arabic speaking families based at Campbellfield Primary School.

Communities for Children Evaluation

Ongoing evaluation is a key component of Communities for Children programs and the initiative is being evaluated at a local level that is within each site including Broadmeadows and at a national level across all 45 sites. A local evaluation framework was developed using a program-logic approach documenting expected outcomes, objectives, local indicators and outputs by to assess the progress towards the achievements for each strategy.

In addition the Service Users Study survey, developed by the Social Policy Research Centre and the University of New South Wales-Sydney for the national evaluation of SFCS, was conducted across all five strategies. This survey aims to measure short-term outcomes for families who use CfC by surveying parent respondents at the beginning of the service use, and again when the parent

has finished using the CfC service (Social Policy Research Centre, 2007). The survey was administered to discover how parents perceive the benefits of local services including those funded by CfC.

The survey also includes modules which aim to assess parenting skills, parent and child health and satisfaction with neighbourhood, community and services service expectation and satisfaction levels. It is these modules that may demonstrate some changes in social support and social inclusion.

Method

Participants

All participants were parents of young children (0-6) who accessed services/programs provided by Communities for Children. The Service Users Study survey was distributed to parents through project workers. The surveys took about an average of 30 minutes for each parent to fill out, the survey contained 6 modules. The majority of the parents were interviewed at the programs. In 2006 part one of the study was completed by 108 parents. The survey was repeated in 2007. Of the original 108 participants, 50 parents completed the 2007 survey (figure 1).

Ninety percents of the participants were mothers and six percent were fathers. Surveyed parents came from a number of different countries/cultural backgrounds, the most common were Turkey (23% in 2006 and 24% in 2007), Australia (29% in 2006 and 18% in 2007), Iraq (10% in 2006 and 14% in 2007) and Lebanon (8% in 2006 and 14% in 2007).

A majority of parents (83% in 2006)

spoke a language other than English at home. The most common language groups were Arabic (33%) and Turkish (30%). Parents surveyed were aged between 25 and 44 years (83% of the 2006 sample and 88% of the 2007 sample). The majority of the children in the study were between 2 and 5 years (83% in 2006 and 88% in 2007).

Most parents in the study had not completed year 12 (52% in 2006) while 10% held a diploma and 13% held a degree (2006 data). Over half of the parents (54% in 2006 and 56% in 2007) relied on government benefit, pension or allowance for their main source of income. A small percentage (15% in 2006 and 16% in 2007) was in paid employment including full-time, part-time and casual work.

Procedure

Each strategy group was asked to complete a survey with parents that attended their particular activity. The survey was administered one on one with each parent either face-to-face or over the telephone. Surveys took an average of 30 minutes for each parent. The study was completed at two time points over a nine-month period. Parents who participated in both part one and two of the study received \$10 gift cards from Coles-Myer for their time.

Part one of the study was completed by 108 parent respondents in August-September 2006. The same respondents were contacted for part two of the study and a total of 50 completed the survey in May-June 2007. Nineteen phone interviews were conducted to follow up with parents who were no longer attending the activities. The decrease in the

Figure 1: Number of participants surveyed

Strategy	Part one 2006	Part two 2007
Strategy 1: Humming hubs	26	11
Strategy 2: Playgroups rule- OK!	45	29
Strategy 3: Dots and neurons	11	4
Strategy 4: We are ALL Community	20	5
Strategy 5: Catching them ALL	6	1
Total	108	50

response rate was due to difficulties in contacting participants.

Statistical analysis

The data from the two time points (2006 and 2007) has been collated and analysed by the Centre for Community Child Health using (Statistical Package for Social Sciences-SPSS) quantitative and (NVIVO) qualitative software packages.

Two tests for statistical significance were used to analyse the quantitative data from the Service User Study. Both tests have been used to determine whether there has been any significant change for participants in the period between the first and second survey.

The first test was the Wilcoxon signed ranks test. This test is the most appropriate for comparing two sets of related ordinal (i.e. ranked) data, that is, data that uses measurements of order (such as 'more' or 'less'). The Wilcoxon signed ranks test measures the consistency of differences between two sets of data. For example, if all of the differences between two sets of related data go in the same direction, either in a positive or negative direction, then this is a strong indicator that there is a difference between the two groups. However, if there are some positive and some negative differences between two sets of data this indicates that there is not a significant difference between the two groups (Hinton, Brownlow, McMurray & Cozens, 2004).

The second test used to determine statistical significance was the McNemar test. Whereas the Wilcoxon signed ranks test is used to compare numerous categories (such as very often, often, a few times a month, a few times a year, rarely and never) the McNemar test is used to determine statistical significance when the data consists of two categories only (such as 'Yes' and 'No') (Hinton et al, 2004).

It is important to note that for each individual question only the participants who provided a valid response to questions in both the 2006 and 2007 survey could be included in the analysis. This is because of the nature of the Wilcoxon signed ranks and McNemar tests which measure differences between two sets of related data. As an illustration, a participant who did not respond to a question of how

frequently they had contact with their neighbours in 2006 but responded 'every day' to that same question in 2007 was not included in the final analysis because the difference between the participant's frequency of contact could not be measured. The number of participants included in each individual analysis appears in each of the tables below.

In addition to tests for statistical significance, a qualitative analysis of relevant data was also conducted. The findings from this analysis are also reported below. The relevant data for the qualitative analysis consisted of short answer responses to questions regarding the most noticeable change in a child's development and how the service had contributed to that development. The data was analysed using NVivo qualitative software which assists in the process of identifying key themes. The frequency of these themes was also measured.

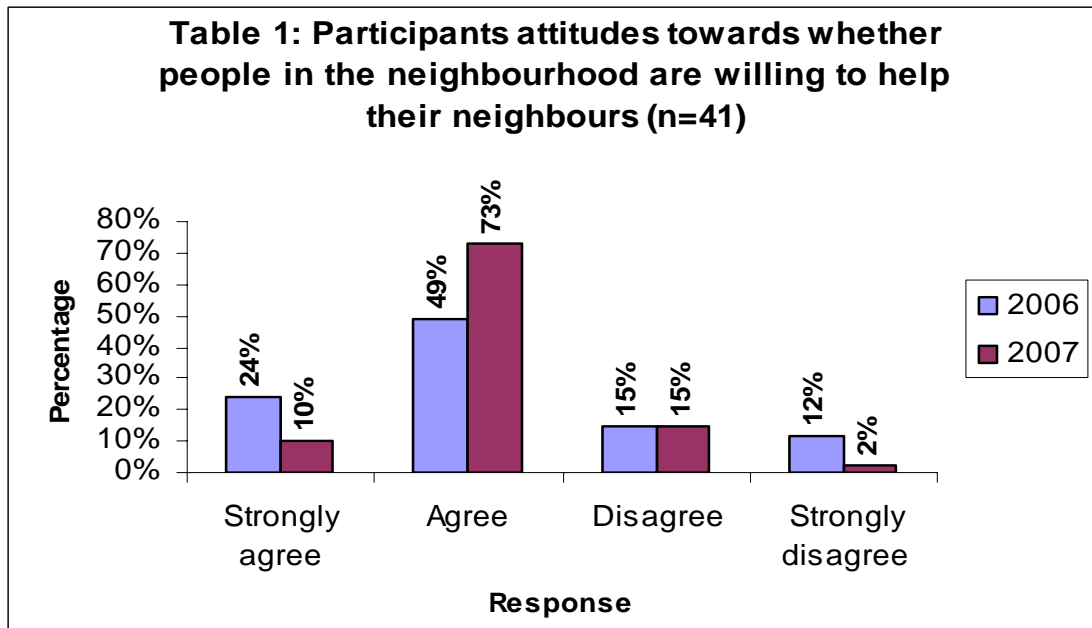
Results

Parents' attitudes towards their neighbourhood

Participants were asked to what extent they agreed or disagreed with statements about the following topics relating to their neighbourhood, the safety of their neighbourhood, the cleanliness of their neighbourhood, whether there are good parks, playgrounds and play spaces in their neighbourhood, access to close, affordable, regular public transport in their neighbourhood, access to basic shopping facilities, access to basic services such as banks and medical clinics, the safety of the neighbourhood as a place to children to play during the day and whether people in their neighbourhood are willing to help their neighbours.

The results of the Wilcoxon signed ranks test demonstrate that between the two time points there was no statistically significant difference in any of those factors. This means that although there were changes in participants' attitudes about some of these factors during the nine month period between the two surveys (see the table below as an example) participants' attitudes towards these factors in their neighbourhood did not change to a significant degree.

Table 1 illustrates participants' attitudes towards whether people in their neighbourhood



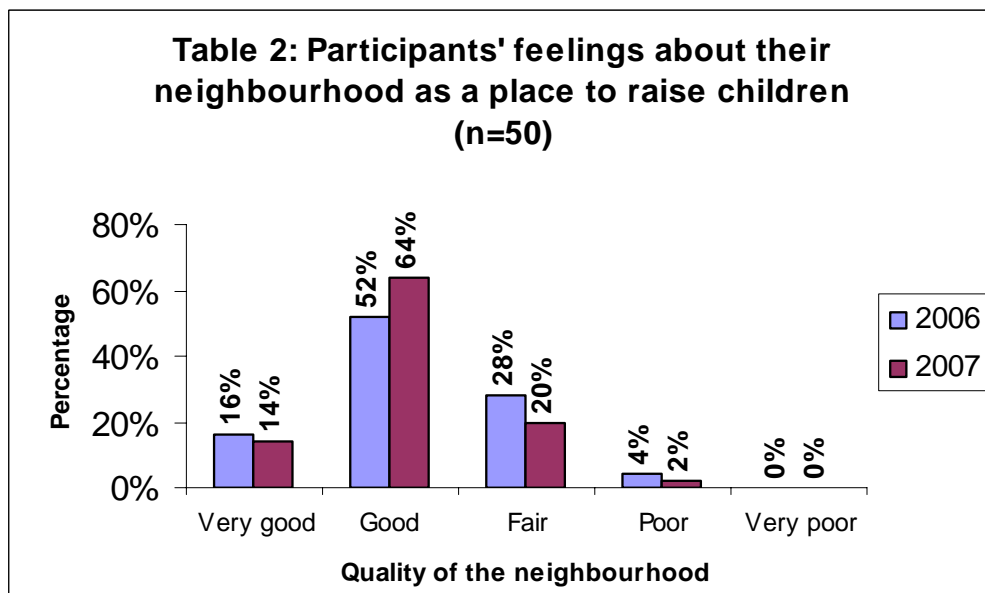
are willing to help their neighbours. In the period between the first survey and the second survey there was an increase in the percentage of participants who *agreed* with the statement that “people around here are willing to help their neighbours” (from 49% to 73%) however there was also a decrease in the percentage of participants who *strongly agreed* with this statement (from 24% to 10%). This inconsistency in the direction of the responses means that the difference between the responses in 2006 and the responses in 2007 are not statistically significant.

The majority of parents agreed at both time points that “People in the neighbourhood are willing to help their neighbours”.

Parents’ attitudes towards their neighbourhood as a place to bring up children

Participants were asked how they felt about their neighbourhood as place to bring up children. The results of the Wilcoxon signed ranks test demonstrate that between the two time points there was not a statistically significant difference in how participants’ felt about this aspect of their neighbourhood . That is, the findings suggest that during the nine month period participants were utilising the service there was no significant change in how they felt about the neighbourhood as place to bring up children.

Table 2 illustrates the frequency of responses to the question of how participants



feel about their neighbourhood as place to raise children. At the time the two surveys were conducted none of the participants felt that the neighbourhood was a *very poor* place to raise children. There were some changes in participants attitudes in the nine months between the two surveys, for example a greater percentage of participants rated the neighbourhood as a *good place* to raise children in 2007 (64%) when compared to 2006 (52%). However there was also a slight drop in the percentage of participants who rated the neighbourhood as a *very good place* to raise children in 2007 (14%) when compared to 2006 (16%).

Parents' frequency of contact with neighbours

Participants were asked how often they talked, saw or emailed: other family members, friends and neighbours to determine whether there was a change between frequency of contact between the 2006 and 2007 surveys.

The results of the Wilcoxon signed ranks test demonstrate that there was no statistically significant difference between the participants' level of contact with other family members and friends between the 2006 and 2007 survey. In other words, there was no significant change in the level of contact participants had with other family members and friends over the nine month period in which they were utilising the service. However, the same test demonstrates that there was statistical significance in the

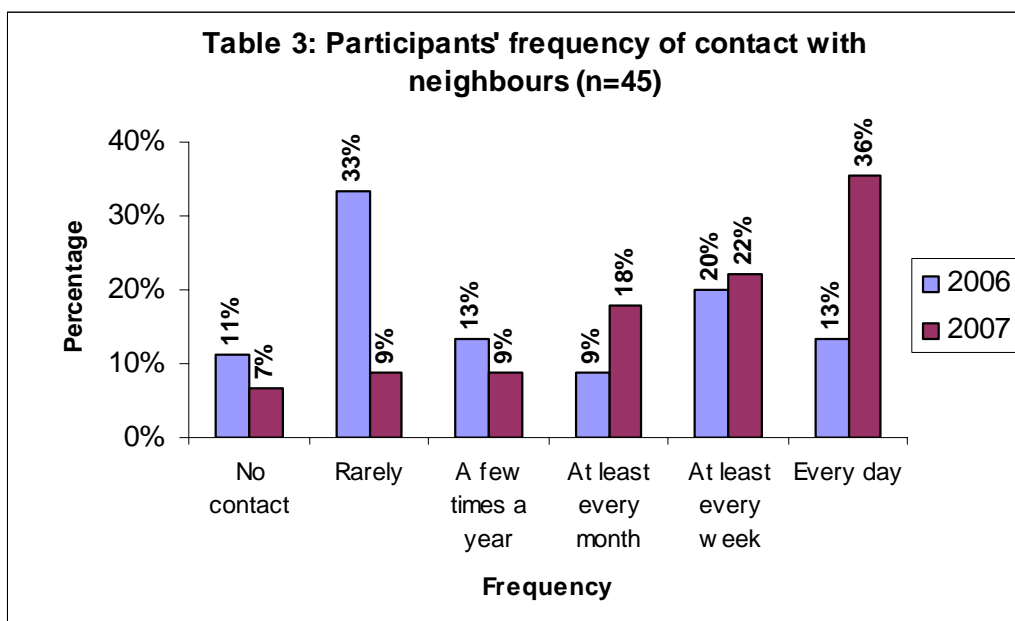
participants' level of contact with neighbours during that same time period (see table 3). Over the nine month period in which they were utilising the service participants' levels of contact with their neighbours increased significantly.

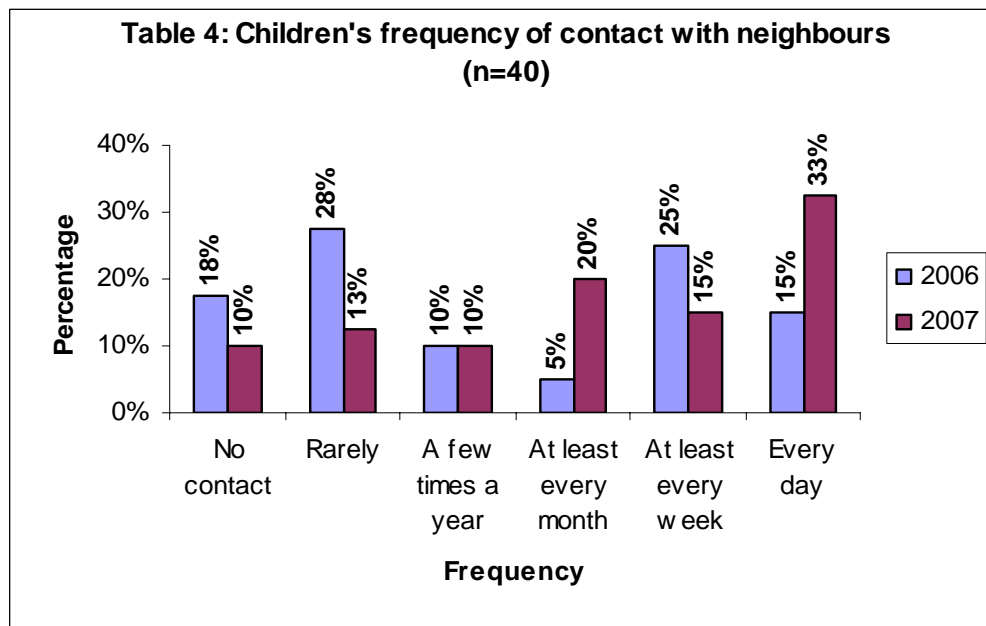
Table 3 illustrates participants' frequency of contact with their neighbours at the time the survey was conducted in 2006 and at the time they survey was conducted in 2007. The most striking figures in the graph are the percentage of participants who *rarely* talked, saw or emailed neighbours, falling from 33% to 9% in the period between two surveys, and the number of participants who talked, saw or emailed neighbours *every day*, increasing from 13% in 2006 to 36% in 2007.

Children's frequency of contact with neighbours

Participants were asked how often their child saw or spent time with: grandparents, other family members, participants' friends, participants' neighbours and other young children (outside of child care or school).

The results of the Wilcoxon signed ranks test demonstrate that between the two time periods there was no significant change in these children's level of contact with grandparents, other family members and participants' friends. That is, there was no significant change in the level of contact these children had with their grandparents, other family members or the





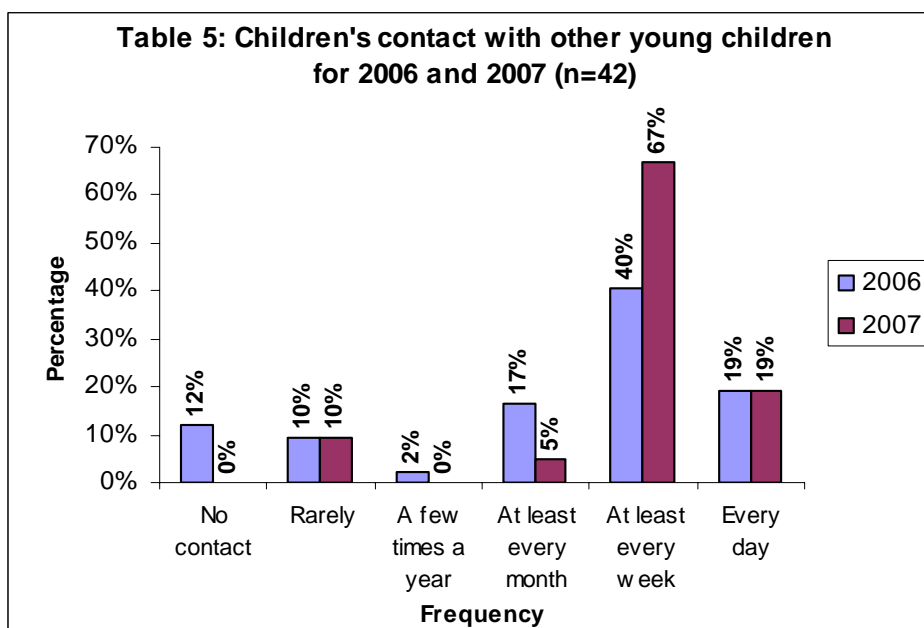
friends of their parents/caregiver other family members and friends over the nine month period in which they were utilising the service.

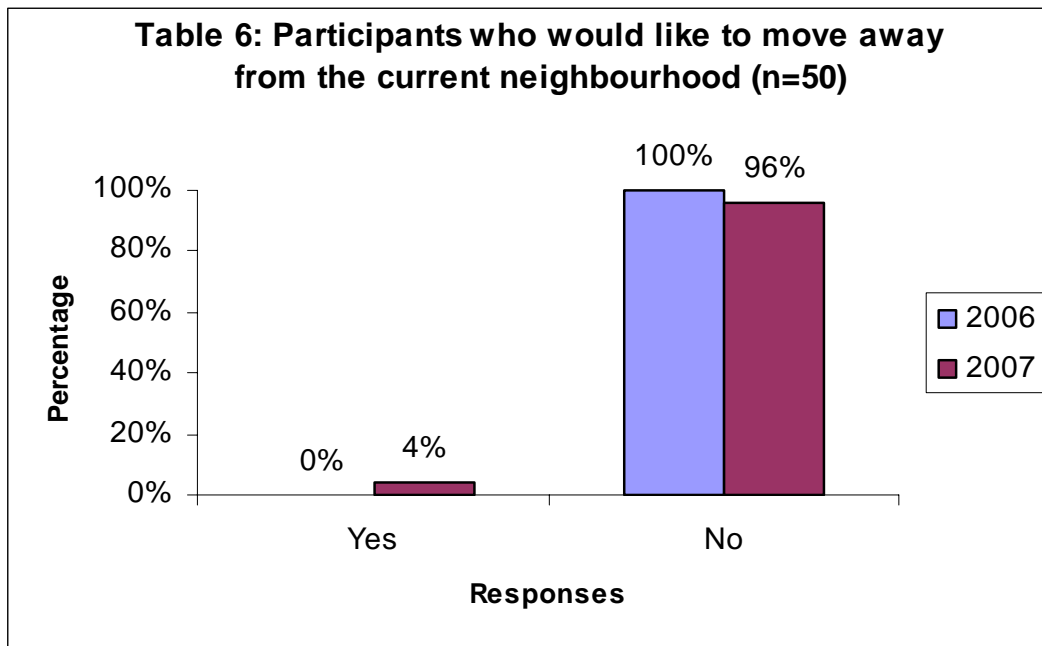
However, there was statistical significance in the participants' child's level of contact with participants' neighbours and other young children (outside of child care or school) during that same time period. Over the nine month period in which they were utilising the service these children's levels of contact with neighbours and other young children outside of child care or school increased significantly (see table 4 and 5).

Table 4 illustrates the children's frequency of contact with the participants' neighbours at the time the survey was conducted in 2006 and at the time the survey

was conducted in 2007. The most noticeable change in Table 4 are the percentage of children who *rarely* saw or spent time with neighbours, falling from 28% to 13% in the period between the 2006 and 2007 survey, and the percentage of children who saw or spent time with neighbours *every day*, increasing from 15% to 33% in the same time period.

Table 5 illustrates the participants' children's frequency of contact with other young children outside of child care or school at the time the survey was conducted in 2006 and at the time the survey was conducted in 2007. The most striking figure in Table 5 is the percentage of children who saw or spent time with other young children (outside of child or school) at least every week, increasing from





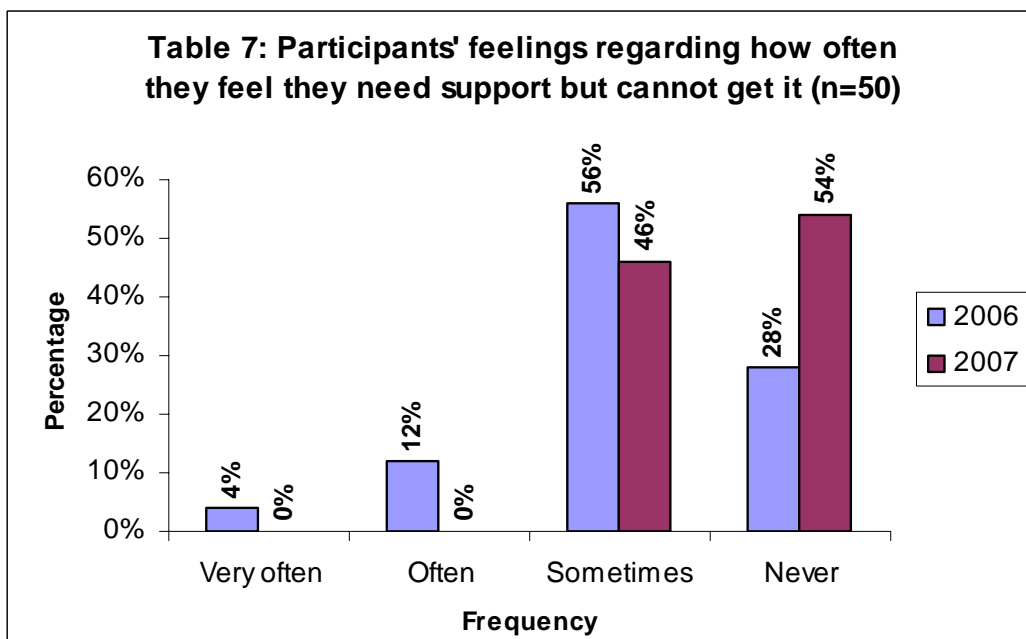
40% to 67% in the period between 2006 and 2007. All of the children who had *no contact* with other young children in 2006 (12%) had at least some contact with other young children in 2007.

Moving away from neighbourhood

Participants were asked whether currently they would like to move away from their neighbourhood. The results of the McNemar test demonstrate that between the two time periods there was no statistically significant difference in the responses to this question. That is, the findings suggest that during the nine month period they utilised the

service there was no significant increase or decrease in the proportion of participants who would like to move away from their neighbourhood.

Table 6 illustrates participants' responses to the question of whether they would like to move away from their current neighbourhood. The table demonstrates that at the time the first survey was conducted in 2006 none of the participants stated that they would like to move away from the neighbourhood and only one participant stated at the time the survey was conducted in 2007 that they would like to move away from the neighbourhood.



Levels of support available to participants

Participants were asked how often they felt they needed support or help but couldn't get it from anyone. The results of the Wilcoxon signed ranks test demonstrate that between the two time periods there was a statistically significant difference in participants' feelings about this aspect of their lives. At the second time point participants were much less likely to report feeling as if they could not get support when it was needed (see table 7).

Table 7 illustrates the frequency of responses to the question of how often participants feel they need support but cannot get it. The table shows that of the participants who reported that they *very often* or *often* can't get the support or help they need in 2006 did not feel the same way in 2007.

There was a statistically significant increase in the number of respondents who reported *never* to the question of feeling like they needed help and could not get the help or support they needed.

Most noticeable changes in child's development

For the 2007 survey participants were asked to record – in short answer format – the most noticeable change in their child's development since the 2006 survey. Forty-eight participants responded to this question. The data was analysed by identifying key themes and the frequency of these themes in individual responses was then measured.

Four key themes emerged from the data regarding the most noticeable changes in the child's development. They were: the child's increased capacity and/or willingness to share; the child's increased skills and/or interest and/or time spent playing; improved language and/or literacy skills and abilities and the child's increased capacity and/or willingness and/or confidence in socialising/interacting with other children. Each of these themes is explored further below.

The first theme was the child's increased capacity and/or willingness to share.

Of the forty-eight participants who responded to this question, 20 (48%) made reference to "sharing" as a change in this aspect of their child's behaviour. As an

illustration one participant reported:

He was jealous and didn't know how to share. [Now] he shares more and plays with me.

The second theme was the child's increased skills and/or interest and/or time spent playing.

Of the 48 participants who responded to this question, 13 (27%) referred to a change in this aspect of their child's behaviour. Participants referred to their children "learning" how to play, playing more, playing with other children and playing with other members of the family. One participant stated:

[She's] learnt how to play. At home [she was] watch[ing] TV all the time and didn't listen.

The third theme was improved language and/or literacy skills and abilities.

Of the 48 participants who responded to this question, 12 (25%) referred directly to the children's increased language and/or literacy skills and abilities. One Participant stated:

[Her] language ability has improved.

Another respondent stated:

[Now] she reads [the] alphabet.

Some participants also referred to their child's increased capacity to understand and/or their listening skills and although these responses were not coded as language and/or literacy skills and abilities (as it is not clear from the data exactly what understanding/listening skills refers to) it is possible that the children's increased capacity to listen and/or understand is related to their improved language and/or literacy skills.

The fourth theme was the child's increased capacity and/or willingness and/or confidence in socialising/interacting with other children.

Of the 48 participants who responded to this question, 11 (23%) made reference to this as a change in their child's child development.

One participant stated:

[She's] more comfortable with other kids to play. She's not shy and [she's] learnt to share.

Not surprisingly many of the participants who referred to a child's increased capacity and/or willingness to share also highlighted a change in their child's socialising behaviour.

Some of the other less frequent themes in the responses to this question were:

- Less shy (5)
- Crying less (4)
- Improvement in toilet training (3)
- Improvement in eating routine/habits (2).

It is important to point out the links between the results from the quantitative and qualitative analysis. The results of the quantitative analysis, described above, demonstrate that the participants' children had significant increases in their contact with other young children. Clearly there is a relationship between this increase in contact and the areas of development described above. For example, when asked about the most noticeable change in her child's development one participant reported that her child had "learnt to take turns and share with other children". When noting this child's frequency of interaction with other young children in 2006 the participant marked *rarely*. In 2007 when noting the frequency of the child's interaction with other young children the participant marked *every day*.

How the Service Contributed to the Changes in Child Development

Participants were also asked, in the 2007 survey, if using the service had contributed to the changes in their child's development and how it had contributed. Forty-three participants responded to this question and 2 stated that the service had not contributed to the change. Twelve other participants did not say how the service contributed to the child's development, provided only a one word response (which was not sufficient for an analysis) or repeated what they had said in the previous question. After all of these responses were excluded there were only 29 valid responses (67%) left to analyse. Two key themes emerged from the data.

The first key theme was that the service had provided the child with the opportunity to meet and/or interact and/or make friends with other children.

Ten of the 29 valid responses (34%) referred to this factor. As an example, one participant reported that the most noticeable change in [her] child's behaviour was:

My daughter now likes to sing songs and rhymes. [She's] become more social and shares [and] plays with others. She used to cling to me, now [she] plays with others. [Her] literacy has improved.

When asked how the service had contributed to this change the participant responded:

[The service has] giv[en] her the opportunity to meet other children. [It's] given her time to be ready to share with other[s]. [She's] watched other children, now she socialises, plays and talks to others.

The second key theme was that the service had helped the child to learn how to share and play.

Seven out of the 29 valid responses (24%) referred to this aspect of the service contribution. One participant stated that the most noticeable change in her child's behaviour was:

My child [has] become less aggressive. [He's] not fighting with siblings and other kids.

When asked how the service had contributed to this change the participant responded:

It was an outlet for his energy. He learnt from other children. [He] learnt about sharing and other good behaviour.

Some of the other less frequent themes in the responses to this question were:

- Contributed to parent/caregiver skills/confidence (2)
- Provided a routine (2)

- Staff have encouraged/helped child (2).

It is interesting to note that 5 participants said that the service had helped their child prepare for kindergarten or school or had influenced their enthusiasm regarding attending kindergarten or school even though this theme was only mentioned once in the previous question (which asked: 'What has been the most noticeable change in your child's development since the last survey?'). It may be that participants did not see preparation and/or enthusiasm about kindergarten or school as an aspect of their child's development. Regardless of this inconsistency between the two responses – and the possible reasons for it – it is clear that 5 participants believed that as a result of their child's their involvement with the service they are better prepared and/or more enthusiastic about starting kindergarten or school. It is likely that this increased preparation and/or enthusiasm will have a positive impact upon these children's kindergarten or school readiness.

Discussion

The Broadmeadows CfC programs and strategies – like all CfC initiatives – aimed to improve outcomes for children and families in an areas identified as disadvantaged. The local evaluation framework used a program logic approach to anticipate a range of outcomes for each strategy and for each activity. Anticipated outcomes include social connection and support, service coordination, parental skill and knowledge in various domains and child development indicators. This paper concentrates on the issues of social and community connectedness. Building social capital and promoting community connectedness was identified as an important way to improve outcomes for children and families. Social capital and community connectedness are especially important outcomes in an area such as Broadmeadows, where many members of the community are recent migrants to Australia from non-English speaking countries (Census, 2006). Social isolation is a risk for these community members as they often do not have access to the formal and informal social networks available to more established members of the

community.

Before discussing the findings it is important to highlight the limitations of this study. Firstly, the survey relied upon participants self report. Self report is a method of assessment that has been critiqued for its lack of objectivity. Secondly, the survey was not translated for the non-English speaking participants. Rather, bilingual staff and friends of participants assisted in the translation of questions and answers. There is a risk therefore that there were inconsistencies during the process of data collection because of the process of translating survey questions from one language to another. Thirdly, not all the people who took part in the CfC strategies completed a survey and more than half who completed the survey in 2006 did not complete the subsequent survey in 2007. The attrition rate from the first to the second survey may have had an impact upon the findings. For example, it is possible that those participants who completed the survey in 2007 had experienced more positive outcomes of the strategies than those who did not complete the 2007 survey. All of these limitations need to be taken into account when considering the discussion that follows.

The findings from this research suggest that in an area such as Broadmeadows CfC initiatives have the potential to impact upon community members' relationship with their surrounding neighbourhood and their sense of being supported. These findings demonstrate for example that participants involved in these services and programs experienced increased contact with their neighbours. Whilst increased contact with neighbours amongst these participants did not have a significant impact upon their attitudes towards their neighbourhood (such as whether they thought neighbours were willing to help one another) it is very possible that increased contact between neighbours will have other positive impacts upon participants, especially in terms of social connectedness.

There is also a significant improvement in participants' feelings about how often they believe they can get support when it is needed. This is an interesting finding considering there was no significant change in the frequency of

contact between participants and their family and friends. Further research could explore what aspect of these initiatives lead to participants feeling that they have increased access to support. Clearly, a sense of increased access to support is likely to have a positive impact upon an individual's sense of social connectedness.

These findings suggest that these CfC initiatives have the potential to impact positively upon children's experience of social connectedness by providing a space where children can interact and learn from one another. These initiatives had a significant impact upon children's frequency of contact with other children and, as discussed, this could be viewed as playing a role in the self reported improvements of some participants' children's social, emotional and cognitive abilities. It could also be that the participants' children's increased contact with neighbours contributed to some of those children's improved social, emotional and cognitive abilities. Furthermore, whilst the participants' attitudes towards their neighbourhood did not improve significantly further research could explore the impact that these initiatives have upon children's attitudes towards the neighbourhoods in which they live.

Summary

The findings from this study suggest that CfC initiatives in Broadmeadows had a significant impact upon some aspects of social connectedness amongst parents and children who took part in the CfC activities and strategies. The study findings demonstrate that participants in the Broadmeadows CfC initiatives did not change their, already largely positive, views about their neighbourhoods over the a nine month period during which the CfC initiatives were implemented. However, the study findings show that parents and their children increased contact with their neighbours which may, lead to the development of stronger social connections within this community. The development of stronger social connections within this particular geographical region is especially important due to the high proportion of new migrants in the area who, compared to more established members of the community, have a

higher risk of social isolation. The findings from this study suggest that the CfC initiatives implemented in Broadmeadows have very positive impacts upon children's experience of social connectedness, they provide a space for children to interact and learn from one another. This in turn is likely to have a positive impact upon their social, emotional and cognitive development.

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Working on the ground to redress disadvantage: Lessons from a community-based preschool program

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There is a socioeconomic gradient evident in rates of children's participation in preschool programs, with participation highest among children from the most advantaged households and lowest among children from the most disadvantaged households. The combined circumstances of household disadvantage and living in a neighbourhood of concentrated disadvantage exacerbate these disparities. While early childhood education can compensate for the intersecting and compounding disadvantages that families experience, children living in disadvantaged households are least likely to access such programs. This paper considers how an Early Learning Centre [ELC] in the socio-economically disadvantaged suburb of Broadmeadows, Victoria, is operating to redress barriers to participation in early learning education. Using a participant observation method and drawing on interviews conducted with parents, staff and local service providers, the paper describes how the ELC represents a 'promising approach' in efforts to address family circumstances and service-level factors that combine to discourage vulnerable families from attending community-based programs. The processes and practices that are outlined represent innovative efforts to attenuate household and place-based disadvantages that are experienced by children and their families.

Barriers to Participation in Early Childhood Education

Disparities in educational opportunities manifest early in the life-course and are generated within the interplay of familial, neighbourhood, class and macro-structural social and economic processes. There is a socioeconomic gradient in participation rates in preschool programs in Australia, with children from the most disadvantaged households least likely to access early childhood education (Vinson, 2006; Australian Bureau Statistics, 2004). Providing opportunities to develop independence, build social skills, promote familiarity with routines and generally ease the transition into primary school, early childhood education programs increasingly represent important preparation for formal schooling. They also present critical opportunities to assess children's developmental progress and provide timely referral for specialist and other services where necessary. Lower rates of participation in early learning settings among children living in socio-economically disadvantaged households may contribute to, or compound developmental and health-related issues. For instance, there is evidence that children living in circumstances

of household disadvantage have poorer health and developmental outcomes when compared to children growing up in non-poor households (Brooks-Gunn & Duncan, 1997; Brooks-Gunn, Duncan, Klebanov & Sealant, 1993; Graham & Power, 2004, Australia's Health, 2004).

More troubling is evidence that concentrated household disadvantage at the neighbourhood level appears to generate particularly potent, interdependent and complex sets of circumstances that exacerbate the implications of household deprivation and disadvantage (Brooks-Gunn et al., 1993). The co-occurrence of household- and neighbourhood-level disadvantage confronts growing numbers of families in places such as Australia, and other post-industrial nations, where intensifying processes of socio-spatial polarisation are constellating households with similar socioeconomic circumstances together in neighbourhoods (Baum et al., 2005; Massey, 1996; Dorling & Rens, 2003). Concentrated household-level disadvantage in neighbourhoods produces generalised conditions of deprivation that influence health- and well-being-related processes, access to services and local social relations (Fitzpatrick, 2004). There is mounting evidence that

neighbourhood-level disadvantage contributes sources of stress and amplifies the strains and distress experienced by families (Matheson, Moineddin, Dunn, Creatore, Gozdyra & Glazier, 2006; McCulloch, 2003; Ross & Mirowsky, 2001; Steptoe & Feldman, 2001). In poor neighbourhoods there are likely to be fewer private services and high demand for available public services (Forrest and Kearns, 1999, Speak and Graham, 1999). Residents of disadvantaged neighbourhoods tend to have higher involvement in local social networks and fewer extra-local networks than people living in other neighbourhoods (Atkinson and Kintrea, 2004; MacDonald et al. 2005; Warr, 2005, 2006). These complex and interrelated issues provide an important backdrop for understanding the ways in which household and neighbourhood disadvantage impact on the life chances and opportunities that are available to children and their families living in suburbs such as Broadmeadows.

While non-participation in early childhood learning is associated with family impoverishment, participation in early childhood education programs can compensate for the intersecting and compounding effects of household and neighbourhood disadvantage (Zwi & Henry, 2005). It is therefore of great concern that the children who stand to gain the most from early childhood education are least likely to access such programs. Carbone, Fraser, Ramburuth, & Nelms (2004) identified two sets of factors as inhibiting access to early childhood services: family circumstances, and aspects of services. Family circumstances that may prevent access, or contribute to irregular attendance in early learning opportunities include low household income; lack of social support; lack of private transport; insecure housing; low literacy levels of parents or care-givers; attitudes towards the need for, of value of, services; distrust of services; poor physical or mental health of parents or care-givers; everyday stress and recurrent crises (Carbone et al., 2004). Service-level factors identified include lack of knowledge of available services; the prohibitive of cost of services; poor public transport; poor coordination between early childhood services; unwelcoming environments and judgmental

and disparaging attitudes from staff or other families (Carbone et al., 2004). Addressing these familial, service- and neighbourhood-level contexts requires sensitive understanding of the circumstances of people's lives, and the personal and social consequences of protracted and widespread impoverishment in families and local neighbourhood environments.

In impoverished neighbourhoods, many families are likely to be experiencing stresses and social vulnerability linked to chronic unemployment, inadequate or insecure accommodation, physical or mental ill-health, and/or recent resettlement in Australia. Community-based programs providing educational, social and health services are important starting points in ameliorating and redressing the potentially negative impact of these of these situations. However, as Carbone et al. (2004) suggest, community services may also be part of the problem for some families. These concerns are confirmed in other research that found high levels of distrust towards social and other services among the most disadvantaged and vulnerable families (Canvin, Jones, Marttila, Burstrom & Whitehead, 2007). These families perceived more risks than benefits in accessing social support services. These included unfavorable scrutiny of parenting practices and welfare payments being cut, and a common strategy for managing these risks was to avoid seeking assistance through formal avenues (Canvin et al., 2007). Responding to the evidence that children living in disadvantaged families are least likely to access early childhood education requires attending to these barriers and developing realistic solutions that are sensitive to the concerns and experiences of families.

This paper describes key features of an Early Learning Centre (ELC) that is a community program in the suburb of Broadmeadows, Australia. The ELC has a prominent and positive profile in the neighbourhood, which is one of the most socio-economically disadvantaged suburbs in the State of Victoria (Vinson, 2007). Community programs have been defined as a community development strategy that targets geographical communities with aims of improving community functioning (Jack, 2005). The paper

draws from interviews undertaken with parents, staff, service providers and participation observation methods to describe the features of good practice in community programs such as the ELC. The discussion is informed by theoretical and empirical insights into contemporary conditions of socio-economic disadvantage and the implications at household- and neighbourhood-levels.

About the Meadowbank Early Learning Centre

The ELC offers an exemplary case study of a community program that is empathically grounded in the circumstances of local families and the ways in which these circumstances impact on children's educational opportunities. In addition to offering an early childhood education program for children, the ELC facilitates access to local support services, fosters links with other community-based programs, and promotes community development processes that are orientated towards achieving long-term and sustainable changes in the neighbourhood. The ELC offers a pre-school program for four-year-old children and supports parents to run a facilitated playgroup for toddlers, conducts 'Transition to School' programs, and incorporates numerous special programs within its preschool program (for example, 'Sing and Grow'; 'Feelings'; 'Sounds Like Fun'; 'Smiles for Miles' and regular bilingual storytelling sessions). The ELC is also a driver and key partner for regular community-wide events to promote social cohesion in the multicultural suburb of Broadmeadows.

In 2001, the unemployment rate in the Local Government Area [LGA] where the ELC is located was 8%, in the suburb of Broadmeadows it was 19%, while in the neighbourhood where the ELC is located it stood at 21% (Project Partnerships, 2003). The neighbourhood has a higher than average proportion of families accommodated in public housing authority properties compared with the state of Victoria as a whole (24.4% compared with 3.7% (Australian Bureau of Statistics). In Australia, public housing is increasingly reserved for individuals and families with complex and concurrent problems or experiencing acute crisis situations (Arthurson,

2004). The local population also reflects remarkable ethnic diversity with relatively high proportions of people who were born in Turkey, Lebanon and Iraq. Overall, data from the Australian Bureau of Statistics shows that while some ethnic communities predominate in the area, there are over 35 different non-English speaking countries nominated as the place of birth by residents in the ELC's neighbourhood (Project Partnerships, 2003).

The ELC's local renown in engaging families that were otherwise unlikely to access mainstream programs recommended it as a critical and informative case study to improve understanding of 'good practice' when working with the most disadvantaged and socially isolated families. Case studies are particularly useful for generating detailed and context-dependent understanding of real-world phenomena because they offer 'strategic importance in relation to the general problem' (Flyvbjerg, 2001:78). In this case, the ELC offers insight into how one community-based organisation is working on the ground to reduce the socio-economic gradient in participation rates in early childhood learning. The case study did not aim to evaluate the ELC; these kinds of community-based programs are notoriously difficult to evaluate because they target and influence a complex array of factors and contexts. Rather, the aim of the case-study was to identify key aspects of what Jack (2005) usefully conceptualises as 'promising approaches' in efforts that target complex social phenomena. Explanations of 'promising approaches' should be informed by theoretical and empirical understanding of key issues (Jack, 2005).

Data for the Case Study

I first became aware of the ELC while preparing to undertake a series of research projects in Broadmeadows that explored associations between place, social connection and health-related processes. I was conducting extensive community consultations with local service providers to discuss my plans and obtain their perspectives on issues of concern. As time went by, I began visiting the ELC regularly where I was able to meet a range of people who lived and worked in the neighbourhood. I observed first-hand the ways in which the ELC

was striving to encourage and support families to be involved in the preschool program. I obtained ethics approval to undertake a modest, unfunded study to document the efforts of staff at the ELC to support families living in profoundly difficult situations. The aims of the study were to facilitate knowledge transfer of the insights and practice wisdom of staff at the ELC to other early childhood programs and to promote the ongoing sustainability of the ELC as the coordinator was approaching her retirement. I visited the ELC weekly over a school year and during this period I was a participant-observer in the program sessions, had many informal conversations with people and conducted some formal interviews with parents and staff. The ongoing contact I had with the ELC enhanced understanding of the ways the everyday circumstances of families impacted on the ELC and how issues unfolded over time.

Five semi-structured interviews were conducted with parents and these discussions explored how they had become involved with the ELC, the perceived benefits for children and parents, and the most positive and negative aspects of the program. These interviews were tape-recorded (except one that was conducted with the assistance of a translator). Four mothers and one father were interviewed and the parents were of Anglo-Australian, Turkish and Arabic backgrounds. I also interviewed ELC staff, a volunteer worker (who had formerly worked in the neighbourhood) and two local service providers who were working closely with the ELC. Notes were taken of these discussions (a total of five interviews). These interviews focused on describing the neighbourhood context for the program, processes for working with families, perceived benefits and problems of the program, and examples of working collaboratively with other services and community-based organisations. The findings from these interviews were written up in a plain-language report for the community (see Warr, 2007).

Recalling Flyvbjerg's (2001) explanation of the value of case studies, the following discussion brings together my understanding of the 'general problems' that characterise contemporary conditions and personal

implications of socio-economic disadvantage and the 'strategic importance' of efforts and initiatives at the ELC to understand and respond to the circumstances of local families. These circumstances involve material impoverishment, the challenges of resettlement in a new country, limited opportunities for social connection, and the social stigmatisation of poor people and poor neighbourhoods. The next section discusses key insights into family circumstances and the implications for the ELC. The final section of the paper explains approaches and practices that are used at the ELC to redress these disadvantages to improve educational opportunities and outcomes for children.

Insights into Household and Neighbourhood Circumstances

Family and neighbourhood circumstances include practical problems associated with material impoverishment and how these circumstances influence local social relations. These issues emerged as important contexts for understanding some of the barriers to participation in early childhood education among families. Family circumstances have been identified as key factors in limiting participation in early learning opportunities (Carbone et al., 2004; Vinson, 2006), and the generalised socio-economic circumstances and cultural characteristics of the neighbourhood where the ELC is located highlight the special needs of local families. Impoverishment through unemployment and disability, sole parents struggling to do the work of two people in raising children, and families who have recently settled in Australia, are common situations framing parents' engagement with community programs. The coordinator noted that *'there are difficulties for some parents who are experiencing their own personal crises, family difficulties, challenges of settling in a new country, and families with limited grasp of English'*. Material constraints and limited access to private and public transport ensured that many families relied heavily on local services and facilities. Service providers, such as the family services practitioner, noted that *'Many people rarely leave the area- they rarely visit the city, for instance'* (which is only 15 kilometres away).

Problems of social exclusion

The risks of social exclusion were multi-layered and relevant for the ELC in different ways. The most immediate issues were household circumstances that risked families became isolated in their homes. This concerned staff at the ELC because isolated families are less likely to enroll their children in preschool or to gain as many benefits through their involvement. The coordinator was clearly aware that overlapping circumstances within households heightened vulnerability for families to become social isolated and excluded:

Families are especially vulnerable when they are not in paid work. Many families are moving to the area to rent or buy cheap housing but this often means that they must leave behind other [social] networks. They can be very isolated until they get on their feet and establish new social supports in the local neighbourhood.

Some families become socially isolated because of uncertainty in housing, employment or family situations and this can also disrupt children's involvement in education programs:

Some families are highly transient and are frequently moving house or changing schools for a variety of reasons. Parents might change school following conflict with staff or other parents, move to support family members in other suburbs or states, to find work, or through unstable accommodation. This creates difficulties in providing continuity of learning, meeting learning objectives and ensuring access to relevant support services when needed.

More broadly, families in the neighbourhood are vulnerable to collective

experiences of social exclusion. A range of research has identified that generalised neighbourhood-level socioeconomic disadvantage is associated with residents having fewer extra-local social networks and high dependence on local networks (Atkinson and Kintrea, 2004; Atkinson and Kintrea, 2001; MacDonald et al., 2005; Warr, 2005, 2006). This network structure increasingly reflects the socio-spatial consequences of contemporary forms of socio-economic disadvantage in which the poor and non-poor live increasingly further apart from each other (Bauman, 2000; Massey, 1996). The consequences of these network structures are also implicated in processes that serve to reproduce educational and other disadvantages. The circumstances of high involvement in local networks and limited involvement in a diversity of social networks were evident among families in Broadmeadows and the implications of this were observed to have repercussions at the ELC.

Many families tended to be involved in dense local social networks and have limited social ties with people outside of the neighbourhood. On one hand, this fostered a strong sense of community connection and belonging. On the other, it limited the settings in which people feel comfortable and generated tendencies towards volatility in networks that had a number of negative effects. The coordinator explained:

Some families have had limited exposure to a diversity of social experiences and tend to be involved in dense local networks. These networks are vulnerable to generating conflict because local networks are central social networks and people are less likely to be distracted by work and other involvements outside the neighbourhood and there can be high informal surveillance of others. Disagreements can escalate into serious conflicts and this creates challenges for the school and the ELC and because these [schools and other community-based settings] are sites where

parents are likely to run into each other. This has been a problem this year and was very disruptive for the children.

The density of local networks can escalate conflicts that arise because it is more difficult to avoid contact with local people and disagreements with one family can isolate people from other families in the networks. High dependence on these local friendship networks also renders families vulnerable to social isolation if they decide to withdraw from these networks as a way of avoiding or managing conflict. Parents may decide to avoid local venues, such as schools and kindergartens or even enroll children in other programs. Either of these responses is likely to be disruptive for children, and especially pre-school age children if parents feel that attending a pre-school program is enjoyable but not necessarily essential for their child's wellbeing.

The coordinator also perceived that generalised risks of social exclusion, linked to the disintegration of traditional social institutions, are intensified for local families who are already vulnerable through household situations and prevailing circumstances of disadvantage in the neighbourhood:

More generally, many people have no roots or connections to a community, especially through the dissolving influence of family and church that were able to provide families with social networks and support.

The families that are caught in intersecting circumstances of disadvantage have high and complex social support needs, but staff and service providers working at the ELC refrain from talking about 'problem families'. Instead, there is encouragement to consider how situations appear from the perspectives of families and the anxieties they may be experiencing. These insights into family circumstances and local network structures inform efforts adopted at the ELC and address barriers to participation.

Approaches include getting to know families, ensuring parents and children feel welcome when they come to the ERC, some awareness of relationships between families and modeling non-aggressive tactics for resolving disputes. One of the parents described how, through her contact with the ELC, she had learnt tactics for managing problems at home: "*I learnt how to handle things at home and I'm still learning and if I've got a problem, yes, I come back to [the coordinator] and she actually gives me advice on how to handle it*". More strategically, the ELC had taken a lead role in developing a number of 'upstream' community development projects that support families to build diverse social connections and networks and tackle the social determinants of disadvantage.

Problems related to social stigma.

In addition to the widespread hardship among families living in the neighbourhood, the processes of social stigmatization to which poor neighbourhoods are frequently subjected compounds problems with establishing diverse social networks (Warr, 2005). The social stigmatisation of impoverished neighbourhoods can also have debilitating psychological effects on residents. According to a Family Services Practitioner, people living in the neighbourhood are aware of '*wider community pressure and stigma and they lack self-confidence, [they have] no confidence in themselves*'. This is also observed by the coordinator who notes that, amidst these contexts, careless efforts to 'help' will only reinforce feelings of powerlessness and helplessness:

[A lack of self esteem] arises through a lack of understanding of their place in society, and how they can contribute, have influence to change their life or their children's lives – it impinges on them: 'I don't know what I don't know' and not knowing what to aspire to. There are feelings that 'I'm not worthwhile – it doesn't matter what happens – I'm worthless'. People can have little sense of their rights – what they can ask for in their community. It also puts

people in a no-win situation if they are dependent on the help of others – it's lose/lose – 'I can't respect what you give me because you gave it to me'.

These comments point to the powerful psychological consequences of individualising discourses of poverty and disadvantage where possibilities for making social or political sense of one's circumstances are increasingly limited. In addition to the ways in which such discourses erode self-confidence and self-belief, they threaten social solidarity in the neighbourhood. Discussing research undertaken in the western suburbs of Melbourne, McDonald (1999) argued that the economically and socially disenfranchised young adults in his study were unable interpret their struggles as outcomes of disempowering social-structural processes. Rather, contemporary experiences of disadvantage are increasingly experienced as problems of personality (McDonald, 1999). This influences how people interpret their own situations, as well as those of people living around them in similar situations. The coordinator was aware of the socially fraying effects of these individualising discourses:

[It] can mean having less empathy for others in similar situations and this inhibits social solidarity and results in a lack of social connectedness with others, in family units and neighbourhoods and with school and local institutions (...) [this neighbourhood] used to have a 'Poverty Action Group' and this group had a strong sense of being able to change and communicate circumstance and it gave people a sense of control. What has changed since then? No structure to feel that I have any say in my destiny.

These astute insights from the coordinator reflect on subjective experiences of being 'disadvantaged' and how this

translates into practical barriers and further involves powerful psychological and social consequences. These issues are clearly beyond the scope of the ELC to resolve but they are used to understand radiating implications of people's circumstances.

Issues for culturally and linguistically diverse families.

Typically, over half of the families attending the ELC are from non-English speaking backgrounds. Turkish and Arabic languages are predominantly spoken among these families and some of these families are not literate in their first language. These circumstances can present a range of barriers for accessing early childhood programs that on one level are linked to language difficulties and lack of knowledge of available services. The Teacher Aide noted that language barriers undermine parents' confidence when interacting with staff and other parents:

[There are] insecurities about what others are thinking of them and their cultural differences. People can lack the confidence to deal with issues and stand up for themselves - they are afraid of doing the 'wrong thing'. Often they just say 'Yes, yes, yes' and then turn around and say 'What did they mean?' They are pretending to understand in order to save face. It is important to make sure that people are able to understand what is said to them'.

A critical observation from this bi-lingual Teacher's Aide is that an important coping strategy adopted by parents is to convey an appearance of comprehension, even when they do not understand what is being said. The coordinator observed that families that have recently resettled in Australia are likely to experience many strains arising through impoverishment, the difficulties of acculturation to a new country, ongoing experiences of racism, family histories marked with stories of dislocation and trauma, and the loss of extended family networks.

To support non-English speaking families,

the ELC has implemented a number of service- and individual-level strategies including having multi-lingual Teacher's Aides present at all sessions. This is further linked to local capacity building because the Teacher's Aides are recruited as parents who are also encouraged and supported to gain post-secondary qualifications. The ELC program for children incorporates activities that cater for children (and families) with limited English or who are speaking English as a second language. Examples of these efforts are the bi-lingual storytelling projects that are undertaken in collaboration with the local library and events celebrating special days in religious calendars. More generally at the ELC, staff are encouraged to model warm and respectful interactions with parents and children in order to establish a culturally inclusive atmosphere. The Teacher's Aide, attributed the Coordinator's positive modeling as critical for establishing a welcoming, safe and empowering environment for all families:

The ELC gives parents a chance to have input into their child's learning. The Coordinator, in particular, consults, considers and is understanding of cultural issues (...) She is very thoughtful – over the years I have learnt heaps and heaps and heaps of things from her because she explains why she does things, she doesn't impose on others' culture, doesn't impose her beliefs, and people feel comfortable with this. She explains procedures and processes and makes sure that parents are involved in things.
[Teacher's Aide]

Community-based settings such as pre-schools may present many families with their first opportunities to engage in interpersonal cross-cultural interactions. Through mixtures of unfamiliarity, misunderstanding and anxiety over their children's future success at school, tensions have surfaced over the content of the program curriculum and some parents question

the value of special initiatives such as the bi-lingual story-telling sessions. For example, one parent expressed the view that *'their [the children's] education is more important than worrying about other stuff – like reading, writing and speaking properly is more important than speaking in a different language'*. There are no easy ways to reconcile these views but the staff at the ELC were focusing on promoting cross-cultural understanding through one-on-one discussions with parents, supporting parental involvement in the program and was a lead partner in community-wide projects such as *The Tapestry Project*, that was funded through VicHealth's 'Building Bridges' program and which created opportunities for positive cross-cultural interaction across a variety of neighbourhood settings.

Addressing Service-level Barriers

Structural, practical and attitudinal aspects of service delivery are critical factors for promoting socially inclusive early childhood services. A number of practical problems for low-income families can be addressed through structural aspects of educational programs. Participation in preschool is lowest among children in families where parents are not involved in paid work, suggesting affordability is a critical factor (see Australian Bureau Statistics, 2004). Therefore, to keep costs down and encourage parental involvement in the program, the ELC has an 'open-door' policy with strong emphasis on, and support for, parent participation in the program. Costs are kept to a minimum and this is appreciated by parents, as one explained: *'It's important for people who can't afford the big high fees – it's helping the low-income people'*. The low cost of the program is offset through the expectations that parents will assist in running program sessions. Sustaining parental involvement does involve planning and effort and has positive aspects – it pushes staff to ensure that parents feel welcome, to avoid judgmental and paternalistic attitudes and provide meaningful roles for parents in the day-to-day operation of the ELC.

The time parents spend at the ELC offers opportunities for learning exchanges and for informal interactions between staff and other parents. During the time I was a regular visitor

to the ELC, I observed a number of friendships that tentatively developed between parents who crossed paths while assisting in the program. Parents also noted the value of observing the coordinator engaging with the children:

I've learnt a lot as I watch ... some days I pop in and I watch [the coordinator] do something and it's like "I might give that a go, I might give that a go and see how that works". So yeah, I'm still learning as my kids grow.

Poor coordination between early childhood services can result in limited knowledge of available services among parents, thus causing families difficulties attending services that are scattered over an outer suburban region that has few public transport options for local travel, and limited resources for services to respond to the needs of non-English speaking families. Distrust towards social services were also expressed by some parents and reinforce the importance of not alienating families, including children, from potential sources of support, assistance and other benefits. In explaining why they have little to do with other services in the area and felt quite isolated in their parenting role, one of the parents said "*nobody wants their child to be taken away so I've just done it myself*". This parent was a regular volunteer at the ELC.

The ELC is also concerned to offer parents opportunities for social contact with other parents to build informal links that are important for companionship and everyday sources of support. Cultivating friendly sociability among parents requires a welcoming atmosphere, time and a flexible approach. It may take a while for some parents to feel comfortable in unfamiliar situations and to acquire confidence participating in conversations with other parents. A Family Services Practitioner who regularly attends the ELC has observed networks developing and '*parents are assisting each other and sharing information and really valuing the social contact*'. A parent reflected:

I reckon I've gained a lot, too [from coming to the ELC] I feel confident now, whereas before I was quite, you know, and I wouldn't talk to anyone but now like, if I see other people I will talk to them and we have discussions and sometimes we go, you know places together (...) I go on outings – I wouldn't have done that before but now when they have events for the kids and I always go with them.

Ensuring that families have access to services the ELC has been working towards establishing itself as contact point or 'community hub'. This involves local early childhood, maternal and child health and social support services offering outreach services or opportunities for informal contact and information exchange on premises at the ELC. Figure 1 represents the network of links that that have been brokered between the ELC and local, non-government, State and Commonwealth early childhood services and initiatives. Over time, these links have been established in response to the difficulties that families with complex support needs were experiencing in accessing a suite of health and social services. These efforts to structure the ELC as a community hub in order to enhance locally centralised and integrated service delivery and community development efforts in the neighbourhood have influenced broader policy initiatives. In 2006 the Commonwealth government's *Communities for Children* initiative funded the 'Setting the Hubs Humming' project in which the ELC provided a 'best practice' model of how community-based sites could operate as community hubs to further improve access to resources and services for families with babies and young children (Hubs Strategy Group for Hume Communities for Children Initiative, 2007).

Involvement in community development.

The effort put into community engagement processes at the ELC is a critical

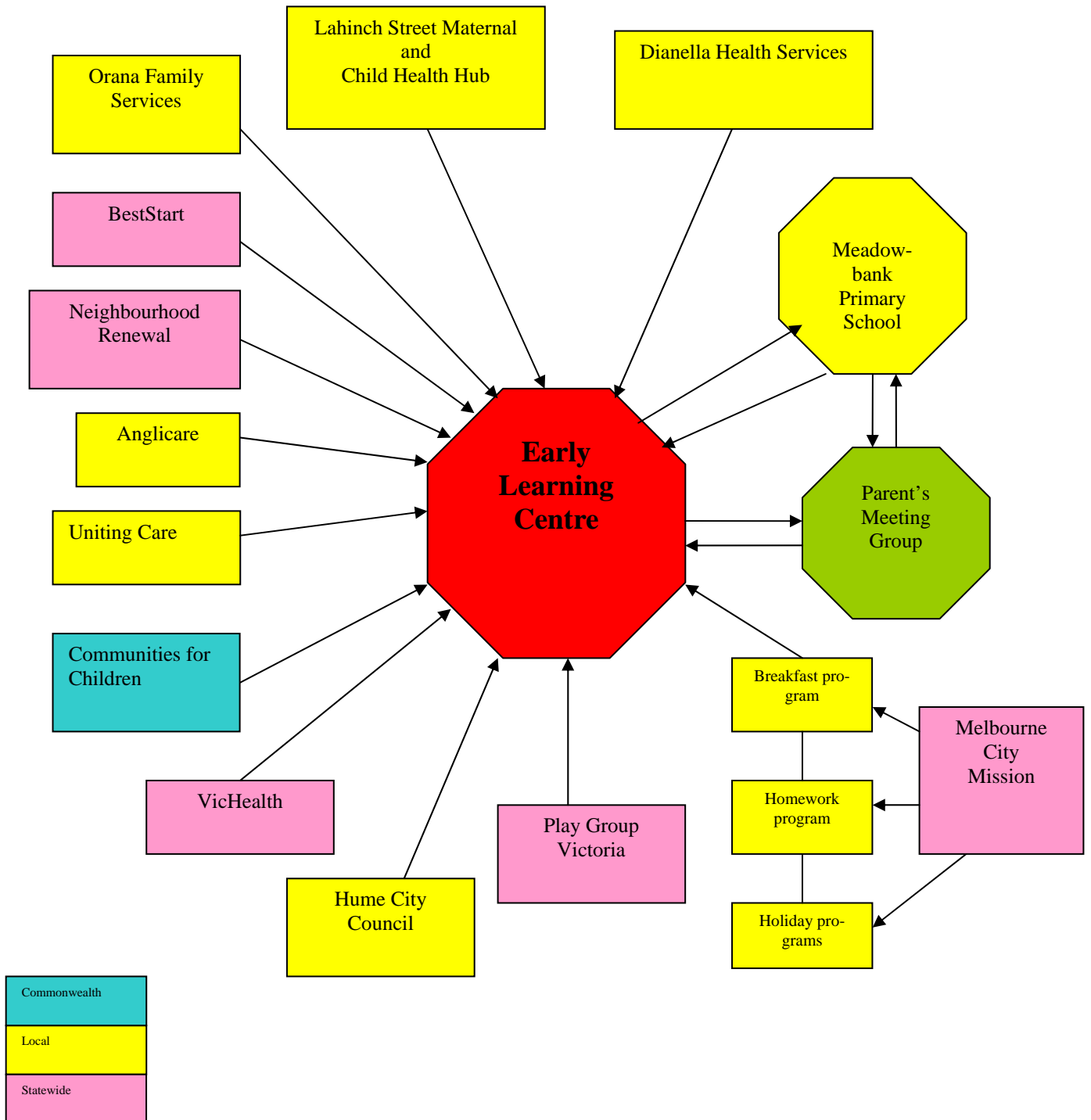


Figure 1: Current partnerships and Projects associated with ELC

factor in its success in engaging families to become involved in the school and community. Community engagement at the ELC has dual emphases on engaging families and local service providers. Engaging families focuses on encouraging and supporting families to leave their homes to become involved in

community-based and extra-local organisations, networks, programs and projects. Engaging service providers focuses on encouraging them to leave their offices and get out into the community. The latter is orientated towards improved integration of useful early childhood and other services by having service providers

more active 'on the ground' as well as developing improved understanding of the life-world circumstances of families.

Challenges

The ELC is presented with many challenges. Significantly, it operates with limited resources, and opportunities for supplementary fund-raising activities are severely curtailed by the circumstances of local families. Generalised socio-economic disadvantage in the neighbourhood impinges on the standard of local educational facilities, creates difficulties for parents in accessing early intervention services where necessary and, for the ELC in particular, and ongoing difficulties in harnessing local resources to operate as a community hub. Further, in neighbourhoods with high levels of disadvantage, early childhood programs are confronted with circumstances in which many families have not been able to offer children a breadth of experiences. Discrepancies in children's life experiences put them at different developmental stages and this generates complexity for identifying and implementing educational aims and programs that meet the diverse needs of children. Pre-school programs offer important opportunities to address these gaps in life experiences but they struggle to find the resources to do so. Staff at the ELC are also aware that they are not meeting the needs of all families. Many children continue to attend irregularly and the transient circumstances of many families ensure that some children are not benefiting from sustained involvement in the program.

An ongoing challenge for the ELC is conveying the benefits of a play-based program for early education. The aims and rationale of play-based programs, while widely accepted in professional circles as laying a sound foundation for subsequent learning experiences, can be difficult to translate across class and cultural contexts. Like parents everywhere, parents in Broadmeadows are concerned that their children have educational experiences that best prepare them for primary school and beyond. In contexts of disadvantage, parents' commitment to their children's education comes from acute understanding that they have no other

advantages to draw from – doing well at school is the best chance for their children to get ahead. It remains a challenge to communicate to parents and others the benefits of programs that aim to build foundational skills and capacities that will assist children to thrive in formal learning settings. If pre-school programs are viewed as merely opportunities for playing it risks being perceived as an expendable luxury within competing demands for scarce household resources.

Finally, an ongoing challenge for the ELC is that the more effective community-based programs are in catering for the needs of disadvantaged families, the less attractive these programs become to families who do not perceive a need for the extensive programs that are offered. This risks reinforcing problems of concentrated disadvantage and entrenching socio-economic differences in educational outcomes

Concluding Comments

A key characteristic of the ELC's approach to family engagement in the pre-school program is empathic insight into local circumstances. It has focused on providing a welcoming and socially and culturally inclusive environment, and integrating educational and support services through cooperative links with local agencies. Together these strategies address the barriers presented through family circumstances and service-level factors in accessing early childhood services (Carbone et al., 2004). As children from the most disadvantaged families are least likely to attend an early education program, understanding and addressing these barriers is critical for reducing the socio-economic gradient in children's participation in early learning opportunities (Vinson, 2006).

Overall, the ELC program is characterised by clear understanding that it needs to acknowledge the circumstances of families. This extends to neighbourhood settings that are forged through the consequences of high levels of unemployment, a high proportion of sole parent families who are working hard to raise

children alone, and the strains on local social networks because of family pressures, social isolation and social stigma. There is also limited capacity to access private services and high demand for available (usually public) services. The need to engage with wider community contexts underpins the ELC's efforts to operate as a community hub in order to facilitate access to other health and social support services. Ensuring timely access to appropriate support and interventions can have beneficial and enduring outcomes for children and families. The ELC is also an enthusiastic partner in a raft of local partnerships, projects and initiatives. This model of intersectoral cooperation has been identified as essential for addressing early childhood disadvantage, and is especially important when families have high support needs and are 'clients-in-common' of local service providers (Hetzl & Glover, 2003).

Early childhood education represents an important window for promoting social inclusion for families, and nurturing developmental and social capacities in children to sustain social inclusion over the life-course (Friendly & Lero, 2002). This potential of early learning education is particularly critical for families most at risk of social exclusion. Early learning programs are families' first encounters with formal learning institutions and processes, and are important in establishing the tenor of ongoing relations and cooperation between schools and parents. At this critical time, it is important not to alienate families that stand to gain the most from support and educational services and the ELC offers an encouraging example of how thoughtful practice and deep concern for local families becomes the basis for mutual understanding and connection.

This case study is limited in terms of offering a representative overview of the issues. Rather, its aim has been to provide detailed description of a 'promising approach' to tackling a range of complex and interrelated contexts and barriers to participation in early learning opportunities. The ELC represents a promising approach because of its understanding of key issues and the innovative responses it has developed to address the

issues with which it is confronted. The ELC exemplifies the capacity of community programs to work at different levels to tackle dimensions of disadvantage. Community programs can readily lend themselves to ecological approaches, address local effects that contribute to personal and community vulnerabilities, and build on community engagement practices (Jack, 2005). It is increasingly recognised that achieving positive education and well-being outcomes for all children requires these kinds of 'social ecological' approaches in which configurations of family, school, neighbourhood and community contexts are viewed as interdependent influences (Earls and Carlson, 2001). Community programs such as the ELC acknowledge the specific qualities of neighbourhoods in order to effectively build on community assets while being realistic about the limitations that are likely to be encountered (Caughy & O'Campo, 2006).

The ELC is situated in a neighbourhood where problems arising through household disadvantage are compounded because of generalised neighbourhood disadvantage. This is important for understanding the stresses that are placed on families both inside and outside the home, and inside and outside school settings. It also explains the stress placed on local institutions and organisations to provide the intense levels of social supports that some families require, and a challenging learning program that generally prepares children for primary school. In these contexts, the ELC is supporting families to become actively involved in their children's education, develop new friendships, nurture connections with community-based activities and, when necessary, facilitate access to social and health support services. In these myriad ways, the ELC is working to reduce educational and other inequalities.

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Families living in poverty in Broadmeadows: Challenges, survival strategies and support services

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Despite Australia's continuing economic growth, the number of Australians living in poverty continues to increase (Saunders, 2004). The aim of this research was to provide a detailed description of the issues and experiences of families living in poverty in the Broadmeadows area of Melbourne. The project evolved from consultation with Broadmeadows Uniting Care (BUC) in which they expressed interest in gaining more information about the lives of clients, in particular families who used the agency's emergency relief (ER) service regularly. A qualitative approach was undertaken in order to gain in-depth and contextually rich data from participants. It was established from the agency's database that a large number of single parent families used the service and thus, single parents were interviewed for the study. Semi-structured interviews were conducted with eight single-parent clients who had used the ER service three or more times during 2005. Data analysis identified a number of issues and challenges faced by single parent families living in poverty: these were categorised into the main themes of: financial support, emotional support, social support, survival strategies and effects on children.

Researchers looking at the concept of poverty over the years have found it difficult to find consensus on what it actually means to live in poverty in different contexts. In Australia in the past twenty years, a distinction has increasingly been drawn between two sub-types: *absolute* poverty and *relative* poverty (Saunders, 1998). *Absolute* poverty refers to the inability to afford food (which leads to poor nutrition), and/or having no shelter (which leads to living in unsanitary conditions) and no access to clean water. Absolute poverty also involves excessive risk of disease, high infant mortality rates and a severely reduced life expectancy (Bonevac, 1999). Although absolute poverty is mostly associated with certain countries in Africa and Asia, it is also characteristic of many Indigenous communities in Australia (Brotherhood of St. Laurence, 2003).

The second type of poverty identified by researchers is *relative* poverty, which is when a family's income, and therefore standard of living, is deemed to fall below what is considered to be the minimum socially acceptable standard (The Smith Family, 1999). Conditions of relative poverty are usually

associated with countries such as Australia and the USA.

Current research (e.g., Saunders, 2004) has begun to identify the importance of exploring the more personal aspects to living in poverty, beyond viewing poverty solely as a financial issue. Aspects such as social exclusion and a lack of emotional support are emerging as central issues that can also have a profound effect on a person's mental health (Saunders et al., 2006; Brady, 2003; Evans & English, 2002). Brady (2003) argues that social exclusion leads to an unequal citizenship status, because people are unable to feel part of society, and are severely restricted as to how they can participate in that society and become involved in their communities.

Living in poverty in Australia can involve elements of all of the above definitions: it can mean having a low or inadequate income to cover the essentials of living (e.g., food, clothes), living in substandard conditions, and/or experiencing social exclusion. Such exclusion can include a lack of access to educational or work opportunities, as well as a lack of emotional support (Australian Institute

for Health and Welfare, 2005). The groups most at risk of living in poverty include single parent families, people who are unemployed, people with disabilities, Indigenous Australians, migrants and refugees (Brotherhood of St. Laurence, 2003).

Families Living in Poverty

Australian research on families living in poverty began by focusing on the theme of low income and identifying which families are at risk of poverty, but recently there has been an expansion in the conceptualisation of the patterns that characterise families living in poverty. Mission Australia (2003) highlighted the adverse effects of poverty on the family unit in terms of the limited life opportunities available. They identified exclusion of the parent or parents from the labour force (unemployment) as the main theme. The Mission Australia study found that families living in poverty could not afford transport, educational costs for children, or health care costs, and were unable to take part in leisure activities. Parents who took part in the study also reported a sense of shame at not being able to provide a better standard of living, and regretted not being able to do things that other families do; they had no money for recreational activities for their children, and many had never taken their children on a holiday. These financial problems led to the family becoming isolated from meaningful forms of social contact.

Findings such as those from the Mission Australia (2003) study suggest that exclusion from the labour force leads to a low income and lack of work contacts, and the ensuing social exclusion can lead to families becoming isolated from society and having limited participation in social activities. This affects not only the adults in the family but also the children, in the form of difficulty making friends and developing social skills, whilst adults find it difficult to make friends to rely on for emotional and social support.

Researching family poverty

Research into poverty needs to take into account both absolute and relative aspects, and provide qualitative data that goes beyond measurement of income levels to give a sense of the lived experience of people living in

poverty in contemporary Australia. Given that the number of sole parent families in Australia has increased by 53% from 1986 to 2001 and that sole parent families have a higher risk of living in poverty, research needs to reflect their experiences (Mission Australia, 2003). Furthermore, female-headed sole parent families have been identified as the most likely to be at risk of poverty (Snyder & McLaughlin, 2004),

One way to tap into the population of people living in extreme financial hardship is via Emergency Relief (ER) services. One example of an ER service is at Broadmeadows Uniting Care, which was the site for the current study.

Broadmeadows Uniting Care

Broadmeadows Uniting Care (BUC) is a community based agency located in the City of Hume, and spans the north-western suburbs of Melbourne such as Broadmeadows, Campbellfield, Coolaroo, Dallas, Fawkner, Gladstone Park, Jacana, Upfield and Westmeadows. The Broadmeadows area is often described as "disadvantaged" (Peel, 2003, p.5) because of the number of low-income single parent families living in the public housing estates in the area and also the high unemployment rate. For example, Peel notes that in 1971, the percentage of males aged between 20 and 64 who were unemployed in Broadmeadows was 6 per cent; by 1991 it was 16 per cent and by 1996, 23 per cent. In the early 1990s a survey of 160 households conducted in an area of Broadmeadows found that only seven of those households contained someone who was earning a wage (Peel, 2003).

In the period from July 2004-June 2005, BUC had a total of 4,570 client contacts, 88% of whom were unemployed and on Centrelink payments or with no income. The most common source of income was Sole Parent Payments (31%), followed by New Start Allowance (22%) and Disability Payments (19%). The most common groups of clients were individuals (35%), sole parent families (33%) and families (21%). Overall, parents seeking assistance for their families made up 54% of BUC's clients (BUC Annual Report 2004-2005).

BUC operates an emergency relief (ER) service, which provides the most essential needs (e.g., food, clothing, medication) for people

living in poverty who are involved in a critical situation. Although ER services are sometimes seen as “bandaid” solutions, they provide a window through which to gain an understanding of the day-to-day challenges faced by people living in poverty.

The motivation for this research was driven by BUC, and initial meetings between the student researcher¹ and senior BUC staff revolved around their interest in gaining a deeper understanding of how poverty impacts on the lives of their clients beyond financial difficulties, and in exploring a range of issues and constraints faced by people in Broadmeadows who use the ER service regularly. It was also agreed that it was important for the study to concentrate on the influence of poverty on children’s lives, so clients with families were the focus of the research. Single parent families were identified from the ER database as representing a large portion of families living in poverty, and in particular single mothers.

Method

The study was conducted using a qualitative approach, in order to give an in-depth account of the experiences of the participants (Fossey, Harvey, McDermott, & Davidson, 2002). The data was collected via semi-structured individual interviews with questions aimed at eliciting the reasons that led the parents to use the service, and how these issues had influenced their lives and the lives of their children. The interviews also explored what they felt they was lacking in their lives, and in particular what services to which they might not have access could help them deal with the challenges in their lives.

Ethical approval was sought from both Victoria University and Broadmeadows Uniting Care. Ethical considerations taken into account included the sensitive nature of the interviews, confidentiality, and the participants’ ongoing status as clients of the host agency. Participants were made aware that they could access counselling support at BUC should they experience any distress in the aftermath of being interviewed. Social risks in the form of pressure to participate were minimised by participants being made fully aware that participation was voluntary and that

there would be no adverse consequences to non-participation, nor from participation, in terms of their future dealings with BUC services. A number of potential participants contacted did choose not to be interviewed, and those who did participate received a modest reimbursement of expenses.

Participants

The participants were chosen from the BUC client database based on the criteria that they were over 18 years of age, had used the ER service three or more times in 2005 and were single parents of young children currently living with them.

Eight interviews were conducted involving seven single mothers and one single father. The age of the participants ranged from 28-50 years of age and the number of children they had ranged from 1-6. The eight participants were either on a single parent pension or receiving family allowance payments, and two worked in casual employment. The families were typically facing multiple challenges, such as mental health problems, children with disabilities, or (in one case) accumulated gambling debts. Two women’s former partners were in prison.

Procedure

Prospective participants who met the criteria were chosen from the database in order of their client ID number. BUC then sent them a letter that detailed the aims of the study and what participation involved. They were then contacted by telephone to organise a time for an interview if they agreed to participate.

All of the interviews except one were conducted in a private room at BUC and all participants agreed to have the interviews audio taped. One interview took place at the home of the participant because she was unable to leave her home. The interviews ranged from 30-60 minutes and all were later transcribed. The questions asked during the interviews evoked an emotional response from the majority of participants, and on several occasions the interviews were stopped due to participants becoming upset. All participants were reminded that they could withdraw from the study, postpone the

interview or speak with a family counsellor from BUC if they wished.

Data analysis

The data from the interview transcripts was analysed using methods that are consistent with a qualitative design. The data was initially organised using a question-ordered matrix (Miles & Huberman, 1994). The data from each interview was also analysed separately based on Interpretive Phenomenological Analysis (IPA) (Smith & Osborn, 2004). The themes that surfaced in each of the interviews were then compared to establish and then categorise the main issues that were present across most interviews, and also to explore differences in the data.

Findings and Discussion

Table 1 provides a question-ordered summary of six of the eight participants' responses to the interview questions. The names used here are pseudonyms, and the remaining two have been omitted because their circumstances might be identifiable. In keeping with the study's aim to provide a detailed description of the experiences of families living in poverty, the subsequent data analysis revealed a range of issues facing families that were organised under five main categories that are all closely related: financial support, emotional support, social support, survival strategies and effects on children.

Financial Support

Some days I don't have enough money for milk and bread....it's shocking.

Mohamed

Financial support was a major concern for the participants, with all reporting that they struggled to pay for the essentials such as food, clothing, bills, rent, decent housing and petrol if they drove a car. In most cases, if they could pay their bills or their rent on any given week, that often meant not having enough money left over to pay for food to feed themselves and the children, or to afford petrol in order to drive the children to school, or in two cases to drive themselves to work. All the participants described how they were struggling to survive on their current income in terms of being able to afford the things that are essential to living a healthy and enjoyable life.

A lack of income also led to families not being able to cope if an emergency occurred such as a child becoming sick, the car breaking down, or having to buy or fix their washing machine or fridge. In these cases the parents would have to use what money they had at the time to cover for the emergency, and this would mean being unable to pay their rent or feed their children.

When the kids got sick and we have to rush them to the hospital....there goes more money so sometimes it just doesn't work out. They (emergencies) don't only throw you out for that week but for that month!

Jackie

One participant explained that because she couldn't afford to get her washing machine fixed she now has to wash her own clothes and the clothes of her four children by hand.

Having to live on a low income meant that people were unable to get ahead in life and were constantly fighting for survival because they could not save money, even if they happened to find work. Some participants explained that if they went out to work they would lose their pensions and benefits and would be away from home more often, so apart from problems associated with finding someone to help look after the children, they would be spending less time with their children and not making any extra money. Others were frustrated at being unable to find employment and believed they lacked skills and qualifications to get a job that would help them find their way out of their situation.

Another theme related to financial difficulty was that it severely restricted the families' lifestyles in terms of being able to participate in everyday activities and to take part in things that they enjoyed. Participants lamented not being able to afford everyday things such as going to a restaurant, going out socialising with friends or even buying themselves or the children clothes. All they were able to do was stay at home and worry about how they were going to look after the children, without having any time to take a

Table 1
Question-ordered matrix of six participants' responses.

	Reasons for seeking ER assistance	Survival Strategies	How financial hardship has influenced their life	How financial hardship has influenced their children's lives	What support they need in the current situation	Advice for government
Karen	Managing mental health issues and not enough money to cover the essentials.	Knowing what services to use if she needs help.	Misses out on doing everyday things. Problems with self-esteem. Problems with literacy.	Her son doesn't miss out on much because his father supports him. Trouble buying her son clothes.	Financial support.	More help should be given to single mothers.
Rachael	Not coping with situation. Huge debts and unable to pay bills or provide for her children.	Ignoring things. Shopping for things on special. Carefully planning for petrol money/ travel.	Misses out on doing everyday things. Has become very negative. Feelings of isolation, struggling through life.	They miss out on doing everyday things that other children do. Children have learnt to accept it.	Emotional Support. Financial Support. Social Support. Counselling Services.	Spend more money on welfare. Centrelink should be more understanding.
Amanda	Not enough money. Problems paying bills and rent and covering for emergencies.	Buys food in bulk. Hides food from the children to make it last. Cash converters loans.	Can't afford things for herself. Misses out on doing everyday things. Feelings of isolation. Unable to get ahead.	Children are isolated socially. Can't afford to do things.	Emotional support.	More help for adults and children with disabilities. Increase carers pension.
Mohamed	Not enough money to support his family.	Tried looking for work. Seeking agencies.	Unable to afford things. Isolation. Restricted lifestyle.	Miss out on things that other children have.	Financial Support. Emotional Support. Social Support.	More financial support depending on how difficult a person's situation is.
Maria	Huge gambling debts. Difficulties paying for food and bills.	Sought counselling from BUC. Borrowing money from friends.	Living a very restricted life. Misses out on doing everyday things. Feelings of isolation.	Child is frustrated at their situation and wants a better standard of life. Can't do or have things that other children have.	Financial support. Emotional Support.	More effort into helping people find work. More money should be spent on health issues.
Jackie	Not enough money to cover the essentials.	Making food last. Buying cheapest brands. Knowing what agencies to go to.	Unable to cope with emergencies. Struggling for survival. Unable to afford to do everyday things.	Miss out on things that other children have.	Emotional Support. Financial Support. Counselling Services.	More support for single parents. Shouldn't have to pay more rent once her children are working.

break and do something that would make them happy.

Emotional support

I just learnt to deal with what I'm feeling and keep it in there...not knowing who to speak to, but it would be nice to just let it out...how I'm feeling.

Amanda

The most common theme associated with participants not having emotional support was feelings of isolation or social exclusion. People reported that they had no one to talk to in their times of need and would desperately like someone to confide in about their experiences. Participants expressed sorrow that they did not have access to any meaningful social interactions because they did not have the opportunities to meet people and because their main priority was trying to fight to survive in everyday life and look after their children. Participants described how not having enough emotional support put them under more emotional strain because they had no one to depend on. It was also raised during some interviews that they would like to have more access to counselling services, just so they could have someone who would attempt to understand them and help ease the emotional burden.

Sometimes I'd like someone to talk to regularly like a counsellor...I probably think I should be seeing someone on a regular basis just to talk about stuff.

Rachael

Depression was another theme that emerged from the interviews that is linked with the theme of emotional support and social isolation. Participants talked about how not having anyone to support them emotionally contributed to them becoming very depressed and unhappy about their lives. *"I am not very happy in this life...I'm very lonely"* (Elma).

Depression was raised as an important aspect of social isolation in the sense that many friends and contacts no longer wanted to associate with someone who had so many problems. *"If people see you sad all the time,*

they don't want to be with you, they don't want to be around you" (Maria).

Feelings of low-self esteem also emerged from the interviews in several ways. The first example was where some participants said they felt like a burden if they tried to go to friends or family for emotional support because they didn't want to tell people all their problems and possibly make other people depressed. In some cases family and friends were very critical and made judgements about them and their worth to society, with comments such as *"you useless, that's why you in this situation"* (Mohamed).

Participants also reported feeling devalued or humiliated when they were dealing with agencies such as Centrelink, because they felt these agencies could be very judgemental and made no attempt to understand the scope of their situation. Another reason for low self-esteem was related to feelings that they had failed as parents and that they had been unable to provide their children with a better life in terms of being able to afford things that make their children happy or to provide better living conditions for their children.

Not having enough money to go around and do things for the kids and keep on top of my bills has made me feel inadequate, maybe not just as a person but as a mother...sometimes I think 'when is it going to end?'

Rachael

Social support

Just everything, helping out just being there and having to get everything done, I have to get everything done.

Melissa

The social support category refers to themes that describe how the participants had difficulty finding support for the practical things that they needed to get done such as looking after the children, finding someone to help with repairs around the house and generally having someone available that could help them out with their increasing

workload. Participants reported that they had too much to do, and that they struggled to handle everything on their own. One woman described having to work whilst taking the children to school and then picking them up, doing the shopping, cooking, cleaning and helping the children with their homework. Other participants also reported facing similar struggles and felt that they were alone in shouldering all the responsibilities associated with trying to raise a family.

Participants reported that they found it very hard to cope with the demands of raising a family. There were two reasons that emerged as to why they received little social support besides their general isolation that has been previously discussed. The first reason is that participants reported feeling humiliated at their present circumstances and felt too embarrassed to ask family and friends for help, or else they felt as though family and friends were judgemental, as previously noted. The second reason is that in some cases, family members were also struggling financially and some participants described family members as being in more difficulty than themselves.

Survival strategies

I don't know what I would do if you guys (BUC) didn't assist me...I just don't know.

Melissa

Thank God for these places!

Karen

The most common survival strategy mentioned was to know what agencies to go to in a time of crisis when they quite literally could not put food on the table. Participants talked about going to agencies such as The Salvation Army, The Smith Family and St. Vincent de Paul, and in some cases would have to visit a number of agencies until they were able to get some assistance. Participants spoke very highly of BUC and stated that coming to BUC was the most important thing they had done to try and work through their situation. In some cases, participants said that if they could not get an appointment at BUC they would have to seek out other agencies, and because they were often in a desperate

situation, they had to know where they could go to get assistance immediately.

Sometimes you can't get into Care (BUC) so than you have to go somewhere else, if you need it you need it, there is no way of putting it off... because otherwise how am I going to feed the kids?

Jackie

Participants also had to borrow money from friends or family and in some cases would take out loans from places like pawnbrokers. Amanda, a single mother with four children, spoke about a time when she had to get a loan from Cash Converters in order to buy petrol to get to work. She then had trouble buying back her personal belongings and wasted more money trying, which put her under additional financial strain. This strategy was not useful for Amanda but at the time she felt she had no other option because, "*I didn't have a dollar next to my name*".

Shopping wisely was another strategy people used to try and save as much money as they possibly could, by searching extensively for specials at the supermarket and making sure that they bought the cheapest brands available. Participants said they bought a lot of soups, pastas and rice because they were a cheaper meal and easy to make. In terms of having to buy meat, Rachael, a single mother of two, explained that if she had to buy meat she would wait until the end of the day for what was left over so she could get it cheaper.

Planning and budgeting was something participants had tried in order to save every dollar to cover for the basic necessities. But the majority made it clear that trying to budget did not work because they simply had no money. In planning how they spend their money, food, rent and bills were a priority or in some cases, trying to pay off the debts associated with rent and bills. Planning petrol use was also mentioned:

I wouldn't go out anywhere cause if I had only X amount of dollars for the rest of the week then I would plan the week like I gotta go

here and like how many Ks I gotta leave in the car for petrol.

Rachael

Participants also explained that the children's needs were always a priority. Whatever limited money they had would be used towards the children's welfare, which meant that as parents, they often put their own welfare in jeopardy.

Effects on the children

One of my daughters (who is 17) would actually like to go out more and meet people but she just goes to work and that's it, just comes home and sits around...she finds it very frustrating.

Amanda

Participants revealed they were worried about their children having limited opportunities to socialize. Parents lamented the fact that because they have no money, the children do not have a social life outside the home. Participants talked about their children becoming angry, frustrated and hyperactive because of a lack of stimulation and social interaction. Similar to the parents themselves, it emerged during the interviews that the children were also experiencing feelings of social isolation. Elma believed that her four sons were often angry and frustrated because they were restricted in terms of their social and recreational activities:

I can't even take the boys to a restaurant for dinner. We don't do anything, they come from school to home, that's it, sometimes we go to the park for the younger ones.

The majority of participants reported that they believed their children's social development was at risk because they had limited opportunities to socialize with children their own age. Melissa spoke about a different aspect in terms of how she believes social isolation has impacted on her son's speech development:

Because he is inside all the time, he is two and a half and he doesn't talk, he only says words here and there because it's only me and him,

A major issue for participants was that they felt their children were missing out on things that other children had such as nice clothes, shoes, toys, treats like going to McDonalds or having lollies and being able to do everyday things like go to the cinema, to a friend's house or on a holiday.

Sometimes they wanna go off and do things and especially on the school holidays and sometimes it involves money and I say no, like it could be the cinemas or bowling.

Rachael

Participants reported that their children often see what other children have and the sort of activities other children are able to do and wonder why they can't have the same things and do the same activities. This was another contributing factor to their children often becoming angry and frustrated, with the children asking why their situation is different from other families.

He [her son] wants more, he wants a new house, a new life...I see him, he wants us to get better. But he also wants things...he says I don't give him enough.

Maria

You know little kids like to show off and they get sad and they come home and say my friends have this...they think 'why can't my father buy me stuff?'

Mohamed

Participants said that Christmas and Easter were particularly difficult times for their children when other families were enjoying the holidays and buying their children presents. Once again their children were forced to miss out and did not get the same enjoyment out of the holidays as many other children. "Christmas, I mean you save all year but at the

end of the year you could only afford a pack of knickers for the girls” (Jackie).

Participants were very thankful that since they had been going to BUC, they were able to get assistance at Christmas time and get presents for their children and themselves through BUC. Without that assistance, they would be unable to afford presents for their children at Christmas.

Participants also reported problems paying educational costs for their children such as school fees, books, camps and uniforms but were grateful that schools would usually work with them and often gave them the opportunity to pay off the money in instalments or gave them an extension on the due date. However, without this assistance participants believed that it would be very difficult to keep up with the costs of their children’s education.

Advice to government and policy makers

Participants were asked to nominate services to which they might not have access that could help them deal with the challenges in their lives. They had less to say on this question, and on broader issues of welfare policy, than on questions related to their immediate circumstances. But as Table 1 shows, their comments amounted to a plea for more compassion and understanding from agencies such as Centrelink, and for more targeted financial support for single parents. Three participants mentioned the need for more assistance in seeking work, and argued that they should not be penalised so heavily in term of reduced pensions and rent assistance when they or their children found part-time work.

Conclusions and Implications

The aim of this research was to provide a detailed account of the issues and experiences of families living in poverty. The study focused on the main challenges faced by eight single parent families in the greater Broadmeadows area, the strategies they used to survive in everyday life and also what supports the families might need. It was clear from the beginning that BUC wanted information that went beyond statistics.

A shortage of income was a major obstacle for all of the participants, and severely hampered their access to the standard of life

that they wanted for themselves and their children. The reality of their situation was that participants simply did not have an adequate income in order to live a healthy and enjoyable life. However, themes related to a lack of emotional support were also prominent in all the interviews and in some cases were just as important to the participants as financial support.

The theme of social exclusion centred around participants’ inability to access emotional support from other people, which exacerbated feelings of depression and low self-esteem. This is consistent with the findings of Underlid (2005) who explored the negative effects of social devaluation on self-esteem and mental health. Participants in the current study also lacked social support in terms of people helping them with essential practical demands, which made their lives even more difficult and stressful. Social exclusion was also a major issue for the children in terms of not being able to take part in any meaningful social interactions or activities that most children take for granted.

The interviews revealed the extent to which the participants’ time was consumed with trying to survive from week to week and also trying to do everything possible for their children, but typically still not being able to provide for them adequately or give them the opportunities to participate in activities that other children enjoy regularly. Participants were very clear and often became emotional about explaining the anger, frustration and isolation that their children were experiencing as a result of their situation. Overall, participants seemed to be feeling stressed and overwhelmed and appeared mentally, physical and emotionally exhausted by their situations.

The implications for this research relate to the welfare system insofar as the single parents who took part in this study and their families were struggling to survive on their current income, and were not only having difficulties financially but emotionally and socially as well. It is vital that government policies and the wider community begin to recognise that living in poverty means more than having a low income. Although counselling of itself is not a solution to poverty and disadvantage, people

living in poverty need to have better access to counselling services so they can manage the emotional issues associated with their situation as well as their financial issues. Both State and Federal Governments need to consider the seriousness of the psychological impact of living in poverty and allocate funding to community agencies such as BUC to be able to provide more staff for counselling services. In the context of welfare to work policies, the Federal Government needs to acknowledge that it is extremely difficult for many single parents to undertake paid work alongside the demands of raising a family alone, and that in many cases it is not worthwhile for single parents to work and risk losing their pensions. Basically, as well as not seeing their children, they are still not in a better position financially.

Due to the time constraints of this relatively small-scale student project there was only a small sample size of eight participants. However, many of the themes that emerged from the interviews were similar and a point of saturation had been reached after the first five or six interviews. The findings are consistent with emerging research on a larger scale, in Australia and elsewhere that paints a complex picture of the absolute and relative aspects of living in poverty. The information obtained highlights the serious nature of the struggles that people living in poverty in Broadmeadows are likely to be facing, and the negative consequences of these struggles on the quality of their lives and the lives of their children.

The study has added a qualitative, place-specific dimension to the statistics available on the numbers and lives of Australian families living in poverty. It has provided feedback to the agency (BUC) about where its efforts might be best directed, as well as the strengths and limitations, in its current service provision. The study also has wider implications for government policy at federal, state and local levels that share the responsibility for the welfare of Australian families, and invites them to be more sensitive to the demands

placed on single parents when implementing welfare policies. The implications in terms of ongoing social exclusion, and for the social and emotional wellbeing of parents and children caught in structural poverty traps, are too critical to be ignored.

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Notes

¹ Where first person is used in this paper, it refers to the experiences of Mathew Barth as student researcher. Mathew worked as a volunteer with the BUC ER service while he undertook the research for his Honours thesis. He thus adopted an insider/outsider status that enabled him to immerse himself in the community agency setting, while retaining a degree of critical distance that also offered some protection to participants in terms of confidentiality within the agency.

² The majority of the participants became very emotional during the interviews and I was able to see their emotional distress first hand. Coming away from the interviews, I couldn't help but realise how I had underestimated the psychological impacts of living in poverty. The interviews gave me a strong sense of how the participants were disadvantaged not only by being unable to afford a better standard of living but also in terms of the psychological scars that were caused by their situation.

Author notes

Mathew Barth worked as a volunteer with the BUC ER service while he undertook this research for his Graduate Diploma thesis at Victoria University. He is currently completing a Masters of Psychology (Counselling) and Doctor of Philosophy, and working in a Children's Contact Centre.

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In this paper, I discuss key research from the United Kingdom and some of the more limited research undertaken in Australia. English research and some national research has recently revealed that people are often unaware that their problem is legal in nature and that often the health and social services that may be the client/patient's first 'port of call' are not identifying problems as legal. This means that particularly disadvantaged community members are not finding appropriate assistance. A significant impediment for vulnerable and disadvantaged people accessing the legal system is the cumulative nature of problems and often their lack of knowledge and confidence in seeking assistance from lawyers. The recent research in the United Kingdom also suggests that vulnerable and marginalised people have so many problems to deal with that they are overwhelmed. Unresolved legal problems are also linked to poor health in this research. Pressing health or social welfare problems gain a response but legal needs may never get examined or will only be revealed when they have escalated. In addition to highlighting key aspects of this research this article will also discuss a holistic model of health and legal services working collaboratively with tertiary education in West Heidelberg, Victoria Australia. This model serves to demonstrate how through co-location and multi-disciplinary approaches, legal social and health professionals can work together to ensure that clients/patients are more likely to have their legal problems addressed. Communication and networking between legal aid services and other health and social service providers can overcome the difficulties indicated in the research in terms of people's access to justice and legal services.

Relieving Legal Burdens Through Integrated Service Delivery

Introduction

Research emerging from the United Kingdom demonstrates that a significant impediment to vulnerable and disadvantaged people in accessing the legal system is that their problems are often cumulative and compounding, that their sources for seeking advice are often non-legal and that both clients and non-legal service providers often lack of knowledge, confidence and capacity in seeking assistance from lawyers or identifying cases that are of a legal nature and making appropriate referrals. The United Kingdom has for some time been at the forefront of world research on people's advice seeking behaviour in seeking help for their legal problems. Only recently has Australia commissioned such research specifically in New South Wales. Some research has been undertaken in Canada (Currie, 2007) and in New Zealand (Legal

Services Agency, 2006) but the key focus of this article is the significant body of research emerging from the United Kingdom on which the New South Wales research is based. Building on the research findings this article argues for greater collaboration, partnerships and communication between legal aid services and health and allied health services including psychologists in order to assist people with their legal problems and highlights research connecting unresolved legal problems with poor health outcomes caused or made worse by stress and anxiety.

Definitions

It is useful to define some of the terms which are used in this article because commonly understood meanings may not be the same as legal understandings and because the law, like other professions has its own language. The term *legal aid services* includes services provided by the private legal profession for legal aid, salaried legal aid

lawyers within legal aid commissions, community legal centres and other services which provide legal information, advice and representation to people on a low income or who are disadvantaged. Where legal aid commissions are concerned unless a matter fits within a tight means test and legal merits requirements then options other than litigation will need to be explored for the client to resolve the matter.

References to *vulnerable and disadvantaged groups* include people who have limited income, limited employment opportunities, have minimal power, live in poverty, have limited education and who often live in communities that are deprived, under-resourced and lack sufficient infrastructure. It may also include people who suffer from some form of disadvantage in terms of mental illness, intellectual disability, racial or cultural background, their age, or a combination of all these things. A *justiciable problem* is a problem which is capable of having a legal solution. (Genn, 1999)

The role of lawyers

Lawyers work in a wide range of areas including consumer issues, debt, Centrelink entitlements, domestic violence and discrimination as well as in matters relating to the criminal law and family law. The stereotype of a lawyer is that they litigate or encourage litigation. However, most of the time their role is to examine the client's legal position, explore a range of solutions or strategies with a client and then problem solve. This may involve mediation between parties, letters outlining and advocating a client's position, protection of clients from hostile opponents, out of court advocacy with social service agencies and negotiation with the decision-makers who can influence the lives of clients/patients.

Social exclusion and the law

It is well-understood that poverty and deprivation lead to poor education, poor health outcomes, alienation and disempowerment (Smith, Dorling & Shaw, 2001) this subsequently limits people's capability and capacity to achieve well-being and participation in civic life (Sen, 1999). In a recent report entitled *Australia Fair* by the

Australian Council of Social Services (ACOSS 2007) the number of Australians living below the poverty line was estimated to be 2.2 million. Attempts to improve legal services to the vulnerable and disadvantaged ought to take into account the implications of poverty and inequitable income distribution, and the systemic inequities that occur in a justice system that has been historically modelled on the protection of property interests, highly complex and technical legal language and expensive charges for legal services (Duncanson, 1994).

The United Kingdom's research

Building on earlier research by Genn in 1999, the Legal Services Research Centre (LSRC) in the United Kingdom has conducted the Civil and Social Justice Survey of 5015 adults from 338 households randomly selected from over 73 postcode sectors, to produce a sample representative of the population of England and Wales. A parallel temporary accommodation survey was also conducted with 197 adults in 170 households. The questionnaire was in two parts: The screening component which involved all respondents, and the main component where those respondents reporting problems were individually interviewed for an average of 30 minutes. Eighteen categories were used in the survey to describe justiciable problems. These included clinical negligence, children, consumer problems, mental health problems, discrimination, divorce, domestic violence, money or debt problems, rented housing, relationship background, owned housing, neighbours, unfair police treatment and welfare benefits.

The screening component reported the incidence of problems and the basic advice strategies adopted together with detailed socio-demographic information from each respondent. The main component focused on one problem and recorded in-depth data relating to advice-seeking behaviour. This included what the respondents did or did not do, where they went for help and their level of awareness of the availability and location of advice services. The main component also covered the type of funding the respondents obtained, the costs incurred, objectives in trying to resolve the problem and the perceived impact on their lives of dealing with the problem.

In the most recent survey in 2004, the LSRC conducted a more detailed analysis of the experiences of vulnerable groups including children and young people, the homeless and lone-parents. By conducting ongoing periodic surveys, the researchers have been able to refine and target their questions to gain a deeper understanding of the knowledge and advice-seeking behaviour of vulnerable people (Pleasence, Buck, Balmer, O'Grady, Genn, & Smith, 2004). Much of the research discussed in this article emerges from these ongoing periodic surveys. In the absence of such research across Australia findings of the New South Wales Law and Justice Foundation research in New South Wales which used similar survey material has revealed similar trends (Cournarelous, Wei and Zhou, 2006). National Legal Aid in Australia has recently commissioned similar Australian research but this is still underway. In the interim much useful information can be learned from the United Kingdom's research.

The LSRC's research (Pleasence, et al, 2004) suggests that vulnerable and marginalised people may have so many problems to deal with that they are overwhelmed or prioritise what they can deal with. They may have pressing health or social welfare problems to address, so, their legal needs may never get examined or will only be revealed when they have escalated because they have been neglected. This examination of their legal issues may only be forced through a criminal or civil court case, a loss of benefits or a loss of home or livelihood through debt. The provision of legal services is more likely to reach groups of people if services are multi-disciplinary and located where people are likely to turn for help. These multi-disciplinary services where legal services could be delivered include health services, allied health and social services.

Traditional legal aid services continue to operate on an appointment basis and with the expectation that the clients have sufficient wherewithal to be able to identify that they have a legal problem and will turn up at the solicitor's office or at legal aid services. Traditional legal services often presume that people can overcome their fears of the legal

system and the fear of the implications of taking action, and that even if people have no money or power, that they will still seek legal advice. The reality is that many people particularly those from vulnerable groups continue to have their legal needs unmet. The research discussed in this article reveals that the traditional model of legal services where the lawyer expects the client to identify and present with a legal problem continues to miss a section of the community who may be in desperate need of legal assistance. In this author's view better communication, respect, understanding and improved networking between legal aid services and other service providers who assist people with an array of problems which can have a legal context will improve client's access to justice. Recent research in the United Kingdom found that people experiencing social or economic disadvantage were most likely to experience problems (Pleasence, et al. 2004). The authors concluded that "...people who are vulnerable to 'social exclusion' are also particularly vulnerable to justiciable problems (p105).

Further research into the nature of problems by the LSRC revealed that justiciable problems do not occur in isolation but often come in clusters and that there are distinct areas when this can occur (Pleasence, Balmer, O'Grady, and Genn, 2004). One such cluster was family problems such as domestic violence, divorce and relationship breakdown which also led to problems for children in those environments. Another cluster involved homelessness, unfair police treatment and action being taken against the respondent. Further clusters emerged regarding medical negligence and mental health problems, and those involving consumer transactions and or connected with money, debt, employment, neighbours, rented housing and social housing or public housing and welfare benefits (Pleasence, Balmer et al, 2004).

Buck, Balmer and Pleasance (2005) conclude that there is a clear overlap between those demographic characteristics associated with social exclusion and vulnerability, such as living in temporary accommodation or being on a low income and the experience of justiciable problems. Some justiciable problems may be a

consequence, others a precursor to social exclusion. Increased awareness of this relationship by service providers outside the legal aid field could better inform the delivery of health services and legal services. The researchers also note that these figures revealed patterns of advice-seeking behaviour amongst low-income people which demonstrate the important role legal and other advice services, including financial counselling, can play in tackling social exclusion and helping vulnerable groups with their problems. The greater integration of legal and other advice services in providing suitable legal advice and assistance might play a crucial role in helping people move out of some of the worst experiences of social exclusion by, for example, preventing the clustering of civil problems and life crises such as debt or homelessness (Buck et al. 2005)

Moorhead and others conducted research in 2004 into the advice needs of lone parents (Moorhead, Sefton, & Douglas, 2004). Their research was based on a survey of 200 callers to a 'One Parent Families / Lone-Parent Helpline'. They also conducted five focus groups with lone-parents and advisers. The research found that lone-parent families were a vulnerable and marginalised group in that they had high needs, often have longstanding problems which are, both legal and non-legal. Lone-parents were twice as likely to have justiciable problems related to benefits and debt compared to the general population. They use a high number and diverse range of advice sources for help, the quality of service that they receive is variable.

Many lone-parents in the Moorhead research did not approach solicitors and obtained advice elsewhere. Thirty per cent contacted lawyers but did not perceive them as providing substantial help with their problem. In 20% – 50% of cases they were unable to secure assistance; 41% wanted face-to-face advice but were unable to find it; 32% wanted to find advice on an issue but could not get it; and 12% were unable to find anyone to provide legal aid for their problem/s with benefits, contact and child support (Moorhead et al. 2004).

This research with lone-parents

highlights that a significant group of people who are in need of and want help, are not able to find it. It also highlights the presumption that people, with a legal problem, will present to a lawyer is a fallacy in relation to this group and that lawyers also need to be more helpful and proactive. These are people likely to be seen by psychologists in matters pertaining to their relationship and property or joint debt. There is clearly a need for different approaches to providing legal services, acknowledging that people with legal problems may not seek out lawyers but seek their advice elsewhere.

In further research by the LSRC in 2007 examining the effectiveness of outreach services to people with debt problems, people interviewed felt that it was a good idea to deliver services in a place where people trusted what happened and where they felt comfortable and welcome. The LSRC report noted the people that were interviewed were clearly in need but that they displayed a low level of awareness of services that were on offer (Buck, Tam, & Fisher, 2007). In terms of levels of anxiety caused due to money issues, a significant 67% of interviewees reported spending most or all of their time worrying about their money problems (Buck et al. 2007).

As psychologists, it may be of interest to note that the research in the United Kingdom has also concluded that a failure to address a person's justiciable or legal problems can lead to ill health prompted by the distress and anxiety from people having too many problems or not being able to access help. The LSRC, on further analysing its survey data from the 2004 CSJS, concluded that there was a clear link between justiciable problems and health (Plesence, Balmer et al, 2004). Accordingly, the LSRC argues for the promotion of public awareness of a broad range of legal rights and obligations which should be incorporated into both the justice and public health agendas. There is the ability for legal services to mitigate the stresses of clients by resolving the justiciable problems and that this should be recognised as one way of improving public health outcomes. The LSRC suggested the forging and development of partnerships between legal centres, general advice-agencies and health centres. The LSRC suggests training of health professionals in

problem identification and appropriate referral and linkages upon the problem being identified, so as to provide a means of getting earlier advice to clients and patients to prevent ill-health. They also note that this could have the potential to address health inequalities and that such further integration of services could lead to a reduction in social exclusion (Pleasence, Balmer et al. 2004).

Australian research

In Australia, as stated, research into legal aid services has been more limited than that in the United Kingdom but this is about to change with National Legal Aid (a lobbying body representing the legal aid commissions around Australia) currently rolling out research across the country. Key research has already been conducted in New South Wales (Counareous, et al. 2006) and more recently and modestly in Victoria (Noone, & Curran, 2007). The New South Wales Law and Justice Foundation has conducted a series of surveys in New South Wales, most notably the 'Justice Made to Measure: New South Wales (NSW) Legal Needs Survey in Disadvantaged Areas' (JMTM) which will be the focus of the following discussion.

Residents in six disadvantaged areas were surveyed by telephone. These included three suburban areas (Campbelltown, Fairfield and South Sydney), one provincial area (Newcastle) and two rural areas (Nambucca and Walgett). The survey was conducted on 2,431 residents over 15 years of age with a response rate of between 24-34% and was a random sample. The findings were that in the disadvantaged areas surveyed, people had a high incidence of legal events over a one year period. There were substantial rates of inaction amongst those surveyed. It was also found consistent with research on lone-parents in the United Kingdom (Moorhead et al. 2004) that traditional legal advisers such as private lawyers, legal aid services and courts were rarely used and that the substantial proportion of people experienced barriers in seeking help. When they did seek help two-thirds found it from non-legal advisers sources of this advice included family and friends, local councils, trade unions, government, insurance companies, accountants, health and social

services and schools. The report authors conclude that more client-focused responses and multi-dimensional responses are needed, with greater co-ordination and co-operation between services (Counareous, et al. 2006).

In a small research project conducted in West Heidelberg Victoria, the aim was to trial a new methodology for measuring people's access to justice and human rights adherence. The outcomes of the research suggested that clients and their health and social advisers were often unaware of people's legal options and rights and that they lacked confidence in using them where they had knowledge of legal rights. Although the research was modest it is relevant to this discussion. The research consisted of two focus groups and a survey. The first focus group of seven people was with service providers including social workers, housing workers, ethnic workers and health professionals). The second focus group of ten people were clients of Centrelink and the survey was of local people in the mall but only people who identified as having involvement with Centrelink were surveyed. Fifty people were approached but only five were surveyed as many people expressed fear of reprisal (despite the confidentiality of the process being explained) or were not comfortable with having their comments written down. The survey was never intended to be representative or random due to funding constraints. In the author's view, the survey approach was probably not the most appropriate tool for this type of research in view of the many problems that the survey approach presented for people experiencing disadvantage.

The findings, (modest as the research was) revealed that few people were aware of their rights or their remedies when their right to social security was infringed or when they were treated inappropriately by *Centrelink* officers. Participants expressed a high level of fear about reprisals for complaining about their treatment as many service users believed that if they challenged a decision or their treatment they might jeopardise their remaining payments. The overwhelming majority of participants, in the trial, had little information or understanding of the methods by which unfair treatment could be addressed. They did not know there were legal aspects to problems and that legal advice could

be sought

The trial concluded that "the right of everyone to social security" was inappropriately curtailed. If the right to social security was a human right and enshrined in domestic legislation, then for those people surveyed and those people in both of the focus groups, it was not capable of being realised in practice as people, including service providers in the West Heidelberg area, had little knowledge, capacity or confidence and were unable to exercise the right. With new human rights legislation in the Australian Capital Territory, Victoria and legislation likely to follow in Western Australia and Tasmania, human rights will have little meaning for the most marginalised people in our community until these gaps in knowledge, confidence and capacity are addressed.

As with the United Kingdom's research (Pleasence et al. 2007), the Curran and Noone study found participants often thought the advice would make little difference, they were uncertain about what to do and where to get help or often felt that nothing could be done. It appeared in the Victorian research that psychological factors such as anxiety and shame impacted on participant's ability to access their right to social security payments. These observations are also consistent with recent research findings in the United States (Sandefur, 2007). Sandefur ran focus groups with low and moderate-income residents in a mid-western American city exploring problems involving money and housing and found five rationales for inaction amongst the respondents. These included shame, a sense of insufficient power, fear, gratitude due to previous experiences and frustrated resignation.

All of the research discussed in this article points to the fact that legal aid services and health services need to work more closely together to equip clients in navigating the complex array of advice that they may need to resolve their problems. Lawyers certainly need to have a better understanding of why it is in their clients' best interests for them to be involved in training and connecting with non-legal service providers. As many elements of the research point to psychological barriers

playing a critical role in preventing access to legal services greater communication between the two disciplines can only reduce the legal burdens on clients. This article will now discuss an example of a co-located service in West Heidelberg which has facilitated greater cross referrals for clients across the two disciplines and in the author's submission successfully reduced the legal burdens and health burdens on clients.

Case Study

The West Heidelberg Community Legal Service, Banyule Community Health Service and La Trobe University partnership Victoria

West Heidelberg remains one of the most disadvantaged communities in Victoria. West Heidelberg was ranked twentieth in the out of a total of 726 postcodes for general disadvantage. This level of disadvantage was similar in 1999 and 2004 (Vinson, 2007). This service provides an illustration of how, if agencies can work side by side in a 'one stop shop' or co-located service, some of the impediments to clients resolving their legal problems can be overcome. Although West Heidelberg Community legal Service is not perfect, this example illustrates that workers can cross-refer clients on site in such a way as to ensure client confidentiality and can reduce the barriers to seeking advice outlined in the research which has been discussed. Critical in this is the training of staff in awareness of legal issues. This is an area which is in need of constant updating as new staff come and go.

The legal service operates on a holistic model of problem-solving, appropriate referral, representation and advice, and active involvement in law reform and community education. This capacity is enhanced by La Trobe Law students on clinical placement who under supervision work on client cases and law reform at the legal service. Where resources permit, the legal service may take on test cases. The main areas of assistance provided by the legal service relate to criminal law, debt, fines, social security law and domestic violence. Integral to the legal services approach is its ongoing relationship and co-location with the *Banyule Community Health Service*. The fact that health, allied health and social service disciplines work in one location, have lunch

together and regularly stop and chat helps build relationships of trust between the different service providers and bridges the gaps in information about the various disciplines. This relationship has demonstrably improved client/patient outcomes. (Curran, 2005; Noone 2007).

The legal service and the health centre have endeavoured to implement an 'integrated care approach' whilst adhering to privacy laws and lawyer client privilege through a separate filing system and strict client consent regime within the legal service. The health service provides allied health and social welfare services. It employs doctors, nurses, nutritionists, dentists, psychiatrists, psychologists, drug and alcohol counsellors, problem gambling support services, financial counsellors and neighbourhood renewal personnel. The health service works on a case management basis and hence does not focus on problems in isolation but works on the array of issues that the client brings. The client feels they are not alone and can take action with support. An example highlighting the potential benefits for psychologists and their clients is illustrated by the way that the psychologists at the health service deal with their clients from the Magistrates Court's Court Referral and Evaluation for Drug Interventions and Treatment (CREDIT) Program. This program assists people on bail who are seen by a psychologist/clinician and treatment is arranged and attendance is a condition of bail. Clients have a drug problem who can be young people and adults. Psychologists working with CREDIT clients have referred young people to the legal service for assistance with social security entitlements, client fines and in relation to mistreatment by police on a regular basis. It is unlikely that these young people would receive legal help were it not for the team of psychologists who due to their relationship with the legal service are in a position to identify the problems as legal in nature and utilise their trusted relationship with their client/patients to encourage them to seek further help from the legal service.

This example illustrates the key point of this article, namely, that non legal services have access people to people (who for the

variety of reasons outlined earlier in this article) would otherwise would not seek help. Enhanced opportunities can exist to help people through relationships built on trust and contact between the onsite workers of health, allied health, legal and welfare services. Legal issues are often seen as part of a complicated web of other associated problems that might include mental health, health generally, financial issues and so on (Noone, 2007; Curran, 2005).

Conclusion

People's lack of knowledge about their legal options and where they can find appropriate services – if these services exist – suggests that more must be done to educate both service providers and members of the public. The United Kingdom research discussed in this article reveals that those most likely to experience justiciable problems are the vulnerable and disadvantaged and that for various complex reasons there are many impediments to them being able to find help or to seek resolutions for their problems. The United Kingdom, NSW and Victorian research discussed in the article reveals that many, who are involved in advising people, are themselves not always aware of issues which are legal. Non-lawyers should be trained and confident in identifying what might be legal issues so that they can appropriately refer and support clients who come to them with additional problems.

More sustained effort is needed to reach marginalised and vulnerable groups which move beyond the traditional models of advice service delivery. Legal aid services need to be better at connecting with and engaging services from other disciplines and taking a more holistic approach to solving client/patient's problems. Legal aid services need to realise that the traditional approaches to service delivery they use which often rely on clients identifying that they have a legal problem and seeking out a lawyer are flawed in terms of what the research reveals about the advice seeking behaviour of vulnerable groups. A coordinated and holistic approach to problem-solving which recognises that the health care, legal services and welfare professionals together have a role to play in identifying those who are vulnerable to justiciable problems is a key way to attaining more access to justice for all.

Many vulnerable and marginalised people will either not seek advice at all or will seek advice from non-legal sources if they feel confident, familiar and have trust in that service (Buck et al. 2007; Curran, 2005; Noone, 2007). One key suggestion is that the services should be delivered in locations where the clients/patients are likely to be. The legal profession needs to make a greater effort to think laterally about how they can link a client up with other services or supports and how they can get the clients to other allied services. It does not involve much extra effort for lawyers to become conversant in the range of other services that exist in their local area. Similarly non-legal service such as psychologists may find help for their clients through the development of a closer relationship with the legal profession.

Often issues around legal aid services are consigned to the fringe. Issues of health and education are often at the forefront of politicians' and the public's mind at election time and little priority is given to legal aid as an issue. This article highlights that there are connections between legal/justiciable problems and health and well-being. It suggests greater acknowledgement and development of these linkages and opportunities for partnerships to alleviate client/patient burdens in a holistic way.

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Working with Wasim: A convergence of community

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Using the case study of Wasim, we look at the role of the Australian community in both allowing the hard-line treatment of asylum seekers by the Howard federal government, and the role of the Australian community in turning this around. In so doing, we use Bronfenbrenner's (1979) ecological framework as conceptualized by Dalton Elias and Wandersman (2007). We found that an ecological framework was useful in explaining the hard-line treatment of asylum seekers; the macro-system being the most relevant. Conversely, when looking at the community attempting to rectify this situation, all of the ecological levels were highly relevant. Drawing on the perspectives of four researchers from different disciplines, we note that the effect of the Australian policy is negative, most importantly for the asylum seekers themselves, but also for the whole Australian community. Finally, we note that communities are not helpless when attempting to address situations such as this. Although there are many issues which still need to be addressed regarding asylum seekers, change has occurred at all ecological levels. The community can make a difference.

Wasim is 33 years old. He likes spending time with his family, socialising with friends, watching Dr Who, and reading. To the intense aggravation of those nearest and dearest to him, he likes action movies. When Australia was playing Italy in the decider match to get into the Soccer World Cup quarter finals, like many other Australians, Wasim was glued to the television barracking for Australia. In most ways, Wasim is just another ordinary Aussie bloke.

However, there is another side to Wasim. He is a man seeking asylum in Australia. His father was arrested, tortured and killed by government authorities in his country of birth, and his mother died three months later. Wasim was later arrested. He was kept naked in solitary confinement, interrogated and tortured. After ten days, he was taken away in a vehicle to be transferred to the central prison with the expectation that he would soon be executed with other detainees. He escaped, and after a convoluted journey, arrived by open dinghy in Far North Queensland from Papua New Guinea in September 1998. He presented himself to the Australian Immigration

Department, and was detained immediately. On the basis of his experiences Wasim had, and still has, serious fears for his life if he returned to his country of origin.

Wasim's claims were rejected by the Immigration Department and by the Refugee Review Tribunal. In rejecting his case, the Tribunal accepted some parts of his story including the imprisonment but did not accept that Wasim had been specifically targeted and as a result was not satisfied he would be imprisoned again if he was returned. Subsequent to this decision, Wasim made a number of appeals to the Minister for Immigration. Despite the support he received from Amnesty International, the Asian Human Rights Commission, Members of Parliament from a range of political parties, Senators, and over 4,000 community members, all appeals were unsuccessful.

Once the decision was made by the Tribunal, the Immigration Department began to put into place steps to remove Wasim from Australia. Wasim had arrived without documents or proof of identity. His country of origin refused to accept him as one of their

citizens and would not allow him into the country. He was for all practical purposes, and remains, “stateless”. Still the Australian authorities refused to grant him a visa. As a result of being in this legal limbo, he spent five years in detention. Finally in August 2003 an interim order from the Federal Court of Australia declared that he should be released from detention as there seemed to be no reasonable prospects for his removal from Australia. He was married the following year to an Australian citizen to whom he is still married. In decisions made subsequent to his release, the High Court of Australia declared that it was lawful for the government to detain non-citizens indefinitely (*Al-Kateb v Godwin* (2004) 219 CLR 562; *Minister for Immigration and Multicultural and Indigenous Affairs v Al Khafaji* (2004) 219 CLR 664). As a result of this decision, there were indications that Wasim would be re-detained; however, this was deferred while the Minister for Immigration considered his case once again. He was not re-detained.

At the time of writing this article in October 2007, Wasim has no visa and is waiting upon a decision by the Minister for Immigration. He has no Centrelink (social security) or access to Medicare (health benefits) nor does he have the right to work. For over four years, he has been wholly supported and maintained by his wife, a community-based refugee charity organisation, and a number of supporters. He has been in Australia for over nine years.

What are the events that have led up to this? In the present article, the authors - four refugee advocates and academics - argue that we cannot look at this situation in isolation; we must look at all aspects of the Australian community. We do this from an interdisciplinary viewpoint: Author 1 (Wasim’s primary advocate) is a social/community psychologist. Author 2 (Wasim’s lawyer) is a practising refugee lawyer and academic. Author 3 (who belongs to Wasim’s community support group) is an academic from a social work background. Author 4 (who also belongs to Wasim’s support group) is a Ph.D candidate within a sociology/ psychology framework. As is apparent, we come from

divergent disciplines. We see this as a bonus; as noted by Vidal (2005), when trying to find solutions to social problems, multi-disciplinary approaches are necessary.

We believe that it is important to be up-front with our values which are at the forefront of both our advocacy and research. As noted by Prilleltensky (2001), values “inform our personal, professional, and political behavior” (p. 751). Our values are straightforward: we believe that the Howard government’s position on asylum seekers, especially with regard to indefinite mandatory detention, is punitive and simply wrong. We are not alone here; the punitive effect of indefinite mandatory detention is noted by many others (e.g., the report on detention by the Australian Council of Heads of Schools of Social Work [ACHSSW], 2006). We do not claim to be value neutral. All work within a human rights and social justice framework adheres to research tenets that promote a social change and advocacy focus. Increasingly, this approach can be seen in the research of a range of academic professions such as community psychology, social psychology, social work, sociology, law, psychiatry, and nursing to name but a few. In asylum seeker research in particular, researchers have adopted a paradigm shift away from conventional scientific neutrality.

As noted, the whole context of the asylum seeker situation needs analysis rather than looking at the situation of individual asylum seekers alone. In the present article, we rely on an ecological theoretical framework to help explain the events surrounding Wasim’s situation and others like him. As Bronfenbrenner (1979) and Dalton Elias and Wandersman (2007) propose, people need to be understood within the environments or systems in which they are entrenched. Specifically, Dalton et al. notes that individuals can be affected by Microsystems (e.g., classrooms, choirs, families, friends, self-help groups, and teams), Organisations (e.g., community coalitions, local business or labour groups, schools, religious congregations, and workplaces), Localities (e.g., cities, neighbourhoods, rural areas, and towns), and Macrosystems (e.g., belief systems,

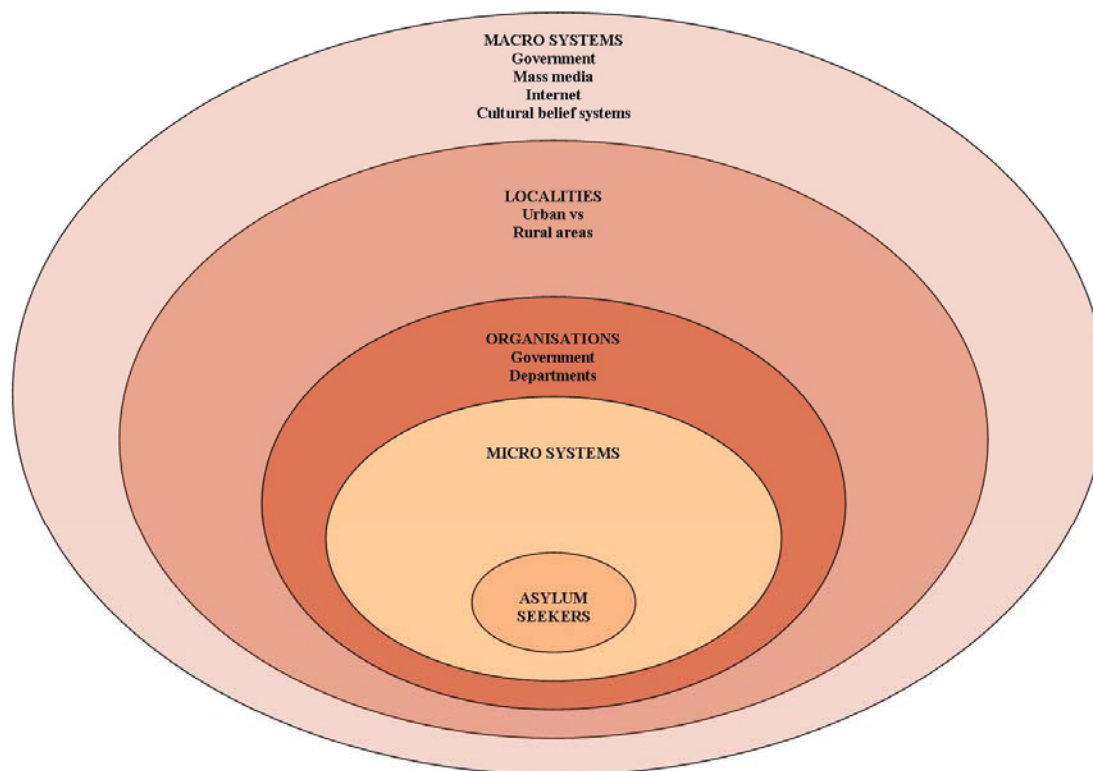


Figure 1. The role of the Australian community in allowing the punitive treatment of asylum seekers¹

corporations, cultures, governments, the internet, mass media, social movements, and societies). As Dalton et al. further notes, most community issues involve more than one ecological level.

In the present paper, we shall be analysing the system as a whole using examples from the case of Wasim when appropriate. We see the paper as a multi-disciplinary reflection on the situation of Australian asylum seekers, with particular reference to one specific asylum seeker - Wasim. Our research questions are straightforward: First we ask "What is the role of the Australian community in allowing the punitive treatment of asylum seekers like Wasim?" The second research question is "What is the role of the Australian community in making social change"? The third and final research question is "What is the effect of government policy - not just on the asylum seekers themselves - but on the whole

Australian community?"

QUESTION 1: "WHAT IS THE ROLE OF THE AUSTRALIAN COMMUNITY IN ALLOWING THE PUNITIVE TREATMENT OF ASYLUM SEEKERS LIKE WASIM?"

First, we show a graphic illustration of an ecological framework (Bronfenbrenner, 1979; Dalton et al, 2007) as it relates to Wasim and the role of the Australian community in allowing the punitive treatment of asylum seekers (see Figure 1). This diagram indicates the effect of systems on individuals (for our purposes, asylum seekers such as Wasim), and this is what we concentrate on. However, it is worth noting that certain individuals also affect the lives of other individuals. By doing nothing to oppose the Howard government's policy, many individuals collaborated with its hard-line position. Other individuals were directly involved in implementing and supporting the policy, whether in their roles as politicians,

government lawyers, journalists/shock jocks who promoted the government line, Immigration Department officers, detention centre guards and the management of the companies contracted to run the immigration detention centres. Thus, we are not arguing that individuals are not important. What we are arguing is that it is too simplistic to see this issue as an “individual” issue.

Returning to our framework outlined in Figure 1, not only were individuals involved in allowing the asylum seeker situation to exist and continue, but these individuals were also linked with Microsystems such as their family and friends who may have agreed with their views on asylum seekers and supported their actions. However, Microsystems are less relevant when it comes to their effect on the asylum seekers themselves - the focus of our paper – compared to outer layers.

Organisations such as government departments are indeed relevant to the issue. However, government organisations are inextricably linked with government policy; thus, we concentrate on this more within the Macrosystems section. With regard to Localities, there may well have been some that were more opposed to asylum seekers than others although there is a dearth of research on this topic. Location differences have been found with respect to other oppressed cultural groups such as Indigenous Australians (Pedersen Contos, Griffiths, Bishop, & Walker, 2000) and Muslim Australians (Forrest & Dunn, 2007). Additionally, some research that measured the correlation between the fear of terrorism and prejudice against asylum seekers found that the correlation was higher in Albany compared to Perth; most likely because the issue of asylum seekers/refugees was highly salient and politicised in Albany at the time that research was carried out (Pedersen, Griffiths & Watt, 2007). After reviewing the literature, it would appear that the biggest effect came from our fourth and outer level: Macrosystems.

Macrosystems

It is to this we now turn, concentrating on four primary Macrosystems: the Howard government (in particular their policies of

indefinite detention, detention debt, Temporary Protection Visas (TPVs), and the Pacific Solution), the mass media, the internet, and cultural belief systems.

The Howard Government

The government of Prime Minister Howard has received strong rebuke for its asylum seeker policies. These have come from a range of sources including the United Nations, NGOs, professional bodies, refugee advocates and sections of the media. In essence, the policy critiques centre on the responses to a relatively small number of unauthorised arrivals seeking asylum in Australia. The most strident criticism is of the harsh indefinite mandatory detention regime, which causes immense suffering that continues after release. Supplementing indefinite detention is a raft of policy measures designed to deter and deny entry to Australia (Briskman, 2008) including TPVs - which deny rights available to other Protection Visa holders - and the so-called Pacific Solution (both of which will be discussed more fully later).

Indefinite detention

Specifically, the Howard Government implemented a number of punitive measures aimed at asylum seekers over the last decade (Briskman & Goddard, 2007). The detention of people arriving without official authorisation is well known. That is, the current Australian law is that all persons who arrive in Australia without a valid visa are detained. Asylum seekers can remain in detention for anything from a number of hours - where they are screened out and deported - to a number of years (one Kashmiri detainee was released after almost seven years). It is worth noting that this policy was in fact brought in by the Labor government, although it was not implemented as harshly as with the Howard government. However, less well known is the treatment of asylum seekers who arrive with official authorisation; that is, arriving with a business, tourist or student visa, and then seeking asylum. They can live in the community while their case is processed; they are not detained.

Conversely, Wasim who arrived without official authorisation was detained for five years from when he was 23 years of age to 28 years of age. With respect to stateless people like Wasim, theoretically this could be for life -

indefinite detention is enshrined in our legal system (Burnside, 2008). As stated previously, the effect of High Court decisions in 2004 means failed asylum seekers can be held in detention indefinitely provided the Minister for Immigration is intending to deport them when that becomes possible. For stateless people like Wasim, this may be never. On 31st August, 2004, a media release by the then Immigration Minister Amanda Vanstone announced that of the stateless people “not granted visas, 10 are already in detention and three will be required to be re-detained”. Wasim was one of those three not already in detention. Happily, for reasons beyond the scope of this paper, this did not occur.

Detention debt policy

The detention debt policy, introduced in 1992, meant that all immigration detainees are theoretically responsible for costs associated with their detention (including their “daily maintenance costs” estimated to be approximately \$115/day). Section 209 of the Migration Act 1958 (Cth) states that detainees may be liable to repay the Commonwealth for the cost of their accommodation, food and other requisites of daily life, as well as the costs associated with locking them up (see Mitchell & Dastyari, 2007). This debt is usually written off for those who are recognised as refugees and granted a TPV, but for those released on another kind of visa granted by the Minister for Immigration, it is often a condition of the grant of the visa that the ex-detainee agree to repay the debt.

Like a number of other ex-detainees now living in the community, Wasim has a debt payable to the federal government for his detention costs. He has been advised that, as at 30th June 2005, these costs are \$346,008.60. The actual detention costs are \$345,008.60 and the Refugee Review Tribunal fee is \$1,000.

Temporary Protection Visas

In October 1999 the Howard government introduced a new visa into Australian law: the TPV. Prior to October 1999, all persons found to be refugees in Australia had immediate access to a Permanent Protection Visa. The TPV is now the only class of protection visa available to asylum seekers who arrived without visas and who are found to be

refugees. The TPV is a temporary visa that allows the holder to remain in Australia for 30 months, after which time the holder may apply for a further protection visa. Through the creation of the TPV, the government has made these refugees ineligible for most of the essential settlement services it usually provides. This approach was strongly criticised by community groups and some state governments.

Research has found that TPV holders experience significant mental health difficulties due not only to their experiences of torture and trauma in their home countries, but also because of the conditions of the TPV (Marston, 2003). The granting of temporary protection only, the prohibition of family reunion, and highly restricted travel rights have compounded existing torture and trauma symptoms by denying both security and stability to the people the visas are designed to protect. This, in turn, impacts on the Australian community (Allison, 2007). That is, it is harder for these refugees to integrate into the wider society, and as a result make an effective contribution to the community.

The Pacific Solution

Finally, there is the issue of processing asylum claims offshore. In 2001, in the aftermath of the Tampa, the Howard government began taking steps to prevent asylum seekers from entering Australia and thereafter began the practice of “excision” – designating parts of Australia where the domestic law relating to refugees did not apply. Legislation was passed allowing for asylum seekers arriving in excised places to be detained and taken to an off-shore processing centre, such as Nauru or Manus Island in Papua New Guinea. This policy was to become known as the “Pacific Solution”. People seeking asylum and arriving in Australia in an excised zone were deemed to be outside the country and therefore ineligible for access to visas granted to asylum seekers who arrived on mainland Australia; they could however be considered for other visa classes (for more detail including information on offshore refugee and humanitarian visas see Crock, Saul & Dastyari, 2006).

How do these government policies affect asylum seekers? The poor mental health of

detainees is well-documented (e.g., Austin, Silove & Steel, 2007; Steel, Frommer, & Silove, 2004). Suicidal behaviour in detention is calculated between 26 and 41 times that of the national average (Dudley, 2003).

And what about Wasim's mental health? It fluctuates from reasonable to very poor as you would expect after five years in detention and over four years living in the Australian community without any means to support himself, as well as no certainty as to his future. Given the death of his father at the hands of his former government, one can only imagine how the insecurity of no visa would affect him. As noted by his psychologist in a written report to the Immigration Department, he exhibits post-traumatic stress symptoms and is often severely depressed. Even when (if) he is given a visa, it will take many years to recover from the treatment received in his birth country, as well as the years of torment in Australia.

As argued elsewhere, it could well be argued that this situation is driven by institutionalised racism (Pedersen, Clarke, Dudgeon, & Griffiths, 2005); see Jones (1997) for a distinction between individual, cultural, and institutionalised racism. As noted by Jones and Pedersen et al, institutionalised racism involves the systems that exclude members of out-groups. It is hard to imagine any group more excluded than asylum seekers; not only are their detention centres often in the middle of the desert, but whenever possible, they are now processed offshore; away from their full legal rights and the Australian community.

Mass media

The media often characterises refugees and asylum seekers as deviant and problematic, with the potential to disrupt social harmony. As noted by Bronfenbrenner (1979), the ecological systems approach is a way of looking at the socialisation of the individuals who make up a society. In other words, the media can be seen as a socialising mechanism to the Australian community generally, and is highly relevant to the ways in which refugees and asylum seekers are portrayed.

Refugees have long been a target of the so-called 'shock jocks' of talkback radio and tabloid press (Mares, 2002a). The media

played a significant role in promulgating government rhetoric which played upon anti-refugee sentiment already present in the wider community. The media often use vocabulary more fitting to descriptions of war or criminal behaviour than humanitarian need such as "invaders", "hordes", and "illegal". The relatively few media pieces that offer an alternative view are generally human interest stories. Especially in the early years, it was rare to find examples of objective journalism on the subject of refugees (Pickering 2001), apart from a handful of sympathetic journalists who have been pivotal in exposing the policies and practices of immigration detention. Regrettably, these minority views tend to affirm 'the converted' rather than the general public. In fact, when looking at the social psychological research, it is clear that people are significantly more likely to pay attention to views that support their own; otherwise known as "the selective exposure hypothesis" (Sweeney & Gruber, 1984) and the "confirmation bias" (Nickerson, 1998). Finally, at times messages picked up by media consumers are perceived negatively even when there is no apparent ill intent by the author (see Moloney, 2007, with respect to social representations of asylum seekers through Australian cartoons).

The validity of terms like "illegal immigrants" and "illegals" used by politicians and the media has been consistently challenged on the basis that asylum seekers have not broken Australian law by arriving without a visa and asking for protection (Burnside, 2008). A particular headline in the Sydney Morning Herald prompted one refugee advocate to lodge a complaint with the Australian Press Council. Her complaint was upheld. The Press Council cautioned the media against the use of "illegal" as it is "often inaccurate and may be derogatory" (Australian Press Council, 2004). In fact, one study found that when study participants read an article which used the word "illegals" rather than "refugees" or "asylum seekers", they were more likely to endorse negative statements about them (Augoustinos & Quinn, 2003).

The Howard government has attempted

to depersonalise asylum seekers with respect to the media. As pointed out by Marr (2007), the Howard government issued the following order to naval photographers in 2001: “no personalising or humanising images” (p. 41) (also, see Haslam & Pedersen, 2007, for a discussion on the dehumanisation of asylum seekers). Indeed, to obtain a photograph of Wasim in the early years of his incarceration, an advocate took advantage of an occasion when Wasim was outside the detention centre, being taken by guards from the detention facility to a dentist.

The Internet

Although recognising the interconnection between the media and the internet, we separate the media and the internet consistent with the framework of Dalton et al (2007). The internet has been instrumental in spreading anti-asylum seeker information. For example, an email circulated in 2005 was addressed “To all you refugees out there” as follows:

*“I cross ocean, poor and broke
Take bus, see employment folk
Nice man treat me good in there; say I
need go see Welfare.
Welfare say, "You come no more, we
send cash right to your door."
Welfare cheques; they make you
wealthy
Medicare It keep you healthy!
By and by, got plenty money,
Thanks to you, TAXPAYER dummy.
Write to friends in motherland,
Tell them 'come, fast as you can'
They come in turbans and Ford trucks,
I buy big house with welfare bucks.
They come here, we live together
(Cousins brothers sisters aunt uncle
nephew grandpa)
More welfare cheques, it gets better!
Fourteen families, they moving in,
But neighbour's patience wearing thin.
Finally, white guy moves away,
I buy his house, and then I say,
“Find more aliens for house to rent.”
In my yard I put a tent.
Send for family, they just trash,
But they, too, draw welfare cash!
Everything is very good, soon we own*

*whole neighbourhood
We have hobby, it called breeding
Welfare pay for baby feeding
Kids need dentist? Wife need pills?
We get free! We got no bills!
TAXPAYER crazy! He pay all year,
to keep welfare running here.
We think AUSTRALIA darn good
place! Too darn good for white man
race
If they no like us, they can scam,
Got lots of room in Pakistan.
SEND THIS TO EVERY TAXPAYER
YOU KNOW”*

Full of negative stereotypes and inaccuracies beyond the scope of this article to discuss fully, this ‘poem’ can certainly inflame tensions toward asylum seekers. Another email which has been doing the rounds in the last year or so gives “statistics” indicating that pensioners are worse off financially than refugees thanks for government handouts or as they put it “social assistance”. In fact, the information, and the precise statistics included in the email, was “total moonshine, copied from a chain email which originated in Canada” (MediaWatch, 2008, p.2).

Both emails in fact link in with some psychological literature on the topic. For example, one study found that many Australians believed that “asylum seekers get all sorts of government handouts” (Pedersen et al., 2005, p.154). However, many asylum seekers do not receive the benefits that the ‘poem’ suggests; for example, Wasim has been living in the Perth community without any access to Medicare or any form of ‘welfare’.

Cultural belief systems

Pedersen Attwell and Heveli (2005) found a great deal of negativity toward asylum seekers; negativity that significantly correlated with false beliefs or myths (e.g., they are queue jumpers). Importantly, approximately two-thirds of their community sample held false beliefs about asylum seekers; in other words, these beliefs were so consensually shared that they went beyond individual idiosyncrasies to social mores. The

correlation between false beliefs and negative attitudes was very high (.77); higher than false beliefs and negative attitudes held about Indigenous Australians (depending on location and time-frame, they range between .47 and .60). In other words, the higher the level of false beliefs, the higher the negative attitude. Similarly, Pedersen, Watt and Hansen (2006) found that spontaneously generated false beliefs about asylum seekers significantly correlated with negative attitudes toward asylum seekers. The presence of such beliefs was present in politicians' public statements, widely reported through the media. These spontaneously generated false beliefs were: "boat people are queue jumpers", "asylum seekers are illegal" and "people who arrive unauthorised are not genuine refugees". One can easily see the links between ecological levels with respect to attitudes toward asylum seekers, as well as with the ecological frameworks of both Bronfenbrenner (1979) and Dalton et al. (2007).

That these negative attitudes toward asylum seekers prevailed may account for why Prime Minister Howard was able to make the "Children Overboard" claims. Here, he informed the Australian public that there was evidence that asylum seekers on a boat intercepted by Australian naval forces threw young children into the sea. This, it was claimed, was an attempt to blackmail Australia into taking asylum seekers to Australia. Within days, the then Minister of Defence, Peter Reith, was informed that there was no evidence of children being thrown overboard. However, he publicly stated that he would offer proof that this in fact did occur (Marr & Wilkinson, 2003). Although these allegations persisted for some weeks, they were subsequently proved to be untrue.

Cultural belief systems can also affect asylum seekers who are given asylum and released. For example, some employers discriminate against certain migrant/refugee groups and feel it is defensible to do so (see Tilbury & Colic-Peisker, 2006). Also, the uncertainty for those released on TPVs can hamper their ability to find employment. People on these visas have talked of being in detention in the community (Marston, 2003).

Furthermore, it is difficult for refugees to do simple things like rent a house; not only because of discrimination, but as Curr notes, it is hard to rent when your previous landlord was Phillip Ruddock (the former Immigration Minister). Refugee advocates also receive 'bad press' oftentimes being labeled "bleeding hearts" or "latte-sipping elites" (Curr, 2007 p 146). This, of course, impacts upon their credibility.

To conclude this section, it is quite clear that the systems within Australia play a monumental role in allowing such treatment of asylum seekers like Wasim. Although we talked about the Howard government, the mass media, the internet, and cultural belief systems separately, it is clear they are inextricably linked (e.g., the government position was fed to the mass media, who regurgitated it, and this position was echoed in Australia's cultural belief systems). While individual people devise the rules, think up policies, sign on the dotted line etc, these actions create and perpetuate create a system (culture) which then takes on a life of its own.

QUESTION 2: "WHAT IS THE ROLE OF THE AUSTRALIAN COMMUNITY IN MAKING SOCIAL CHANGE?"

Before going any further, we acknowledge that the Australian community is diverse. When we talk about "community" within this second research question, we are referring to the refugee advocate community; a part of the wider Australian community.

As we did previously, we show a graphic illustration (Figure 2) of an ecological framework (Bronfenbrenner, 1979; Dalton et al., 2007) as it relates to Wasim and the role of the Australian community in making social change. Unlike the preceding discussion where the main levels involved were systemic, with respect to the refugee advocate community "fighting back" all aspects of the ecological systems were highly relevant. As occurred with Question 1, the individual was indeed important. First, Wasim himself was active throughout the whole process. To begin with, while still in detention, he immersed himself in legal books. He represented himself in the Federal Court seeking access to education in

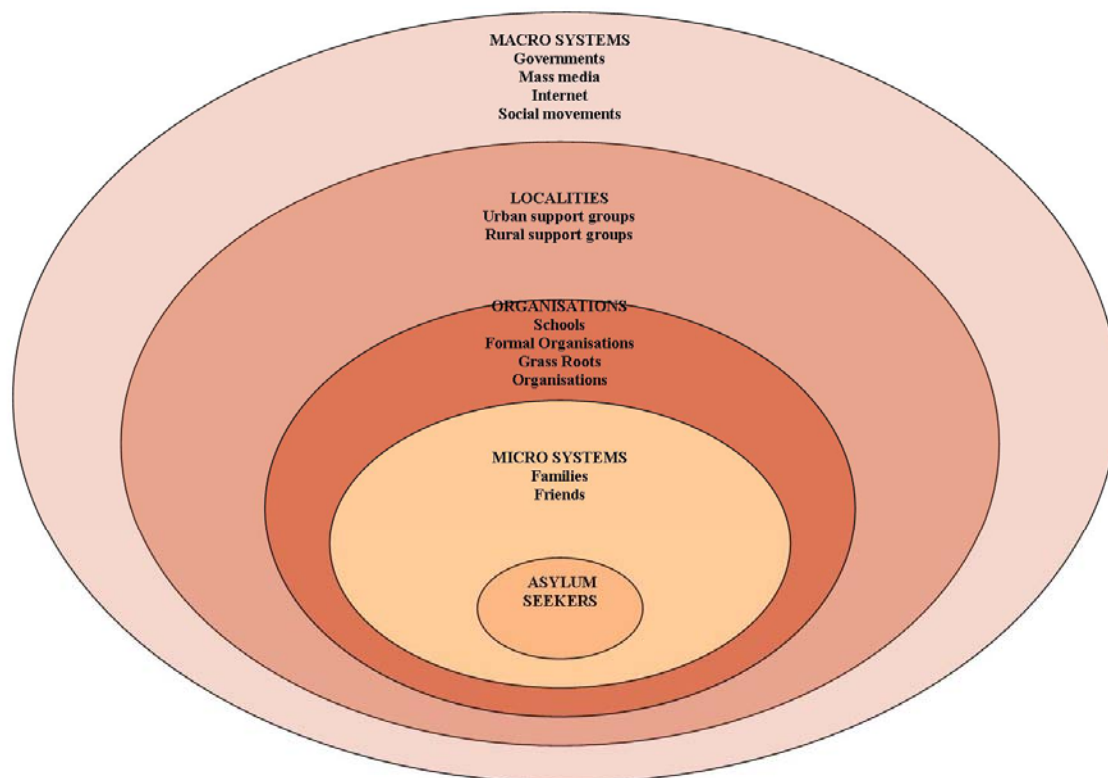


Figure 2. The role of the Australian community in making social change¹

detention. This led (albeit indirectly) to him being released from detention into the community. This is no mean feat considering that he did not speak English on his arrival in Australia.

Also, individual Australians have offered to house – and indeed have housed – asylum seekers at their homes after release from immigration detention, they have visited asylum seekers in detention, and assisted them with their legal cases (see Mares & Newman, 2007). Political commentator Phillip Adams (2007) writes of the civil disobedience campaign he instigated after the then Minister for Immigration Phillip Ruddock stated that anybody who harboured an escaped asylum seeker could be jailed for ten years; as Adams noted, this sentence would be longer than some people receive for committing murder. Within a couple of days of Adams asking his readers to sign up, he had 10,000 individuals volunteering. Individuals have also aided asylum seekers by joining refugee support

groups which sprung up all through the country (Surawski, Pedersen & Briskman, under review), including the much vaunted Rural Australians for Refugees and the Adelaide-based Circle of Friends. Often these individuals came under the auspices of other groups, including church bodies. This brings us to the next section: Microsystems.

Microsystems

Individuals, as noted by Bronfenbrenner (1979) and Dalton et al. (2007), do not exist in a social vacuum. Friends and families were very much brought into the advocates' fight for justice. As one participant in a study conducted by Surawski et al. (under review) noted, "other family members joined me to actively support refugees". Conversely, some advocates found that relationships with family and friends were strained or destroyed. New South Wales advocate, Ngareta Rossell (2007) speaks of how others did not understand "that I was busy saving lives while they were busy saving frequent flyer points" (p. 2). In fact, in the

Surawski et al. study, it was found that approximately two-thirds of refugee advocates reported changes in relationships: 15% positive, 39% negative, and 46% both positive and negative. As a result of the intensity of the refugee situation, many asylum seekers and advocates became very close, close as family in many cases. This was the case with Wasim and Author 1 (Pedersen, 2007); also see Hoffman (2007).

Organisations

Influenced by individuals and their immediate networks of family and friends, work groups became involved in supporting asylum seekers. Dalton et al. (2007) speak of the effect of schools, or classrooms, on individuals. Schools have certainly been involved in refugee advocacy movement. For example, school students throughout the country contributed artwork to the SIEV X memorial project, undertaken to commemorate the death of 353 asylum seekers at sea en-route to Australia. As Biddulph (2007) notes: “beautiful artwork – arguably some of the best student art this country has ever produced” (p. 185). Many arts organisations have done their bit in fighting the asylum seeker battle; for example, Actors for Refugees. Importantly, there have been a number of grassroots organizations that have sprung up in response to Australia’s position on asylum seekers. They range from the informal Fremantle Refugee Support Project which is a local Western Australian group of concerned citizens who visited asylum seekers in detention, wrote letters to newspapers, arranged fund-raising for detainees, and basically did what they could for Wasim and for other asylum seekers. Other organizations were more formal; for example the Coalition for Asylum Seekers, Refugees and Detainees (CARAD). CARAD was an invaluable resource to Wasim. Many other organisations such as the Australian Refugee Association, ChilOut (Children out of Detention), the Asylum Seeker Resource Centre, Asylum Seekers Network Australia, Project SafeCom and Rural Australians for Refugees sprung up throughout the country to help people like Wasim survive and to campaign for make political change. Many religious groups have

come out publicly against the Government’s asylum seeker policy and attempted to address it. For example, the Australian Catholic Migrant and Refugee Office (2002) were involved in “Refugee Sunday”; an attempt to give information to the Australian public. There were many individual religious people who also tried to make a difference to detainees (see Crowe, 2007).

Organisations have been invaluable in Wasim’s situation. For the first year that Wasim was living in the Australian community, and not entitled to work, or access financial assistance or health care, Author 1 sent an email to work colleagues and other email lists asking for people to deposit \$5 a week into a bank account which Wasim could access. Not only did complete strangers to both Wasim and Author 1 deposit money into this account, but a number of Author 1’s workmates – most of who were not refugee advocates – rose to the occasion. Without this community support, Wasim would have been destitute. After this first year, CARAD (see above) took responsibility for helping Wasim financially as much as they could.

Localities

Growing awareness within the Australian community was the trigger for the inception of groups in a variety of localities. Within three months of the inaugural Rural Australians for Refugees (RAR) meeting held in the Southern Highlands of NSW in 2001, numbers went from no groups at all to 30 groups. Within three years, there were 60 rural support groups (Coombs, 2004). In some areas residents were already aware of the issues. Port Hedland and Christmas Island RAR groups were focused on the detention centres in their locales. Albany RAR along with other local groups such as Albany Community for Refugees formed largely in response to the plight of Afghan TPV holders living in Albany because of the availability of employment at the local meatworks. The groups’ members provided practical assistance with housing, employment, English classes and visa applications. They also lobbied for TPV holders, locally and nationally. Many pro-refugee groups formed in different locations; many of which were needed to deal with localized issues.

Macrosystems

We concentrate on four primary Macrosystems: the Howard Government, the mass media, the internet, and social movements.

The Government

Over the years, a minority of politicians from all sides worked for positive change. These included politicians known as the “Liberal Rebels”. Here, Victorian backbencher Petro Georgiou and Liberal colleagues such as Judi Moylan prepared two Private Members Bills in mid-2005 in an attempt to soften the Government’s hard line stance. Their action led to negotiations which achieved some changes to the Migration Act, including that children were only to be detained as a measure of last resort. These changes, coupled with a drop in the number of boat arrivals, led to a gradual emptying of the detention centres. Other politicians were also very vocal in their opposition to asylum seeker legislation; for example, Labor’s Carmen Lawrence, the Greens’ Bob Brown and Rachel Siewert, and the Democrats’ Andrew Bartlett. These politicians, together with the Liberal Party’s Judi Moylan, all supported Wasim in some shape or form as did a number of others.

Mass media

As noted, certain journalists have been highly critical of refugee policy and were instrumental in bringing the worst excesses to light. The coverage of the Tampa incident and the Shayan Badraie case in particular were the catalysts for many advocates becoming involved in the issue, and therefore the growth of the movement. Although there have been a wealth of plays, songs and poems about the refugee issue, they tend to be appreciated within the refugee support network and are rarely played to larger audiences (one exception was Merlin Luck who made headlines when, as an evicted Big Brother contestant, he exited the house with his mouth taped shut carrying a placard bearing the slogan “Free the Refugees”). Additionally, organizations such as the Edward Rice Centre (2002) and the Refugee Council (2002) have published what they call “myths” about asylum seekers such as asylum seekers are queue jumpers to counteract the media coverage.

This links in with the Beliefs Systems as outlined by Dalton et al. (2007). In other words, shared beliefs which have a large degree of societal consensus across a society (see Pedersen et al., 2006). As discussed previously, programmes such as MediaWatch have also brought to light certain myths in the mass media.

In short, according to Mares (2002a), some journalists attempted to uncover the truth regarding refugee policy and report on the facts of this complex issue to promote genuine debate. However - in general terms - unless there is some kind of scandal, the ongoing refugee issues remain unreported.

The Internet

As noted within Question 1, the internet was used in an attempt to belittle asylum seekers. However, it was also a resource used extensively by refugee advocates to facilitate information-sharing and communication. As Curr (2007) noted, “When a detainee walked out the Baxter gate, the joy passed from Perth to Sydney, Melbourne, Brisbane and all points in between in minutes. The movement was blessed with a number of committed and gifted communicators who established email lists and spent their days on computers” (p.147). Coombs (2003) also spoke of the power of the internet with relation to the refugee movement in rural Australia. She wrote of the campaign of “email activism” (p.125); a particular example she gave was that that Rural Australians for Refugees could not have been such a powerful group without the internet given how dispersed people were geographically.

Social movements

As previously mentioned, the political climate of Australia involved much fear-mongering originating from the Howard government. However, as noted by Curr (2007), a number of Australians rejected this rhetoric. These were the people who made up a large social movement which has swept across the country. People in local communities and beyond extended the hand of friendship; forging connections became a political act for many advocates. Advocates were often older educated middle-class women (Surawski et al., under review), and their involvement stemmed

from reasons such as violated values (Haslam & Pedersen, 2007; Raab, 2005), empathy for asylum seekers, disagreement with Australia's policy (Reynolds, 2004), guilt (ACHSSW, 2006; Raab, 2005) and in response to perceived human rights abuses (Gosden, 2005). Their involvement has often resulted in ridicule from other quarters of the Australian community (see Mares & Newman, 2007).

Have these social movements been effective? Certainly they have, at least to some degree. For example, although it is not possible to measure the effect of individual incidents, there does appear to have been a softening in attitude toward refugees (Haslam & Pedersen, 2007) which can also be seen in an unpublished comparison of community surveys conducted by Author 1 across the years. This would not have occurred without the unprecedented social movement in support of asylum seekers and refugees described above. Having said this, as noted by Curr (2007), the Cornelia Rau scandal played a significant role in the public questioning of government. Here, a white Australian was unlawfully detained at the Brisbane Women's Correctional facility for six months, and then the Baxter Detention Centre for four months; at times in solitary confinement for 23 out of 24 hours a day. Australia appeared to sit up and take notice when it was as blonde haired, white skinned, person caught up in the detention system. But certainly, the social movements coupled with particular incidents, did make a difference.

QUESTION 3: "WHAT IS THE EFFECT OF GOVERNMENT POLICY – NOT JUST ON THE ASYLUM SEEKERS THEMSELVES – BUT ON THE WHOLE AUSTRALIAN COMMUNITY?"

We have already discussed the adverse affects of policy upon asylum seekers' mental health. It is worth noting most asylum seekers who were held in immigration detention were found to be legitimate refugees (Brennan, 2003; Burnside, 2008; Edmund Rice Centre, 2002; Mares, 2002b). In fact, boat arrivals from Iraq and Afghanistan who arrived in the late 1990s were almost 100% successful in their claims for refugee status (Crock et al,

2006).

A recent report found that keeping people confined for such long periods of time in offshore facilities such as Nauru and Christmas Island not only has serious detrimental effects on the asylum seekers' mental health, but that it also impacts on Australia in the long run (A Just Australia, 2007). For example, once people are finally released into the Australian community, their prolonged isolation in offshore facilities affects their integration into mainstream society which ultimately incurs higher costs to the Australian public. The offshore facilities also deprive asylum seekers of proper legal representation. Neither the facilities nor the way in which asylum claims are processed are subject to independent scrutiny in offshore facilities (AJA, 2007). All in all, there are immeasurable costs to the asylum seekers trapped within Australia's detention regime.

Also, many of those who spoke to the People's Inquiry into Detention talked about the damage to Australia's reputation by asylum seeker policies (ACHSSW, 2006). They described feelings of shame and grief at the situation of the people held in detention, and guilt when enjoying freedoms not available to asylum seekers. In fact, one Perth study found a significant correlation ($r=.49$) between guilt and support for more lenient government policies regarding asylum seekers (Hartley & Pedersen, 2007). Once advocates met people in detention, many felt they had to become more involved in advocating for them. They also reported that feeling powerless to help asylum seekers had affected their own mental health (ACHSSW 2006). As one advocate said:

The overriding thing is the shame that this is Australia. There's no way of really expressing how hurt we all feel by this happening and our powerlessness to do anything about it. Once you've been into Baxter you have to keep going. There's that obligation. So it takes over your life. It's like nothing else is more important. That obligation keeps you going beyond your burnout and through it and I think you'd have to say that that equals a mental health problem. I have to say that my mental health has suffered. That's a

combination of things - sadness, shame, lack of sleep, anxiety, absolute fear that your friends will be deported and there's nothing you can do (ACHSSW 2006, p. 59).

Surawski et al (under review) examined the stress levels and vicarious trauma experienced by refugee advocates. They found that stress and vicarious trauma levels were very high for advocates with their advocacy impacting on personal and work relationships. The levels of stress are also apparent in the stories of advocates outlined in Mares and Newman (2007).

This is not to say that most advocates regret their action (Surawski et al., under review). Many advocates were politicised through this issue and gained a greater awareness of what was going on, and a more realistic appraisal of what life is like for the marginalised. They were part of a macro movement that attempted to contain the Howard government, and in many respects it did so. On an individual level, advocates realised that people can make a difference. But should this situation have ever come to pass? Surawski et al. found that many advocates were involved in social justice issues previously - in particular, Indigenous issues - and much time was lost from that issue. With Indigenous disadvantage being as bad as it has even been, would the refugee advocates' efforts been better placed there? As noted, Australia receives only a very small number of asylum seekers compared to other countries (e.g., Pakistan). It could well be argued that this 'problem' should never have occurred in the first place. What would happen if all countries in the world took Australia's hard-line stance?

A final point we would like to make is that the policy makes no sense from an economic point of view. Since 2001, the Australian community has paid over \$1 billion to process less than 1,700 asylum seekers in offshore facilities alone (AJA, 2007). Also, to lock away able-bodied and often well-qualified people for many years and then to continue to deny people like Wasim the right to work is to also deny benefits to the community at large.

We are continually told that Australia has a severe skills shortage, but here are people willing and able to exercise their experience and potential but are instead incarcerated in a time-wasting and emotionally damaging environment.

Conclusion

To address community issues such as this one, we would argue that we must examine the situation across all systems and people (from the individual all the way through to Macrosystems). Having said that, there are certainly unequal effects. When looking at how the system affected Australia's role in allowing the treatment of Wasim and others like him, we found that the Macrosystems were far more relevant. That is, structures such as the Howard government were highly influential in causing the damage to Wasim and people like him.

However, when looking at the role of the Australian community in making social change, there was far more influence of almost all ecological levels going from the individual right up to governments and social movements. Yet although the community can – and does - bring about change, the power still resides in the Australian government. The changes that did occur (e.g., the Liberal Rebels' powerful stand on children being released from detention) and the defeat of a Bill designed to ensure all asylum seeker claims were processed offshore were in no small part due to government representatives breaking ranks after consistent lobbying by members of the refugee advocate community. So although advocates had to wait for these things to happen, and rely on the media to report them, without community persistence there would have been nothing. Although there is a limit to what the community can achieve (as we see with Wasim), without their efforts, there would be even less.

Postscript: May, 2008

Approximately one month after submission of this article, Wasim's situation changed. On Thursday 18th October, 2007, in the last few hours remaining of the Howard government before it went into "caretaker" mode (the federal election being announced for six weeks hence), Wasim was granted a removal pending bridging visa. This gives him the right to work and to receive medical and

social security support, but it also means that he cannot travel overseas, and can be deported at any time. He is now working six days a week as a manager of his wife's security doors firm. He is not entitled to obtain another visa unless the Minister for Immigration personally grants one, which he hopes will happen at a later date.

Also since the writing of this article, with the change in federal government in November 2007, the detention centres in Nauru and Manus Island have been closed, and TPVs have been abolished. It is, however, clear that the policy of mandatory detention will remain, and even the Pacific Solution has not been entirely dismantled with islands that are Australian territory still remaining excised for migration purposes. However, given the positive change that has occurred, we hope that the change in government augurs well for both Wasim and asylum seekers more generally.

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Notes

- ¹ Figure 1 and Figure 2 are based on Bronfenbrenner's (1979) framework as conceptualized by Dalton et al. (2007).

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Community involvement among residents of second-order change recovery homes

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The present study investigated the process of second-order change among a group of individuals recovering from substance abuse problems. Data were collected from 56 individuals who were current or past members of Oxford Houses, which are democratically operated recovery homes that have no professional staff and where there is no limit on length of stay. We collected data on individual and house demographics, per week involvement in the community, house involvement in the community, and types of community involvement while residing in the Oxford House. Findings reveal a significant positive relationship between the length of time living in an Oxford House and level of participant involvement in the community. Participants reported multiple factors that increased their community involvement and reported the type of impact that their involvement had on their neighborhoods. Findings from the present study indicate that not only do residents help themselves stay abstinent by living in the Oxford Houses, but residents report that they also make important contributions to their neighborhoods and communities.

Each year, a significant number of individuals re-enter society after substance abuse treatment and yet after treatment many return to former high-risk environments or stressful family situations. Returning to these settings without a network of people to support abstinence increases chances of a relapse (Montgomery, Miller & Tonigan, 1993). As a consequence, substance abuse recidivism following treatment is high, and this is true for both for men and women (Jason, Olson, & Foli, 2008; Jason, Ferrari, Davis, & Olson, 2006). In addition, under modern managed care, private and public sector inpatient substance abuse facilities have reduced their services dramatically. There is a need for alternative models of delivery of services to those with substance abuse, and also to determine their effectiveness and impact on the communities in which they are located.

Traditional treatment approaches might be characterized as involving first order change as the outcomes such as abstinence often do not endure when individuals return to pre-treatment contexts. In this way, first-order interventions can exacerbate the crises they

were originally set out to resolve (Watzlawick Weakland, & Fisch, 1974). In contrast, second-order change is more transformative and involves efforts to influence the individual, his or her social network, and all other components of the environment that can contribute positively to a particular problem like substance abuse. If individuals with substance abuse finish brief detoxification or treatment programs and return to the same environments that contributed to their substance abuse, and if appropriate environmental supports for their recovery are not available, the probabilities of relapse are high. Much of the funding in the addictions field is unfortunately invested in these types of first-order interventions. Clearly, more research needs to be directed at understanding approaches that might lead to more permanent and comprehensive forms of substance abuse treatment outcomes (Olson, Jason, d'Arlach, Ferrari, Alvarez, Davis, et al., 2002).

According to the transtheoretical model (Prochaska, Johnson, & Lee, 1998), social liberation involves a therapeutic focus

moving away from one's own problems to a broader awareness of the social issues that surround the challenge (Olson, Jason, Ferrari, & Hutcheson, 2005). As one example of social liberation, emphasis is placed on helping others who are facing similar problems, and this emphasis both contributes to the well being of the individual helping as well others. For example, living in a recovery home and working with neighborhoods on a block crime reduction program allows the individuals in recovery to feel like they are contributing to the larger good of their community. Social and community interventions with these types of features might be better able to promote second-order change.

The Oxford House Model

One form of aftercare recovery that might promote this type of structural change is the Oxford House model. The Oxford House is a recovery home that offers a sober environment for individuals recovering from alcohol and/or substance abuse. Oxford Houses are run in a democratic fashion with members of the house (typically 7 to 12 individuals) holding elected positions and making decisions on a majority-rule basis (Oxford House Manual, 2004). This direct responsibility includes holding an official position in the house (President, Secretary, Chore Coordinator, etc.), helping to maintain the house by performing weekly chores, consistently paying their portion of the house rent, and maintaining an environment that is conducive to recovery. Unlike many treatment programs, the Oxford House does not staff professionals to facilitate recovery. Rather, the members of each house are responsible for promoting sobriety and, if necessary, expelling house members who relapse or do not comply with house rules. The Oxford House is also self supporting, as each house member is responsible for his or her portion of the house rent and expenses. There are no time limits for how long residents can stay in Oxford Houses, and this also is in contrast with most treatment programs and halfway houses that have limits on how long individuals can stay within those programs. The Oxford House might create a type of second-order change for individuals in recovery, where those in recovery are taking

direct responsibility for their sobriety.

In 1988, a loan fund was established under the United States Anti-Drug Abuse Act to enable Oxford Houses to borrow money from the federal government, up to \$4,000 per house, for initial resources including rent and security deposit (P.Malloy, personal communication, June 30, 2005). This fund has helped the Oxford House organization to grow rapidly from a single Maryland house in 1975 to over 1,300 houses in 40 states within the United States. Over 9,500 individuals currently live in Oxford Houses across the US. A number of Oxford Houses have now opened in and around Melbourne, Australia. Ferrari, Jason, Blake, Davis, and Olson (2006) compared 55 Oxford Houses in the United States to six Oxford Houses in Australia and they found that the houses were established in safe areas where community resources were accessible.

In partnership with Oxford House: An action research approach

The work that the authors have conducted with Oxford House typifies an action research perspective, one focusing on developing practical knowledge on issues of pressing concern using participatory processes (Reason & Bradbury, 2001). In 1991, the first author saw Paul Molloy, the founder of Oxford Houses, on a television news broadcast in the United States called *60 Minutes*. Intrigued by the description of these houses, he contacted Mr. Molloy and out of that initial conversation grew a long-term collaborative partnership between a university-based research team and a grassroots community-based organization. Mr. Molloy was enthusiastic about the first author's interest in examining Oxford House, and he felt that having an independent program evaluator would be integral to providing credibility to the program.

Shortly after the first author contacted Mr. Molloy, Oxford House decided to establish Oxford Houses in the Midwest. In 1992, the first Oxford House representative, named Bill, was sent from Oxford House, Inc. to Chicago in order to begin the establishment of Oxford Houses in Illinois. Although the Illinois Department of Alcohol and Substance Abuse (DASA) had awarded money from the state's revolving fund to support the opening of the

first house, there were funding complications at DASA that left the representative without necessary housing and financial support. Somewhat discouraged, Bill found temporary lodging at a local shelter where consequently he was robbed of all his personal belongings. Frustrated and dejected, he was on the verge of leaving Chicago and abandoning his task all together. Congruent with an action-oriented agenda, our research team provided Bill with free accommodations, first at the home of one of the members of the research team and then at the DePaul University priests' residence, so Bill could proceed with his venture. For several months, we also provided him with office space, a telephone, and other resources to facilitate his efforts. Because of this joint effort, Bill was able to successfully establish the first Oxford House home in Illinois. The home was located near the university and graciously named the "DePaul House."

Over the next 7 years, the DePaul University research team conducted pilot studies and continued collaborative work with the local and national organization. As an example, we jointly wrote a grant proposal to a local foundation to provide funds to hire a recruiter to open two Oxford House homes for women and children in the area. The funded grant was jointly administered by both the DePaul University research team and the Illinois Oxford House organization. DePaul researchers also talked to reporters when members of the press wrote articles about Oxford House. Finally, the research team supplied some of their preliminary research findings to the Oxford House organization during a Supreme Court lawsuit against an Oxford House home in the state of Washington. The suit, based on a zoning law that prohibited more than five unrelated people from living in one dwelling, was representative of some communities' unwillingness to support Oxford House for fear of reducing their property values. Fortunately, the suit against Oxford House was defeated, and the positive precedent the case set has had an important impact on other Oxford Houses, similar residences, and other halfway houses.

During this time, a team of researchers at DePaul University began seeking federal

external funding to support larger and more sophisticated research studies on the process of communal living within Oxford House. The research team submitted multiple federal proposals, but members of a scientific review committee recommended that our team needed to evaluate the effectiveness of Oxford House through a randomized outcome study. The research team was hesitant to advance a methodology that could potentially upset the natural process of self-selection that occurs within Oxford House. That is, members of each Oxford House interview, discuss, and vote on whether an applicant should be admitted as a resident in their house. This democratic process is an important cornerstone to the Oxford House approach to recovery, and the researchers did not want to disrupt that process; as doing so would fundamentally change the structure of how Oxford House operates.

When this dilemma was presented to Mr. Molloy, he said he would support a random assignment design. After extensive discussion between DePaul University and the Oxford House organization on the strengths and possible difficulties with adopting this design, we finally developed a protocol that accommodated random assignment within Oxford House's democratic system of selection. In the proposed study, individuals finishing substance abuse treatment would be randomly assigned to either an Oxford House or usual aftercare, with follow-up assessments at two years. After years of continued effort to obtain external funding, DePaul researchers finally secured their first Oxford House focused National Institutes of Health (NIH) grant. We later learned that in the late 1980s, another independent research group had approached Mr. Molloy with a request to do a randomized outcome study of Oxford Houses. Mr. Molloy had refused this request, as he had no established relationship with the investigators. Certainly, having a prior collaborative relationship with Oxford House helped the DePaul researchers gain the approval of Mr. Molloy, who was able to provide the organizational support and technical expertise for a rigorous outcome study.

Findings from the NIH funded empirical evaluations by the DePaul University research

team of the Oxford House have recently been reported. In the randomized study that occurred in Illinois, Jason, Olson, Ferrari, and Lo Sasso (2006) assigned 150 individuals discharged from short term substance abuse treatment randomly to either an Oxford House or "usual care," which consisted of customary aftercare services. At the 24 month follow up, those assigned to the Oxford House condition had lower substance use (31.3% vs. 64.8%), higher monthly income (\$989.40 vs. \$440.00), and lower incarceration rates (3% vs. 9%). In a second NIH funded evaluation of Oxford House, Jason, Davis, and Ferrari, and Anderson (2007) followed a national sample of 897 Oxford House residents, and found that after 12 months in the house, substance use was relatively low, income was significantly higher, and that receiving support from other residents significantly increased self-efficacy and reduced the probability of relapse. By involving participants in the design of both of these research projects, by actively discussing the topics to be evaluated and the methods to collect data, the researchers gained a greater appreciation of the culture and unique needs of the community. In addition, the researchers close association with the Oxford House organization facilitated their efforts to obtain funding at NIH.

Recovery houses and community involvement

Although the Oxford House organization has positively affected the outcomes of the residents of these homes, it was unclear whether these homes had other effects at the local and neighborhood level. As an example of this work with other organizations, Zemore and Kaskutas (2004) studied community involvement among recovering alcoholics/drug abusers. Zemore and Kaskutas distinguished between recovery related helping of other alcoholic/substance abusers and non-recovery related helping in the neighborhood and community (e.g., raking leaves, volunteering at a health fair). Many early recovery efforts focus on recovery related areas---helping peers in recovery as 12 step work and only in later recovery do efforts extend to the community such as volunteering with civic groups.

Our research team and the Oxford House

central organization were frequently asked by policy officials, media, and community members from towns where Oxford Houses were being introduced what were the effects of Oxford Houses on the surrounding communities. As one way to approach this issue, the Oxford House organization, as well as our research team were most interested in collecting information to document the level of resident participation in their neighborhoods and communities. The present study explored whether the enduring second-order change that occurs among Oxford House residents has ripple effects on their participation in their neighborhood activities. Areas of focus of the present study include determining the types of neighborhood involvement Oxford House residents participate in and measuring factors that lead to neighborhood involvement. Anecdotally, we had been informed that those with longer stays in Oxford Houses began to become more active in giving back to their communities. We wanted to explore this hypothesis, so we investigated whether increased length of time within an Oxford House would be associated with increased residents' neighborhood involvement.

Method

Participant recruitment

On October 13th to 16th, 2005, Oxford House Inc. held their annual Oxford House World Convention in Alexandria, Virginia, United States. The annual convention provides an opportunity for Oxford House residents and others associated with the Oxford House (leadership, alumni, family, etc.) to hold elections, attend presentations, reflect on recovery, and attend social events. Fifty-six participants of the convention took part in this investigation by completing the Neighborhood Involvement Survey (see below). There were about 300 individuals who attended this conference. Twenty-four of the participants who completed this survey attended a presentation led by researchers from DePaul University and were asked to complete the measure. The other 32 participants were a convenience sample recruited throughout the convention within common areas of the convention location.

Action research methods

In the present study, the members of the DePaul research team were active participants in the research process rather than objective observers. In addition, the action research was collaborative and participatory, as the hypotheses and methods were developed in collaboration with the participants. According to Reason and Bradbury (2001), action research should enhance actionability, have practical value, employ adequate methods, and be sustainable. We believe that this type of research has a greater chance of ultimately producing positive desirable changes for the key stakeholders.

We involved key stakeholders at an early stage, and throughout our collaboration, we wanted to be sure that all parties felt engaged and that the issues being explored were of importance. As indicated in the introduction, Mr. Molloy was initially interested in determining whether Oxford House was successful in helping residents maintain their abstinence over time. Our collaborative studies reviewed in the introduction were able to clarify this goal, and those studies indicated that the Oxford House approach was extremely effective in promoting abstinence over time. As we discussed these findings, other issues needing attention emerged, such as whether or not an Oxford House had an effect on the larger community.

This question had practical value, as Mr. Molloy and his attorneys frequently have to deal with town officials that bring law suits against his organization in an attempt to stop Oxford Houses from being located in residential communities. Mr. Molloy and the Oxford House organization were most interested in finding out whether the Oxford Houses contributed positively to their neighborhoods, and if so how. The answers to these types of questions were of extreme interest to both the Oxford House organization and the DePaul University research team. If we found that the Oxford House members were positive contributing members of their neighborhoods, these findings could have practical outcomes in providing towns and neighborhood groups this type of information, thus increasing the chances that towns would

be more willing to accept the opening of these houses in neighborhoods.

It was also of importance to develop adequate methods to investigate the community impact. The authors initially spent months talking to residents of Oxford Houses and hearing their stories about their involvement in their communities. It was only after the DePaul University research team and the Oxford House residents had a very clear idea of what types of questions might best tap the experiences of community involvement that an instrument was constructed. The particular items were mutually generated and the Oxford House community provided constant feedback and reflection. It was also ultimately decided to employ both qualitative and quantitative ways of gathering information, and to collect the data in person at the annual Oxford House conference rather than more impersonally over the telephone.

Finally, action research also needs sustainability, and at the outset we developed an infrastructure to involve stakeholders. Our infrastructure is somewhat informal, but it did involve regular meetings, phone calls, and planning sessions, where the DePaul University research team and members of the Oxford House organization discussed goals, methods, and collaborative projects. This infrastructure has allowed our collaborative work to continue for the past 15 years, and the current study is one example of this process. As another example, each year the DePaul University research team presents findings at the Oxford House World conference and solicits suggestions among members for issues needing exploration. At one prior conference, an Oxford House resident approached the first author and stated that it would be very important to assess the issue of tolerance, as living in a house with individuals of different races, sexual orientations, and economic backgrounds might lead residents to become more tolerant over time, and if this occurred, it might be an outcome as important as any changes in substance abuse. This question was brought back to the research team and became the basis for a current collaborative research effort investigating changes in tolerance over time among the residents. As another example, the lawyers working for the Oxford House

organization recently approached our research team with a question involving whether Oxford Houses with seven or fewer members are as successful as those with larger numbers. Several towns have recently developed ordinances to preclude a certain number of non-related members of a household, and the Oxford House organization is challenging these ordinances. We have recently written expert opinions arguing that larger households (8 to 15 residents) are more successful (i.e., in terms of abstinence outcomes, maintaining the solvency of the homes, etc.) than smaller households (7 or fewer), and such data could have important implications for ongoing court cases.

Materials

The Neighborhood Involvement Survey consists of 19 items and it was developed to measure neighborhood involvement among Oxford House residents. This is primarily a quantitative instrument which involved residents in the development of questions. The data gathered from the open-ended questions are qualitative. All items and issues were discussed and developed with members of the Oxford House organization and the DePaul University research team. Four items were related to individual level demographics, four pertained to house level demographics, three focused on community involvement, one involved number of hours worked in a typical week, and one requested information about a specific anti-drug movement. One item inquired twenty-two various community activities and allowed participants to check those activities in which they were involved. It also gave participants a chance to indicate other types of involvement that were not one of the 22 listed. The list of activities was also cross checked with Kurtz and Fisher's (2003) "Kinds of Community service mentioned by AA and NA respondents."

The remaining five items were open-ended questions that allowed participants to share their perspectives on issues around community involvement, including: What do you feel are the biggest problems in your community? Do you think living in the Oxford House increased your likelihood of involvement in your neighborhood? If you

answered "Yes," how do you think that living in an Oxford House increased your neighborhood involvement? What motivated you to initially get involved in the community? What do you think is the biggest challenge to getting involved in the community? Of all your community involvement, which are you most proud of and why? How did this change the community?

Data analysis procedure

Quantitative data including individual and house demographics, per week involvement in the community, house involvement in the community, and types of community involvement while residing in the Oxford House, were analyzed using SPSS 11.0. Atlas.ti was used to categorize responses to the five open-ended questions that participants answered at the end of the survey.

Results

Of the 56 respondents, 66% were men and 34% women. The age of the participants ranged from 19 years old to 69 years old, with a mean age of 40.7 years. Of the participants who reported their ethnicity, 72.2% reported being White, while 20.37% were African American, 5.6% were multi-racial, and 1.9% were Hispanic or Latino. Forty-four of the participants were current Oxford House members (77.2%), while one was a member of an alumni Oxford House, ten were alumni not living in an Oxford House, and one individual did not report his or her house status.

While the participants who completed the survey represented various individual level demographics, they also represented house-level diversity. Sixteen participants resided in eastern states, 16 participants resided in Western states, 13 in Midwestern states, ten in Southern states, and one participant did not report his or her state of residence. The majority of participants, 51.8%, reported that their Oxford House was located in a suburban setting, while 35.7% reported an urban setting.

Amount and Type of Community Involvement

When asked about individual level involvement in the community, on a scale of one to five (1 = not involved, 3 = somewhat involved, and 5 = very involved), the mean response was 2.9. Each participant also reported perceptions of his or her Oxford House's level

of community involvement as 2.6.

Participants reported participating in the community about 10.6 hours per month. Participants also reported the activities in which they were typically involved. Among the 56 participants, the majority of participants were involved in activities around their recovery. Sixty-three percent were involved in mentoring others in recovery. Forty-four percent of the sample was involved in administering and running support groups. Neighborhood involvement around recovery also came in the form of educating the community; 56% were involved in educating the community about the Oxford House, while 36% were involved in educating the community on recovery in general.

Involvement around recovery also included involvement in large community initiatives, as 39% of participants reported involvement in informing or advising agencies or local leaders and 32% reported involvement in community anti-drug campaigns. For some, this involvement also included speaking at political events (16%), and attending community meetings (30%), and public hearings and forums (21%). Other general community activities reported by participants included working with youth (32%), fundraising (30%), and volunteering time with community organizations (23%).

Length of house status and housemate influence on community involvement

Correlations were used to determine the relationship between factors occurring in the house and participants' involvement in the community. Among Oxford House Members and Alumni House Members, there was a significant positive correlation between the length of time living in an Oxford House and participant involvement in the community ($\rho = 0.32, N = 49, p = .03$). Among Oxford House Members and Alumni House Members, there was a significant correlation between number of housemates involved in the community and participant involvement ($\rho = .67, N = 31, p < .001$).

Linear regressions were computed that had participant involvement as a criterion variable and length of current Oxford House status as the predictor. In this regression, only

current house members and alumni house members were included ($n = 45$). This model explained 15.2% of the variance [$F(1,28) = 5.00, p < .33$]. In a second model with only current members or alumni house members, participant involvement again served as a dependent variable, and with number of housemates involved in the community and length of current Oxford House residency as predictor variables, 44.1% of the variance was explained [$F(2,27) = 10.64, p < .001$].

Factors that increased community involvement

When asked, "Do you think living in the Oxford House increased your likelihood of involvement in your neighborhood," 48 of 57 participants answered, "yes." On a follow up question, asking, "How do you think living in an Oxford house increased your neighborhood involvement," participants listed many different reasons.

Seven of 48 participants said that the Oxford House helped them become more aware of the need for community involvement. The following quotations reflect this category: "Made me more aware of community issues, social issues," "By making me more aware of giving back to Oxford House and the community at large," and "Informed of what is within the community conscious."

Six of 48 participants cited increased responsibility as a factor that promoted their neighborhood involvement, by saying: "By teaching me how to be a responsible neighbor and participating in the neighborhood," "Gave me a sense of responsibility and self-worth, as well as gratitude," and "Commitment to myself and others."

Five of the 48 participants reported that it was the Oxford House culture/traditions that increased their neighborhood involvement. Participants wrote the following: "The model encourages involvement," "That being involved can promote the growth of Oxford house as a whole and I am willing to do that any way possible," and "News, house members."

While awareness, increased responsibility, and Oxford House culture/traditions were most cited as how the Oxford House increased neighborhood involvement, participants also cited that Oxford House gave them a more formal role and support for

community involvement (4 participants), an increased perspective and empathy for others (4 participants), and the opportunity to meet and talk to diverse people, a factor that increases neighborhood involvement.

Impact on the neighborhood

Participants were asked to consider all their forms of neighborhood involvement, and to list which ones they were most proud of and why. As a follow up to this question, participants were asked how they felt this involvement changed the neighborhood. One of the changes noted by participants was around the decrease in drug abuse for themselves and others, as well as the decrease in crime, as 4 of the 22 participants noted. Examples included: "Starting Oxford Houses and forming chapters...More people in recovery," [Helping others] get sober...Less crime," and "[Leading] NA and AA meetings...Helping us stay clean."

The second theme that emerged was around the impact neighborhood involvement had on youth, which 4 of 22 participants noted. Several participants wrote the following: "Addressing the youth...[It] is helping by giving the youth options to drugs and gangs," "Working at a local youth shelter...showing the teens that not all men are mean and abusive; and some are in fact, loving," and "School fundraisers...it helped the children want more for the area around them."

While reducing drugs/crime and helping youth were cited most frequently, other categories that emerged were neighborhood involvement making the community a better place to live (2 participants), involvement improving housing/transportation (1 participant), and involvement raising money for educational funding (1 participant).

Discussion

As millions of individuals exit treatment programs each year and re-enter community life, successful re-entry into the community becomes an issue for entire communities. Findings from the present study indicate that not only do residents help themselves stay abstinent by living in the Oxford Houses, but that residents report making important contributions to their neighborhoods and communities. The significant positive

relationship between length of time living in an Oxford House and level of involvement in the community suggests the importance of time in the process of change. According to the transtheoretical model of change, social liberation focuses moving away from one's own challenges to a broader awareness of the social issues that surround the challenge. Others including Freire (1998) and Watts, Williams, and Jagers (2003) have also extensively written about this social liberation process. While the process of social liberation may begin in traditional forms of treatment that are often limited to 30 days or less, true second-order change and social liberation strengthens with time. Most of the community involvement that the participants reported suggests the social liberation process occurring on multiple levels. On the individual level, social liberation occurred in the form of mentoring others in recovery; on the organizational level, it occurred in the form of helping other entities run and administer support groups; and on the community level, it occurred in the form of educating the community on recovery in general.

While time is a crucial factor for second-order change and social liberation to occur, the findings of the present study also suggest the important roles that housemates played in bringing about change and liberation. As the number of housemates involved in the community increased, participant involvement in the community also increased. Participants cited both internal changes that occurred while living in the Oxford House, which subsequently increased their community involvement (i.e., being more aware, gaining an increased sense of responsibility, and gaining an increased sense of empathy), as well as external changes that contributed to increases in community involvement (i.e., exposure to the Oxford House cultures and traditions, a role and support for community involvement, and the chance to meet and talk to diverse people). While these changes that lead to community involvement may begin in treatment, they seem to come to fruition upon reintegration within a positive and supportive community.

The present study identifies some of the important factors that contribute to second-

order change and social liberation among individuals in recovery at Oxford House. It is important to understand this on a deeper level and future research might explore type of helping more specifically, as well as tracking the community involvement of participants over time. In addition, future research on second-order change and social liberation among those in recovery should also include the perspectives of non-recovering community members for a better understanding of how change and social liberation take place throughout communities, and preliminary data indicate that neighbors of Oxford Houses feel very positive about these recovery homes (Jason, Roberts, & Olson, 2005).

Limitations

There are several limitations in this study. Sample bias is an issue as only those Oxford House residents who attended the conference were eligible. Therefore, generalization of the findings cannot be attributed to the overall population of Oxford House residents. It is certainly possible that the participants who chose to participate in the study might have been more involved than residents who do not attend these types of conferences. It is also possible that the content and/or title of the presentation may have influenced the sample and how they responded to the questionnaire. The quantitative portion of the study had a small sample size, and future studies should include larger samples. In addition, there is a need to use a scale indicating extent of involvement to provide more data. Variables that might potentially be important but were not measured include civic engagement and occupation prior to treatment. Finally, it is important to confirm the self reports of contributions of Oxford House members to their communities by interviewing neighbors or others who are independent of the Oxford House organization.

Conclusions

Over the course of 15 years, the relationship between the DePaul University research team and Mr. Molloy has developed into a long-term collaborative partnership. Kelly (1990) considers this type of collaborative endeavor a discovery process as community partners and researchers work

together to define the intervention and assessment activity. The DePaul research team has successfully collaborated with Oxford House over the years, and has developed some important guidelines that have helped this partnership succeed. Some of these guidelines include building trust, sharing resources, and focusing on community strengths rather than weaknesses. Over the years of collaborative interaction, the research team has welcomed the expertise of the citizen recruiters and made many substantial revisions based upon their opinions. One of our original study proposals, for example, stipulated that interviews to Oxford House members across the country would be conducted via telephone. However, based on feedback from members of Oxford House, we were informed that residents were more willing to participate and would respond more openly to personal methods of data collection. Our research team then revised the proposed methodology and instead collected the data in person. The Oxford House members also constantly helped us think about ways of sensitizing the interviews. We simplified questions when collecting these data, and it was apparent that small changes helped us obtain data that was not compromised by jargon used by researchers. Actively involving the Oxford House members in the implementation of the study also helped them feel a central part of the collaborative research process (Davis, Olson, Jason, Alvarez, & Ferrari, 2006).

Citizen participation might enhance ways of understanding a variety of community problems (Jason et al., 2003), such as the social problems of drug and alcohol addiction. The Oxford House organization has developed an innovative and inexpensive way to deal with the high rates of recidivism following treatment. Oxford House represents a promising citizen initiated innovation involving community living that offers an empowerment orientation and findings from the present study suggest that his approach may have an enduring positive influence at the local level.

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A place-based approach to supporting low-income minority children and their families: Including children with disabilities

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A place-based intervention, The Family Support Project, was designed to assist local community based programs in a Mid-Atlantic city of the United States to become more responsive to the needs of low income, minority children and families, and include families of children with disabilities. Informed by a local needs assessment, several goals were established. These included a): increasing awareness of disabilities and services by providing learning opportunity sessions for families and staff, b) addressing attitudinal barriers to inclusion with outreach activities to youth through interactive theater; c) developing in-house local "disability specialists" to offer ongoing leadership and technical expertise for neighborhood based centers, along with developing a local support system and network of technical consultants in order to connect families with broader community and statewide specialized resources. Results of a formative evaluation indicated that the success of the project depended in part upon building partnerships with families and programs within local communities, and extending these partnerships to human service agencies and schools in the broader community and state. Challenges to implementation and lessons learned were discussed.

Place-based programs can provide important resources for minority children and families in low-income, urban communities where there are often insufficient recreational, prosocial, and educational opportunities available (McLaughlin, Irby, & Langman, 1994). However, local neighborhood based, nonprofit programs for children and youth in low-income urban communities are often challenged in fulfilling their missions to help children and families because of limited funding and resources (Halpern, 1999). Also, their personnel, while highly dedicated, frequently have insufficient training in developmental and educational concerns of children and youth, particularly in regard to children with disabilities (Scholl, Smith, & Davison, 2005). Staff skills in effectively communicating with parents, school, and state agency personnel may be under-developed as well.

Services in low income communities are also disadvantaged by policy makers who view poor communities as having uniformly the same needs and problems. Such generalizations contribute to the marginalization of families in poverty. Policy makers look for unitary solutions with

undifferentiated services (Tropman, 1998). Poor minority communities, however, are typically quite diverse, with families having complex, multiple needs as well as numerous strengths. Within one city, some neighborhoods are devastated by drug trafficking, while in adjacent neighborhoods, pastors of storefront churches continue to provide outreach and services to the community, and local leaders commit their energies to keep afloat youth development activities and a sense of community (McLaughlin, Irby, & Langman, 1994; Unger, Cuevas, & Woolfolk, 2007). In a study of low income African American families, Burton and Clark (2005) describe the high value that many mothers place on having an attachment to place. These mothers tended to live in the same neighborhoods in which they grew up and had extended family. Their sense of cultural identity and self-esteem were in part intertwined with their "homeplace" (Burton & Clark, 2005). Service delivery approaches are needed that reflect the unique conditions of each neighborhood and their residents rather than "a one-size-fits-all cookie cutter approach" (Mulroy, 2000, p. 38).

While policies of state-level public agencies are typically not structured to focus

upon the welfare of any particular local community, place-based programs can be dedicated to improving a specific neighborhood. Such local community based programs typically have greater flexibility to respond to changing needs, and they can take on an advocacy role for neighborhood residents (Mulroy, 2000). Minority families are more likely to trust and turn to service providers that have had a clear long term positive presence in their community. In the history of these organizations, residents have witnessed and benefitted from the public commitment to, and mutual respect for, the beliefs, values, and shared vision for equality and empowerment of disadvantaged children and their families.

Place-based interventions are also uniquely positioned to identify and address special needs in a low-income community. An often overlooked need is support for children with disabilities and their families (Turnbull & Ruef, 1997). While parents of children with disabilities face daily, unrelenting stressors associated with caregiving, they typically have few options for accessing support. Instead, parents find themselves marginalized and isolated in their communities (Fox, Vaugh, Wyatte, & Dunloap, 2002). Intentional (e.g., prejudice) and unintentional attitudes (e.g., lack of knowledge and inflexibility), along with inadequate accessibility limit the involvement of children with disabilities in their communities (Pivik, McComas, & LaFlamme, 2002). At the same time, parents of these children want and need quality, accessible support systems near their homes (Park, Turnbull, & Turnbull, 2002; Turnbull & Ruef, 1997).

This article describes a demonstration project that was designed to help families and neighborhood place-based programs in an urban community to meet the needs of all children and youth, including those with and without disabilities. A needs assessment was conducted in a Mid-Atlantic city of the United States and the Family Support Project was developed and implemented in response to the unmet needs of minority children and youth and their families. A pragmatic, formative evaluation informed the implementation of the

project.

Needs Assessment

The unmet needs of children and families were identified through a community needs assessment conducted during 2001-2002. Focused interviews were conducted with Executive Directors of six community centers in the city. Sample questions included: "What services does your program provide? What types of clients do you serve? What kind of outreach efforts, if any, has your agency made to persons with disabilities? Is the agency accessible to persons with disabilities? What types of supports are provided to families? What kinds of training, if any, have you received regarding disabilities?"

Interviews were also completed with representatives from nonprofit human service agencies, the Mayor's office, and state social service and public health agencies (e.g., Developmental Disability Services, Division of Family Services, Division of Aging Services, Part C Birth to Three Services). Examples of questions included: "What keeps underserved families from seeking services? Does your staff have the disability information they need to work with families who have members with disabilities? How can this project assist your agency to serve families more effectively? If we offer training, what training would you like?" Interviews were taped and later transcribed. Comments were reviewed for categories, with the following themes emerging: barriers to accessing services, lack of information and disability awareness, needs and gaps in services, and training for staff. Subcategories were then identified, (e.g., lack of family support, frustration with schools).

In addition, one-session information meetings were held at community centers, head start and day care centers, churches, and boys and girls clubs. Family members were encouraged to attend to learn about family support services and to share their concerns. The sessions were conducted by an African American staff member and included information on how to access services, different approaches for dealing with difficulties with service providers, strategies for partnering with service providers, recognizing children's typical developmental milestones, and potential signs

of developmental delays. During these sessions, parents and family members were asked about the types of problems they were experiencing with parenting and accessing needed services. Notes were recorded after the sessions and then entered into a Filemaker Pro database so the information could be integrated with findings from other sources.

Lastly, the presence of specific needs was inferred and/or summarized from recent prior assessments completed by a local private foundation (DeSantis, 1999), local human services experts (Aghazadian, 2001; Brooks, 2001), a state developmental disabilities council and related agency (Children with Special Needs, 2001; Community Systems and Services, Inc., 1996), Kids Count (2001) supported by the Anne E. Casey Foundation, and a local University researcher (Ratledge, 1999).

One primary finding of the needs assessment was that low-income minority parents lacked the support and information to help them effectively advocate for quality services for their children in their communities and schools. They did not tend to join large community wide or statewide parent or advocacy organizations. Instead, they wanted information and support from persons they knew and that they could trust and/or represented organizations that had trust and respect within their local communities. Historically, for example, many low-income African American parents have expressed concerns about their children being misdiagnosed, provided with inappropriate mental health services, and segregated into special education programs by professionals of the majority, white community (Harry, 1992). The families participating in our needs assessment were looking for culturally competent support provided by persons from their communities, who worked in local community settings, and had a mature understanding of the culture of their communities.

We also found that parents of children with disabilities were especially lacking in local support systems to help them manage the stressors associated with caring for children with disabilities. Children with disabilities and

their families experience a world with many challenges including physical barriers, social exclusion, bullying, and attitudinal barriers such as a lack of awareness or knowledge on the part of "typical" individuals (Pivak, et al., 2002). Parents were unaware of information and resources that could help them advocate in various school and community settings for developmentally appropriate supports and accommodations for their children with disabilities.

Secondly, parents of children with disabilities felt there was inadequate availability of after school programs for their children in their neighborhoods, and of those that did exist, they expressed great frustration and dissatisfaction with the quality of services offered. They believed that after-school program activities close to their homes could provide their children with especially meaningful and needed sources of support. However, existing programs in their local neighborhoods were most often staffed by paraprofessionals, part time employees, and young adults who had limited training. Frequently absent was an understanding of learning disabilities, the educational rights of children, and accommodations that could help children succeed. Lack of information was also evidenced by inaccurate beliefs about disabilities. Many staff thought only of disabilities in terms of physical mobility limitations, or severe mental retardation or illness. Some staff questioned the wisdom of inclusion. Even with both legislative and empirical support for the inclusion of children with disabilities into community based child care programs (Moon, 1994; Moon et al., 1994), many were reluctant. Typical within these local community agencies, staff erroneously believed that inclusion required extensive financial resources and/or numerous staff to provide services to children with disabilities (Scholl, et al., 2005).

A third finding of the local needs assessment was that families of youth with disabilities did not perceive "generic" human service agencies (i.e., nonprofit and state agencies not exclusively serving those with disabilities) as adequately prepared to meet their needs. In fact, these generic human service

agencies were often overwhelmed with the prospect of understanding and working with the service delivery system for children with disabilities because the system was so fragmented and difficult to navigate. For instance, in the Mid-Atlantic state where the project was implemented, services for individuals and family members were offered across three state departments and within eight divisions.

Families also experienced frustration with disability and early intervention programs. These service providers often seemed unfamiliar with the resources available in the local community to address child and family concerns that were not specific to a child's disability (e.g., marital conflict, child mental health, child care availability, housing). Hallam, Rous, and Grove (2005) suggest that provider lack of knowledge of community resources may partially be attributed to the variability in the training and professional backgrounds (e.g., nursing, human services, education) of the diverse workforce that provides services to children with disabilities. Further, there are insufficient training opportunities to facilitate service coordination with local community resources (Harbin et al., 2004).

Based upon our assessment, we concluded that there was a need for local neighborhood place-based support for children, youth, and their parents, with a special emphasis on families of children with disabilities. While there was an existing infrastructure of neighborhood based nonprofit organizations in the city, service providers needed to understand and be equipped to help children with many different types of abilities and disabilities. With adequate training, staff could offer more diversity and choices in programming to meet a wider range of children's needs. Moreover, the staff of such programs could learn how to collaborate with schools and state and community wide social service agencies that had more specialized expertise and resources. This could provide families with greater access to services for children and youth with and without disabilities. Parents would learn effective ways to navigate social service delivery systems

beyond their local communities. Lastly, we concluded that parents, youth, and staff needed assistance understanding the value of inclusion and creating a local community atmosphere that was more accepting and welcoming of children with varying abilities and disabilities. Through inclusion, children and adults without disabilities could learn to value diversity and the strengths that each child brought to a program (Fink, 2000; Peck, Staub, Gallucci, & Schwartz, 2004; Scholl, Dieser, & Davison, 2005). Children with disabilities could also receive benefits of inclusion such as having more peer models, increased social skills, and greater opportunities to develop interests, skills, and friendships (Downing & Eichinger, 2002).

Implementing the Family Support Project

Following the identification of needs in the previous stage, the Family Support Project was subsequently developed and implemented in 2002-2004 with the collaboration of several existing local community-based nonprofit organizations in one city. Community centers were longstanding institutions in their communities. They provided services and programs (e.g., child care; after school care; mentoring; and housing counseling and development) as well as leadership, support and advocacy in a comprehensive approach to enhancing community and economic development. The Family Support Project had three components. First, increased awareness and understanding about disabilities was accomplished through outreach to families, with and without family members with disabilities. After-school and human service staff at the community centers were also included in these disability awareness activities. Second, outreach to youth to increase awareness of disabilities and address attitudinal barriers occurred through an arts and theater project. Third, staff working in community centers in low-income communities were recruited and trained to become "Disability Specialists" for staff, parents, and children in their local communities. In addition, a support network was created between the Disability Specialists and with providers in the broader community in order to connect families and local staff with statewide specialized resources. This project received funding from grants from the U.S.

Administration on Developmental Disabilities, Department of Health and Human Services, and a statewide Developmental Disabilities Council. The components of the project are explained in more detail below.

Learning Opportunities outreach sessions.

To reach out to families of youth with and without disabilities, "Learning Opportunity" sessions were held. These Learning Opportunity sessions focused on understanding children with disabilities and their families, as well as supporting and empowering all families. The sessions were designed to increase understanding of disabilities and related family support and developmental issues, along with awareness of community resources available to address youth and family support needs. Through these family sessions, parents' questions, myths, and concerns were addressed. Attendees had opportunities to practice positive vocabulary and behaviors that help to bring dignity and respect to people with disabilities by identifying stereotypes about people with disabilities, rephrasing and updating terms traditionally used to refer to individuals with disabilities, and demonstrating different ways to interact effectively with people who have disabilities.

Learning Opportunity sessions were also held for staff at the nonprofit local, community programs. In addition to the goals included in the family sessions, staff were expected to learn about specific types of disabilities, and to learn ways to help family members prepare themselves to more effectively seek services and to advocate for needed services. An important feature of the implementation of all Learning Opportunity sessions was that they were co-lead with at least one facilitator being a family member with a disability. Parents with family members with a disability were recruited prior to the delivery of the Learning Opportunity Sessions, and received a separate training.

Interactive youth theatre.

It was important to reach out to not only parents and staff in the local programs, but also youth who attended the local

community center programs, both children with and without disabilities. An art and theater project was developed as a vehicle for increasing awareness of disabilities and inclusion. Youth with disabilities were recruited from local community programs and a local vocational/technical high school to design and then present the project to other youth.

An interactive theater approach, referred to as Forum Theater (Boal, 1992), was chosen because it encouraged audience members with and without disabilities to become part of the presentation, to build upon the strengths and input of youth, and use concerns identified by the youth to direct the course and outcomes of the project. Forum Theater is a drama method that allows the actors of a production along with the audience to jointly explore unjust issues in their communities and then try to find productive solutions. Skits are created by the actors that address social issues relevant to the target audience (e.g., a child with a disability being bullied by his peers). When members of the audience witness these scenarios, they are able to respond to or invent new ways of playing out that scene. In collaboration with actors, audience members create more just and empowering scenarios. As a result of the project, youth learned what disabilities were, and what it meant to live with specific disabilities. Moreover, issues of inclusion and exclusion were discussed along with how power dynamics affected society and youth. Youth learned communication skills and expressive techniques without having any prior experience in performing arts. Lastly, techniques for mentoring and working with youth and younger children were discussed so that the presenters would have skills to deal with topics as they arose during the course of presentations.

Disability Specialists and connections to broader community resources.

Individuals already employed at neighborhood community programs in low-income communities were identified and recruited. They were invited to participate in a Fellowship training program, and then serve as "Disability Specialists" in their local communities. The Fellowship included training to increase their expertise in disabilities, as well as financial compensation so they could allocate

more of their professional time to family and staff outreach, and to assessing child and family needs, providing information, referral and follow-up, and help promote self-advocacy.

The idea of a Disability Specialist is consistent with service delivery approaches where the goal is to link minority members with resources of the majority. In such an approach, persons with labels such as cultural mediators, cultural brokers, and parent-school liaisons have helped connect underserved children and their parents with needed services (Maude, Catlett, Moore, Sanchez, & Thorpe, 2006).

Seven Disability Specialists participated in a weekly Fellowship Training Program over approximately five months. A unique feature of the training was that discussions included a focus on collaborating with families, schools, and agencies in the larger community. Disability Specialists learned about children's rights and opportunities in special education, and to identify techniques that parents could use to enhance collaboration with their children's schools. They also learned to: a) identify and demonstrate strategies to achieve effective collaboration between family members and professionals; b) identify strategies for developing an equal partnership between family members and professionals; c) build understanding of family strengths and needs; d) identify barriers to addressing family needs; e) identify and understand services in the community that were available to address individual and family needs; and f) advocate for appropriate and inclusive services for individuals with and without disabilities within their communities.

The topics of the training sessions included: a) conflict resolution and mediation services with schools and special education services; b) laws and rights under U.S. special education laws; c) developing and understanding a quality individualized educational plan for children; d) alternative methods for assessing competence and educational achievement with children with disabilities; e) laws and rights under U.S. disability and anti-discrimination laws; f)

helping parents and children advocate for themselves; g) common mental health problems of children; h) common mental health problems of parents and adult family members; i) managing children's (and parents') challenging behaviors; j) positive behavioral support; k) learning differences among children and adapting instruction and activities; l) barriers to inclusion and removal of barriers; m) an integrated approach to working with children and their families; n) developing linkages with human service partners/providers; o) transition services for young adults with disabilities; p) assistive technology; q) self-care and lifespan respite care; r) family needs and supports; s) professionalism; and t) graduation/celebration.

An important feature of the Family Support Project was the availability of ongoing technical assistance and mutual support to the Disability Specialists. A member of the intervention team provided on-site consultation and support between training sessions at each of the local community programs. This enhanced Specialists' skills for providing case management, and provided the needed support and encouragement when working with challenging youth and their families. An additional significant feature of the Family Support Project was for the Specialists to build a resource network among themselves through which they received mutual support and peer guidance. Continued, ongoing technical and emotional support after the training was also accomplished through monthly meetings, networking between Disability Specialists, and assistance from the project's staff. Although the Specialists all worked within the same city, they generally stayed within their local communities and had not previously had opportunities to meet and learn from each other.

Another distinctive feature throughout the Disability Specialist training was that representatives and providers from state agencies offering services to families and individuals with disabilities were invited presenters. This offered the Disability Specialists opportunities to meet agency representatives, and to begin establishing themselves as known and legitimate entities to the agencies. These relationships and contacts served as important resources for the Disability

Specialists as they worked with youth and their families and referred them for needed services. It also increased the perceived legitimacy of these "local experts" with the larger state agencies and programs.

Evaluating the Family Support Project and Lessons Learned

A formative program evaluation approach was used to evaluate the Family Support Project. The evaluation focused on providing information that would be helpful in documenting, implementing, and refining the project. A database using Filemaker Pro was developed to track the attendance of family members and staff at Learning Opportunity Sessions, along with their satisfaction with the meetings. Over the course of the project (10/2002-6/2004), 368 family members attended the Learning Opportunity sessions, which lasted an average of 1.97 hours (ranging in length from 1-3 hours). The typical group size was approximately 6.9 participants made up of mostly mothers (83%) and some fathers (17%). The majority of participants were African American (54.3%); others were White (30.7%) and Latino (11.1%) (3.8% of family members declined to identify their race/ethnicity).

When Learning Opportunity sessions were held for staff, the majority of participants were African-American (73.1%). The remainder were either White (20%) or Latino (6.9%). The sessions lasted approximately 1.54 hours, with typically 7.9 staff members attending, who were predominately female (78%). Satisfaction with the Learning Opportunity sessions was evaluated using five questions with a four point Likert-style rating scale (e.g., Was the information presented: (1) a good refresher?... (4) new to me?). These were followed by 6 incomplete sentences requiring open-ended responses (e.g., "I still have questions about..."). Responses were then entered into a Filemaker Pro database. Overall, families (90%) and staff members (83%) were very satisfied with the sessions.

During the Disability Specialist training, a similar Learning Opportunity Evaluation Form was completed to provide feedback on each day's topical presentation. To document the activities of the Disability Specialists, each

Disability Specialist completed Activity Logs during and after they received training. On each Activity Log, Specialists indicated the specific focus of their work from a list provided on the Log. Space was also provided on Activity Logs so narratives could be included about a) activity details, b) next steps, and c) help needed. Responses were entered on a monthly basis in a Filemaker Pro database that was then used to create timely reports on a) individual Disability Specialist's activities, b) monthly totals, c) "next steps" underway by Specialists, and d) any help that Specialists anticipated that they would need to carry out their activities.

The types of activities carried out by Disability Specialists over the course of the Disability Fellowship program included: outreach to individuals with disabilities (24%), follow-up with a child, adult, or family member (18%), support or consultation with staff at the Specialist's center (18%), referrals and follow-up regarding referrals (13%), education/disability awareness with human service providers at other community agencies (10%), caregiver counseling and advocacy (10%), seeking information regarding availability and eligibility information for disability services (7%), and hosting group meetings with families or individuals (2%).

Lessons learned.

There were several important lessons learned from the formative program evaluation of the Family Support Project that could help others desiring to replicate the project. First, Disability Specialists need to have a pre-established "presence" in their local neighborhoods. Our Specialists were already trusted by many families in their local communities, they embraced being involved in outreach activities with youth and families, and had a passion for helping disenfranchised youth with and without disabilities. By virtue of the project's association with key community people, youth and families felt welcome and able to access services in an atmosphere of credibility and reduced stigmatization.

A second lesson was that management at local community programs must "buy into" the importance of serving and reaching out to children with disabilities. Through numerous

disability awareness discussions, the Executive Directors of the participating community centers came to believe that the inclusion of youth with disabilities fit with their organizations' missions, and saw the benefit to families and their communities of making commitments of agency resources to the Project. When we tried to recruit Directors who did not see the benefits outweighing the costs, they did not agree to participate. Scholl, et al. (2005) similarly noted that managers and supervisors in community centers need to not only see inclusion as "desirable" (p. 60), but important enough to allocate resources for their centers to proactively serve youth with disabilities.

Third, collaboration was critically important. Partnerships were developed between families, community centers, human service and state agencies, and schools. The Fellowship training enhanced the Specialists' knowledge of potential resources as well as improved their competencies for accessing these services. Through these new collaborations, the Disability Specialists could more effectively serve the diverse needs of all families, those with and without children with disabilities.

Fourth, Disability Specialists gained confidence and support as a "team." It should not be assumed that because the Specialists were active and productive members of their local communities, that their support systems were adequate. In fact, they were typically overextended and stressed by the overwhelming nature of need and the absence of resources to meet those needs in their local communities. Consequently, during the trainings, time was always provided for Disability Specialists to get to know each other, receive support and encouragement from their fellow Specialists, and to share information and resources. Disability Specialists became a team with mutual concern for each other.

Fifth, Disability Specialists need sufficient time and flexibility in their work schedules. In order to meet the needs of youth and their families, Disability Specialists engaged in a wide range of activities, in different settings, and during various times

throughout the day that went beyond standard work hours. Their activities as Specialists were only part of their job responsibilities at the community centers. It was a strength that Disability Specialists were already part of their community centers prior to the project. However, this also had its problems because the Specialists had other job demands that spilled over into time that was supposed to be allocated for Disability Specialist activities. Without having adequate time and flexible work schedules, Disability Specialists are at risk for stress and burnout.

Lastly, we learned additional lessons about social change. Our experiences confirmed our assumption that social change interventions need to involve multiple ecological systems (e.g., micro, meso, exo, macros; Garbarino & Kostelny, 1995) in order to bring about lasting change. However, we underestimated the strength of existing power differentials in the communities and service delivery systems, and the corresponding length of time that would be needed to begin to address these disparities (Behrens & Foster-Fishman, 2007). For example, we witnessed the devastating and systemic impact of poverty on children and families living in low income neighborhoods. The accumulation of multiple risks over time had taken a tremendous toll on the availability and provision of quality services in these neighborhoods as compared with services available in higher income communities (Evans, 2004; Park, et al., 2002). Also, the pressures and competition for acquiring funds to *maintain* existing services in local, neighborhood based programs was intense, leaving Executive Directors with cautiousness for beginning and sustaining new programmatic initiatives. Furthermore, the prejudice and discrimination experienced by many persons of color was exacerbated with the co-occurrence of disabilities. Disabilities further marginalized low income individuals of color, limiting their economic, educational, and prosocial opportunities, and decreasing their competitive advantage for these resources (Ali, Faxil, Bywaters, Wallace, & Singh, 2001). These barriers were rather intransigent,

and our expectations for helping families needed to be readjusted and subsequently viewed in the context of a series of successive "small wins" (Weick, 1984).

Concluding Comments

The Family Support Project was a first step toward improving the well being of minority children and their families. The success of the program depended upon a collaborative approach that worked in synergy with youth, families, and local communities, and the schools and social service agencies in the broader community. The major components of success included: a) active place-based collaboration and problem solving with local community center staff and the families they served, b) talented, motivated, key staff from the local community, c) outreach and education to provide a more inclusive, welcoming environment for all, d) inclusion of family members with individuals with disabilities in training and awareness activities, e) allocation of financial resources so that local community staff could reallocate their time to provide Disability Specialist services, and f) developing linkages with resources beyond the local community.

Over the course of the project, staff, children, and families demonstrated the interest, commitment, and feasibility of implementing this place-based intervention. However, we were less successful in convincing the well-established state and federal level public agencies of the need for tailoring and delivering family support services at a neighborhood level. For example, federal developmental disability policy makers in the United States most recently have adopted a "one stop" centralized state managed service delivery approach with the intent of increasing access to existing services.

Since the completion of our demonstration project, variations of the Family Support Project still continue within the original participating local community centers with a variety of patchwork funding. Research is needed that can contrast and compare the relative effectiveness of such divergent service delivery models as place-based and centralized city-wide and state-level programming for improving the lives of low income, minority

children and their families. Similarly important is a continued focus on participatory formative program evaluation for refining implementation issues. Attention must also be directed toward understanding aspects of social and political systems that are more likely to promote rather than impede the development of culturally competent local neighborhood service delivery strategies.

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Evaluating playgroups: An examination of issues and options

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In this epoch of evidence-based practice, there is growing need to demonstrate the effectiveness of community support systems that benefit from government funding, like playgroups. In Australia, there are three playgroup types that attract government support; namely, Community Playgroups, Supported Playgroups and Intensive Support Playgroups. The purpose of this paper is to identify issues that influence playgroup evaluation as well as appropriate evaluation options. Issues include the need to minimise the burden of data collection for volunteers and participants, problems of attribution without a control group, and the need for different research methods for the different playgroup types. Appropriate evaluation options include those that utilise existing data, those that minimise the need for additional resources, and those that demonstrate the outcomes associated with playgroup participation. These have the capacity to substantiate the potential value of playgroups and their contribution to community development and capacity building.

For recipients of government funds, there is increasing pressure to be accountable for the use of public funds and demonstrate evidence-based practice (Maddison & Hamilton, 2007). The ability to demonstrate such evidence is important on three fronts. It identifies effective options for the individual service user, it guides the allocation of limited resources, and it informs government policy and funding priorities. Evidence-based practice thus permeates the micro, meso and macro levels of service provision (Haines, Kuruvilla, & Borchert, 2004).

One community-based initiative that is subject to this increasing pressure is the playgroup. Gauging the potential value of playgroups is no easy feat. However, as this paper demonstrates, the challenges are not insurmountable.

The purpose of this paper is to identify appropriate options for the evaluation of playgroups. Following a description of playgroup models in Australia, and the benefits associated with playgroups, the paper presents a discussion on the importance of evaluating them. It then identifies important considerations when designing evaluation

studies in this area. The paper concludes with a discussion of evaluation options and the strengths and limitations associated with these options.

What is a Playgroup?

Playgroups are community-based, localised groups that bring together pre-school-age children, their parents and carers for the purpose of play and social activities. The Australian Commonwealth Government define playgroups as:

regular, informal gatherings for parents and caregivers of children under school age. They provide opportunities for children's social, emotional, physical and intellectual development while also providing opportunities for parents and caregivers to establish social and support networks to encourage and assist them in their valuable parenting role (Department of Family and Community Services and Indigenous Affairs, 2006a, p. 2).

This definition suggests that playgroups adopt various and varying forms. Their organic or community-based quality ensures that they have the flexibility to accommodate the changing needs of group participants.

Playgroup Models

Among the myriad of playgroups are two primary groupings – those that are self-managed and those that are facilitated. Self-managed playgroups are operated by parents and/or caregivers. Many however, are assisted by playgroup associations, which help members to start a new playgroup or join an existing playgroup that suits their needs. Self-managing groups are typically referred to as community or mainstream playgroups. Facilitated playgroups on the other hand are initiated and facilitated by a third party. They aim to engage families who would not normally access self-managed playgroups. There are many models of these groups with various levels of support provided by one or more workers.

As part of its playgroup program, the Australian Commonwealth Government supports one model of self-managed playgroups and two models of facilitated playgroups (Department of Family and Community Services and Indigenous Affairs, 2006a, 2006b). *Community Playgroups* are *self-managed* by parents or caregivers, with assistance from playgroup associations. *Supported Playgroups* are *facilitated* by playgroup associations and aim to connect particular populations with Community Playgroups. *Intensive Support Playgroups* are also *facilitated*, and aim to build the strengths, safety and wellbeing of families who experience disadvantage through insecure or transient living arrangements; this is primarily achieved through the operation of mobile groups. While Australian playgroups exist along a continuum, where distinction between playgroup types is sometimes blurred, the three models are presented as distinct playgroups for ease of clarity.

Each model has its own role in the community, its own way of operating, and its own outcomes. Furthermore, the outcomes manifest at different levels, including the individual, the family, and the wider

community, including playgroup associations and funding bodies.

Benefits associated with playgroups

An examination of playgroup literature highlights the potential benefits associated with playgroup involvement. Children who regularly participate in playgroups are said to experience an improved sense of wellbeing; enhanced self-confidence; cognitive and/or behavioural development; a sense of acceptance and belongingness; increased access to human services; as well as age-appropriate stimulation (Crowe, 1973; French, 2005; Gray et al., 1982). They are also said to experience healthy parental relationships; age-appropriate integration; increased opportunities for healthy play and creativity; enhanced communicative and cooperation skills; extended social networks; and a gradual transition from home to a full day at school, thus reducing the physical and emotional exhaustion often associated with ill-preparedness (Chen, Hanline, & Friedman, 1989; Farrell, Tayler, & Tennent, 2002; Fish & McCollum, 1997; Hinde & Roper, 1987). As such, playgroups have a valuable role in early childhood education (Ramsden, 1997), contributing to academic achievement beyond the playgroup setting (Daniels, 1995).

Correspondingly, parents and caregivers who habitually partake in playgroups also benefit from the experience. They are said to experience an improved sense of wellbeing and reduced stress, particularly because of the opportunity to debrief with fellow parents and caregivers; improved parenting skills; enhanced self-confidence; quality time with the child and greater awareness of child needs; a healthy relationship with the child, particularly because of the opportunity for respite; extended social networks; and increased access to training and educational opportunities that extend beyond the parental domain (French, 2005; Gray et al., 1982; McBride, 1990).

Immediate group participants are not the only beneficiaries, for extended community networks are also thought to gain from playgroups. Improved parent-child relationships are said to permeate and

promote the extended family network (Johnston & Sullivan, 2004). Human service providers, including health and dental care workers, mental health and drug and alcohol workers and speech therapists, have greater opportunity to work with people who may otherwise remain outside of the professional view (Banwell, Denton, & Bammer, 2002; Gray et al., 1982). There is the potential for improved links with educational facilities, encouraging schools and homes to be brought into close contact before the child commences school (Crowe, 1973). Families become increasingly engaged with community development efforts, like political activism (French, 2005). Community groups like churches can provide in-kind support to the playgroups and become more involved with local families. Teenage boys and girls have the opportunity to develop healthy relationships with young children and have increased exposure to constructive play. Mature-aged people have the opportunity to make significant contributions to the welfare of the children and their parents or caregivers. Furthermore, businesses within the local area have the opportunity to contribute donated items for the benefit of creative play. It thus appears that playgroups have an inherent ability to facilitate the development of community capacity.

Further confirmation of the potential benefits associated with playgroups comes from a range of related disciplines. While not necessarily focussed on playgroups, a substantial body of research in the fields of developmental psychology (Fagot, 1997; Hill, 1989), education (Vygotsky, 1986), family therapy (McBride, 1990) and community

development (East, 1998) highlights the importance of stimulating environments in which children and their parents or caregivers have the opportunity to develop healthy relationships with each other, other children and other parents and caregivers. Given this wealth of information, why then is it important to evaluate?

Why Evaluate?

While the literature to date is promising, there is limited empirical Australian research specifically on playgroups. With few exceptions (National Dissemination Program, 2003; Plowman, 2002, 2003; Sneddon, Haynes, Porter, McLoughlin, & Archer, 2003), there is little information available about who participates in these groups, how they participate, the motivations that drive and sustain group involvement, or the impact on specific groups in different Australian settings. There is therefore little information on the local practices of playgroups and the communities that host them.

To understand the benefits associated with playgroups in the Australian context, there is a need for evaluation. Evaluation can help to identify the benefits associated with playgroups; it can also help to identify which playgroups are beneficial for whom and the conditions that are necessary. This can have important implications for those hoping to attract participants and/or funding.

Evaluation Design

When designing an evaluation of playgroups, there are a number of issues that require consideration. These are presented as six key questions (see Table 1).

The initial question invites the

Table 1: Designing Playgroup Evaluation

Questions to Consider

1. What are the outcomes of interest?
 2. Why are these outcomes of interest?
 3. How will the research material be collected?
 4. What are the most effective and efficient ways to manage the research material?
 5. Who is the target audience?
 6. What resources are available to support the evaluation?
-

researcher to identify the outcomes of interest. These might include processes or outcomes associated with a playgroup. There is also a need to identify what or who the outcomes are relevant to – the children who participate in the groups; their parents and caregivers; their families and communities; or the organisations that support or fund the groups. The more outcomes of interest, the more useful the evaluation, yet the more costly and complex it becomes.

Secondly, it is important to understand the agenda that motivates the evaluation. For instance, a funding body might have very different interests to a parent or child who participates in a playgroup. This information in turn helps to identify appropriate epistemological and theoretical frameworks that will inform the study (Darlaston-Jones, 2007).

The third question pertains to the way(s) the material will be collected. Given the localised, community-based nature of playgroups, and the various ways they operate, it is important to identify, not only the most appropriate ways to answer the research questions, but also the methods that will be accepted by those involved in the study, be they group participants, community members, or other organisations. Another consideration is who is best placed to collect the research material. Options include a participant of the group, an individual who is familiar with the operation of a playgroup, and/or an independent party.

Fourth, with limited resources and time, decisions need to be made about the most effective and efficient way(s) to manage the

research material. This will ensure that the project does not become unwieldy. It also ensures that the research material is meaningful and only accessed by appropriate individuals.

Fifth, it is important to identify the target audience – that is, who the evaluation is for. This might include existing participants – be they parents, carers or children; potential participants; local services and organisations, including childcare centres, schools, or community services; or potential sources of funding. The answer(s) to this question informs the way in which the collected material is examined and presented.

Equally important are resources available for the study. This includes the funds that will support the work and the personnel that will conduct the study.

In the context of playgroup evaluation, there are very few researchers that have negotiated these questions (Cunningham, Walsh, Dunn, Mitchell, & McAlister, 2004; Farrell et al., 2002; French, 2005; Johnston & Sullivan, 2004). The existing body of work is comprised of case studies of single groups (Fish & McCollum, 1997; Sneddon et al., 2003) and anecdotal reports on playgroup experiences (Jackson, 2005). These are juxtaposed by clinical studies in which playgroup environments are temporarily established to determine their therapeutic benefit (Kops, 1999; McBride, 1990), particularly for children with disabilities (Chen et al., 1989).

Evaluation Options

From the existing body of work are examples of different approaches to studying

Table 2: Examples of Qualitative Research in Playgroup Studies

Study	Research Participants
Cunningham et al. (2004)	14 playgroups
French (2005)	5 playgroups
Gray et al. (1982)	32 playgroups
Johnston & Sullivan (2004)	9 playgroups
National Dissemination Program (2003)	8 playgroups
Sneddon et al. (2003)	7 playgroups

playgroups. These include qualitative research methods, quantitative research methods, action research, and the use of secondary datasets.

Each is addressed in turn.

Qualitative Research Methods

A number of playgroup studies have employed qualitative techniques to understand the social value of playgroups and the experiences of participants. These methods are used to analyse data such as text (for instance, interview transcripts), pictures (for example, video footage), or objects (for instance, materials that are important in playgroups). In the existing literature, some of the methods used include the observation of playgroup settings (Boulton, 1999; Fagot, 1997; Fields & Cleary-Gilbert, 1983; Fish & McCollum, 1997; Rhodes & Hennessy, 2000; Vandell, 1979); interviews, be they face-to-face and/or via telephone (Farrell et al., 2002; Johnston & Sullivan, 2004; McBride, 1990); and focus groups (French, 2005; Sneddon et al., 2003).

Given the organic, localised nature of playgroups, qualitative research methods are quite appropriate when studying playgroup models and exploring their underlying ethos. Such methods can be engaging and flexible; they help to collect material that is rich and meaningful; and they can help bring findings to life (McMurray, Pace, & Scott, 2004). Furthermore, qualitative methods are particularly useful in exploratory studies.

However, these methods are time-consuming and labour intensive. Consequently, qualitative studies do not typically involve a large number of research participants. This is demonstrated by a number of qualitative studies on playgroups that have involved small

groups of research participants (see Table 2). It is difficult if not impossible to confer findings from small-sample studies to other playgroups. The findings from qualitative studies are also relatively more subjective than those from quantitative studies. They are socially constructed through interaction between the researcher and the research participant (Guba & Lincoln, 1994).

Quantitative research methods

A number of playgroup studies have employed quantitative research methods. These methods enable researchers to classify features and construct statistical models in an attempt to explain patterns in observations (Jayaratne & Stewart, 1991).

As noted, literature suggests that playgroups are associated with change – be it at an individual level, a family level, or a community level. To ascertain the nature and extent of change, a number of studies have employed quantitative research methods. Tools used have included the Child Behavior Checklist (Bronz, 2004); the Caregiver Interaction Scale; the Peer Play Scale (Rhodes & Hennessy, 2000); and the Parenting Sense of Competence Scale (McBride, 1990). Closed-item surveys are an expeditious way to collect and collate demographic data – be it about the participants, the family units, or services that are part of the support network for participants.

In evaluating playgroups, quantitative research methods have potential value, particularly in the context of a national study. They provide the opportunity to include greater sample numbers within the constraints of available resources and time. This is indicated by a number of quantitative studies on

Table 3: Examples of Quantitative Research in Playgroup Studies

Study	Research Participants
Erwin & Letchford (2003)	187 children
Fagot & Pears (1996)	96 children
Kocher & Nickel (1991)	288 playgroup leaders
Rhodes & Hennessy (2000)	66 children
Statham & Brophy (1991)	45 playgroups

playgroups (see Table 3). By standardising the data collection process, they offer consistency and the opportunity for comparative evaluation between different jurisdictions (Jayaratne & Stewart, 1991; Neuman, 2000; Skinner, 1991). However, quantitative research methods have shortcomings. While they have the capacity to provide statistics on specific areas of interest, including the number and type of participants and observed change in child behaviour, they do not always capture complexity. For instance, it can be difficult to quantify socio-economic status. Similarly, quantitative research methods have a limited ability to explain processes and outcomes. Quantitative methods tend to ignore important contextual detail. Furthermore, quantitative researchers tend to remain objectively separated from the phenomena under investigation; this restricts their ability to detect important issues that are not being measured.

Action research

To utilise the benefits afforded by qualitative and quantitative research methods, some playgroup research has used both (Whyte, Daly, Bujia, & Smyth, nd). Furthermore, to ensure that current playgroups practices are improved, a small number of studies have employed action research. Action research is used to improve an understanding of the working world (Meyer, 2004; Wadsworth, 1998); it is a commonsensical way of 'learning by doing' (McMurray et al., 2004, p. 276). This involves a cyclical process of planning, acting and reviewing. It involves the participation of all stakeholders and is therefore collaborative.

Within the playgroup literature, one example of action research comes from the University of Newcastle (National Dissemination Program, 2003). The researchers facilitated the establishment of a playgroup model that is somewhat akin to an Intensive Support Playgroup. Action research was used in this study for three key reasons; namely, to identify lessons that can inform other playgroups as well as policymakers – that is, to evaluate local practices; to encourage those involved in the project to take ownership of it and become actively involved; and to ensure that the research was responsive to the

changing dynamics within the families and the caravan park community – these included high levels of mobility, insecurity of tenure, and complex needs resulting from disadvantage and dislocation. As stated in the final report:

This approach meant that participants worked in regular cycles of planning, acting, observing and reflecting where each cycle can inform the next stage of the research. As a result, practitioners have the opportunity to continually learn, integrate change and improve the effectiveness of their actions (p. 16).

Within a methodology of action research, a number of research methods were employed in the project (National Dissemination Program, 2003). These included case studies as well as training opportunities to support community agencies wishing to work with families living in caravan parks.

Consultation was also an important part of the project (National Dissemination Program, 2003). It encouraged the involvement of an array of stakeholders, including families and children living permanently in caravan parks; other park residents; caravan park operators; pilot project staff and project management at the local, state and national levels; as well as community services, including local government, health and educational services.

These research methods were complemented with the collection of national data (National Dissemination Program, 2003). Information was gathered on the number of children attending playgroup sessions; the number of parents or affiliated family members attending playgroup sessions; the number of playgroup sessions provided; the average duration of sessions; the number of parental learning and support activities provided; the number of families assisted in the project; the number of links and/or referrals made to other agencies; the

number of families linked to other playgroups and childcare services outside of the park; and the number of parks visited.

Finally, the researchers developed a checklist for playgroup providers (National Dissemination Program, 2003). This tool was used to ascertain the level of organisational capacity to undertake child- and/or parent-focused activities within caravan parks.

The value of action research in this study was its ability to facilitate the effective implementation of the pilot projects. However, action research is time-consuming and involves substantial effort. Also, as a participatory approach, action research requires an appreciation for the interests of others, some of whom might not be interested in evaluation.

The Challenges of primary research

Collecting and analysing primary data can be beneficial in the context of evaluation. However, collecting data about playgroups raises a number of issues, three of which are raised here. First, there is the potential of placing considerable burden on practitioners and playgroup convenors associated with collecting and reporting on playgroup membership, satisfaction and outcome. Consequently, it may dissuade some groups from forming, from continuing, or from registering as a playgroup through the relevant association.

The second concern pertains to the outcomes of interest. The identification of outcomes (for instance, change in child-parent relationship) typically requires careful examination of key variables over an extended period. Only then can links be made between playgroup participation and the identified outcome. However, in the context of a volunteer-based playgroup, where turnover among participants might be high, this might not always be possible.

Third is the issue of causation. The randomised controlled trial (RCT) is the usual gold standard for attributing observed changes to an intervention (Phillips et al., 2001). Without random allocation to the intervention (the playgroup) and a control group (no playgroup or an appropriate alternative), it is impossible to be certain whether changes are

due to the intervention or to other factors such as maturation, selection or history. While RCTs are valuable for testing the impacts of medications, they are rarely feasible in community-based research.

These are just a few of the many challenges faced by evaluators. Rigorous evaluation requires considerable expertise and resources. Poorly planned or executed research can produce results that are not useful, or worst still, misleading. An alternative or complementary option could be an examination of data from secondary sources.

Secondary datasets

Given some of the methodological and logistical issues that surround playgroup evaluation, it is worth exploring alternative sources of information. The examination of secondary datasets has the potential to save valuable time and resources; it also negates the possibility of overtaxing playgroup participants.

Datasets that have potential value include management information already provided by playgroups and playgroup associations in the course of their daily operation. Similarly, panel studies that include questions about playgroups can also provide a wealth of relevant information.

One example of such a study is the Longitudinal Study of Australian Children (LSAC) (Sanson et al., 2005; Soloff, Lawrence, & Johnstone, 2005). The study involves a representative sample of 5,000 Australian households and measures a range of child outcomes including behavioural and emotional adjustment, language and cognitive development, readiness to learn, overall health, motor/physical development, and social competence. Relevant variables such as family functioning, housing and non-parental child care are also measured.

Of particular relevance to playgroup evaluation is the LSAC infant survey (Sanson et al., 2005; Soloff et al., 2005). This is because it allows for the identification of children who are actively involved in playgroups. Consequently, there is potential to explore the relationship of playgroup participation with other variables examined

within the scope of the longitudinal study.

Relative to the collection and analysis of primary data, the examination of secondary datasets can be lower in both cost and labour. However, secondary datasets might not adequately address the specific aim of a playgroup evaluation and might not provide information to the level of the local area of a specific playgroup. They can however, provide a baseline against which the descriptions and outcomes of children attending a playgroup might be compared.

Conclusion

Given increasing pressure in the community sector to demonstrate effective practice and the efficient use of resources (Maddison & Hamilton, 2007), local initiatives that attract, or hope to attract, external support are being urged to substantiate their worth through evaluation. This includes the community-based playgroup.

There is a wealth of literature indicating that playgroups hold a valuable role in society. They have the potential to benefit the children who participate in them; their parents and caregivers; as well as the wider community (Farrell et al., 2002; French, 2005; Johnston & Sullivan, 2004). However, with few exceptions (National Dissemination Program, 2003; Plowman, 2002, 2003; Sneddon et al., 2003), there is a dearth of research situated in the Australian context – let alone evaluation studies.

To advance further work in this neglected area, this paper has presented a discussion on the complexity of demonstrating improvement outcomes within the evaluation of playgroups. Playgroups can be difficult to evaluate. They come in varied forms; they operate in a myriad of ways; they are enmeshed with the context in which they are situated; they involve volunteers who are not compelled to partake in evaluative endeavours or participate in a playgroup for the duration of the research; and the outcomes playgroups might be associated with can manifest at different levels.

Despite these challenges, it is possible to effectively design a robust study to evaluate playgroups. Options include qualitative research methods, quantitative research

methods, action research, and the examination of secondary datasets. While each option has the capacity to strengthen an evaluation study, they also have limitations that must be reckoned with. Nevertheless, the selection of research methods should be determined by the overarching research question(s) to be answered as well as the resources available.

While potentially vexed, the evaluation of community-based support systems, like playgroups, is crucial. It provides valuable information to individual community members, local organisations, as well as government bodies. However, the value of this information is largely contingent on a robust evaluation design that has the elasticity required to accommodate the complexity of localised playgroups.

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Using the Theory of Planned Behaviour to determine recycling and waste minimisation behaviours: A case study of Bristol City, UK

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Many UK Local Authorities seeking to meet their regulatory recycling targets have adopted kerbside collection schemes for source-segregated recyclables from householders. The success of a recycling service is dependent on the number of people who participate in the service and the frequency and effectiveness of that participation. It is commonly accepted that recycling behaviour is strongly influenced and motivated by personal opinions as well as external issues such as access and convenience. This paper seeks to characterise the recycling attitudes amongst residents within Bristol City, UK, and compare them with the results from previously conducted identical studies in Brixworth (during 2003), and West Oxfordshire (2004), UK. For this study, the recycling attitudes and behaviour of 294 individuals from a cross-sectional socio-economic sample from Bristol City, along with the determinants of recycling and waste minimisation behaviour were investigated with a view to understanding the social impact that the expansion (addition of new materials) of the current recycling system would have on the local authority. The study was delivered via an online survey open to residents. Analysis of the survey results found that people were not satisfied with the current recycling system but had a positive attitude to the reduction of landfill sites, a key issue in reaching local authority targets. Significant differences in opinions were more prevalent amongst the demographic groups rather than socio-economic characteristics.

The number of separate kerbside dry-recycling and organic waste collection systems operated by UK Local Authorities (LAs) has risen sharply as a result of the implementation of the European Landfill Directive (99/31/EC) into UK legislation on the 16th July 2001, concerns over remaining available landfill void space, and statutory recycling targets set by central government. The Landfill Directive seeks to reduce the amount of biodegradable municipal waste (BMW) going to landfill in three successive stages, (eventually by 2020 to 35% of the 1995 total of BMW), because of the negative environmental impacts associated with leachate and methane production. Many LAs are currently conducting pilot trials, research projects and system reviews to determine the best possible way of segregating, collecting, transporting and processing their recyclable wastes and minimising disposal to landfill. However, few councils are canvassing their residents views or taking into account individual motivations prior to designing and implementing their recycling

schemes.

The introduction of the Wastes and Emissions Trading Act 2005 and the subsequent Landfill Allowance Trading Scheme (LATS) on the 1st April 2005, which enabled the trading of landfill allowances between LAs, resulted in a landfill allowance being granted to every UK waste disposal authority (WDA). For every tonne that is landfilled over the allowance, a fine of £150 is incurred (DEFRA, 2005). LATS was launched as a “tool to enable WDAs and England to meet the targets for the reduction of biodegradable municipal waste (BMW) sent to landfill in the most flexible and cost effective way” (DEFRA, 2005, p. 5). The legislation was designed to ensure that the UK meets its first Landfill Directive targets in 2010 and avoids non-compliance fines estimated at up to £0.5million per day (DEFRA, 2005). Our aim in this paper was to investigate the potential views and social impacts of expanding the current dry-

recycling (tins, glass and paper) system which has been in operation since March 1997, to also collect organic kitchen and garden wastes and cardboard from June 2006, by investigating the determinants of recycling and waste minimisation behaviour in Bristol.

Bristol City Council

Bristol is situated in the South West of England, on the English border with Wales. Bristol is a large UK City, with a population of approximately 393,000 in mid-2004, which was an increase of 2,400 since mid-2003. The population consists of all persons usually resident in Bristol, including students and school boarders at their term time address. Bristol City Council (BCC) predicts that Bristol's population will increase to just fewer than 426,000 by the year 2028. This population increase will result in an increase in the number of households; and, in turn, waste arising and the volume of material requiring recycling and disposal.

In March 1997, BCC introduced a city wide recycling collection of metal tins, glass and paper/magazines. From June 2006, this current recycling scheme was expanded to include additional materials - kitchen and garden wastes, and cardboard. In 2005, BCC handled 186,000 tonnes of household waste, of which 168,500 was landfilled (BCC, 2005). Bristol's overall reported recycling rate for 2004/05 was 12.44% and with a 2005/06 statutory recycling target of 18% (DEFRA, 2005), BCC anticipate that the collection of new materials will increase recycling rates allowing them to meet their targets whilst also diverting wastes from landfill. In addition to the £21 per tonne landfill tax the Council pays, £20 per tonne is spent on the waste's transportation. At the current quantities of landfill, the Council will have to pay £18 million in landfill taxes between 2006/7 and 2009/10 (BCC, 2005). The EU Landfill Directive has set an allowance of 76,500 tonnes for Bristol by 2009/10, well under half of that disposed of last year. If the Council does nothing, an overall fine of £14.4 million will be incurred, and could result in potential fines and taxes of £32.4 million by 2009/10 (BCC, 2005).

Theory of Planned Behaviour

There has been recent interest in exploring the use of models from social psychology to provide a theoretical framework for understanding householders' recycling behaviour (Davies, Foxall & Pallister, 2002). The literature indicates that environmental attitudes and situational and psychological variables are likely to be important predictors of recycling behaviour. Further investigation of the influence of these factors requires a theoretical framework.

The Theory of Planned Behaviour (TPB) (Ajzen, 1991) provides a theoretical framework for systematically investigating the factors which influence behavioural choices, and has been widely used to investigate behaviours, such as leisure choice (Ajzen & Driver, 1992), driving violations (Parker, Manstead, Strading, Reason & Baxter, 1992), shoplifting (Tonglet, 2002) and dishonest actions (Beck & Ajzen, 1991). The theory, which was developed from the earlier Theory of Reasoned Action (Ajzen & Fishbein, 1980), assumes that people have a rational basis for their behaviour, in that they consider the implications of their actions. The TPB hypothesises that the immediate determinant of behaviour is the individual's intention to perform or not to perform that behaviour. Intentions are, in turn, influenced by three factors:

1. Attitude, the individual's favourable or unfavourable evaluation of performing the behaviour.
2. The subjective norm, the individual's perception of social pressure to perform or not to perform the behaviour.
3. Perceived control, the individual's perception of their ability to perform the behaviour.

Factors external to the model, for example personality, past experience and demographic characteristics may also influence behaviour, but it is argued that this influence is indirect, mediated through the components of the model (Ajzen, 1991). The TPB has been used in several studies,

which investigate recycling behaviour (see Boldero, 1995; Chan, 1998; Cheung, Chan & Wong, 1999; Davies et al., 2002; Taylor & Todd, 1995; Terry, Hogg & White, 1999). Although there is considerable support for its use, there are concerns that it does not adequately explain recycling behaviour, and that additional variables should be included within the model (Boldero, 1995; Cheung et al., 1999; Davies et al., 2002; Macey & Brown, 1983; Terry et al., 1999). The TPB allows for the incorporation of additional variables, provided that these variables make a significant contribution to the explanation of behaviour (Ajzen, 1991). Thus, this study has incorporated a number of additional variables, including the moral norm; past experience; situational factors; consequences of recycling and attitudes to waste minimisation.

Research Design

The questionnaire used in Bristol to determine recycling behaviour was identical in design and length to a questionnaire previously used in Brixworth, Daventry, Northamptonshire (Tonglet et al., 2004) and West Oxfordshire (Davis et al., 2006). Daventry has consistently high recycling and composting rates, exceeding 40% (Read and Reed, 2003) and peaking at 45% in 2003. Whilst the recycling rate for West Oxfordshire was 11% in 2002/03 and 18% in 2005 (Davis et al., 2006).

The Brixworth study (Tonglet et al., 2004) was conducted between March and July 2003, and comprised of 290 householders that participated in a kerbside recycling scheme. Daventry County Council has a particularly high recycling participation rate (90%). This clearly had an effect on the results and the response rate to the recycling study; where people were already positively engaged in recycling. The survey received 191 responses. The West Oxfordshire District Council (WODC) study (Davis et al., 2006) sought to provide as similar study as possible to the one conducted in Brixworth. The study was conducted between July and August 2004, and rather than targeting recyclers, as in the Brixworth study, it targeted ACORN groups (a socio-economic classification system usually used in marketing – ‘A Classification of

Residential Neighbourhoods’), in particular geographical locations, identifying the different participation rates between areas. The survey received 74 responses. Both studies used the identical questionnaire to ensure consistency in the results. The Bristol study also used this survey, but the survey was ‘open’ to any Bristol City resident to complete.

The Brixworth and West Oxfordshire methodology: Questionnaire design

The Brixworth/West Oxfordshire questionnaire was based on the recycling research literature and previous applications of the TPB (see Beck & Ajzen, 1991; Boldero, 1995; Davies et al., 2002; Tonglet, 2002) and information obtained from the elicitation interviews. Seven-point rating scales were used throughout the questionnaire, with 1 indicating a positive view of recycling and waste minimisation issues, and 7 indicating a negative view. In addition to the components of the Theory of Planned Behaviour, the questionnaire contained questions on waste minimisation issues. The respondents were asked to indicate the extent of their agreement with a number of behaviours relating to the purchase or re-use/repair of household products. The questionnaire contained the following sections:

- *Personal recycling behaviour*—future recycling intentions, frequency of recycling, past recycling behaviour.
- *Recycling attitudes*.
- *The subjective norm*—the individual’s perception of social pressure to recycle household waste.
- *Perceived control*—the individual’s perception of their ability to perform the behaviour.
- *Situational factor*—physical factors which may facilitate or inhibit recycling behaviour.
- *Consequences of recycling*—the outcomes of recycling behaviour.
- *Attitudes to waste minimisation*—the respondents were asked the extent to which they engaged in a number of waste minimisation behaviours.
- *Demographic information*—age, gender,

Table 1
Predictors and example questions

Predictor	Example Questions
Attitude	"I think the recycling of household waste is good/ bad.
Subjective Norm	"Most people who are important to me think that I should recycle my household waste"
Perceived Behavioural Control	"I have plenty of opportunities to recycle my household waste"
Moral Norm	"I feel I should not waste anything if it could be used again"
Situational Factors	"Recycling is too complicated"
Consequences of recycling	"Recycling saves energy"
Attitudes to waste minimisation	"I buy long-life goods to save resources"

marital status, education, occupation, household role, and number of children in household., ethnicity, education and occupation were asked for. A postcode was required for ACORN analysis. A form was also provided for any further comments on the subject of waste minimisation or recycling.

- Personal Recycling Behaviour – These are the three questions at the start of the survey used to test current, past and future recycling behaviour.

In the survey design, certain extra predictors could be added to the model, if relevant (Table 1). In this case the following were added in accordance with the previous studies: moral norm, situational factors, the consequences of recycling and attitudes to waste minimisation. The items are also randomly assorted so predictors were not grouped together, a recommendation by Ajzen (Francis et al., 2004). However, a clear structure was maintained, with answer scales grouped where possible.

The survey was delivered online as there are numerous advantages to an online format, including the enhanced use of images and colour, which can make the survey more appealing and accessible. The survey can be split into controlled pages, creating manageable sections. Users could not move to a new page without answering all the questions, a feature that can be programmed and guarantees complete responses. This also prevented users from moving ahead and being

discouraged from completing the survey due to the amount of material.

The electronic nature of the survey made the results easier to collate and process as it reduced user effort as there is no need for data input. The results could also be directly imported into the required processing software, reducing time and error in data input. The limitations of an online survey are that the respondents cannot be controlled in the same way that a postal survey targets specific households, and will only elicit response from computer users which may, by default, eliminate certain socio-economic and socio-demographic groups. The survey results were sorted into ACORN groups based on the provided postcode to measure the spread of responses.

The questions were entered into 'Snap', a specialised piece of survey software. Its internet module converted the survey into a web-browser format and was hosted onto Bristol City Council web site (<http://www.bristol-city.gov.uk/item/surveyrecycle.html>) between February and April 2006. Due to the specific nature of the survey delivery, a high level of promotion was required to raise awareness of the survey and encourage people to complete it. Promotion was mainly direct in an electronic format, as the user was already online and a clicked hyperlink gave direct access to the survey. However, it was noted that a non-electronic forms of promotion could often target more people. Council promotions

included:

- Hyperlinks were added to the Recycling and Waste pages on the Council Website.
- A hyperlink was added to the 'Ask Bristol' website, a consultation website for the citizens of Bristol.
- An email was sent notifying the 'Ask Bristol' panel about the survey.
- A press release was drafted and was featured in the 'Bristol Evening Post' (a local free-of-charge paper delivered directly to householders) alongside its online version.

Additional Promotions:

- Word of mouth.
- An article was featured in the Bristol University student newspaper, the 'Epigram'.
- Leaflets were delivered to 600 houses within the City Centre area.
- Notices were placed in 3 libraries and 2 internet cafes situated across Bristol City.

As an added incentive to encourage survey completion, BCC offered £100 of shopping vouchers to one participant and two prizes of £50 to two further participants.

Results

Demographic composition of sample

Respondent characteristics included:

- 55% were female: 43% male (2% no response);
- 22% of the respondents were aged 18-24; 37% belonged to the 25-39 age group, 36% were aged 40-64, and only 1% were 65 and over;
- 56% were married/cohabiting, 34% were

single, 6% were divorced/separated, 2% were widowed;

- 9% had GCSE's as the highest level of education, 15% had "other" qualifications, 16% has A-levels, and 56% a university degree;
- 24% skilled, 23% held managerial positions, 19% clerical, 16% student, 6% retired and 1% unskilled;
- 87% were British white, 15% other white, 3% Asian, 3% black Caribbean and 2% white Irish.

The ACORN classification of participants is included as Table 2.

Statistical analysis of the Theory of Planned Behaviour

Four questions were selected for focus, due to their relevance for a new waste management system:

1. 'The local council provides satisfactory resources for the recycling of my household waste',
2. 'I would be more likely to recycle if the recycling system was less complicated',
3. 'Fewer landfill sites is important to me',
4. 'I would only recycle if my council tax increased if I did not recycle'.

Satisfaction with resources provided.

Question 1: 'The local council provides satisfactory resources for the recycling of my household waste' was selected as it assesses how people perceive the current recycling system provided. Figure 1 shows the ACORN category responses for this question. There was a tendency to disagree overall; the mean for the whole population is 4.37. The one-way

Table 2

ACORN classifications of respondents

ACORN Category	Frequency	Percentage
1 – Wealthy Achievers	22	7%
2 – Urban Prosperity	132	45%
3 – Comfortably Off	52	18%
4 – Modest Means	44	15%
5 – Hard Pressed	16	5%
Unclassified	28	10%
Total	294	100%

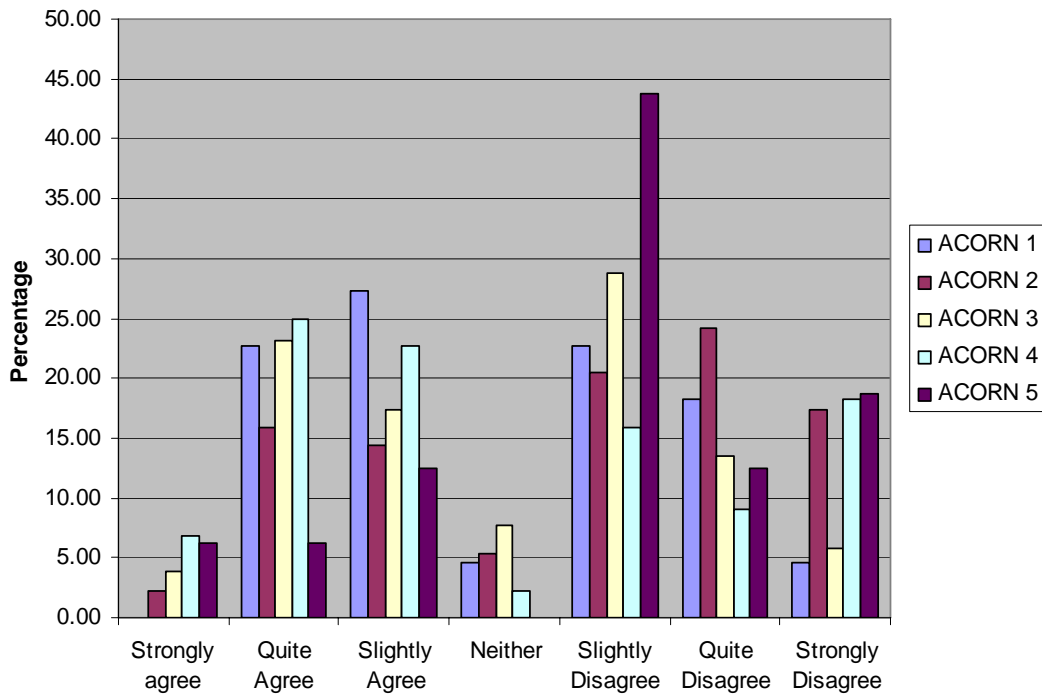


Figure 1
ACORN response for satisfaction with resources provided.

ANOVA test conducted on the ACORN data returned a significance of 0.035, showing that at least one ACORN category has statistically different opinions on the subject. The same tests were run for sex and age. Sex returned a significance of 0.076 and age 0.908, so these

groups were not statistically different in their divisions.

Simplicity of current system.

Question 2, 'I would be more likely to recycle if the recycling system was less complicated' was considered important as it demonstrates how

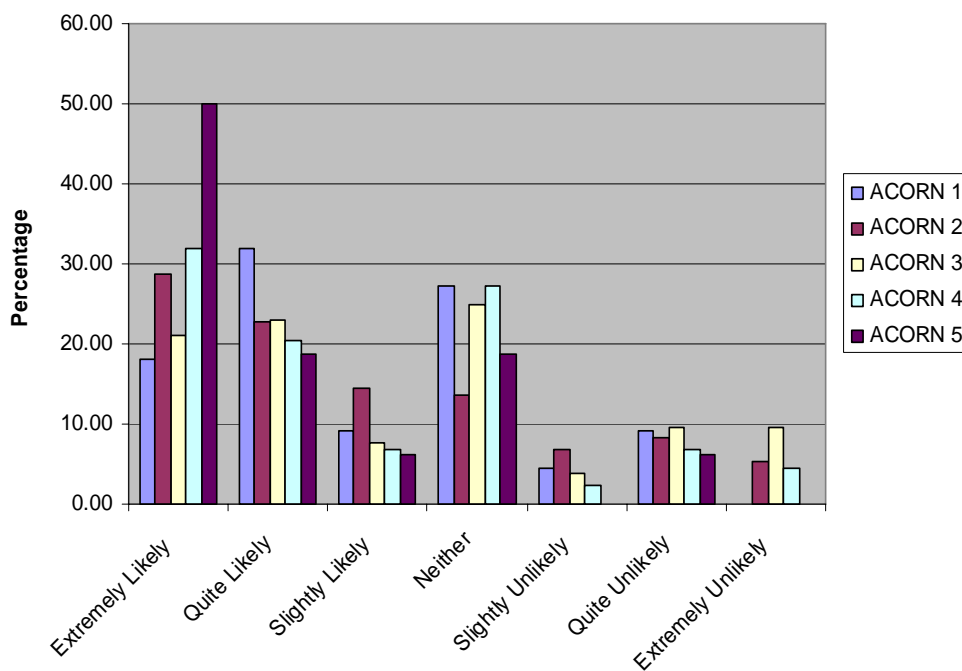


Figure 2
ACORN response for simplicity of current system.

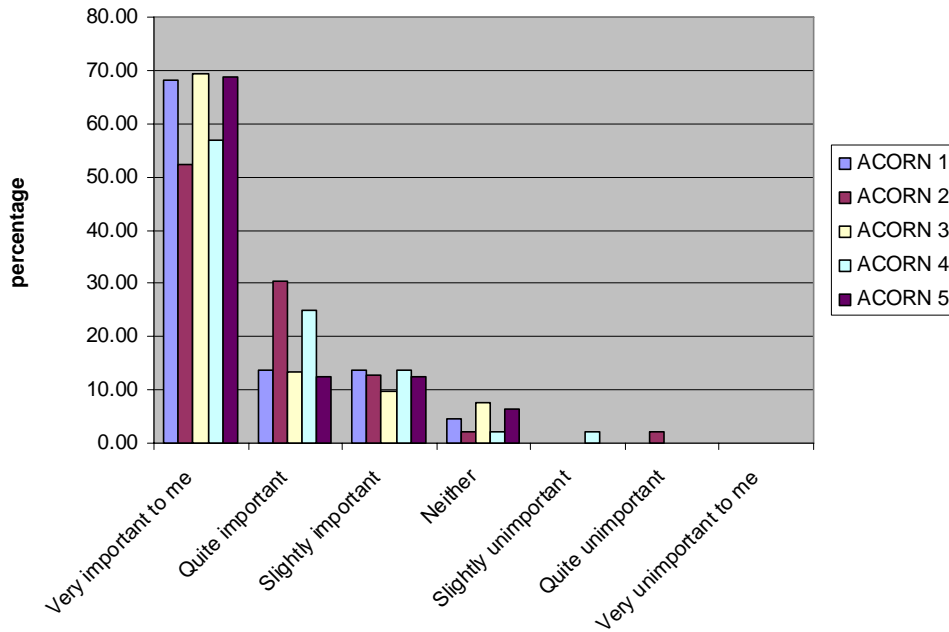


Figure 3
ACORN responses to opinions on landfill.

residents view the complexity of the current recycling system and if a new waste management system would need to focus on being simpler. Figure 2 shows the ACORN category responses for this question. It is shown that the population has a tendency to agree that they would be more inclined to recycle with a simpler system in place. The mean for the population is 3.01, settling around

the statement ‘slightly likely’. With one-way ANOVA, neither ACORN, sex or age proved statistically significant (0.256, 0.286 and 0.790 respectively), showing that opinions on this were general and did not differ for specific groups.

Opinions on landfill. Question 3, ‘Fewer landfill sites is important to me’ is important and determines if the population feels strongly

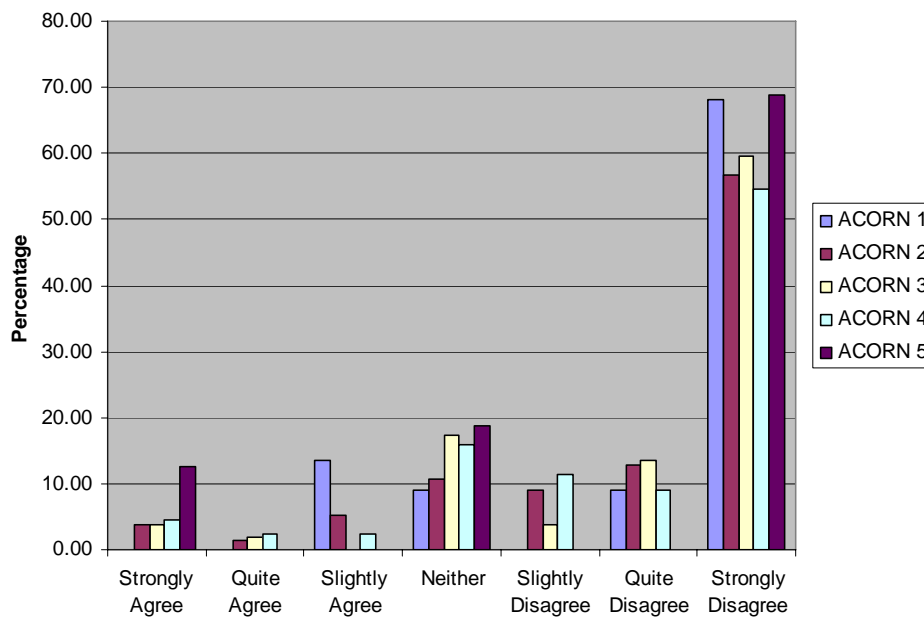


Figure 4
ACORN responses to financial incentives.

Table 3: Significant questions for all three categories

Question	ACORN	Sex	Age
If I recycle my household waste I will be helping to conserve natural resources	0.005	0.005	0.001
If I recycle my household waste I will be helping to protect the environment	0.002	0.004	0.003
Recycling saves energy	0.002	0.032	0.000
Clear instructions are provided on how to recycle my household waste	0.004	0.002	0.000

about reducing landfill. As previously mentioned, BCC could face future fines if it fails to meet its landfill diversion targets. Figure 3 shows the ACORN category responses. As shown, all ACORN groups tend heavily towards 'very important', and the population mean is 1.67, reflecting this. ANOVA tests show that there is no statistical significance for the different ACORN categories (0.750) whereas sex and age both show statistical significance. This means there are significant differences in opinions for at least one group within sex and within age on this matter.

Response to financial incentive. The final question, individually analysed was 'I would only recycle my household waste if my council tax increased if I did not recycle'. This question investigated financial incentives, determining if people would recycle rather than pay a higher waste collection fee for not recycling. Figure 4 shows the ACORN category responses. The population mean is 5.92, showing a heavy tendency towards disagreement. With ANOVA, neither ACORN nor age proved statistically significant (at 0.914 and 0.133), but sex returned 0.005, showing that the difference in opinion on this issue was statistically significant.

ANOVA for all questions. The one-way ANOVA test was conducted on the remaining survey questions and the summaries of whether a question was statistically significantly different for ACORN, sex or age groups. Four questions were identified as statistically different for all three categories (Table 3). The one-way ANOVA for all questions found that many issues raised a significant difference in opinion in the demographic groups. However,

many more differences were noted in age and sex groups than ACORN groups.

The demographic data shows a good spread between males and females. The age categories were slightly underrepresented in the 18-24 and 65+ categories compared to the others. The 18-24 category could be explained by the fact that it is simply a smaller category, and the lack of 65+ could be associated with the online format of survey. Over half the survey population were educated to degree level and the majority held posts at managerial, clerical or skilled levels. Ethnicity was predominantly 'White British'. Analysis using the ACORN categories could prove inappropriate in categories 1 and 5 due to small sample sizes.

Theory of Planned Behaviour Analysis

Of the surveyed population, 88.1% responded that they recycled their household waste weekly or fortnightly and 91.5% said they were either quite or extremely likely to recycle in the next four weeks. This implies that the population is made up of predominantly active (self-proclaimed) recyclers with a continued intention to do so. The following analysis is based on the assumption that these statements are true.

Factor Analysis

A Kaiser-Meyer-Olkin measure of sampling adequacy test was carried out to check that the data was suitable for factor analysis. A result over 0.6 shows this is the case, and the data returned a KMO measure of 0.887. Factor analysis is carried out to group the variables into factors which represent separate and independent underlying measures of recycling behaviour (Tonglet et al., 2004).

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A Scree Test was undertaken to determine the number of factors from the Eigenvalues which represent the amount of variance explained by one more factor each time (Cattell, 1966, as cited in Tabachnick & Fidell, 2001). The scree plot for the survey data indicates that the plot starts to level out (the 'scree') between 5 and 8 components, so these will be assessed. Factor analysis is subjective, so whichever number of factors provides the best outcome will be used.

The factor analysis was carried out using principle component analysis with Varimax rotation. Any negatively worded questions were recoded first (such as 'Recycling takes up too much time'). Six factors provided the best factor analysis, as higher factors did not group together the main theory of planned behaviour predictors: attitudes, subjective norm and perceived behavioural control. The other 3 factors were defined as consequences of recycling, situational factors and waste minimisation factors. The only factor, which did not appear from the original survey design, was moral norm. The variables for each factor were tested for reliability using Cronbach's Alpha test. The alpha needs to be greater than approximately 0.7 to conclude that the scale is reliable (SPSS, 2003). Table 4 shows the variables defined for each factor and their reliability.

Multiple Regression analysis

Table 4
Reliability scores

Factor	Reliability
Attitudes	0.845
Subjective Norm	0.768
Perceived Behavioural Control	0.695
Situational Factors	0.852
Consequences of Recycling	0.931
Waste Minimisation Factors	0.854

Hierarchical multiple regression analysis was then used, as in Brixworth and West Oxfordshire District County studies. Multiple regression analysis uses independent variables or factors to predict the outcome of a dependent variable. In this case the dependent variable was intention to recycle, using the question 'How likely is it that you will recycle your household waste over the next four weeks?'

Overall the TPB components explain 11.9% of the outcome, intention to recycle. All the entered factors account for 30.9% of the overall variance of intention to recycle. Attitude, perceived behavioural control, situational factors and waste minimisation factors are all statistically significant. Situational factors were most strongly correlated, then perceived behavioural control, followed by waste minimisation factors and attitude.

Comparison to other survey results (Brixworth and WODC)

The WODC study did not include waste minimisation factors in its analysis, so the regression was re-run without this construct for comparative purposes (Table 6). The Brixworth study (Tonglet et al., 2004), with all constructs considered, found that the Theory of Planned Behaviour components accounted for 26.1%, with the additional variables accounting for 33.3%. The WODC study (Davis et al., 2006) found that the TPB components only accounted for 2% of the outcome, with additional variables 57.7%.

Discussion of results

The number of factors found for the Bristol data was less than those in the Brixworth and WODC studies. However, the original survey design incorporated 7 factors, of which all were

Table 5
Multiple regression data

	Theory of Planned Behaviour Adjusted R ² 0.119			With additional variables Adjusted R ² 0.309		
	Beta	<i>t</i>	Sig. <i>t</i>	Beta	<i>t</i>	Sig. <i>t</i>
Attitude	0.135	2.458	0.015	0.135	2.776	0.006
Subjective Norm	0.077	1.408	0.160	0.077	1.590	0.113
Perceived Behavioral Control	0.322	5.881	0.000	0.322	6.640	0.000
Situational Factors				0.407	8.383	0.000
Consequences				0.095	1.964	0.050
Waste Minimisation Factors				0.142	2.920	0.004

identified apart from moral norm. Again, this factor was not identified in the WODC study. The theory of planned behaviour predictors did not explain as much of the variance for the Bristol study as was explained by the Brixworth study, however, it was more significant than was found in the WODC study. The TPB components within the WODC study only explained 2% of the outcome, intention to recycle; and according to the theory, "attitude and subjective norm and perceived control did not have a significant predictive power on intention to recycling in West Oxfordshire" (Davis et al., 2006). The amount of variance explained by all the factors was similar to the Brixworth study at just 3% less, but both of these studies predicted over 20% less of the variance than the WODC study

did. It is worth noting that the WODC study only received 74 responses, whereas Brixworth received 191 and Bristol 294 responses. According to Francis et al., (2004), a sample size of at least 80, assuming a moderate effect size, should be obtained when using a multiple regression procedure with the theory of planned behaviour.

The Bristol study found that situational factors were the strongest predictors of intentions to recycle. The Brixworth study did not find situational factors significant, whereas the WODC study did. Of the theory of planned behaviour predictors, the Bristol study found that perceived behavioural control, followed by attitude, were significant predictors of intention to recycle. The Brixworth study found that attitude alone was a significant predictor of

Table 6
Comparison of multiple regression data (source for external data: Davis et al., 2006)

	Bristol			Brixworth			WODC		
	Beta	<i>t</i>	Sig. <i>t</i>	Beta	<i>t</i>	Sig. <i>t</i>	Beta	<i>t</i>	Sig. <i>t</i>
Attitude	.135	2.740	.007	.434	5.493	0	-.003	-.832	.408
Subjective Norm	.077	1.570	.118	.039	.575	.566	.097	.172	.864
Perceived Control	.322	6.554	.000	.145	1.865	.064	-.060	-.699	.487
Moral Norm	N/A	N/A	N/A	-.109	-1.541	.125	N/A	N/A	N/A
Past Behaviour	N/A	N/A	N/A	.156	1.997	.047	-.114	.137	0.175
Situational Factors	.407	8.276	.000	0.014	0.140	0.870	0.212	2.190	0.032
Outcomes	N/A	N/A	N/A	0.027	1.595	0.112	0.864	0.943	0
Consequences	.095	1.939	.053	-0.299	-4.073	0	-0.180	-1.876	0.065
Concern	N/A	N/A	N/A	0.156	2.189	0.030	-0.276	-2.809	0.007

intention; it also found it to be the most significant predictor out of all the factors. The WODC study did not find any of the theory of planned behaviour predictors to be significant, rating outcomes as the most strongly correlated to intentions, a factor not identified in the Bristol study. Interestingly, none of the three studies found subjective norm to be a significant predictor of recycling behaviour.

The analysis of the theory of planned behaviour was carried out under the assumption that the surveyed population's response to current and intended recycling behaviour was true. It has been shown in a previous study (Woollam et al., 2003), that prior to implementing a new kerbside recycling scheme, of the 95% of households that self-claimed that they would participate in a new scheme, only 27% actually did. This shows that both actual and intended recycling behaviour can be grossly exaggerated by survey respondents. If this had been the case in the Bristol response, it sheds doubt on the validity of the dependent variable, the 'intention to recycle'.

Conclusions

Analysis using the theory of planned behaviour found that attitude and perceived behavioural control were significant predictors of intention to recycle. However, the theory of planned behaviour predictors only explained 11.9% of the intention's variance, thus additional factors were entered, for example, situational factors made a significant contribution to improving the predictive ability of the model as was also found in the WODC study. It was observed that the propensity to recycle varied between individuals and socio-economic areas. It was determined that many socio-economic factors were not as significant as others in explaining recycling behaviour. As previously (Davis et al., 2006), the Theory of Planned Behaviour Model did not explain specific attitudinal variables that determine the intention to recycle amongst Bristol residents. New research which commenced January 2008, by the Department of Environment, Fisheries and Rural Affairs (DEFRA), UK, seeks to provide a more accurate framework for measuring and understanding a range of pro-environmental behaviours including

household recycling (DEFRA, 2008). This research uses a social marketing methodology which applies an environmental segmentation model, essentially dividing the public into seven clusters, "each sharing a distinct set of attitudes and beliefs towards the environment, environmental issues and behaviours" (DEFRA, 2008, page 8). This research will reach conclusion at the end of 2008 for publication early 2009. However, until this work is completed, the TPB remains one of the most widely applied models for determining waste minimisation and recycling behaviours, despite its limitations.

The TPB requires large data sets to facilitate a detailed analysis, thus the length and complexity of the survey tool is unattractive for many individuals to complete which is adverse for a method which is heavily reliant on high response rates and the completion of all questions. The online format of the survey worked well, with a high number of responses. However, given the different methods of promotion used, a survey question enquiring where the respondent had heard about the survey would have been useful in order to determine the effectiveness of each technique for future promotional activities. The survey incentive scheme proved useful, with a large majority of respondents choosing to enter the prize draw (85%).

The survey analysis indicated potential implications for a new wastes management system. The survey population would clearly welcome a simpler system, and did not believe the current system provided all the resources necessary to recycle. The issue of landfill is highly recognised by the survey population, giving a good scope for acceptance of higher targets. The ANOVA for all questions demonstrated a definite case for promoting waste minimisation and recycling issues differently to different demographic groups where, in many cases, differences in opinions were shown to be statistically significant. The occurrence of differences was much higher in sex and age groups than across ACORN categories. Tucker (2003), identified the problem of not knowing 'a-priori of what the actual

demographic influences might be'. Vencatasawmy (2000), found further links between demographic groups and propensity to recycle, for example, the propensity to sort waste increases with age. Given that people in different ACORN categories did not appear in most cases to have significantly different opinions, the use of ACORN in this field of work is not valid.

The theory of planned behaviour results show that if a new wastes management system is implemented, situational factors are the strongest predictors for future recycling behaviour. This means that the implementation of a simple, time and space efficient recycling system will have the greatest effect on recycling behaviour. Perceived behavioural control was identified as a significant predictor alongside attitude in terms of the theory of planned behaviour. If people think that they have control over their recycling actions and have positive attitudes towards recycling, they are more likely to recycle in the future. This can be controlled by clear and simple instructions for a new recycling system and continued promotion of positive reasons to recycle. Waste minimisation factors were also found to be significant predictors of recycling intentions; this was a positive finding as it means increasing awareness of waste minimisation should contribute to future recycling levels as well as the more direct effect of reducing the total waste generated in the first place. As the subjective norm was not shown to be a significant predictor of recycling intention, it should be noted that the influence of other people's opinions on personal recycling behaviour is not necessarily of importance. The results from this study can be used to help inform LAs that are considering the development of their recycling schemes in terms of the likely participation based on an appreciation of their own socio-demographic profile, and also highlights the importance of keeping a recycling system convenient and easily accessible to residents.

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Preparation, Submission and Publication of Manuscripts

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The Australian Community Psychologist is published twice per year. Usually, the first issue is a themed issue, and the second is a general issue.

Articles

Contributions that are state of the art reviews of professional and applied areas and reviews and essays on matters of general relevance to community psychologists. They are between 4,000 and 10,000 words, including all tables, figures and references.

Research Reports

This section is for the publication of empirical research reports relevant to community psychologists. They are between 4,000 and 10,000 words, including all tables, figures and references.

Practice Issues

This section publishes individual manuscripts and collections of manuscripts which address matters of general, professional and public relevance, techniques and approaches in psychological practice, professional development issues, and professional and public policy issues.

Book Reviews

The journal publishes book reviews of up to 1,000 words. Books reviewed relate directly to the major areas of practice in community psychology.

Review and Publication of Manuscripts

The acceptable word processing programme format is Microsoft Word. All manuscripts are

to be submitted electronically to the:

Editor

Dawn Darlaston-Jones

Email: ddarlaston-jones@nd.edu.au

If authors experience any difficulty with electronic submission, hard copy materials together with a disc copy should be sent to:
Dr Dawn Darlaston-Jones
School of Arts & Sciences
University of Notre Dame
PO Box 1225
FREMANTLE WA 6160
Australia

All contributions, including book reviews are handled by an appropriately qualified Associate Editor and all contributions are blind-reviewed.

Articles submitted for review must be original works and may not be under consideration elsewhere.

All manuscripts for consideration for publication in *The Australian Community Psychologist* must be formatted according to the instructions for authors below.

Instructions for Authors

The following constitutes advice to contributors that is relevant generally to all journal sections.

Every submission must include:

1. A cover letter stating the section of the journal to which the author(s) wish to submit the article.
2. The complete manuscript including title page, abstract, text, tables, acknowledgements, references and illustrations.

Written permission from the publisher (copyright holder) to reproduce any previously published tables, illustrations or photographs.

Manuscripts should be arranged as follows:

Title page
Abstract and keywords
Text
Acknowledgements
Disclosures if required
References
Short biography of author/s
Address for correspondence from readers

(e.g., an email address)

Tables and figures should be placed in the correct position within the body of the text. Number pages consecutively, beginning with the Title page as page 1.

Sections of the Manuscript

Title Page should contain:

Title: Should be short and informative.

Recommended length is between 10 and 12 words.

Running Head: Short title with a maximum of 50 characters

Author: This should include the author's name in the preferred form of given name, family name.

Institution and Affiliations: This identifies the location where the author(s) undertook the investigation.

Corresponding Author: Provide the name, exact postal address with post code, telephone number, fax number and email address of the author to whom communications and requests for reprints should be sent.

Specific Formatting Requirements

Paper Size, Margins, Alignment

A4 page, ALL margins 2.5cm.

Spacing

All text double spacing, left aligned (not justified) unless otherwise specified.

Font & Size

Times New Roman, 12pt unless otherwise specified.

Paper Title

14pt, bold, centred, sentence case.

Place one line after the paper title.

Abstract and Keywords

12pt, italics, left aligned.

Place one blank line before and after the abstract.

The abstract must be no more than 200 words.

Place up to 6 (six) keywords.

Normal Text

12pt, Times New Roman double line-spacing, left aligned (not justified)

Do not leave line spaces between paragraphs but indent the first line of each paragraph.

Long Quotes (roughly, quotes of 30 words or more)

12pt, italics, indented 1 cm left and right

1st Level Heading

Sentence case, bold, centred, not italics.

1st Level of Subheading

12pt, italics, sentence case, left aligned.

Leave one line space before this level of subheading.

Do not number subheadings.

2nd Level of Subheading

12pt, italics, sentence case, left aligned. Text should continue on the same line.

Leave one line space before this level of subheading.

Tables, Figures, and Diagrams

Captions in 12pt and typed below the figure, as required by Publication Manual of the American Psychological Association Fifth Edition. These should be black and white and inserted in the correct place within the body of the text. Do not allow a figure or table to be split over two pages or to be separated from its label or caption.

Diagrams, illustrations, graphs, etc, must be 'screen readable'. This means fully legible and readable on screen when displayed at widths that ideally do not exceed about 750 pixels and certainly should not exceed 1000 pixels.

Page Numbers

Insert page numbers at the top of the page, right aligned, beginning with the title page.

Footnotes

Avoid using footnotes.

References and Citations

Use the Publication Manual of the American Psychological Association Fifth Edition citation and reference style. List references under the 1st level subheading,

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