

6

FAMILIES AND COMMUNITIES

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LEARNING OBJECTIVES

This chapter addresses the following questions.

- What is a family?
- What is community?
- What do communities have to do with me?
- How do families and communities support or impede personal well-being?
- What do communities have to do with community and human services?

KEY TERMS

community

family violence

strengths-based
approach

community development

Overview

This chapter will:

- * Critically explore benefits and challenges associated with families
- * Reflect on the nature of communities
- * Consider changes in family formations and how this impacts on practice
- * Introduce practice approaches for working with families

Family is a group with which we all have some form of connection. In this chapter, I discuss the changing understanding of what constitutes family in contemporary society, and explore the nurturing and domestic groupings involved, including the good and the not so good. This extends to a description of the nature and role of communities. Next, changes in the construction of family and the impacts on working with family groups are outlined.

I explore how community and human services professionals work with families from a strengths-based, family-centred approach, using systems theory and community development approaches. This is supported by case examples and reflective exercises. Strategies for strengthening communities to enhance individual and family well-being are also explored. Building on previous chapters, interwoven with strategies for strengthening families and communities, I reflect on practices of self, and how power dynamics between the client and worker influence interactions and outcomes for clients.

Family

The definition of family is something that we tend to take for granted because a family is a primary group that involves us all, whether the association is positive or negative. The family may be a nurturing and positive group that fosters a sense of belonging, or it may involve complex circumstances that include negative experiences and prompt a sense of isolation and injury. Traditionally, the biological nuclear family has been the primary social grouping in western society's contemplation of family, and this remains true today (Habibis and Walter 2015). In other words, family was traditionally understood to constitute a heterosexual couple and their biological offspring. Occasionally this traditional understanding extended to biological grandparents and other blood relations.

However, there have been significant changes in our constructions of family (Cabrera *et al.* 2000). Over recent decades, the concept of family has been redefined to include a range of other configurations. The new constructions of family include heterosexual and same-sex couples; single people with children; uncles, aunts, grandparents, cousins, carers; and foster parents or guardians.

Further, parents and carers may be in multiple family relationships over time, resulting in different combinations of step and biological children. Little (2014) suggests that family serves as an economic unit within society, and adds the extra layers of family of origin and family of procreation to the discussion. Then there is the interpretivist or interactionist perspective. From this position, there are no tangible boundaries that define a family. Family is what we interpret it to be. Family is experienced by its members and is defined through the creation of meaning (Harris 2008). In other words, family is manifest in behaviour and meaning rather than in biology; it may include sharing resources and caring about others' welfare. Throughout this chapter, we explore views of family and the influence of our own experience of family on our values and beliefs. Most importantly, we consider how this may impact on our approach to working with clients. But before moving on, work through the reflection exercise.

Reflection exercise

- * What does family mean to you?
- * What are the different roles you play within your own family?

- * When you think of family, what images come to mind?
- * How many different forms of family have you come into contact with?

There is a multitude of cultural differences and interpretations of what family means. The intricacy of working across cultures is discussed in detail in Chapter 10. Suffice to say, factors that must be attended to include marriage customs, kinship lineage, polygamy, age of bride and groom, marital and post-marital residences. As in other practice areas, it is important to be aware of the many different cultural interpretations and practices of marriage which impact on the understandings of family and definitions held by clients. These different interpretations demonstrate the many ways in which kinship or family connectedness is socially constructed. In this chapter, we use an inclusive construction of family. As you read through the case example, think about what family means to you and what it might mean to clients.



Case example

Michael's family

Mary is a twenty-three year old single woman. She forms a relationship with Tom, who is twenty-nine. Tom has a four-year-old biological son called Michael. Michael's biological mother, Stacey, has a drug problem and she left the family home soon after her son was born. Stacey has not been in touch with Tom since that time. Michael's development was affected by Stacey's drug use during the pregnancy and he has a mild intellectual disability. He is also extremely shy. Mary moves in with Tom and lavishes attention on Michael. She becomes his primary carer while Tom returns to full-time work. The time and effort Mary spends with

Michael improves his physical and emotional capabilities and Michael thrives. Two years later, Mary and Tom have a baby girl that they name Sally, which brings the family to four. After another year, Mary's sister and brother-in-law are killed in a car accident and Tom and Mary adopt their daughter Jane. Several years later, Michael's biological mother Stacey makes contact with Tom. Stacey has a stable job and is in remission from her drug problems, after receiving considerable treatment. Stacey wants to establish a relationship with Michael and her long-term goal is to have Michael living with her. Michael is now nine, Sally is seven and Jane is six.

Implications for practice

Who is family in this scenario? Who is related to whom? Who is Michael's 'real' mother? Is this a valid question? What rights do Stacey, Mary and Tom have regarding the custody of Michael? What rights does Michael have? How would you figure out what's best in this situation, so you can work towards an optimal outcome?

The relationships in this case example demonstrate some of the diversity in familial arrangements, the changes that may occur with time, and the difficulties in creating boundaries around understandings of family. I would define family as a group of people who recognise and accept an emotional connection with each other, whether it is positive or negative. Families may or may not live together and they may see each other often or infrequently. For many people, biological ties and/or physical proximity may not equate with emotional connectedness. In other words, we may not live with someone but we may still consider him or her family. On the other hand, we may share a physical dwelling but not consider those who share a living space with us as family—even if they are biologically related.

Working with families: a feminist perspective

Traditionally, social welfare practice has turned to the woman/mother as the primary person to address problems within the family. The blame for instability in family relationships is often placed on the mother/woman, who is then the primary target for subsequent interventions (Habibis and Walter 2015).

Anti-oppressive practices advocate a non-blaming approach to work with families (Trevithick 2005). Using a feminist lens, the worker draws attention to the inequities in family relationships that are a consequence of traditional gender roles. Within this framework, the worker recognises that the responsibility for family stability and nurture is predominantly assigned to the woman/mother in the family. A feminist lens interrogates societal beliefs about the role of women and the inequities that these beliefs often create and sustain. An anti-oppressive feminist approach to understanding families (as traditionally defined) might even advocate that families are not a safe and nurturing place for women, but rather a significant site of social inequity and oppression.

At a systemic level, in areas such as health, employment, education and the legal system, the oppression of women is maintained when social services and laws are based on the perspective of white, educated, middle-class, able-bodied men (DVIRC 2004; Vanderende *et al.* 2012). There is a lack of support for women's unpaid work, and this is exacerbated by minimal and costly childcare, inflexible work arrangements and unpaid maternity leave. Women now comprise a larger proportion of the paid workforce in Australia and other western nations than a few decades ago, but most unpaid labour in the home and the primary care for children, the elderly and infirm remain the fundamental responsibility of women (Habibis and Walter 2015). For many women, this means families are a source of inequality in the social, political and economic arenas—with gender a key determinant in the individual experiences of oppression and inequality. There is considerable complexity in the **family violence** arena; this is just a glimpse of some of the issues. You may find the further reading list at the end of this chapter useful for further exploration of this topic.

family violence: family violence is violent or threatening behaviour, or any other form of behaviour that coerces or controls a family member and causes that family member to be fearful (ALRC and NSWLRC 2010).

Family values and you

The family environment is a primary influence on our personal development and it is critical in our approach to work. As discussed in Chapter 5, how we make sense of our experiences forms the basis of our internal or implicit theories about life, about ourselves and about our clients (O'Connor *et al.* 2003). In community and human services, workers engage with families in a wide variety of areas. Obvious practice arenas include family counselling, family violence, housing support services and government organisations, such as child protection for child custody, access and shared care arrangements (Gavriel-Fried *et al.* 2014). No matter what field of practice is involved, almost all professionals will have some engagement with families—clients are all connected to family in some way.

As a practitioner, you will be called upon to interpret family dynamics in many settings. How you interpret constructions of family will influence the strengths and deficits you see when you make an assessment regarding the placement of a foster child, for instance, or when working from a community development approach in engaging families in community-based programs. Your interpretation of family will influence the range of services and resources that you suggest to clients.

There are also legal rights and privileges that come with the label of family (Habibis and Walter 2015). The current debate regarding gay marriage, for instance, is not only about two people wanting to share their commitment to each other in front of friends and family. There are legislative protections and entitlements that come with legal recognition of marriage and family status (www.comlaw.gov.au/Details/C2013C00164). As a community and human services worker, you will have the power to allocate or deny those resources within current legal parameters and the organisational operatives of your employing body. How stringent or flexible you are in adhering to those parameters may be influenced by what you recognise as a family and by your capacity to set aside your own beliefs in working to improve the circumstances of others.

Harris (2008) argues that the forces around families shape them. Equally, how we see family is shaped by what we have experienced. As you read the following case example, consider your perspectives on family and how they might impact your assessment of the best outcomes for clients.



Case example

Custody

Cathy and Jane have two children, Tom and Andrew, who were conceived by in vitro fertilisation. Tom is Cathy's biological child

and Jane gave birth to Andrew. They share the same sperm donor, Mark, who is a friend of both women. Mark has had little to do with raising the children, but the boys know him and

know he is their biological father. There have never been any formal adoption or custody arrangements between the three friends. Mark has always said the boys belong with their mothers. They all see each other a couple of times a year and relations between the adults have always been friendly and casual.

When the boys were five and seven Mark married his girlfriend Mandy, who did not previously know the boys or the two mothers. She subsequently met the boys and they get on well, but Mandy does not wish to encourage a closer friendship between herself and the two mothers. Mandy is instrumental in encouraging Mark to take the boys for occasional weekends with her as a family unit. This has occurred a few times and seems to be successful. Cathy and Jane are not entirely happy with the arrangement as Mandy has very different values from theirs, but the boys are starting to ask more questions about their father, and Cathy and Jane feel that this is important for their sons. Moreover, Mark has asked very little of the mothers in the past, so they are inclined to agree with the additional contact. The adults establish regular access arrangements, where both boys stay with Mark and Mandy every second weekend. Mandy is keen to have children of her own, but recently found out this is not possible. The arrangement continues for another year until the boys' mothers have a car accident. Cathy is killed and Jane is left with a physical disability. Jane needs extensive therapy to regain

her independence and allow her to drive again. Mark offers to drive the boys around until Jane recovers more fully. Over the ensuing months, Mark and the boys develop stronger ties and Mark takes a more active fathering role. He and Mandy regularly attend soccer games and school events with the boys. The boys are now seven and nine.

Mandy encourages Mark to seek custody of Tom. She believes they can better provide for him and he will, for the first time, have two 'proper' parents. Jane is very opposed to the idea, saying that she is mother to both boys and they should stay together. She argues that the boys are grieving for Cathy and further change will only make things harder. Mandy and Mark agree the boys should stay together, and seek custody of them both. Mark understands Jane's position but feels she can no longer care for the boys adequately. Jane will never recover her previous physical capabilities and she needs a walker to be mobile. Mark argues that the boys are approaching an age where it will be important for them to have a regular male role model. He earns a good salary and owns a large house and Mandy will be a full-time non-working parent. He believes this will be the best arrangement for the boys. Positions become entrenched. Relations between the adults break down completely and the case ends up in the Family Court. You have been asked to assess the situation and write a report for the Family Court on what you think is best for the children.

Implications for practice

These are some of the questions you may consider in putting together the report.

- Who has the strongest parental claims?
- What are the rights of each of the biological parents?
- How important is it to have two parents?
- What part does gender and sexuality play in your assessment?
- What rights do the children have?
- What compromises could be made?
- Does Jane's disability impact on your assessment?

The ways that you identify and construct notions of family will impact on the assessments you make in cases such as this. This will depend on your values and beliefs, along with the knowledge you gain through study and experience. Knowing what you think and the origins of your perspectives is important in your professional practice. Only through such self-reflection can we recognise and curb the impact of preconceived beliefs on our daily practice.

Approaches to working with families

In working with families, we must be mindful that our experience of family may be very different from that of our client. Families may not have strong ties to communities. There may be fractures resulting from a history of violence or substance abuse. What we define as a healthy family may not be what our clients encounter. Some families that appear dysfunctional, according to middle-class expectations, may nevertheless be warm, loving and supportive. Being aware of differences and mindful of our own values is important in ensuring we do not impose those values and beliefs on clients. Through respectful and open engagement, we are open to different ways of working with families. One such approach is family-centred practice.

Family-centred practice

Family-centred practice places the family as central to service delivery. It envelops a broad approach to practice that looks at strengths and resources within families, rather than at problems and deficits. The emphasis is on involving families in identifying, planning and choice in service delivery (Madsen 2009) using a place-based approach. Community and human services workers provide 'wrap-around' support, with a flexible approach to funding and service delivery (Bellin *et al.* 2011; Madsen 2009). Strategies include engaging community members to develop proactive coping strategies with families (Madsen 2011) and using culturally appropriate family-driven collaborative partnerships with the community (Allen and Petr 1998).

Family-centred practice is empowerment-focused and strengths-based. It reflects a systemic understanding of families and a **strengths-based approach** to engagement and interventions (Rouse 2012). The following section provides a brief outline of systems

strengths-based approach: an approach that focuses on what clients can do and what they want to be able to do. It is a way of seeing clients as resourceful and resilient, and of looking towards desired outcomes.



Linkage point: Strengths-based and empowerment-based practice and the ecosystems perspective are further explored in Chapter 12, where we look more closely at practice approaches.

theory and a strengths-based approach to working with families from a family-centred practice base.

Systems approaches: ecological and family systems

Few of us live in a vacuum; we act, interact and react with others all the time. In ecological systems analysis, attention is given to the interactions and relationships between system components, rather than placing blame or emphasis on an individual. Ecological systems theory also examines how we interact with different parts of our external environment.

Systems can be open or closed. A closed system does not allow for any outside involvement (input) and does not interact (output) with other systems. Closed systems that do not interact well with the outside environment are considered dysfunctional (Bevcar and Bevcar 2013).

Family systems theory views the nuclear, biologically based family as a self-regulating system (Cross and Barnes 2014), composed of interactive and interdependent relationships (siblings, parents, mother/daughter, father/son) that have their own rules and boundaries (Rouse 2012). The focus of interaction is on the well-being, or homeostasis, of the family unit. An open system allows for the flow of input and output between the family and external sources. When the subsystems operate within appropriate rules and boundaries, the family system functions well. However, a crisis in one system can impact on subsystems and lead to a crisis in the whole family. For example, a sick child who needs to stay home and be supervised creates a rupture in the normal operation of the family system. An open and healthy system is likely to have supports and connections on which to draw to cope with such disruption. A family with closed lines of communication, few outside connections and unhealthy subsystems will find this situation more difficult.

Voydanoff (2001) provides a systems analysis of the different levels and variables in which we operate. She suggests that systems theory provides a tool for working with family and community across micro, mezzo and macro levels. On a micro scale (within the family), systems theory explores the interactions among family members. On a community/mezzo level (family, work, community), systems theory helps us understand the impact of middle-level forces on the family; while at the macro level we can understand the impact of broad issues such as rates of unemployment and downsizing of companies (Voydanoff 2001).

Using systems theory, you and your client can create a picture of the lines of communication within the family. Maladaptive behaviour patterns and unspoken rules can be explored, along with their impact on family members. For example, Cross and Barnes (2014) discuss the usefulness of systems theory in understanding and addressing schoolyard bullying. They argue that family members learn ways of coping with change and or stress from within the family. These coping mechanisms are adopted as normal and applied in other settings. If children have adopted particular roles such as 'bully' or 'scapegoat' in the family, these can become the role they adopt in the school setting.

Cross and Barnes (2014) argue that a systems approach recognises that bullying can be a consequence of the myriad complex relationship between interacting systems such as family, school community, friendship groups, and culture. Working with families and schools using a systems theory approach to identify interactions that promote bullying and victim-like behaviours is an effective intervention, which can be translated to other practice settings. The focus is on the many factors at play in the manifestation of the problem.

Family-centred practice places the family at the centre of a systems analysis of that family. Rouse (2012) argues that all families have strengths. Using family-centred practice, and recognising families as a system, facilitates the recognition of the strengths that families possess, rather than focusing on their deficits. Work can then begin on harnessing and strengthening skills, assets and talents available to the family and the community. In this way, families are empowered to be partners in the change process.

Criticisms of systems approaches

Systems theory provides a mechanism to better understand the family within the context of its internal relationships and the environment in which it is placed. This can broaden our understanding of the influences of the family and make for a more holistic perspective. However, there are a number of criticisms levelled at systems theory. The approach is effective for concentrating on parts of the system that need to be changed to achieve equilibrium, with a focus on behaviour modification. Within nuclear, biologically based families in particular, the responsibility to change and 'fix' what is wrong predominantly falls on women (Habibis and Walter 2015). As discussed earlier, families can be sites of violence and abuse. Systems theory can perpetuate structural power imbalances by expecting women to make the necessary changes to restore balance and re-establish family functionality, when in fact the underlying issue—violence—can only be changed by the perpetrator of that violence. In addition, systems theory, while useful for identifying what is not functioning within a system framework, does not always provide a similar outline for solutions. It can be overly problem-focused, resulting in a disempowering experience for families when there is too much concentration on what is not working in the system, and too little on what is working well. Therefore, systems theory is best used as one of a range of tools that you will gain knowledge about, and skills in using. It is likely that you will use some aspects of systems theory and not others.

Strengths-based approach

A strengths-based approach reframes problems to focus on the strengths and capacities that can be galvanised to resolve difficulties. Rather than focusing on 'what is wrong', the emphasis is on harnessing the family's resources, identifying previously successful coping mechanisms and strengthening resilience (Connolly 2004). Strengths-based practice differs from the notion of empowerment because it assumes a level of autonomy and power in the first instance. The focus of the intervention is on

problem-solving and capacity identification, rather than workers providing a pathway for client empowerment. The focus is on establishing a collaborative, problem-solving relationship between worker and client (Crichton-Hill 2004), while being cognisant of power imbalances. There is a shift away from the worker as the expert to a respectful cooperative engagement. While differences and diversity are acknowledged, they are framed with a focus on capacity (Briggs 2009). A strengths-based model enables families to create and implement their own change, with workers playing a facilitative role.

A strengths-based approach can be an especially useful strategy in the non-voluntary sector (Miller 2009). Families who are involved with child protection or youth justice, or who have a child with a disability, are likely to have experienced high levels of intervention and scrutiny, which has focused on their weaknesses and failures. Such practices can exacerbate feelings of hopelessness, alienation and powerlessness, and lead to social exclusion. Vulnerable families often have few ties to community or extended family. A strengths-based approach—identifying what family can do, the connections they have and what they have successfully achieved in the past—reorients thinking about the family's capability. Central to this approach is the belief that people have the capacity—and the willingness—to change.

Skills and knowledge

There are a number of skills central to strengths-based practice, including:

- 1 Focusing on and identifying strengths
- 2 Developing an inventory of resources
- 3 Creating a vision of a different future
- 4 Taking note of change
- 5 Validating and acknowledging the client
- 6 Increasing the exchange of competencies among parents
- 7 Activating the circulation of strengths in family relationships
- 8 Educating for strength development.

Source: Adapted from Briggs (2009, p. 17); de Melo and Alarcão (2015, p. 882).

Families and family strengths are at the core of building positive future communities, and 'requires workers to be humble, motivated and develop respectful positive relationships with families' (de Melo and Alarcão 2015, p. 882). Maidment and Egan (in Egan and Lewis-Nicholson 2009) discuss a strengths-based approach and the use of power 'with' rather than power 'over' clients. This approach involves:

- 1 Forming partnerships
- 2 Entering into the client's world
- 3 Being open to new ways of doing things
- 4 Searching for the 'right' questions
- 5 A team approach with shared responsibility.