

Factors and Dynamics Influencing the Implementation of Community Interventions: A Systems Perspective

by

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(B.A. (Hons) Psychology)

A thesis submitted in total fulfillment of the
requirement of the degree of

DOCTOR OF PHILOSOPHY

School of Psychology
Faculty of Arts, Education and Human Development
Victoria University

2007

Declaration

“I, Lyn Radford, declare that the PhD thesis entitled Factors and Dynamics Influencing the Implementation of Community Interventions: A Systems Perspective, is no more than 100,000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work”.

Signature

Date

Acknowledgements

There are several people who have made it possible for me to complete this work and I would like to take this opportunity to express my appreciation.

First and foremost the participants of this study who welcomed me into their team and engaged in the spirit of the research.

My many supervisors: Professor Jill Astbury, whose support, encouragement and wisdom, brought this thesis to its completion. Dr Wally Karnilowicz and Dr Delwyn Goodrick whose enthusiasm and expertise helped to develop my research skills. Finally, Professor Isaac Prilleltensky for his knowledge and support, without which this research would never have begun.

My husband, Haydn, my children, Jordan and Alice, and my parents, Jan and Norm, who have loved and supported me throughout this long process and have tolerated the demands it has placed on all of us.

My friend and colleague, Claudia Edwards who was kind enough to read drafts and my friends Amanda Murfett and Michelle Ball who shared the PhD experience with me.

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Abstract

Community interventions are a recent development in the field of prevention. This study sought to address the current gap in this area, between scientific knowledge and community practice, through an understanding of practitioners' experiences of implementation.

A case study was undertaken to explore the context and complexity of implementation processes. Data was collected concurrently with the implementation of a community intervention located in rural Victoria, Australia, which aimed to reduce early school leaving. Implementers' perspectives on a guide to best practice, developed from the academic literature, were sought. Concepts from systems theory and ecological approaches were combined to create a framework suitable for the analysis of the data.

The intervention was viewed as an open system. Its progression from being a subsystem of the funded organization to a subsystem of both the funded organization and the community was examined. Factors such as meeting community needs and community members as program staff were found to facilitate community acceptance. The interactions within and between the subsystems of the intervention and the community were also explored.

School retention rates were suggestive of some level of impact on school leaving. Additional positive outcomes were the facilitation and/or strengthening of links between community subsystems, and a perceived change within the funded organization.

This thesis goes some way towards bridging the gap between science and practice in this field. Findings contribute to the debate regarding flexibility versus fidelity and a greater understanding of the unique challenges faced by rural interventions.

CHAPTER 1

INTRODUCTION

The importance of a focus on prevention, rather than treatment or cure, of psychological or social problems is widely recognized in the academic literature (Durlak, 1997; Felner, Felner, & Silverman, 2000; Greenberg, Domitrovich, & Bumbarger, 2001; Prilleltensky & Nelson, 2000; Rae-Grant, 1994). While there will always be a need for individual treatment, there will never be enough resources available to treat the number of cases that would arise if there was a sole reliance on this method (Felner, Felner, & Silverman, 2000; Rae-Grant, 1994). Research has also shown that prevention interventions are more cost effective than interventions that aim to reverse existing problems (Felner, Felner, & Silverman, 2000), a particularly important consideration in funding environments characterized by economic rationalism that occurs in Australia and across the globe.

Traditionally it has been in the field of public health where the benefits of prevention have been best documented and where prevention has been associated with significant reductions in morbidity and mortality from a number of diseases (Berkman & Kawachi, 2000). Prevention in the area of health now takes the form of theory-driven programs which provide health education, promote healthy behaviors, and seek to reduce identified behavioral and other risk factors for disease (Clark, 2002). Programs have also extended beyond medical problems and aim to reduce social problems. Settings for the implementation of these programs include schools, hospitals, work places, and more recently communities (Goodman, Wandersman, Chinman, Imm, & Morrissey, 1996).

Currently a gap exists between science and practice in the field of prevention (Morrissey et al., 1997; Wandersman & Florin, 2003). There have been many successful prevention programs in schools and communities but effective programs are rarely sustained or expanded (Durlak, 1997; Schorr, 1997). When they are continued or disseminated it is often in a very different form from the original model (Schorr, 1997). This movement away from the

initial program design is so common that it has been given the name ‘program drift’ (Cameron, Karabanow, Laurendau, & Chamberland, 2001).

A number of authors attribute the scarcity of dissemination of successful programs and the drift away from the original program plan, to a lack of understanding of program implementation. It has been widely accepted that research has focused on program development while program implementation has been neglected (Goodman, 2000; Roberts-Gray & Gray, 1983).

Program implementation is the phase where the planning is put into practice. Previous research has largely concentrated on program planning and outcomes (Goodman, 2000), however, without an understanding of program implementation it is impossible to clearly identify any connections between what was planned and the outcomes of the program. Lack of attention to implementation mechanisms has been described as a Type III error, which is defined as making an assumption that the intervention caused the outcomes when implementation processes remain unknown (Durlak, 1998b). Interventions implemented in community settings are particularly vulnerable to Type III errors, due to their complexity and multiple components (Goodman, 2000).

A tension exists amongst prevention theorists about the degree of implementation flexibility that should be permitted (Cameron, Karabanow, Laurendau, & Chamberland, 2001). There is a strong argument that program implementation be consistent with planning so as to ascertain the program’s effectiveness, ensure accurate program evaluation, and minimize the effects of program drift (Durlak, 1997; Kramer, Laumann, & Brunson, 2000). However, it has also been argued that there needs to be some degree of flexibility in the implementation to allow for differences between contexts (Schorr, 1997).

The decision about maintaining program integrity or allowing some measure of adaptability is particularly relevant to programs implemented in community settings, as there is high variability amongst community contexts (Serrano-Garcia, 1990). Communities differ in the resources they have available; their attitudes to perceived problems; and political climate. This can lead to difficulties in replicating successes seen in one community to another community. In addition to this, communities are fluid and can change during the

implementation process (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000).

There is a compelling argument for the tailoring of programs to meet the specific needs of the local participants, thereby reducing cultural mismatch and insensitivity (Castro, Barrera, & Martinez, 2004). Collins Murphy and Bierman (2004) assert that adaptive interventions are capable of reducing waste, minimizing negative effects, increasing compliance and enhancing the intervention's potency. Certainly, some degree of responsiveness to the given context could be seen as facilitative.

As community interventions have become more widespread, implementation practice has shifted from a focus on the organization to a focus on the community. Prior to the development of community interventions, prevention interventions for health promotion were frequently implemented within organizations. Implementation models reflected this and organizational factors were emphasized. Strategies recommended for effective implementation included effective management, supervision, skills, and incentives, and were focused on the individuals and the organizations involved in implementation. The move to interventions implemented in communities, rather than organizations, necessitated a change in implementation strategies that acknowledged the unique challenges of a community setting (Goodman, 2000).

Community interventions are vastly more complex than interventions implemented within organizational settings. Working across multiple ecological levels they seek broad change in a large number of people (Kubisch et al., 1997). Individual behavior change is deemphasized as social change within the community becomes the focal point (Goodman, Wandersman, Chinman, Imm, & Morrissey, 1996). It is the actual setting of the intervention which creates the greatest difficulties. Interventions implemented within organizations are contained within the organization and do not need to consider their external environment. Conversely, interventions implemented in community settings are unable to function in this closed fashion as the environment external to the organization is the actual setting for the intervention.

Acknowledgement of the challenges and complexities of community settings has been an important development in the design and implementation of

community interventions, as it is vital to the intervention's success that there is a comprehensive understanding of the community in which the intervention is to be implemented (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000). The result of this change in focus, from the implementing organization to the community, has been a loss of interest in the implementing organization. This is unfortunate, since a proficient organization is vital to the success of the intervention. Effective implementation of a community intervention would not be possible without a functioning, implementing organization. The establishment and maintenance of an organization capable of effective implementation is as important to implementation as the content of the intervention itself (Scheirer, 1996).

The shift in emphasis from the organization to the community has seen the development of program logic templates as the accepted framework for effective implementation and evaluation (Goodman, 2000; Goodman, Wandersman, Chinman, Imm, & Morrissey, 1996). This model is a useful way to show the theoretical frame by which the intervention intends to achieve its aims, thereby increasing the efficacy of the intervention's evaluation (Savaya & Waysman, 2005). However, it does not take into account the fact that each program logic box represents a person or people and that each strategy relies upon the skills of people and their interactions with each other. Interventions change over time, the people within the implementing organization come and go, and each person brings their own skills, knowledge, passions and beliefs to the intervention.

In summary, a deeper understanding of implementation processes and how prevention programs actually work is needed if programs are to be sustained and disseminated. Research into the implementation of community interventions is of particular importance as they are highly complex and are at greater risk of implementation problems such as Type III errors. Moreover, the question of fidelity versus flexibility is most prominent for community interventions. Advances in the design and implementation of community interventions have promoted an emphasis on the community rather than the organization and a greater awareness of important aspects of the community and its members. Whilst this has been an important step it runs the risk of 'the baby being thrown

out with that bath water' as the organization and the people implementing the program are as vital to its success as the content itself.

The importance of the people implementing a community intervention and the organizational climate in which they work has been widely recognized (Butterfoss, Goodman, & Wandersman, 1996; Lynch, Geller, Hunt, Galano, & Dubas, 1998; St Pierre & Kaltreider, 2001). Teachers as the implementers of school-based prevention programs have been examined and found to be critical to the facilitation of change (Kallestad & Olweus, 2003; Visser & Schoeman, 2004). Previous research (Kubisch et al., 2002) has utilized interviews to explore the experiences of directors and high level practitioners of comprehensive community interventions, and found that staff were crucial to program success. However, there is a paucity of research examining ground-level workers in community interventions and their implementation experiences. In this study I consider this gap in the literature and attempt to address this omission.

An enhanced understanding of the dynamics and factors occurring within the implementation of a community intervention was the aim of this study. A case study of a community intervention during the implementation phase was employed to observe the implementation as it unfolded, with particular attention given to the perspectives of those implementing the program. This community intervention was implemented in rural Victoria, Australia, and aimed to reduce early school leaving.

The layout of this thesis is slightly unusual in that it reviews new literature in chapters following the methodology chapter. The rationale for this approach was that it represented the intellectual journey undertaken in the analysis of the data. Chapter 2 is a review of the literature related to prevention, community interventions and their implementation. Chapter 3 describes the methodology and chapter 4 describes the actual case.

The data collection was guided by a desire to articulate a set of principles for exemplary implementation and the findings are explored in chapter 5. The next three chapters are a reflection of the need for a theoretical framework to better understand the dynamics of the case. The final chapter synthesizes the findings and discusses them in relation to the literature.

CHAPTER 2

LITERATURE REVIEW

2.1 Prevention and Promotion

2.1.1 *A brief History of Prevention*

Lay people's recognition of the importance of prevention is found in proverbs such as 'a stitch in time saves nine' and 'an ounce of prevention is worth a pound of cure' (Nelson & Prilleltensky, 2005). Health professionals' awareness of the importance of prevention has been largely informed by the field of public health. Great gains in health have been achieved through preventive measures such as sanitation, water purification and immunization, which have significantly reduced or eliminated diseases such as typhoid, cholera, and small pox (Albee & Ryan, 1998; Berkman & Kawachi, 2000).

Twentieth century public health prevention strategies have included identifying the agent causing the health problem and removing or neutralizing it; increasing resistance to the agent; and preventing its transmission (Albee & Ryan, 1998). More recently, public health prevention has focused on risk factor reduction and behavioral change. Reduced smoking, obesity, drug and alcohol use, are promoted as preventative behaviors for diseases such as lung cancer and heart disease. Similarly the use of condoms and clean hypodermic needles are encouraged to reduce the spread of infectious diseases such as Human Immunodeficiency Syndrome/Acquired Immunodeficiency Syndrome (HIV/AIDS) and hepatitis (Albee, 1986).

In recognition of the successes that had been achieved in the prevention of organic disease, public health experts began to consider the possibility of preventing mental disorders (Albee & Ryan, 1998). Understanding of the links between early experiences and adult personality became more sophisticated and the prevention of mental disorders seemed possible (Albee & Ryan, 1998). However, the early public health approach to prevention of disease reflected a linear model, which was successful when there was a single and identifiable cause, but was ill suited to responding to multi-factorial health conditions (Felner, Felner, & Silverman, 2000; Levine, 1998; Nelson & Prilleltensky, 2005).

Although there are clear correlations between certain social environments (such as poverty, isolation, social marginalization, and damaging infant/childhood experiences) and psychopathology (Albee & Ryan, 1998), most psychosocial problems have multiple causes making this linear approach to prevention unlikely to succeed (Nelson & Prilleltensky, 2005).

More recently, public health has recognized the multiple determinants of health outcomes, and a more ecological approach to prevention has been employed. This has necessitated an understanding of the relevant factors within the individual, their social systems, and their environment, and their interrelationships (Higginbotham, Albrecht, & Connor, 2001). This approach has been relatively successful with preventive interventions in public and mental health being found to be more cost efficient and effective than attempts to treat or cure existing problems (Albee & Gullotta, 1997; Cowen, 1996; Felner, Felner, & Silverman, 2000).

2.1.2 Levels of Prevention

The application of prevention theory to mental health problems, in the 1960s, saw the introduction of three levels of prevention (primary, secondary, and tertiary) which were based on the timing of the intervention and the targeted audience (Nelson & Prilleltensky, 2005). Primary prevention has been defined as an intervention which is designed to reduce the incidence of a condition or disorder. Secondary prevention interventions seek to detect early signs of a problem and prevent further problems. Finally, prevention interventions at the tertiary level aim to treat problems and rehabilitate so as to reduce the duration and possible consequences of the problem (Durlak, 1997).

More recently these levels have been viewed as a continuum where interventions that promote wellness are at one end and interventions that treat established problems are at the other end. Universal interventions, that target the entire population, are at the wellness promotion end of the continuum, selective interventions, which focus on high-risk groups, are in the middle, and indicated interventions, whose participants are those who have already experienced the problem, are at the treatment of established problems end of the continuum.

Prilleltensky, Peirson and Nelson (2001) have further adapted the continuum by naming universal and selective interventions as proactive, and indicated interventions as reactive. Durlak (1997) stated that he no longer considered interventions at the tertiary level to be preventative as they had become confused with therapy. In their review of programs that promoted family wellness and prevented the maltreatment of children, Nelson, Laurendau and Chamberland (2001) focused on primary and secondary interventions.

As can be seen in Figure 2.1 (Prilleltensky, Peirson, & Nelson, 2001) the closer an intervention is, on the continuum, to indicated, the smaller the number of people receiving the intervention (Prilleltensky & Nelson, 2000). The current situation in western societies is that most child welfare and mental health prevention programs are at the selective to indicated end of the prevention-intervention continuum (Prilleltensky, Peirson, & Nelson, 2001). Research (Galano et al., 2001) has found that providing programs for ‘at risk’ populations from traditional service providers tended to stigmatize the program and those participating in it. However, broad community support for program initiatives was increased when programs were intended for the entire population.

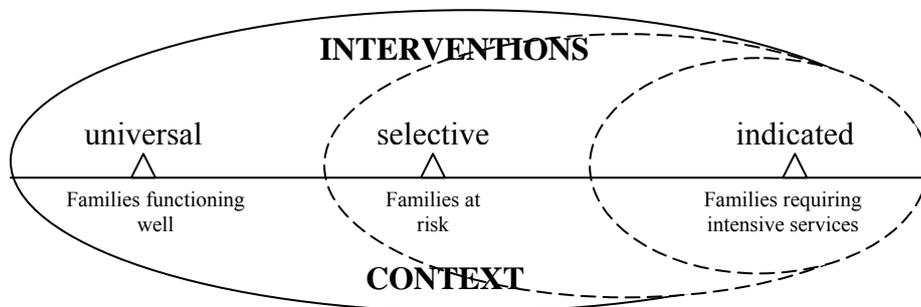


Figure 2.1: The Prevention Continuum (Prilleltensky, Peirson, & Nelson, 2001)

Rose (1981) first identified the ‘prevention paradox’ in his research on cardiovascular disease. Its proposition is that a universal approach is likely to benefit the community as a whole; however it offers little benefit to the individual. This is because an intervention with a universal focus attempts to lower the incidence of the negative outcome over the entire population, but as most individuals are at low risk of developing the outcome they do not directly experience any benefit from the intervention (Hunt & Emslie, 2001; Stockwell et al., 2004).

Although universal programs have been admired for their intention to reach the entire population, there has also been some argument for the inclusion, within a universal program, of program components that target high risk groups. This approach recognizes that populations are complex and diverse and identifies the need to account for individual differences as well as the developmental needs of the group as a whole (Johnson et al., 1990).

2.1.3 Promotion

Prevention seeks to stop problems from developing and this is complemented by promotion which seeks to enhance functioning (Nelson, Prilleltensky, & Peters, 1999). Promotion of positive behaviors and capacities are also preventative as they have been shown to reduce problems such as child maltreatment (MacLeod & Nelson, 2000), cardiovascular disease (Solomon, Scarpone, Loew, & Gross, 1992), and substance abuse (Nelson & Prilleltensky, 2005). Health promotion focuses on the positive aspects of health and aims to increase the abilities, strengths, or skills of the target population (Durlak, 1997). For example, prevention interventions can focus on the prevention of mental health problems by seeking to create conditions and practices that reduce risk factors, such as ensuring positive school experiences, while at the same time promoting protective factors such as coping skills (Bogenschneider, 1996; Reiss & Price, 1996).

Cowen (1996) described four essential characteristics of interventions for mental health promotion through wellness enhancement. Such interventions are proactive rather than reactive, population oriented rather than focused on the individual, multi-dimensional rather than uni-focused, and ongoing rather than time limited. Other authors (Bogenschneider, 1996; Greenberg, Domitrovich, & Bumbarger, 2001) believe that both the resilience-promotion and the risk-reductive models are valid in the prevention of mental health problems.

2.1.4 Social Environments and the Ecological Metaphor

The field of prevention has been influenced by a better understanding of the development of mental health problems. Specifically, that they are multiply determined, and are affected by the individual's social environment including

their family, school and community (Bogenschneider, 1996; Cowen, 1977). Preventionists recognized that an ecological perspective, which considered the multiple levels of contexts in which children develop, was required in order to understand the protective and risk factors at each of these levels (Prilleltensky & Nelson, 2000; Veno & Thomas, 1996).

The ecological metaphor was introduced to the field of prevention by Kelly (1968, as cited in Trickett, 2002) who realized that the mechanistic, reductionist approach, current in individual psychology at the time, was inappropriate when considering the interactions between individuals and the social systems in which they exist (Nelson & Prilleltensky, 2005). An ecological framework was useful as it considered the context in which the problem occurred, using multiple levels of analysis that included the individual, the family, the community, and society (MacLeod & Nelson, 2000). Figure 2.2 shows the individual embedded within these social environments.

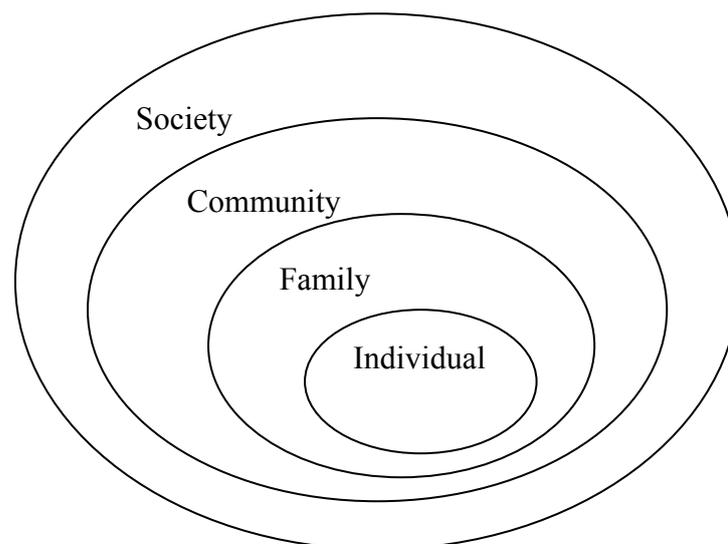


Figure 2.2: Ecological Levels of Analysis

Initially, prevention programs tended to focus on the individual and family levels, enhancing the competence and promoting the well-being of individuals. Although these programs were useful they did not consider the wider social contexts in which the individual or family lived (MacLeod & Nelson, 2000). More recently there has been a shift towards community level interventions, as awareness of the importance of the social setting in which the individual/family resides, has increased. There has also been strong argument for programs that work at the societal level (Levine, 1998; Nelson & Prilleltensky, 2005).

2.1.5 Risk and Protective Factors

The nature of prevention is that an intervention needs to occur prior to the onset of the disorder. This means that it is important to recognize the potential causal agents, or risk factors, of the disorder, and possible protective factors that might increase resistance to the disorder (Coie et al., 1993). The concept of risk factors originated in the field of epidemiology, where antecedents of physical diseases and illnesses were first identified (Bogenschneider, 1996). Behavioral and psychological disorders usually have multiple associated risk and protective factors. It is therefore important to identify what they are and how they interact for different disorders and populations at various times (Durlak, 1998a).

A number of risk and protective factors have been identified that are common precipitants to several different psychosocial outcomes (Coie et al., 1993). Barton, Watkins and Jarjoura (1997) identified poverty, poor school performance, and communication problems between the family and the adolescent, as risk factors for teenage pregnancy, early school leaving and substance abuse. Protective factors included strong connections between the adolescent and their family, school, and community, and high levels of parental supervision. Risk and protective factors might be present in the individual or within their environment (Bogenschneider, 1996; Coie et al., 1993; Rae-Grant, 1994; Reiss & Price, 1996). Exposure to multiple risk factors increases an individual's vulnerability for developing a disorder (Coie et al., 1993).

Durlak (1998a) identified risk and protective factors, across the ecological levels of the community, school, peer, family and individual, from a review of approximately 1,200 prevention outcome studies. In addition to the risk factors mentioned above, Durlak also included impoverished neighborhoods, poor quality schools, negative peer modeling, marital discord, and punitive child rearing. These were some of the risk factors associated with negative outcomes such as behavioral problems, school failure, poor physical health, physical abuse, pregnancy, and drug use. Protective factors were social norms, high quality schools, positive peer modeling, good parent-child relationships, and good personal and social skills. As can be seen the associated risk and protective factors occur on more than one ecological level.

A criticism of this approach to prevention has been that, despite its universal approach, it has tended to be implemented at the individual level rather than at higher ecological levels (Bogenschneider, 1996). Levine (1998) suggested that in order to have a broad effect, preventive interventions need to change social norms, rather than attempting to change the individual. Changes in social norms would produce a social climate, a common culture, and a community structure that would promote the desired behavior.

2.1.6 Social Epidemiology: Social Capital and Community Development

Prevention scientists have learned a great deal from social epidemiology. This includes a better understanding of the health risks specific to populations, not just individuals; socially patterned behaviors; and the importance of early life influences on the subsequent development of disease in adult life (Berkman & Kawachi, 2000). The emphasis taken from social epidemiology on the adaptation of individuals to their environments has been an essential contribution to the field of prevention (Reiss & Price, 1996).

The theories produced by sociologists, psychoanalysts, and anthropologists, increased awareness of the role that social support and resources played in health (Berkman & Glass, 2000). In the search for characteristics that influence group and individual health outcomes, social cohesion and social capital have become prominent. Social cohesion relates to the connectedness of groups within society and has been found to be a predictor of health outcomes (Nelson & Prilleltensky, 2005). Social capital, is a subset of social cohesion and refers to the social structures that provide individuals with resources and assist in the production of collective action (Kawachi & Berkman, 2000).

Social capital has been shown to impact on family and youth behavior problems, education, employment, economic development, crime, and public health (Kawachi & Berkman, 2000). It is therefore an important element to be considered in the design of interventions for the prevention of negative outcomes in these areas. Social capital is not located within the individual, but within the environment in which the individual resides. It is the social structures and the relations between and among individuals and groups (Coleman, 1988) and the

benefits that members of the social networks are able to secure as a result of their membership (Whittaker & Banwell, 2002).

Relationships within the community and with those from outside the community are the foundations for building social capital (Kubisch et al., 2002). The relationships have a basis in norms of reciprocity, mutual obligation, cooperation, and trust (Colclough & Sitaraman, 2005). They are a resource that facilitates the cooperation of groups and individuals to achieve goals (Kilpatrick, Field, & Falk, 2002). In this way social capital facilitates community action, strengthening and building the community from within (Bridger & Luloff, 2001). Factors such as population instability and turnover have been found to have a destructive effect on social capital and social cohesion (Kawachi & Berkman, 2000).

Psychological sense of community (PSOC) is a term originally coined by Sarason (1974) referring to a concept similar to social capital only at a local neighborhood or community level rather than a state or national level (Nelson & Prilleltensky, 2005). It describes the relationship between individuals and the social structures with which they interact (Chavis & Wandersman, 1990). It has been argued that PSOC, along with other community psychology concepts, is a component of social capital (Perkins & Long, 2002). PSOC can be measured at the individual level though it is dependent upon the environment. McMillan and Chavis (1986, p. 9) defined PSOC as “a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members’ needs will be met through their commitment to be together”.

The importance of concepts such as social capital, PSOC and community development for the prevention and promotion of mental health is well known. Levine (1998) called for an understanding of social norms and community processes reflecting a psychological sense of community, in the design of prevention interventions. The impact of social capital on health and psychosocial problems has raised awareness of the community as an important setting for prevention interventions (Nelson & Prilleltensky, 2005).

2.2 Community Prevention and Promotion Interventions

2.2.1 Community as a Setting for Prevention and Promotion Interventions

There are a number of different approaches to prevention and promotion interventions. As mentioned above, prevention interventions can be focused on a small group of 'at risk' individuals or have a more universal approach. Another difference lies in the setting of the intervention (Nelson, Prilleltensky, & Peters, 1999). A number of different settings, such as schools, hospitals, and communities, have been used in the design and implementation of prevention programs. Recently there has been renewed interest in local communities (Bridger & Luloff, 2001).

Communities have been viewed as critical to prevention for a number of reasons. The context in which people live, their community, has been found to impact upon health outcomes, therefore improving them has the potential to also produce better outcomes (Stafford & Marmot, 2003). Communities are capable of addressing multiple risk and protective factors at all ecological levels, making them a good setting for prevention programs (Reiss & Price, 1996). There has also been a growing recognition that prevention of many psychosocial problems is the responsibility of the community rather than the individual (Butterfoss, Goodman, & Wandersman, 1996).

The multiple determinants of behavioral disorders have made it difficult to design effective prevention interventions. An attempt to overcome this difficulty has produced a widening of program goals to include the amelioration of psychological and behavioral problems rather than focus on the prevention of specific disorders. Complex multi-component programs have been a common way to achieve this (Durlak & Wells, 1997). Community-based interventions focus on the ecological level of community which subsumes the levels of family and individual. They can include single-focused programs such as self-help and social support programs as well as multi-component programs that have an emphasis on community development (Nelson, Laurendeau, & Chamberland, 2001; Prilleltensky & Nelson, 2000).

2.2.2 *Community Interventions*

There are many definitions and understandings of the term community. The two most common definitions are not mutually exclusive. The first concerns geographic location, such as neighborhoods and towns. The second is relational in that it refers to a group of people with a common interest or experience (McMillan & Chavis, 1986). Given these definitions of community, it is possible, indeed likely, that individuals will belong to more than one community that fulfills their many psychosocial needs (Fisher & Sonn, 1999). There is a strong relationship between community and social capital. Though it is uncertain in which direction the relationship lies, it is clear that stronger communities and high social capital are linked (Colclough & Sitaraman, 2005).

The idea of prevention through community interventions is not a new one. In the 1960s the urgent need for prevention and community interventions was acknowledged by President Kennedy, in the United States of America (USA), and community mental health centers were proposed as a way to reduce overcrowding in state-mental hospitals (Albee & Ryan-Finn, 1993). Community development corporations, formed by local organizations, aimed to create broad community change, and were the forerunners of the current community-based interventions (Kubisch et al., 2002).

Multi-component community based interventions are becoming increasingly popular in the field of prevention (Nelson, Amio, Prilleltensky, & Nickels, 2000). They have been successfully utilized to prevent many disorders and negative outcomes (Butterfoss, Goodman, & Wandersman, 1996) including drug and alcohol abuse (Goodman, Wandersman, Chinman, Imm, & Morrissey, 1996; Johnson et al., 1990; Williams & Perry, 1998); adolescent pregnancy (Vincent, Clearie, & Schluchter, 1987); HIV/AIDS (Visser & Schoeman, 2004); and violence (Hines, Macias, & Perrino, 1998).

There is a new breed of community-based intervention that does not focus on the remediation of a specific problem, but seeks broader community change (Baum, 2001). Funding for these programs usually comes from private philanthropic agencies, though there are some examples of publicly funded programs (Chaskin, Joseph, & Chipenda-Dansokho, 1997). These community-based interventions are becoming increasingly popular as communities look for

more effective ways of meeting the needs of children and families (Murphy-Berman, Schnoes, & Chambers, 2000).

Community-based interventions that address several different ecological levels through the implementation of multiple program components are known by many different names. In the USA they are often referred to as comprehensive community initiatives (Kubisch, Weiss, Schorr, & Connell, 1995) or social innovations (Choi, 2003). In Canada, similar interventions are called multi-component, community-based programs (Nelson, Laurendeau, & Chamberland, 2001) or social interventions (Prilleltensky & Nelson, 2000). In Australia the terms comprehensive community intervention projects (Robertson, 1996) and community interventions (Bishop & D'Rozario, 2002) are commonly used.

While these interventions share the common goal of preventing psychosocial problems through promoting well-being and social capital, some variation exists between them (Kubisch et al., 2002). The many terms used to describe them and the slight variations between them make it difficult to compare and discuss them. For the purposes of this thesis, the term community intervention will be used, as this research was conducted in Australia.

Community interventions most commonly refer to community in terms of its geographical location (Chaskin, Joseph, & Chipenda-Dansokho, 1997; Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000), though, as noted above, this does not exclude relational communities within the geographical community (Fisher & Sonn, 1999). They are complex interventions which consist of multiple components and are focused on environmental rather than individual change (Goodman, Wandersman, Chinman, Imm, & Morrissey, 1996). Change is achieved through the interactions between the many components of the intervention as well as the independent effects of each component (Kubisch, Weiss, Schorr, & Connell, 1995).

The process of strengthening the human, economic and environmental resources of a community is known as community development (Chavis & Wandersman, 1990). Social capital, social cohesion and PSOC are important aspects of community development (Veno & Thomas, 1996). PSOC works as a mechanism to stimulate community development as community members feel that they have more control over their environments when they have a strong

PSOC (Chavis & Wandersman, 1990). Community development works towards building social capital through the strengthening of relationships and networks both internal and external to the community (Kilpatrick, Field, & Falk, 2002).

Community development principles are used by community interventions to build community and social capital and revitalize neighborhoods (Chaskin, Joseph, & Chipenda-Dansokho, 1997; MacLeod & Nelson, 2000; McNeely, 1999). Community building works towards developing social capital through the use of resident involvement in specific improvement initiatives. Community interventions are comprehensive initiatives, with an asset-based rather than a needs-based approach tailored to the particular neighborhood (McNeely, 1999; Schnoes, 2000). In this way they attempt to use the community as an instrument of its own change (Baum, 2001).

2.2.3 *Community Interventions: An Australian Perspective*

The focus of Australian community interventions has been on fostering the existing positive aspects of the community, without directly dealing with negative elements. This has been particularly true for rural community interventions where existing resources have been redirected and power structures remain unchallenged (Bishop & D'Rozario, 2002).

Australia is a very large country relative to its population. This means that most Australian rural communities are highly isolated (Herbert-Cheshire, 2000). In recent times these communities have experienced a decline in population and a reduction in services (O'Toole & Burdess, 2004). They are considered to be at greater risk of unemployment, poverty, and poor health, than their urban counterparts (Herbert-Cheshire & Higgins, 2004). These factors have made rural communities an important context for community interventions in Australia.

In response to the economic and population decline experienced by many rural communities, local development and revitalization strategies have been pursued by these communities and encouraged by State and Federal Governments. For these strategies to be successful leadership, resources, and motivation are vital (Tonts, 2000). Local government has had to take on this challenge without sufficient financial compensation from higher levels of government (Gerritsen, 2000).

Recent research examining community interventions set in rural Australia has raised questions regarding rural development policy. Herbert-Cheshire (2000) argues that government is devolving the burden of responsibility to the community. Similarly O'Toole and Burdess (2004) contend that new policies of community capacity building are resulting in the accountability being shifted to the local level.

Simpson, Wood and Daws (2003) examined a rural community development initiative, based on community empowerment, community decision-making and capacity building values. The initiative was not sustained. The authors contend that rural Australian communities are in a situation of limited resources and capacities, yet they are being asked to be responsible for their own development. The possibility of failure and its impact on a rural community needs to be thoroughly explored before a community intervention is implemented.

Regional development approaches in Australia have not necessarily lead to improved quality of life for those living in regional Australia. Even when good policies are in place there are potential problems with their implementation. Agencies with small staff numbers are expected to deliver services across vast geographical areas. Funding is often insufficient and in some cases tied to funding cycles of one or two years. Finally, managers often have to be particularly skilled at securing funding from different levels of government and programs that might include them (Beer, 2000).

2.2.4 Attributes of Successful Community Interventions

A number of authors have written about the factors that enhance the effectiveness of community-based and other preventive interventions. These include an ecological framework (Bogenschneider, 1996; Diebold, Miller, Gensheimer, Mondschein, & Ohmart, 2000; Felner, Felner, & Silverman, 2000; Goodman, 2000); clear articulation of the program's key elements and goals (Cameron, Karabanow, Laurendau, & Chamberland, 2001; Durlak, 1997; St Pierre & Kaltreider, 2001); community collaboration and participation (Bogenschneider, 1996; Dumka & Roosa, 1995; Goodman, 2000; Nastasi, Varjas, Schensul, & Silva, 2000; Nelson, Amio, Prilleltensky, & Nickels, 2000) and comprehensiveness (Felner, Felner, & Silverman, 2000; Schorr, 1997).

2.2.4.1 A Framework for Community Interventions

It is important for interventions to have a framework which provides the means to consider the program's potential to achieve its aims, while offering guidelines to enable program providers to reflect upon their practice (Prilleltensky & Nelson, 2000). The program framework should include consideration of the three levels of prevention, program components aimed at multiple ecological levels, and clear articulation of the program's main elements and goals.

An ecological framework takes into account the context in which the problem occurs. The importance of interventions addressing all ecological levels of analysis has been widely documented in the prevention literature (Bogenschneider, 1996; Diebold, Miller, Gensheimer, Mondschein, & Ohmart, 2000; Goodman, 2000). In their review of programs for the prevention of maltreatment of children and the promotion of family wellness, Nelson, Laurendeau and Chamberland (2001) found that programs that addressed several different ecological levels of analysis were the most effective.

The intervention needs to contain an adequate number of universal prevention program components. As previously discussed, Galano et al. (2001) found that broad community support for an initiative was gained when programs were targeted to the entire population, whereas providing programs for 'at risk' populations, via traditional social service agencies, tended to stigmatize the program and those participating in it.

The program's core elements, long and short term goals, and theoretical underpinnings should be clearly articulated from the outset. This ensures that all involved in the program's implementation have a full understanding of the mechanisms by which the program works. This is relevant both to the implementation of the program as well as to the future adoption of the program elsewhere. Staff and volunteers should be informed of which elements are vital to achieving the required outcomes. If the program is to be adopted by other communities it must be clear which aspects are central and must be maintained and which are flexible and may be adapted to the particular community in which the program is being implemented. Durlak (1998b) suggests establishing a

program manual that clearly explains how the program components should be put into practice.

2.2.4.2 Sustainability and Dissemination

It is the aim of prevention interventions to be sustained within the setting in which they are implemented as well as disseminated to other settings. The loss of a community program at the completion of its initial funded period can have severe effects on a community who come to rely on the program being there. For this reason, it has been recommended that consideration be given to the program's sustainability at the commencement of the program's implementation and the need for future funding acknowledged from the outset. This may mean that it is necessary to seek alternative funding and this should be contemplated earlier rather than later (Akerlund, 2000).

It is clear that program sustainability is an important aspect of prevention work. The dissemination of successful prevention programs is equally important. Adoption and adaptation of an existing program saves time and money, both of which are limited in many community settings (Kramer, Laumann, & Brunson, 2000). Program implementation and evaluation as well as community ownership are considered to be critical components of a program's potential for sustainability and dissemination (Akerlund, 2000; Bridger & Luloff, 2001; Cameron, Karabanow, Laurendau, & Chamberland, 2001).

2.2.5 The Three Stages of an Intervention

Community interventions, and indeed all prevention interventions, can be conceptualized with reference to three main stages: (i) planning or development; (ii) implementation, and (iii) evaluation. Though these stages may be considered linear, following the order above, they are by no means discrete and there is a great deal of overlap between them. Each stage has its own factors and processes that will influence the intervention's effectiveness (Diebold, Miller, Gensheimer, Mondschein, & Ohmart, 2000).

An intervention has little hope of success without good planning (Diebold, Miller, Gensheimer, Mondschein, & Ohmart, 2000). During the planning or development stage, intervention goals and settings are established and theoretical

underpinnings and principles of the intervention are developed. The decisions about how the intervention will achieve its goals are also made during this stage of the intervention (Diebold, Miller, Gensheimer, Mondschein, & Ohmart, 2000).

Planners need to be aware of previous research and ensure that elements identified as critical to the success of the intervention, such as multiple components that tackle all ecological levels and a universal approach to risk and protective factors, are included (Bogenschneider, 1996; Nelson, Laurendeau, & Chamberland, 2001; Rae-Grant, 1994). Consideration also needs to be given to the method by which the intervention intends to build community and increase social capital (Barton, Watkins, & Jarjoura, 1997; MacLeod & Nelson, 2000). The importance of good planning is often noted, however there has also been some argument for frequent opportunities to review and revise the plans during the implementation (Barton, Watkins, & Jarjoura, 1997).

The implementation stage may also be referred to as adherence, fidelity, treatment, or integrity (Durlak, 1998b). It is the stage when the planning that has preceded it, is put into practice. This stage is vital to the evaluation of the intervention as it is the link between the program development and the program outcomes (Durlak, 1998b). Implementation data is critical to the understanding of program outcomes (Lynch, Geller, Hunt, Galano, & Dubas, 1998). There is no guarantee that what was planned will be implemented, making the monitoring of implementation essential to understanding an intervention's success or failure (Ferrari & Durlak, 1998).

Researchers (Domitrovich & Greenberg, 2000; Goodman, 2000) have described the lack of implementation monitoring as a Type III error. This is when implementation processes are unclear making it impossible to draw conclusions about program outcomes. It has been suggested that the complexity of community interventions makes them particularly susceptible to Type III errors (Goodman, 2000).

Program evaluation may begin any time before, during or even after the implementation of the intervention, though an earlier rather than later commencement is recommended (Meyer, Miller, & Herman, 1993). During this stage program outcomes are assessed in relation to program goals (Baum, 2001). Implementation processes are examined to ensure that outcomes can be attributed

to the planned intervention. The evaluation of an intervention is vital as it provides evidence for the success of the program. Without an evaluation the program is unlikely to be sustained, extended or disseminated (Schorr, 1997).

Outcome evaluation is a common form of evaluation in preventive interventions, however, process evaluation, which examines the delivery of the program is an equally important, though all too infrequent, evaluation procedure for prevention interventions (Domitrovich & Greenberg, 2000). Evaluation of community interventions is particularly complex for the following reasons: they operate across multiple levels and systems; it is virtually impossible to find control communities; and many of their goals are difficult to quantify (Kubisch, Weiss, Schorr, & Connell, 1995).

The content of the intervention is developed during the planning stage and the outcomes of the intervention are assessed by the evaluation. However, the effectiveness of the program is influenced, at least as much, by the process of the implementation, as it is by the content of the intervention (Visser & Schoeman, 2004). Clearly all three stages of the intervention are crucial to the success of the intervention. To date, prevention research has focused on program development and outcome evaluation and has paid very little attention to the factors influencing successful program implementation (Durlak, 1998b; Greenberg, Domitrovich, & Bumbarger, 2001; Kramer, Laumann, & Brunson, 2000). Implementation has been identified as a priority which needs to be addressed in the promotion and prevention of mental health issues in Australia (Parham, 2005).

2.3 Implementation of Community Interventions

There has been no shortage of successful programs, however these programs are rarely expanded into the wider community nor are they sustained for significant periods (Schorr, 1997). Lack of discussion about the processes that facilitate or impede implementation of these programs may be one reason why they are not extended. Best practices in implementation deserve serious consideration if successful prevention interventions are to be adopted by other communities (Cameron, Karabanow, Laurendau, & Chamberland, 2001). The cost of neglecting implementation issues has been two-fold. The money invested

in planning and developing programs that are not disseminated to other communities and the opportunities for other communities to receive the benefits of the interventions are lost (Roberts-Gray & Gray, 1983).

In their meta-analytic review of primary prevention mental health programs for children and adolescents, Durlak and Wells (1997) called for future research into the relationship between implementation and program outcomes. It has been argued that increased understanding of implementation factors will assist in closing the gap between theory and practice, which will increase the delivery of sustainable and effective programs (Gager & Elias, 1997).

Community interventions face particular difficulties when it comes to development, implementation, evaluation, and sustainability. Communities vary in their history, culture, attitudes to particular problems, available resources and political climate (Caplan, 1964; Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000). Community interventions are also financially expensive and time consuming to implement (Chaskin, Joseph, & Chipenda-Dansokho, 1997). Their complexity makes all stages of the intervention difficult and time consuming. In addition to this, disputes often arise between groups and individuals from the community, that need to be managed (Messinger, 2004).

A number of implementation factors have been highlighted in the preventive literature. While community interventions have specific implementation requirements findings in the broader field of prevention are still highly relevant to the implementation of community interventions. Implementation issues that have been highlighted in the literature include: fidelity versus flexibility (Dane & Schneider, 1998; Domitrovich & Greenberg, 2000; Durlak, 1997; Meyer, Miller, & Herman, 1993); program staff (Lochman, 2001; Lynch, Geller, Hunt, Galano, & Dubas, 1998; Schorr, 1997; St Pierre & Kaltreider, 2001); partnerships with key stakeholders (Durlak & Ferrari, 1998; Prilleltensky, Pierson, & Nelson, 1997; St Pierre & Kaltreider, 2001); community participation (Nelson, Amio, Prilleltensky, & Nickels, 2000; Pancer & Cameron, 1994); adequate resources (Kramer, Laumann, & Brunson, 2000; Lynch, Geller, Hunt, Galano, & Dubas, 1998); and the context in which the program is implemented (Gager & Elias, 1997; Schorr, 1997).

2.3.1 Factors Influencing the Effectiveness of Implementation

2.3.1.1 Fidelity versus Flexibility

Considerable debate exists in the literature regarding where the emphasis on program implementation should be placed (Dane & Schneider, 1998; Domitrovich & Greenberg, 2000; Meyer, Miller, & Herman, 1993; Weissberg, 1990). Durlak (1997), and Kramer, Laumann, and Brunson (2000) argue that an emphasis on consistency is necessary if a program's effectiveness is to be evaluated. On the other hand Serrano-Garcia (1990) and Schorr (1997) point out that flexibility must be emphasized in implementation practices so that individual community needs and capacities can be met and community ownership promoted.

This debate has been fuelled by difficulties in replicating successful interventions (Meyer, Miller, & Herman, 1993). A manualized approach to program development and implementation is considered to increase a program's evaluation validity, generalizability, and therefore dissemination possibilities (Clarke, 1998). Lynch, Gellar, Hunt, Galano, and Dubas (1998) found that teachers' adherence to the explicit instructions for the implementation of a resiliency-based early childhood substance abuse and violence prevention initiative, was an essential element in its effectiveness.

Although there is usually an understanding of the importance of adhering to implementation guidelines developed during the planning stage, implementation fidelity can sometimes be too restrictive and some interventions have found a need for some adaptability for certain elements of the implementation. For example, Hines, Macias, and Perrino (1998) found that students were not attending their program because it was after school and they were concerned about their safety while walking home. Changing the program schedule to during school hours increased attendance resulting in a more effective program. Flexibility in program delivery allows implementation staff to meet the specific needs of the community in which the intervention is set (Dane & Schneider, 1998; Kramer, Laumann, & Brunson, 2000).

Recently there has been an assertion that interventions need to be able to adapt to the culture and needs of the people for whom the intervention is

intended. It is argued that interventions that do not take into account the local culture will not encourage community participation and outcome successes will be reduced (Castro, Barrera, & Martinez, 2004). Adaptive interventions have become a new way to look at prevention and frameworks have been created for the design and evaluation of these interventions (Collins, Murphy, & Bierman, 2004). However, in their review of prevention implementation literature, Stith et al (2006) state that a decrease in effectiveness would be the likely outcome of program adaptation. There is much variability between community contexts and questions about flexibility and fidelity should be considered carefully.

A compromise between these arguments may be that a clear differentiation is made between the program elements that are vital to successful outcomes and those that may be adjusted to accommodate particular contexts and populations (Cameron, Karabanow, Laurendau, & Chamberland, 2001; Dane & Schneider, 1998; Durlak, 1998b; Meyer, Miller, & Herman, 1993; Weissberg, 1990). Regardless of the decision to lean more towards flexibility or more towards fidelity it remains imperative that implementation integrity is monitored and recorded to assist in the evaluation of the intervention and its effects (Clarke, 1998; Dane & Schneider, 1998; Stith et al., 2006).

2.3.1.2 Program Staff

The program staff are the people putting the planning into practice. Clearly this makes them very important to the implementation and the success of the program (Morrissey et al., 1997; Stith et al., 2006). Indeed, they have been found to be the critical agent of change in school settings (Kallestad & Olweus, 2003; Visser & Schoeman, 2004) and vital to the success of community interventions (Kubisch et al., 2002).

The natural abilities and personalities of staff members are vital to the creation of partnerships with key stakeholders and encouraging community participation. The importance of the relationships between the project workers and intervention recipients was identified by Schorr (1997). Though this aspect of program implementation was rarely explicitly stated as a pre-requisite to an intervention's success, program managers identified it as a crucial factor.

An adequate number of staff is also critical to the effectiveness of the intervention. Community interventions are often implemented by a small number of staff and volunteers, placing unnecessary time burdens on those implementing the intervention and making them susceptible to burn-out (Chaskin, Joseph, & Chipenda-Dansokho, 1997). Staff turn over complicates interventions as new staff have not received the appropriate training and must renew relationships created by others (Lynch, Geller, Hunt, Galano, & Dubas, 1998; Stith et al., 2006). This is a particular problem for rural interventions where there is a limited pool of possible staff (Messinger, 2004).

Staff members' skills and abilities can inhibit or enhance effective implementation in community interventions. For example, in a school setting, staff with poor classroom management skills, were less effective in the implementation of a substance abuse and violence prevention initiative, despite their training (Lynch, Geller, Hunt, Galano, & Dubas, 1998). It has been recommended that staff be competent and sensitive and that staff-turnover be minimized (Nation et al., 2003). A number of important factors, for the maintenance of effective and stable staff, have been promoted in the literature.

The significance of appropriate training was prominent in much of the literature. Training provides implementers with the opportunity to practice implementation methods and have their questions answered (Nation et al., 2003). Stith et al. (2006) stated that standardized instruction can improve program fidelity as practitioners are taught to implement the program in adherence with its design. Lynch, Geller, Hunt, Galano and Dubas (1998) stated that the high-quality training provided to the teachers implementing an early childhood substance abuse and violence prevention initiative, was a contributing factor to the program's success. An important component of this training was a review of the research relevant to the program as well as techniques appropriate for the implementation of the program.

Staff also need to have ongoing support and supervision during the implementation process (Nation et al., 2003). Lochman (2001) noted that program staff may not be able to manage implementation problems that arise without ongoing guidance and consultation. St Pierre and Kaltreider (2001)

found that lack of support led to resentment and negative attitudes from the staff, which at times resulted in the undermining of the program.

Gager and Elias (1997) found that an organizational context that left implementers feeling isolated and unsupported had adverse effects on the program. Schorr (1997) noted the importance of program managers who are competent and committed, have good managerial skills and the ability to inspire their staff. A good manager will create an organizational environment that is supportive, respectful, and inspiring.

The organization also has a role in creating the appropriate climate for staff and managers. Butterfoss, Goodman and Wandersman (1996) found a number of organizational factors that impacted on the effectiveness of community coalitions. These included effective leadership and greater influence in decision making. An environment that promoted cohesion, allowed independence, and was ordered and organized also enhanced program effectiveness.

2.3.1.3 Partnerships with Stakeholders

The community development principles that most community interventions subscribe to, view partnerships with stakeholders as an essential factor in the development of community (Nelson, Amio, Prilleltensky, & Nickels, 2000). Implementation of a program without partnerships is likely to fail. Partnerships with other community organizations assist in the development of a shared vision for the community (Evashwick & Ory, 2003). The creation of partnerships not only increases the community's sense of ownership of the intervention, but also its commitment and contributes to the subsequent sustainability of the program (Nelson, Amio, Prilleltensky, & Nickels, 2000). It has been recommended that the development of partnerships should commence during the planning stage as it can be very time consuming (Barton, Watkins, & Jarjoura, 1997).

As noted above, staff are key to the development of these relationships (Schorr, 1997). Large numbers of program recipients complicate the management of these relationships. Given that community interventions consider the entire community to be recipients of the intervention, positive relationships between all community members and project workers becomes impossible. However, the multi-component nature of community interventions offers project

workers smaller intervention components with lower numbers of recipients, making it possible for them to positively engage and form relationships with these program recipients.

It should also be considered that stakeholders in the community have something to offer implementers. They have knowledge, expertise, and experience of the community in which they live (Bridger & Luloff, 2001). Kramer, Laumann and Brunson (2000) found that community social service agencies provided valuable support for program implementers.

The importance of the establishment and maintenance of partnerships with stakeholders is prominent in the literature. Durlak and Ferrari (1998) examined the implementation of several prevention interventions and found that collaboration with all stakeholders increased the commitment of those involved. St Pierre and Kaltreider (2001) found that in the implementation of an after-school substance abuse prevention program, it was not only important to seek input from stakeholders at all three stages of the intervention, but also to put into practice the suggestions they provided. Seeing their suggestions used gave stakeholders a sense of ownership over the intervention, ensuring participation and sustainability.

It has been recommended that community interventions begin with programs that show tangible results in the short-term. This gives staff the opportunity to assess the appropriateness of individual programs while at the same time allowing partnerships to be developed with services in the community. It has the further advantage of creating a sense of good-will for the intervention within the community (Kubisch et al., 2002).

2.3.1.4 Community Participation.

Once partnerships are developed program staff need to work collaboratively with partners and consult the wider community wherever possible (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000). The community's participation in the intervention will be one of the ways in which social capital is increased and community development is achieved (Kilpatrick, Field, & Falk, 2002; Veno & Thomas, 1996). Involvement of the community can also reduce the financial cost of the intervention's implementation, as existing

community resources can be incorporated into the program (Bishop, Pellegrini, Syme, & Shepardson, 1993). It is for these reasons that the community should be involved with the program from the outset.

It is important that program developers discuss the need for change as well as how change might be achieved, with community members. Consultation and collaboration must continue during program implementation and evaluation. This will increase community ownership and the potential sustainability of the program (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000; Nelson, Amio, Prilleltensky, & Nickels, 2000). However, clear definitions should be provided regarding who community members are, who should participate and how (Smith-Morris, 2004).

A top-down approach to implementation of a community-based intervention will not achieve the necessary consultative and collaborative processes and democratic participation is a better option (Bridger & Luloff, 2001). Community participation in this process empowers people to control their lives and enriches the connections between community members. It may also be considered fundamental to strengthening the neighborhood and building the community (Potapchuk, 1996). However, it must be recognized that this shifts much of the cost, in terms of time and energy, to the community, which may become an additional source of stress to community members.

A method often used by community interventions to involve community members, is to develop an advisory committee composed of community members and representatives from local organizations (Evashwick & Ory, 2003). Chaskin, Joseph, and Chipenda-Dansokho (1997) found that an organizational structure that enhanced community participation, while assisting staff to manage the many program components, was to have an advisory type committee for every program component. One difficulty with this structure was that it did not promote program integration.

Pancer and Cameron (1994) found that residents who participated in the *Better Beginnings, Better Futures* project developed a sense of community and that their self-confidence, self-esteem, social contact, support, skills and knowledge were enhanced. They also found that communities where residents had participated were able to come together, and take action for other needed

services not related to the project. The relationships formed between the program staff and members of the community were vital to community participation and the success of the program.

Implementation of a community intervention involves the fostering of community support and acceptance. This process has been likened to the marketing of a product. Community acceptance of an intervention is more likely if community members are directly involved in the marketing of the intervention to the community (Kramer, Laumann, & Brunson, 2000). Marketing approaches need not always be formal, but may be through collaborative exchange with other organizations in the form of referrals, flyers, and word of mouth (Evashwick & Ory, 2003).

Community interventions face a number of barriers in attempting to encourage community participation. It is not uncommon for low income community members with little education to be excluded from positions of power, by other community members. Pre-existing negative relationships between professionals and community members, can make it difficult to involve both groups. There is a risk that the intervention will entrench power inequalities rather than reduce them in line with democratic ideals of community participation. Similar difficulties are often present in the relationships between professionals from different disciplines within the community (Messinger, 2004). For these reasons it is important to pay attention to the internal group dynamics (Foster-Fishman, Berkowitz, Lounsbury, Jacobson, & Allen, 2001).

There is a great deal of variety amongst community interventions and many levels of community participation (Hughey, Speer, & Peterson, 1999). Although literature points to the virtues of community participation in community interventions, the degree, mode, and level of participation are not always defined. Who participates, in what form and how much, varies and it is unclear what the recommendations for each of these factors might be.

2.3.1.5 Adequate Resources

Resources include time, money, availability of staff, and space. A number of interventions set in schools have found inadequate resources, such as staff availability, time constraints, and availability of appropriate spaces, to be a

significant barrier to effective implementation in a number of interventions (Kramer, Laumann, & Brunson, 2000; Lynch, Geller, Hunt, Galano, & Dubas, 1998). Rural settings in particular, tend to have more restrictions on the resources available to them (Kramer, Laumann, & Brunson, 2000).

2.3.1.6 Context of the Intervention Setting

The context in which the intervention is implemented, has been identified by a number of authors as impacting on implementation effectiveness (Butterfoss, Goodman, & Wandersman, 1996; Gager & Elias, 1997; Kramer, Laumann, & Brunson, 2000). For example, a setting that is closed to new ideas is unlikely to be receptive to an intervention that aims to change the community (Kramer, Laumann, & Brunson, 2000). Contexts such as high-risk environments (Gager & Elias, 1997) and rural communities (Kramer, Laumann, & Brunson, 2000; Messinger, 2004) are described as possessing particular complexities that make it difficult for the implementation of prevention interventions.

Researchers have argued that communities fluctuate in their state of readiness to receive an intervention and that this should be assessed prior to implementation (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000). A community's readiness to accept an intervention is enhanced by strong leadership within the community and a recognition of the need for community change (Barton, Watkins, & Jarjoura, 1997). The desire for change must come from within the community. Community interventions which are viewed as external to the community will not be in a position to facilitate change (Visser & Schoeman, 2004).

2.3.1.7 Program Leader or Champion

The presence of a program leader or champion, who comes from within and is well regarded by the community, works in a number of ways to enhance a community intervention. Partnerships within the community are facilitated by the existence of a program campaigner that comes from the community. Community participation is increased, which contributes to the community ownership and therefore the potential sustainability of the intervention. The association of the community intervention with a local community member also provides the community intervention with credibility in the community (Kubisch et al., 2002).

Evashwick and Ory (2003) examined the organizational characteristics of successful community interventions and found that the presence of a program leader or champion committed to the success and duration of the program had a positive influence on implementation. The commitment of these visionaries to nurture the program regardless of difficulties and setbacks was a driving force assisting programs to reach maturity and become embedded in the community.

2.3.2 *The Human Element of an Intervention*

Domitrovich and Greenberg (2000, p. 197) describe “the internal dynamics and operations of an intervention program” as a current gap in the research literature. These dynamics include the interactions between the program users and providers as well as the problems faced by implementers and how they resolve them. Increased understanding of these processes would further our understanding of program strengths and weaknesses.

As noted earlier, the staff implementing the intervention are vital to its success. A great deal of effort has gone into understanding the communities in which programs are implemented. However, very little consideration has been given to the people implementing the intervention, and the social systems, of the community, the organization and the intervention itself, within which they operate.

A vast array of people, with their own interests, agendas and abilities, come together to implement a community intervention. The implementation group is fluid, people move in and out of it, opinions and skills change as the people do (Baum, 2001). The human element of an intervention should not be underestimated, yet it is often overlooked. Community members are limited in the time that they have available to contribute to these projects and often find it necessary to distribute their available time amongst many different community endeavors. Further, many challenges of program implementation are related to the lack of predictability and malleability of people and environments (Meyer, Miller, & Herman, 1993).

The implementation of community interventions requires human interaction. Implementers interact with each other, with the community, with evaluators and with program developers. The multiple human interactions

required for the implementation of a community intervention could potentially result in group processes that might be a barrier to program implementation (Meyer, Miller, & Herman, 1993).

Meyer, Miller, and Herman (1993) noted that animosity frequently occurs between external program developers and/or evaluators and internal program implementers. This animosity flows in both directions and although it may fluctuate in its level of intensity it invariably becomes a barrier to successful program implementation.

The importance of the relationship between implementers within the program and between implementers and community groups is not acknowledged in the literature examining community interventions. However these interventions and relationships have not been neglected in the domain of organizational psychology which commonly uses systems theory to understand the inner workings of the organization and its interactions with its environment. The examination of community interventions would also benefit from the use of systems theory to more effectively understand these relationships. As this study unfolded the need for a theoretical framework to better understand the dynamics of the case became apparent. A combined systems and ecological theory framework was used to investigate the data and this is explored in greater detail in chapters 6, 7 and 8.

2.3.3 Lessons from Organizational Psychology

Implementation of a community intervention is an attempt to facilitate a planned change within a community. The field of organizational psychology has long been examining the change process and can contribute to the understanding of the process of change within a community. There are a number of different models of change and each one recognizes the importance of an awareness of the need for change before change can occur (McKenna, 2000).

Millward (2005) describes two main strategies used by management to implement change. The first, compliance based, conceptualizes change as an implementation task seeking behavioral change guided by a top-down approach. The second, commitment based, views change as a process which is driven by a commitment to a shared vision for the future requiring attitudinal change. Both

are limited as compliance may change behavior, but this change will be difficult to sustain over time, and attitudes can be difficult to change. It is important for organizations to be clear about imperatives, but allow individuals to be involved in the decision making process.

2.4 The Gap between Science and Practice

The literature reviewed here has shown that there has been an abundance of research into effective prevention interventions, yet implementation and dissemination of successful programs is still rare. Moreover, prevention programs that have been shown to have limited effectiveness continue to be adopted (Arthur & Blitz, 2000). It is undeniable that currently a gap exists between prevention science and prevention practice (Everhart & Wandersman, 2000). This is an area of concern for many prevention scientists. Indeed, a special issue of the Journal of Community Psychology was dedicated to this subject with regards to community-based substance abuse prevention (Kaftarian & Wandersman, 2000). Many authors have proposed methods and frameworks to narrow this gap. Following is an overview of current thinking on this topic.

Wandersman and Florin (2003) argue that previously the focus has been on bringing science to the community and suggest that there needs to be a shift to a more community-centered approach. They advocate for consideration to be given to current practice in communities and how it can be improved. A number of authors (Arthur & Blitz, 2000; Butterfoss, Goodman, & Wandersman, 1996; Wandersman et al., 1998) have further suggested that prevention scientists use training, evaluation and feedback to assist community coalitions in the implementation of prevention programs.

Goodman (2000) asserts that implementing organizations are in an excellent position to connect prevention models with prevention practice. A number of strategies are recommended. First, that program logic models be developed and used to monitor implementation adherence. Second, that multiple program components are implemented across many different levels, and that a staged approach is utilized. This would maximize the attention given to each component, as they would be implemented separately. The final strategy is that

community capacities be developed to enable the community, and its organizations, to work in an open and unified manner.

Morrissey (1997) created a framework to bridge the gap between science and practice. The gap is considered to be a result of differences in theoretical orientations and training, funding priorities, limited resources, system-level barriers, and lack of community readiness. Roles are suggested for evaluators, practitioners, researchers, and regional and national prevention agencies. However, the evaluators are considered to be in a prime position to bridge this gap through evaluation and the dissemination of information.

In their review of effective prevention programs, Nation et al. (2003) reflect that practitioners might find it difficult to access current information, or sufficient funds to implement research-based programs. There has been a call for evaluators and researchers to strive to place the relevant information into the hands of practitioners (Gabriel, 2000). Becker (2000) goes further and asks that the language that scientists use be examined to ensure that those implementing the interventions will easily comprehend the message being delivered.

These authors attempt to find explanations and strategies to bridge the gap between science and practice. Yet, it seems that a very important perspective is absent from this discussion, that of the practitioner. It has been suggested that research be conducted in partnership with intervention settings, thereby strengthening relationships between researchers and practitioners and potentially disseminating findings more widely (Altman, 1995; Kerner, Rimer, & Emmons, 2005). However, an understanding of practitioners' viewpoint of this gap has been missing from the debate.

The implementation phase provides opportunities for discussion between researchers/evaluators and practitioners and is considered to be the phase where research findings and knowledge are actively transferred to practice (Ellis et al., 2005). An examination of this phase may provide new information to add to this body of knowledge. Further, research conducted during this phase would allow investigators to speak to practitioners as they were doing the work.

2.5 Rationale

A considerable literature is now available that outlines the important features of effective prevention programs. However, the principles are primarily theoretical and were derived from the perspectives of researchers reflecting upon their experience with community interventions and other prevention programs. The perspectives of implementers have rarely been considered. There is little published research that examines the implementation of community interventions from the point of view of those implementing the intervention.

The lack of discussion in the published literature regarding implementation practices has made it difficult for communities to adopt and replicate effective programs (Domitrovich & Greenberg, 2000). There has been a call for future research to focus on identification of the specific factors that promote effective implementation thereby maximizing the impact and uptake of future programs (Durlak & Ferrari, 1998; Lochman, 2001). Zins, Elias, Greenberg and Pruet (2000, p. 274) have further requested “research reports that provide an in-depth description and discussion of the implementation process”.

To summarize, not enough is known about the processes involved in the implementation of community interventions. The literature available takes a mechanistic approach to implementation and while we are reminded that the community is made up of people, the people implementing the intervention are forgotten. Furthermore the literature is not readily accessible to the people implementing these interventions and they become reliant upon external consultants and researchers to communicate this information to them.

In this research I sought to increase understandings of the factors and dynamics involved in the implementation of community interventions, with particular reference to those implementing the intervention. A further goal of this research was to develop a framework of best implementation practice for community interventions through the combined understandings of the available literature and the experiences of those implementing a community intervention. It was hoped that this framework could be employed as a tool to guide practice while also providing a means for reflection and the opportunity to monitor performance.

2.5.1 *Aims*

The aims of this research were:

- To gain a deeper understanding of the factors and dynamics involved in the implementation of a community intervention;
- To develop a framework of best implementation practice based on the literature and the experiences of those implementing a community intervention; and
- To assess the applicability of this framework for the implementation of a community intervention;

The following research questions were used to guide the research methodology of this study:

- What factors are highlighted in the literature as important for the implementation of community interventions?
- What do implementers view as important for the implementation of community interventions?
- Do the implementers' views of the implementation change over time?
- Do implementers find a framework for community-intervention implementation useful?
- What are the factors and dynamics occurring during the implementation phase that impact upon the implementation of a community-intervention?
- What do the people implementing a community intervention view as effective implementation, how do they hope to achieve it, and how do their views fit with recommendations in the literature?

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Answering the Research Question

This study sought to gain a deep understanding of the implementation of community interventions from the perspective of those implementing the programs. Of the available research options, a qualitative approach was considered more valuable. Whilst a quantitative approach would have been possible, through the use of surveys, it would have been very difficult to find sufficient participants at similar stages of implementation. Furthermore, as participants' perceptions of program implementation have not been examined previously, it would have been necessary to collect some qualitative data in order to design a questionnaire that was relevant to this group. Finally, a qualitative methodology offered the possibility of exploring implementers' attitudes at multiple stages of the implementation process.

This made a qualitative research design the most appropriate approach. Exploration of the factors and dynamics involved in the implementation of community interventions required a thorough understanding of the context in which the implementation took place and of the people involved. A case study approach was chosen for this study as it allowed a more comprehensive view of implementation, facilitating an insight into the implementation processes. The use of a single case made it possible to follow the entire implementation phase of a program, which enhanced the research and assisted in the pursuit of answers to the research questions.

3.1.1 The Guiding Epistemology of This Study

The study of prevention programs falls into the domain of community psychology which is increasingly associated with the epistemology of constructivism (Dalton, Elias, & Wandersman, 2001). The underlying assumption of this epistemology is that the relationship between the knower and what can be known is transactional and subjectivist. This means that knowledge is co-created through the interaction between the researcher and the researched (Guba & Lincoln, 1994).

The aim of inquiry using a positivist epistemology is to explain, predict or control. Whereas the aim of a constructivist inquiry is to understand or reconstruct (Lincoln & Guba, 2000). Within the guidance of a constructivist epistemology, I sought to find a setting in which the research could be grounded, develop collaborative relationships with the participants, and gain a deeper understanding of the research context.

3.1.2 Qualitative Research

A qualitative research approach to the investigation of the implementation of community interventions has been recommended by a number of theorists (Domitrovich & Greenberg, 2000; St Pierre & Kaltreider, 2001; Weissberg, 1990). Domitrovich and Greenberg (2000) point to the absence of qualitative information regarding implementation. Qualitative data provides information and insights directly from those implementing the interventions and is vital for program dissemination. Qualitative research allows researchers to form collaborative relationships with their participants thereby enhancing understanding of people within their context (Nelson & Prilleltensky, 2005).

One of the most common approaches to qualitative inquiry is the case study (Stake, 2000). Case studies allow in-depth exploration of a phenomenon within a particular context and “assist readers in the construction of knowledge” (Stake, 2003, p. 146). A focus on context is considered an important approach to community research (Trickett, 2002) and the longitudinal perspective of case studies enhance research conducted within a community setting (Dalton, Elias, & Wandersman, 2001).

Research into the implementation of community interventions needs to consider the complexity of the intervention (Kubisch et al., 1997). A focus on a better understanding of how individual programs approach implementation assists in the comprehension of their complexity (Everhart & Wandersman, 2000). Contextual information about the community and the program is vital for an understanding of the implementation process. This study was oriented by an ecological perspective that acknowledged the complexities contained within the context of the community, the program and its implementation.

3.2 Case Studies

3.2.1 *Rationale*

The complex nature of prevention programs is increased by the complexity of the settings in which they are implemented (Goodman, Wandersman, Chinman, Imm, & Morrissey, 1996). This study required an approach that would facilitate an understanding of the context and all its complexities and would capture the interactions between the stakeholders involved in the implementation of community interventions. Further, due to limited knowledge about the mechanisms involved in the implementation of these interventions (Durlak & Ferrari, 1998), an approach that provided a context for the exploration of these mechanisms was necessary. Case studies facilitate exploration of the complexities of the case within its particular context (Stake, 1995).

Previous research has also utilized case studies to examine community interventions (Nation et al., 2003). Messinger (2004) used a case study approach to examine a rural comprehensive community initiative that sought to address a number of problems including: unemployment; lack of education; and disorganized service provision. Similarly, a case study of a rural community in Western Australia was used by Bishop and Syme (1996) to articulate the role of the psychologist in facilitating social change in a rural community.

Stake (1995) describes two types of case studies, intrinsic and instrumental. Intrinsic case studies are case studies undertaken when there is an interest in learning about that particular case, whereas instrumental case studies are used when a general understanding of something is required and the particular case will provide insight into the question. The case study approach used for this thesis was instrumental given that the case was examined in order to gain an insight into the implementation of community interventions (Stake, 2003).

Case studies are a common approach to qualitative inquiry (Stake, 2003). They are an approach rather than a method and can include a variety of different methods within them (Hamel, Dufour, & Fortin, 1993). Messinger (2004) used a combination of participant observations, interviews and review of planning and evaluation documents, in her case study of a rural community intervention.

Bishop and Syme (1996) found participant observations to be an invaluable method of collecting data in a Western Australian rural community.

Community interventions are a relatively new phenomenon, particularly in Australia. Consequently, finding more than one case to examine was problematic. For this reason it was decided that a single case would be examined over an extended period of time. The in-depth examination of a single case also had certain advantages. It allowed for a comprehensive understanding of the complexities of the program and its implementation, which could not have been gained from the study of multiple cases within the same time frame. The mechanisms involved in the intervention's implementation in the specific and bounded context of this thesis were uncovered through the range of data collection methods used in this study.

3.2.2 Selection of the Case

As with most qualitative research the method of case selection was purposive as statistical generalization was not a goal (Merriam, 1998). Selection criteria were developed to assist in the selection of a case that would maximize learning (Stake, 2003). The case needed to be community-based, have a focus on early intervention, and include a number of activities within it. As in most case selections there were a number of convenience factors that also had to be taken into account (Merriam, 1998). The case had to be accessible both in its location and the program's openness to the research. A concurrent case was preferable as I desired a discussion about implementation with the people implementing the program as they were engaged in it. I also wished to track the case as it developed rather than examine retrospective cases.

3.2.3 The Case

The selected case was a community intervention located in rural Victoria, called Connect For Kids (CFK). CFK met all of the selection criteria requirements. It was community-based, had a focus on early intervention and intended to implement a wide range of activities. This three year pilot project was funded by a philanthropic foundation and coordinated by a well known, non-government, welfare agency. Victoria University and its staff from the School of

Psychology served as external evaluators for the program. These staff had worked with the project team since the commencement of the program, approximately six months prior to this research beginning.

3.2.4 Issues about Access and Entry

The recommended approach to gaining access to a potential research setting is a straightforward one. However having someone else vouch for you can also be very effective (Taylor & Bogdan, 1998). Once access has been granted, Stake (1995) advocates a “quiet entry” (p. 59) as most desirable. This allows researchers to take the time to acquaint themselves with the details of the case. During this period a written description of the research, data collection methodologies and dissemination of findings should be given to the participants (Stake). This allows participants to make informed decisions about the potential costs and risks associated with the research (Lincoln & Guba, 1985). Changes that occur during the research period should also be negotiated with participants (Stake).

CFK program managers and staff were approached, during a monthly evaluators meeting, about the possibility of allowing me to use their program as a case study. I briefly described the research questions, the proposed methodology for data collection and the data collection timelines. I further proposed that I participate in the evaluation of the project while I was conducting my study. It is likely that the support that I received from the external evaluators facilitated the organization’s acceptance of this proposal. Participants were regularly updated on my study and changes were negotiated as the need arose.

3.2.5 The Major Data Collection Methods Used

Multiple qualitative data collection techniques were used to gather information. Participant observations were a major component of the data collection and were enhanced by interviews, focus groups and document analysis.

3.2.5.1 Participant Observations

Effective participant observation has the potential to minimize the distance between researcher and participants, allowing a greater understanding of the

complexity of the research context while at the same time enhancing relationships between the researcher and the participants (Dalton, Elias, & Wandersman, 2001). One of the advantages of participant observation is that it gives the researcher the opportunity to be viewed as someone from within the group rather than as an external researcher (Glesne & Peshkin, 1992).

One of the most important methods of data collection in this study was through participant observations, which were used throughout the entire data collection period. Being an active member of the CFK evaluation team for the vast majority of the program maximized my involvement with the case study, as well as enhancing my opportunities to be a participant observer. Initially it provided an opportunity to form relationships with my participants, while at the same time helping me gain a more thorough understanding of the context in which the program was being implemented. It also provided an opportunity to explain my study to participants and allowed them to see the potential benefits my findings may have for the implementation of the intervention. Later, as I became accepted as part of the 'team', I was able to use this method to observe discrepancies between verbal and non-verbal behavior and between program philosophy and action, as well as tensions within the group. This allowed me to gain insights into their implementation practices that would not have been available to me if I had merely conducted individual interviews and focus group sessions.

Throughout the two and a half years of data collection, I attended 24 monthly evaluation meetings, 10 advisory committee meetings, five reflective meetings and selected working party meetings. Monthly evaluation meetings were approximately two hours in length, while advisory committee meetings and working party meetings were approximately one hour in length. The reflective meetings ranged in duration from four hours to two days. I also attended a number of informal gatherings as well as formal program launches and celebrations. The observations made during these meetings provided invaluable data regarding the internal functioning of the group.

Detailed written notes were kept of all meetings. Reflective meetings and selected monthly evaluation meetings were also recorded on an audio recording device. Field notes were taken at the time of the observation, where appropriate,

and then expanded upon in private. They were designed to provide a comprehensive description of the context, by including details of the physical setting, verbal and non-verbal behavior of the participants, conversations and activities (Merriam, 1998). In addition, reflective notes were recorded after the observations, which included my impressions, ideas and feelings (Glesne & Peshkin, 1992).

3.2.5.2 Semi-Structured Interviews and Focus Groups

Data gathered via an interview complements observational data. Interview data allows the researcher to move back and forth in time, while observations provide in-depth information about the present (Lincoln & Guba, 1985). Interviews are used in case study research to expand upon the data gathered via observations. They allow researchers to gain access to other interpretations and perspectives of the case (Stake, 1995).

Twenty-nine interviews were conducted with a wide range of participants. Program staff and managers were interviewed on many separate occasions. Advisory committee members, volunteers and key stakeholders were also interviewed. The interviews were audio-taped and then transcribed by me. The majority of interviews were face to face, though some interviews with advisory committee members were conducted over the telephone due to difficulties in scheduling meeting times. Interviews were semi-structured and questions were constantly revised as data was analyzed.

Focus groups allow the researcher to observe interactions between a group of individuals in response to specific questions (Janesick, 1994). This method of data collection is not meant to replace interviews, but is an opportunity to gain insights into another perspective on the research questions that might not be available through interviews (Fontana & Frey, 1994). Focus groups were conducted with program staff and managers on three occasions. They provided an opportunity to examine the emerging themes with the participants, and to observe their interactions and reactions to these themes.

3.2.5.3 Informed Consent

As previously mentioned participants were given an outline of the research and data collection methods. Verbal permission to interview staff members was

obtained from the program manager and staff. Participants were asked if they would consent to be interviewed. Interviews were then scheduled at mutually acceptable times. Prior to the interview, participants were informed that the interview would be audio taped, that their participation was completely voluntary, that they could withdraw at any time, and that information given during the interview would be confidential. Participants were asked to sign the informed consent form if they understood and gave their consent to be interviewed.

A similar process occurred for focus groups. Participants agreed to attend the focus group and signed an informed consent form. They were made aware that focus group sessions would be audio taped, that their participation was voluntary and that they could withdraw at any time. Confidentiality cannot be assured in focus groups, but at the commencement of the focus group, participants were asked to treat all disclosed information as confidential. It should also be noted that names of places and organizations have not been changed in this thesis, however pseudonyms have been used to protect the identity of participants.

3.2.5.4 Document Analysis

The analysis of documents is another common method of data collection that occurs within a case study approach (Stake, 1995). Documents can include everything from newspaper articles to personal journals (Merriam, 1998). For this research, documents such as reports, minutes of meetings and other official documents were analyzed regularly throughout the study. Other documents that were analyzed included the original project proposals, the evaluation tender document and an honors thesis. These documents provided information about the program from various points in time, as well as about the community in which the program was being implemented. I also kept detailed records and notes of the many telephone conversations that I had with my participants and these documents along with copies of emails and my research journal were included as part of my data.

3.2.5.5 *Validity and Credibility*

Research aims to produce valid and credible findings (Merriam, 1998). Qualitative research has been compared to quantitative research and has been considered to be lacking in the area of validity (Coakes & Bishop, 2002). Regardless of the paradigm under which it is conducted, research is a human process and validity exists within the relationship between the knower and what is to be known (Reason & Rowan, 1981).

A number of different techniques are suggested to increase the likelihood that qualitative research will produce valid and credible findings. The most widely recommended technique for establishing credibility and validity in qualitative research is triangulation (Lincoln & Guba, 1985; Merriam, 1998; Stake, 2003).

Triangulation is the use of multiple sources of data, methods of data collection and investigators to confirm findings as they emerge (Merriam, 1998). It assists in the clarification of meaning by uncovering the occurrence of the phenomenon in a number of different ways, at a number of different times and a number of different settings (Stake, 2003). The design of this research aimed to utilize data collection techniques that increased the probability of producing credible findings. The use of multiple sources of data, multiple methods of data collection, and multiple data collection points enabled triangulation of data and increased the validity and credibility of the findings. In addition to this I was in the fortunate position of having one of my research supervisors as the key evaluator for the CFK program. This gave me the opportunity to discuss my findings and conclusions with someone who knew the people and the program almost as well as I did.

3.3 Action Research Principles

Action research is a research approach often employed in social research settings (Winter & Munn-Giddings, 2001). Although not strictly an action research framework, the principles of participation, collaboration and reflection central to action research (Reitsma-Street & Arnold, 1994) were also central to this study. Employing these principles for this study enabled the participants to have a voice and provided an opportunity for implementation practices to be

improved. The evaluation made it possible for me to feed my findings back to the CFK team. This was done both verbally during evaluation meetings and in writing through evaluation reports.

3.4 Overview of Data Collection

The implementation of any program is only one phase of the program. Other phases include the planning or development of the program, the evaluation of the program, and the maintenance or sustainability of the program. These phases are by no means discrete nor are they linear. There is a great deal of overlap between the phases and planning and evaluation occur continuously throughout the implementation phase (Diebold, Miller, Gensheimer, Mondschein & Ohmart, 2000). Although the focus of this study was implementation, this stage of the program cannot be examined in isolation from the other stages.

This research sought to identify the factors and dynamics involved in the implementation, making it necessary to have an understanding of what occurred in the developmental and planning stage of the program, and what functions were to be put into place to ensure sustainability of the program. Data was collected during the implementation and sustainability phases of the program. This made it possible to examine these phases concurrently. The planning phase however, was examined retrospectively via data collected during the implementation and sustainability phases.

One objective of this study was to develop and examine a framework of best practice for the implementation of community interventions. There were two phases to this process. The first phase required a detailed review of the relevant literature and presentation of the main elements of this literature to CFK staff responsible for program implementation. A guided focus group setting was utilized for this. The second phase involved individual interviews with participants regarding their perspectives of the important principles for effective implementation. The result was the collaborative development of a set of guiding principles for effective implementation. These principles were then used to guide the remainder of the data collection. They formed the basis of interview questions and were considered by participants, both formally and informally, during evaluation meetings and reflective meetings.

The CFK pilot program was initially funded for a period of 36 months. The evaluation of the CFK program commenced at the same time as the program. My involvement with the CFK evaluation occurred concurrently with my application for candidature and ethics approval. As a part of the evaluation team I collected a small amount of data that was later utilized for this study, this included the interviews with the advisory committee members, attendance at five evaluation meetings, four advisory committee meetings and a formal program launch. During this time I was able to establish a rapport with participants and inform them of the development of my research.

Data collection occurred during the final 30 months of the program, with data being collected in the first six months of this period being a component of the evaluation. Participant observations were the main source of data collection along with semi-structured interviews and focus groups. The analysis of multiple documents further enhanced the exploration of this case study. The timeline for the data collection and the phases of the CFK program are illustrated in figure 3.1.

Data Collection Timeline

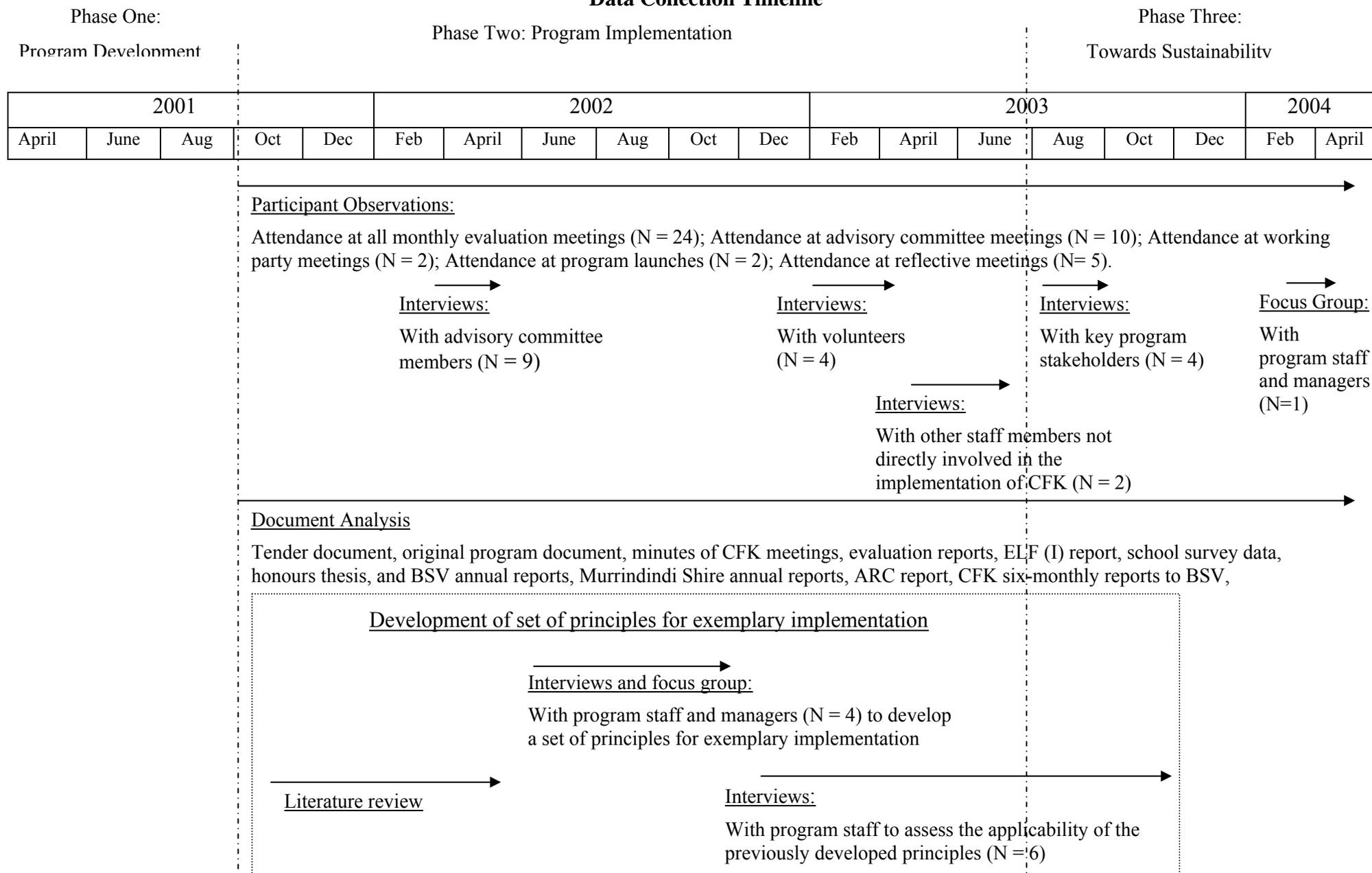


Figure 3.1: Timeline for Data Collection and Program Phases

3.4.1 Phase One: Program Development

The planning phase includes the recognition of a need, a decision about how to meet that need and the design of a program (Diebold, Miller, Gensheimer, Mondschein, & Ohmart, 2000). This phase is important as it is the foundation upon which the program is built. It was essential for this study to examine the program development phase of CFK to provide contextual information about the community in which the program was being implemented and to allow a thorough understanding of the program's original vision and aims.

The development of the CFK program occurred prior to commencement of data collection for this study. However, it must be recognized that programs such as CFK are ever evolving and planning was a continuous process occurring throughout the program. It was necessary for the examination of this phase to occur through analysis of data collected during the implementation and sustainability phases. Document analysis and interviews were the main source of data collected to explore this phase.

The original program advocate and designer was interviewed regarding the events and issues that were precursors to the recognition of a need for a community-based program. The semi-structured interview was an hour in length and was audio taped. Analysis of an honors thesis detailing research into the antecedents of school drop out in the community also enhanced understanding of the community in which the program was being implemented.

The original program proposal document and the tender document for the evaluation provided information about the vision of the program. Understanding of the original vision and aims was further enhanced by conversations that arose while I was a participant observer during evaluation and advisory committee meetings in the implementation phase.

Analysis of steering committee and advisory committee meetings provided a chronological account of the first six months of official program funding. Informal conversations with program staff were used to enhance understanding of the intervention during this phase.

3.4.2 Phase Two: Implementation

The implementation phase is when the careful planning that has occurred in the previous phase is translated into action. It is during this phase that staff members become aware of how appropriate their planning has been for their particular community and for themselves as implementers of the program. The implementation phase has tended to be ignored by researchers in the past, and yet it is critical to any assessment of the effectiveness of the program (Durlak, 1998b). It is not uncommon for the implementation of a program to be very different from what was originally planned (Durlak & Ferrari, 1998).

As previously mentioned, I joined the CFK evaluation team, as a research assistant, at the commencement of the implementation phase. As part of the evaluation data collection, I conducted interviews with advisory committee members, attended six evaluation meetings, five advisory committee meetings and the official program launch. This data was used to provide additional information regarding the implementation of CFK.

Approximately six months after I joined the CFK evaluation team, I received ethics approval for this research. Data collection continued over the remaining 24 months of the implementation phase of the CFK intervention. Evaluation meetings were held on a monthly basis and participant observations were recorded during each of these meetings. In addition to this I attended scheduled reflective meetings, working party meetings, official program launches and a number of informal gatherings where participant observations were documented.

Semi-structured interviews were also conducted throughout the implementation phase with intervention staff, intervention managers, key intervention stakeholders, community members and volunteers. These interviews were designed to explore the multiple perspectives of the CFK intervention and varied in length from 20 minutes to one hour. Interviews were loosely based on themes emerging from the participant's input into a framework of best practice (see following section), however participants were also given the opportunity to explore other issues they perceived as relevant. All interviews were transcribed.

The advisory committee, which commenced alongside the planning of the program, was an important component of the CFK intervention during the planning and implementation phases. It was important for the evaluation and this study to explore the CFK intervention from the many different perspectives of those involved with the program through the advisory committee. When the advisory committee had been operating for a period of 12 months, semi-structured interviews (see Appendix A for interview questions) were conducted with nine advisory committee members including: program staff; program managers; community members; and volunteers, as part of the evaluation of the CFK intervention. These interviews were approximately 30 minutes in length, were audio taped and conducted either face to face or over the telephone, and were an important component of the data analyzed for this research.

3.4.2.1 Development of a Framework of Best Practice for Implementation of Community Interventions

Before the research questions could be answered, a mutual understanding of what constituted effective program implementation was established. A considerable amount of literature was available that outlined the important features of effective prevention programs. However, the principles were primarily theoretical and their focus was on the development and outcomes of programs with very little attention given to implementation (Durlak, 1998b). An emphasis of this thesis was to increase understanding of implementation from the perspective of program implementers. With this in mind, a set of guiding principles for effective implementation was developed from the literature, to facilitate meaningful discussion with intervention staff and managers.

A detailed review of the theoretical and research literature revealed a number of principles for effective implementation of prevention and promotion programs. These principles were arranged into themes. Participants were given a copy of the review (Appendix B) and a focus group discussion took place immediately after a monthly evaluation meeting. Participants were given the opportunity to ask questions as the researcher reviewed each point. They were asked to take the review with them and to think about it in relation to their own experiences of implementation. They were also informed that they would be interviewed in the coming months regarding this review.

During the following two months interviews were conducted to gather feedback on the principles for successful program implementation, as well as information about their own implementation experiences. Participants were asked about their previous experience with implementing community-based programs and the factors they considered inhibited or enhanced implementation. They were also asked to comment on the principles found in the literature review and any additions or subtractions they believed necessary.

Interviews were between 30 minutes and one hour in length, were conducted either face to face or over the phone and were audio taped. The tapes were transcribed. The interview data were then analyzed to identify themes, and a preliminary set of guiding principles for best implementation practice was developed. A focus group session was held at the completion of the interviews to discuss these principles, and develop a finalized set of principles (Appendix C). These principles were then used to guide the interviews and participant observations for the remainder of the implementation phase.

A staged approach was employed for implementation of CFK programs. Individual program components were implemented by full time or sessional part time staff and overseen by the program leader. Full time staff members were employed for the entire program period. Part time sessional staff however, were employed at various times throughout the program. Each staff member was interviewed periodically throughout the implementation phase of the program. Some staff members were interviewed on more than one occasion as they became responsible for more than one program component. The semi-structured interviews were approximately 45-90 minutes in length, were conducted face to face and audio taped. The interview questions were based on the principles of effective implementation that had been developed collaboratively with program staff and managers earlier in the implementation phase. Staff members were asked how applicable the principles were to the implementation of the project/s they were coordinating.

One of CFK's' stakeholder groups was the volunteers. It was considered important that their perceptions of program implementation be gathered as part of the data collection. Interviews with a sample of four CFK volunteers were semi-structured, face to face and approximately 30 minutes in length. Volunteers

were not asked directly about the principles of effective implementation, but about elements of the principles that were relevant to them.

3.4.3 Phase Three: Towards Sustainability

The final phase of the program looks to the future. In this phase staff make decisions about which program components are sustainable and which are not. As the original funding period draws to a close, program-staff are also looking toward their own futures and the uncertainty around continuation of funding and their employment. From the initial stages of program development and through implementation, program sustainability is always an aim.

The importance of developing effective partnerships with local agencies and stakeholders is recognized in the literature (Galano et al., 2001; Nelson, Amio, Prilleltensky, & Nickels, 2000) and by CFK program staff as an important means of ensuring program sustainability. As the sustainability phase was beginning, semi-structured interviews were conducted with representatives from these agencies. Interviews were between 30 and 45 minutes in length, conducted face to face and audio taped. Interview questions were designed to ascertain the participants' impressions of the CFK program and staff as well as their beliefs about the effectiveness of the partnership between CFK and their organization and the potential sustainability of individual program components. Finally during the final evaluation meeting a focus group was held with program staff and managers to discuss the emerging findings of this study.

3.5 Data Analysis

The analysis of qualitative research is not a technical process, but an insightful process requiring inductive reasoning, considering and theorizing. For this reason qualitative researchers have their own individual methods of analyzing their data (Taylor & Bogdan, 1998). Following is a description of how I analyzed my data.

The use of multiple data collection methods produced a great deal and wide variety of data. These included notes from participant observations, transcripts of interviews, focus group sessions and meetings, research journals and official documents. Interviews, focus group sessions and reflective meetings were

transcribed within two weeks of their recording. Transcribing these recordings myself allowed me to consolidate my impressions of the events and become aware of anything that I might have missed. Data analysis occurred over two phases. Preliminary analysis of data occurred concurrently with data collection and a deeper analysis of the data was conducted during the final stages and after the completion of data collection.

Transcripts, participant observations and minutes from meetings were all manually coded using margin coding during the preliminary analysis phase. Broad categories were initially established according to interview questions based on a review of the literature. Themes were then identified and elaborated with subsequent interviews and observations. This phase of data analysis allowed me to feedback pertinent findings to the staff at CFK. It also enabled interview questions to be refined and new questions developed.

The transcripts were also imported into Nvivo 2.0 (Qualitative Solutions and Research, 1999) for further analysis. Nvivo 2.0 is a computer program designed to manage and analyze large quantities of qualitative data. Data was coded again using this program ensuring that all pertinent findings were revealed. Findings from document analysis were mainly used to create a narrative of the case and to gain a better understanding of events that transpired prior to my engagement with the group.

The second phase of data analysis involved a much deeper analysis of the data. This involved a great deal of consideration of the findings moving beyond the identification of themes to how they were interrelated. Drawings, diagrams, figures and cognitive maps contributed to this process. This is a common approach to attempting to make meaning of complex data (Miles & Huberman, 1994). This is reflected in the finished product of this thesis, with the many figures that have been used to assist communication.

A great deal of this analysis occurred during the writing of the findings sections of this thesis. Writing is well recognized as a method of inquiry (Richardson, 2000). The process of drafting these sections forced me to consider my findings from the point of view of the reader. I needed to communicate them in a way that would act as supportive evidence for my interpretation of their

meaning and my deductions. This process enabled me to consolidate and further develop my conclusions.

3.5.1 A Change in Direction

Qualitative research is an iterative process, where ideas are visited and revisited from many different angles throughout the entire research period (Piantanida & Garma, 1999). This requires attention to and integration of findings which produce unanticipated results. Given the length of time it takes to complete a doctoral dissertation there is great potential for change in the author's and the participants' understandings of the area of interest. This makes it difficult to have clear objectives from the outset that would account for unforeseen outcomes and new perspectives.

As is not uncommon in qualitative investigations, the development of this research, through the input of participants and an increase in my understanding of the topic, resulted in a change in direction. The central aim of this research was to gain a deeper understanding of the implementation processes with an emphasis on those implementing the community intervention. Towards the end of the data collection phase it became clear that the original methodology proposed to achieve this aim would not capture the complexity of the implementation of CFK.

As the data collection and concurrent analysis progressed it was increasingly apparent that the guiding principles for implementation were not relevant to the participants and therefore not helpful in their quest to implement a successful community intervention. Participants did not wish to engage in theoretical discussions about intervention implementation or the development of a framework for best implementation practice, but wished to relay their experiences of the implementation of CFK and of being part of the CFK team.

Participants' reactions to the framework were highly relevant as they contributed to knowledge specific to the research questions. Further, it was vital that all of the views expressed by the participants be considered in the analysis of the data. A focus on themes related to the guiding principles was too narrow and continued emphasis on this area was likely to overlook other important

information that would better assist in the understanding of the implementation of the community intervention.

3.5.2 A framework for analysis of results

It can be very useful to have a framework to guide the analysis of qualitative data. I had believed that the guiding principles would provide the framework for this research. Unfortunately, as was discussed above, this framework was not likely to enhance understanding of the implementation process and it became necessary to consider other framework options.

As is common in research, review of the literature continued for the entire research period. As I was collecting and analyzing data, as discussed above, I was also reading relevant literature. During this period I discovered a number of articles that discussed community interventions using a systems perspective. This perspective was congruent with and better framed the understandings of participants with regard to their experiences of implementation of the intervention. Consequently I decided to pursue an analysis of the data that was guided by a framework based on a systems approach.

Rather than making use of a single perspective for the analysis of the data I decided to utilize concepts from two approaches to form an integrative framework for the data analysis. The idea of combining more than one approach in this way is not a new one. Visser and Schoeman (2004) used a combined social ecology, systems and social constructional approach to the examination of the implementation of a community intervention for HIV prevention. Chrispeels and Martin (2002) integrated concepts from systems theory and micro politics to use as a framework for analysis of their data on school reform. Concepts from systems theory and ecological approaches were integrated to create a framework suitable for the analysis of the data collected in this study. The use of this integrative framework assisted in revealing the complexities of the implementation of CFK.

The following chapters outline the case, the findings, and the integrative framework for the analysis of the data. Chapter Four is a descriptive chapter. It contains an outline of the case. It describes the creation of the intervention, the community in which it was implemented, the people involved and the evolution

of the intervention. Chapter Five details the analysis of the data gathered for the development of the guiding principles for community intervention implementation. Chapter six, seven, and eight, are an integration of the systems and ecological literature with illustrative findings from the case study. Finally, chapter nine contains a synthesis of the data, interpretations of meaning and a review of how it fits into current theory.

CHAPTER 4

CONNECT FOR KIDS: A CASE STUDY

4.1 A brief outline of the Program

Connect For Kids (CFK) was a three-year pilot project initiated in a Victorian rural community in early 2001. Its primary purpose was to address problems associated with poor educational outcomes. The aims of the project were to connect and strengthen different groups within the community, support and enhance families' strengths, foster positive school environments and promote good educational outcomes for students. It was a multi faceted community intervention based on community development principles and was implemented in parallel with a collaborative evaluation involving external consultants. CFK was coordinated by Berry Street Victoria, a non-government welfare agency, and funding was provided by a private philanthropic foundation.

CFK meets the criteria to be defined as a community intervention, however it was known as a 'program' or 'project' by participants. Therefore the terms 'intervention', 'community intervention', 'project', and 'program' have been used interchangeably to refer to CFK. It included a number of activities aimed at key stages along the developmental continuum and different levels of ecological analysis, as well as a shop front located in the main street of Alexandra, one of the larger towns in the Shire of Murrindindi. CFK used a staged approach to implementation of the many program activities, with the focus of the first stage being development of a partnership platform and the focus of the final stage being exploration of available options for the sustainability of the program (Berry Street Victoria, 2000, October).

4.2 The Coordinating Organization

Berry Street Victoria (BSV) describes itself as a "welfare organization" (Berry Street Victoria, 2003). In 2000 BSV was the largest independent child, youth and family welfare agency in Victoria. From 1877 until 1975 BSV's main interest was adoption of infants and children, and the training of mother craft nurses. More recently BSV became involved with youth and family services, with a particular interest in foster care. Prior to CFK, BSV's focus was on

programs that were at the tertiary end of the prevention continuum. Their programs included foster care, family violence support, family support and counseling. When BSV took on the role of coordinating the planning and implementation of the CFK program, it was their first experience with a multi-component community-based program.

At the time this study was conducted BSV was a fairly large organization by independent welfare agency standards. In 2000 approximately 225 individuals were employed on a full time basis and 174 individuals on a casual basis across the 10 offices located throughout Victoria. The majority of BSV's funding came from government grants, with a small amount from gifts and donations (Berry Street Victoria, 2001).

4.3 CFK: How it all began

4.3.1 The Community

The Shire of Murrindindi is located approximately 90 kilometers to the north east of Melbourne, approximately two hours drive from Melbourne's Central Business District. The Shire of Murrindindi covers an area of 3,889 square kilometers, and had an estimated population of 13,640 people, in 2001 (Victorian Government Department of Sustainability and Environment, 2001-2003). It comprises six major townships: Alexandra, Eildon, Kinglake, Marysville and Yea, and over 12 smaller townships (Murrindindi Shire Council, 2005). At the time of the project proposal there was no township that would make an obvious hub of the Shire (Berry Street Victoria, 2000, October). The major industries in the Shire include agriculture, forestry, and tourism (Murrindindi Shire Council, 2005).

When planning began for the CFK program, in 2000, the Shire of Murrindindi was in many ways a thriving community. According to Australian Bureau of Statistics 2001 census data the unemployment rate of 5.3% was below the state unemployment rate of 6.8% and the Melbourne metropolitan unemployment rate of 6.6%. Also 72.3% of the Murrindindi population fully owned or were purchasing their own home, compared to 70.7% Victoria wide and 50.1% in metropolitan Melbourne (Victorian Government Department of

Sustainability and Environment, 2001-2003). A life expectancy of 77.1 years for males in the Murrindindi region, in the period between 1996 and 1999, was very similar to the 76.5 years life expectancy of all males in Victoria during that period. It was a similar story for females who had a life expectancy of 81.7 years in the Shire of Murrindindi compared with 82 years for all Victorian females (Victorian Government Department of Human Services, 1999).

Although these positive features may be considered to be protective, there were a number of characteristics of the community that placed its residents at risk of increased social isolation and disconnectedness. Physical isolation was a particular problem in the Shire of Murrindindi with a population density of just over three people per square kilometer, low even by rural standards. This was compounded by the lack of a comprehensive public transport system, making it very difficult for families and individuals without a car to access services in different parts of the Shire. The absence of tertiary institutions and the small number of apprenticeships and traineeships made relocation an issue for young people (Berry Street Victoria, 2000, October). Further, the Victorian Burden of Disease study (Victorian Government Department of Human Services, 1999) ranked suicide as the 10th most common cause of death for males in the Hume region, which included the Shire of Murrindindi, in the five years between 1992 and 1996.

The Berry Street Victoria (2000, October) project proposal document reported findings of a survey conducted by the Centre for Adolescent Health for the Department of Human Services in Victoria. The report (Bond, Thomas, Toumbourou, Patton, & Catalano, 2000), titled “Improving the Lives of Young Victorians in Our Community”, examined risk-taking and problem behaviors in Victorian young people; and the relationship between these behaviors and protective and risk factors. The Department of Human Services, Hume region, within which the Shire of Murrindindi is located, was one of the areas profiled. This region had the highest number of elevated risk factors out of all Victorian regions. It scored in the high range for both categories of problem behaviors, that is substance use and anti-social behavior. These findings should be viewed with some caution as the Shire of Murrindindi is only a small part of the Hume region which includes a number of local government areas.

It was decided that the proposed pilot project would focus on the north eastern corner of the Shire of Murrindindi, an area bounded by the towns of Alexandra, Eildon and Taggerty (Berry Street Victoria, 2000, December). The towns of Rubicon and Thornton were also in this area (Murrindindi Shire Council, 2005). Of these towns Alexandra and Eildon were by far the largest with populations, in 2001, of 2094 and 669 respectively and population density, in 2001, of 487 persons per square kilometer and 202.7 persons per square kilometer, respectively. Thornton, Taggerty and Rubicon were all towns with a population of less than 200 people in 2001 (Victorian Government Department of Sustainability and Environment, 2001-2003).

The town of Alexandra, the largest of the towns targeted by the pilot project, also contained the Shire of Murrindindi council offices. The 2001 unemployment rate of 6.5% in Alexandra was slightly higher than the Shire's unemployment rate of 5.3% and slightly lower than the unemployment rate of metropolitan Melbourne (6.6%) and the whole of Victoria (6.8%). The town of Eildon, however, had a much higher unemployment rate in 2001, of 9.8%. The rates of home ownership in 2001 were similar with 71.26% of people in Alexandra, and 73.38% of people in Eildon, owning or purchasing their own home, compared to 72.3% of people in the Shire of Murrindindi, and 70.69% for the whole of Victoria (Victorian Government Department of Sustainability and Environment, 2001-2003).

There were similarities in the major employment industries in both towns, with retail trade being the main area of employment. The other four main areas of employment in both towns were: manufacturing; accommodation, cafes and restaurants; education; and health and community services. (Manufacturing, retail, health and community services and education were also four of the top five employment industries in the state of Victoria in 2001.) People mostly lived in households of one or two persons in both towns, Alexandra 65.71% and Eildon 74.22% (compared to 56.12% for the whole of Victoria) and were predominantly Christian in their religious beliefs, Alexandra 66.70% and Eildon 67.51%. Another similarity was the percentage of the population that were living at the same address in 2001, as they had been living in five years earlier, Alexandra

49.81% and Eildon 51.42% (Victorian Government Department of Sustainability and Environment, 2001-2003).

The major differences between the towns were: household income; the vacancy rate of private dwellings; and the age of their populations. Alexandra had a higher percentage (11.1%) of household incomes in the highest quartile, than Eildon (6.1%), though both towns had the greatest number of household incomes in the lowest quartile, Alexandra 36.3% and Eildon 48.5%. Incomes for the whole of Victoria were much more evenly spread, with 22.93% of household incomes in the highest quartile and 21.18% of household incomes in the lowest quartile. Alexandra had a vacancy rate of 13.3% while Eildon had a vacancy rate of 38.3%. This may have been due to the high rate of tourism and therefore holiday rental in the Eildon area. Of Alexandra's population, 15.39% were over the age of 60, compared to 32.39% of Eildon's population being over 60. Similarly 25.84% of Alexandra's population was under the age of 17, whereas 19.41 % of Eildon's population was under the age of 17 (Victorian Government Department of Sustainability and Environment, 2001-2003).

4.3.2 The Beginning

In 1998 the BSV Youth and Family Mediation Worker in Murrindindi Shire, Jody (pseudonym), noticed a number of problems with school aged children and youth in the area. The problems manifested with early school leaving followed by other social and health problems such as substance abuse, social isolation and teenage pregnancy. Precursors to this problem were identified as lack of school engagement, truancy and isolation. These factors were compounded by a lack of referral processes undertaken by the school (Berry Street Victoria, 2000, October).

Jody believed that these problems could be prevented from occurring and she documented her ideas for a program to prevent early school leaving. The program included an outline of assessment, counseling, school liaison and educational support components and was targeted at year 6, 7 and 8 students and their families. There was a great deal of local support for the program, but at the time there was no available funding.

Some time later, 2000, funding became available through a private philanthropic foundation. The foundation was particularly interested in Jody's program. At this point there was some disagreement as to the ownership of the program. Although Jody worked out of the Murrindindi Shire offices she was an employee of BSV. The Shire's coordinator of Community Services, Janice, requested that the program be coordinated by the Shire. Jody understood, however, that as an employee of BSV, the program that she had designed was the intellectual property of BSV. A great deal of tension existed around this problem and affected the working relationship of Jody and Janice.

BSV spent three months consulting with existing services and key stakeholders in the region, using focus groups. These included: the Shire of Murrindindi; pre-schools; schools; maternal and child health centers; child care centers; community health services and other service providers (such as: Child and Adolescent Mental Health Service; Goulburn Valley Family Care; and Murrindindi Youth and Family Services Team. Areas of concern and potential strategies in place to address these issues were discussed with these groups during this consultation period.

The issues identified by these stakeholders as increasing the likelihood of social isolation, limiting access to opportunities for social support and low levels of community connectedness in the Murrindindi Shire were: low population density, a lack of a comprehensive public transport system, a shortage of emergency housing, pockets of high population mobility, and few opportunities for further education or training. There was also a recognition that current services in the area were struggling to meet the community's needs and that this was creating significant gaps in service provision in Murrindindi, particularly in the area of parenting support. There was also a perception amongst the groups that there was low volunteerism and high rates of family breakdown in the area.

The discussions also revealed that initiatives, currently under development in the region, to address the issues of early school leaving, needs of disenfranchised families and at-risk young people, were, for the most part, lacking co-ordination and adequate resources. The protective factors, identified during these discussions, as being likely to mediate social outcomes in the

community, were: higher than average levels of employment; and affordable housing in the area.

4.3.3 The Program Model

After completing the community consultation process and an extensive literature review BSV proposed a contextually grounded early intervention and prevention program for the Shire of Murrindindi, which highlighted existing structures and possible programs that would improve community wellbeing. In 2001, the Foundation offered BSV funding for a pilot program which was to be implemented over a three year period. Data collected during the implementation of the pilot program allowed for an assessment of the sustainability and validity of the program within the local context. A comprehensive project model was developed. The framework for the model depicted the relationship between the explicitly stated principles, objectives, strategies and outcomes. Figure 4.1 is BSV's illustration of this model framework.

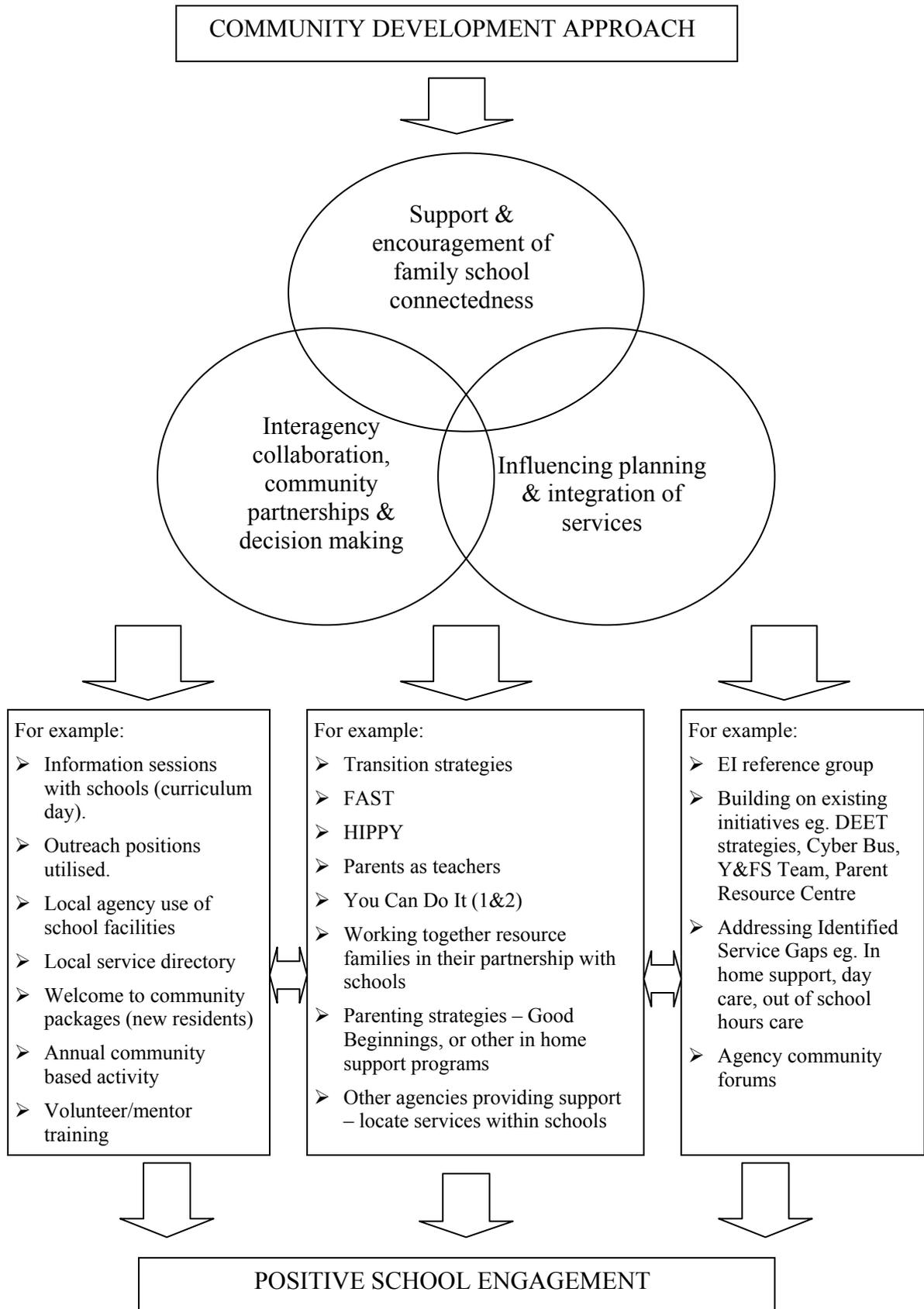


Figure 4.1: BSV's Illustration of the Model Framework for CFK (Berry Street Victoria, 2000, October)

As can be seen in Figure 4.1 the philosophical underpinnings of the model were based on a community development approach. This meant that programs that addressed locally identified community needs were to be progressively implemented. Prevention principles were also a strong theme of the model and it was felt that a community development approach would support prevention principles while promoting the building of partnerships between families, institutions and community.

The three interrelated key objectives shown by the circles in the diagram were:

- ◆ To support and encourage family and school connectedness;
- ◆ To support interagency collaboration, community partnerships and decision making; and
- ◆ To influence planning and integration of services.

The objectives were considered interdependent and of equal importance. Suggested strategies for each of these key objectives are shown in the rectangles within the diagram. These strategies came from a detailed review of best practice models.

Finally the model's overarching goal of positive school engagement was expected to benefit and be relevant to all stakeholders. Other project goals that were explicitly stated were:

- ◆ To achieve sustainable change in access to education;
- ◆ To implement early intervention strategies
- ◆ To increase the opportunities for all children and young people
- ◆ To address the needs of those at most risk

4.3.4 The Evaluation

Once the proposed program model was outlined, BSV sought expressions of interest to evaluate the pilot program. BSV had quite specific ideas of how the evaluation should be conducted. An action research methodology informed by community development principles was to be utilized and the evaluators were required to complete the evaluation collaboratively with project staff (Berry

Street Victoria, 2000, December). The Wellness Promotion Unit at Victoria University submitted a tender for the project in February 2001, and was awarded the evaluation in April, 2001.

4.3.5 Location of the Program within the Community

The physical location of the program and staff was opposite the town's only supermarket in the main street of Alexandra. The office had a frontage to the street, which was well signed with BSV logo, and attracted a large number of 'off-the-street enquiries'. The front windows of the CFK office contained posters advertising community events, resource lists, maps, photos and other notices of local community interest.

4.4 The Organizational Structure of CFK

The organizational structure of CFK was, like BSV's, hierarchical. Two full-time staff members, a project leader and a project worker, were employed to implement CFK for the entire three year funded period. The project leader oversaw all aspects of the program, supervised the project worker and reported directly to BSV through the program manager. A number of sessional part-time workers were also employed at various times throughout the project and were also supervised by the project leader. Following is a brief description of the backgrounds of these individuals and their roles in the implementation of CFK.

4.4.1 Meredith

Meredith was employed as a project worker with CFK. She was a full-time staff member and one of the first people employed to work on the CFK project. She lived in a nearby community and had a background in welfare work. Meredith coordinated the implementation of one of CFK's early programs, a home visiting program designed to respond to families' requests for assistance. She also coordinated the implementation of the 'volunteer program', and matched volunteers with families involved in the 'home visiting program'. Meredith's responsibilities with these programs included responding to families' requests for support; recruiting volunteers, running training programs, matching volunteers and families, as well as supporting and supervising trained volunteers.

She was also responsible for the implementation of the 'homework club' and 'parenting programs'.

4.4.2 Daniel

Daniel was employed as the project leader. He coordinated the CFK program and supervised all employed staff. Daniel came to CFK approximately 10 months into the program's life, to replace another staff member who had resigned. Daniel's background was in community development. Although he was a recent newcomer to the community he had lived and worked in the region around 20 years earlier and had a close family member living in the community. His work was supervised by the program manager Deidre.

4.4.3 Deidre

Deidre had been working for BSV for a number of years when the newly structured position, Manager of Community Projects, was created. Deidre moved into this new role, and became the manager of the CFK program, approximately four months after the program had started. Prior to Deidre's appointment to this role, staff were supervised and supported by another program manager at BSV. Deidre worked from the BSV offices in Shepparton, but visited the Alexandra offices on a more than weekly basis. Her role required her to manage a number of different programs in the region. However, CFK was the only community development program run by Berry Street Victoria at the time. Deidre's background was originally in education, but more recently in social work and managing BSV welfare programs.

4.4.4 CFK's Sessional Workers

At various times throughout the program part time sessional project workers were employed to implement particular programs. Daniel supervised each of them. Following is a brief description of their tasks and the period that they worked for CFK.

Mary and Rhonda were the first sessional staff employed by CFK. They were employed to implement a literacy program for Grade Prep children, identified as having literacy problems, in the local primary schools. Their

contract was three days a week for a period of 15 weeks, starting in October 2002. Rhonda then applied, and was successful in her application, for the co-ordination of a follow up literacy program aimed at pre school children. She continued working for CFK for the remainder of the initial funded period on a two days per week basis.

Kerry was also employed on a part-time sessional basis. She commenced working on the co-ordination of a program aimed at providing opportunities for young people in the area to participate in non-sporting activities in March, 2003. In June, 2003, she was appointed to co-ordinate another CFK program that was aimed at promoting education, employment and training opportunities for young people in the area. The allocation for each of these programs was two days per week. She continued working in both roles for four days per week until the end of the initial funded period.

4.4.5 Other People Involved with CFK

Finally there were four other people who should be mentioned. Although they had varying degrees of involvement with the implementation of CFK they had important roles in the program. Barbara was CFK's project leader for the first nine months. Barbara resigned from the position when tensions developed between herself and Deidre. Barbara's input into this study was minimal as she left the program shortly after I became involved.

Jody was BSV's youth and family worker in the area and was the person who originally identified and documented early school leaving problems in the area and devised a program to tackle them. She was also heavily involved in the community consultation process and the writing of the final project proposal. She continued to work in her original role for BSV after CFK began and did not have any direct role in the CFK program. However, she did apply for the position of project leader when Daniel applied and was unsuccessful in her application. She was also offered a position as coordinator of one of the program's but after lengthy deliberation turned it down. Jody was supervised by someone unrelated to the CFK program at BSV.

Anthony was employed by BSV as the organization's social policy manager. He did not have a direct role in CFK but participated in the monthly

evaluation meetings from May 2002 to December 2002. Anthony’s involvement with CFK ended after eight months when he resigned from his position with BSV. His input was a vital part of the data collection for this study. Anthony’s position remained unfilled until Corinna was employed in mid 2003. Corinna attended one CFK evaluation meeting before also resigning.

Finally, Rowena was employed, on a permanent part-time basis, in September 2002. Employed as the program’s receptionist, Rowena’s role with the program was as an administrator. Figure 4.2 shows the periods of employment for each of these people.

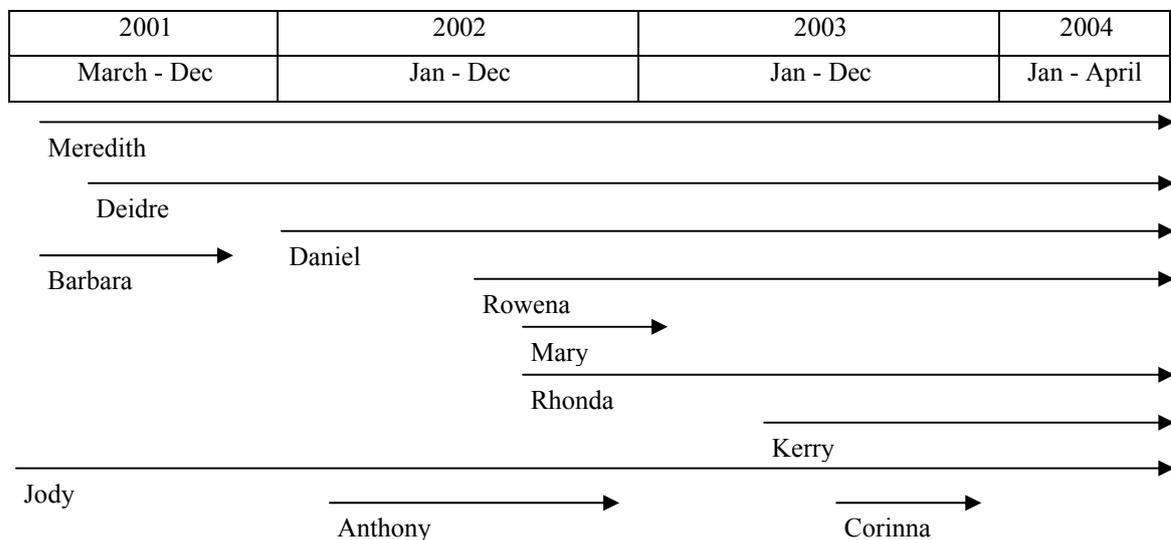


Figure 4.2: The People of CFK and the Periods they were Employed

4.4.6 Development of a Structure for CFK

As one of the main principles underpinning the program was that it be community-owned and community-driven, a public community forum was held two months into the program. The aim of this forum was to assist staff in understanding the key features of the Shire, to generate interest within the community, and to explore possible programs options. An outcome of this forum was that an advisory group was established. The advisory group was composed of community members (parents, Shire representatives, local service providers, and young people) all CFK staff (including Deidre), the evaluators and representatives from organizations and services in the Alexandra area. The role

of this group was to provide guidance to the staff and ensure that the program reflected the needs of the community. The Advisory group was suspended nine months before the completion of the pilot program due to poor attendance and lack of communication between program staff and advisory committee members.

A structure that was introduced half way through the program was the working party groups. Each major component within CFK was coordinated by a part-time sessional worker and had a working party group attached to it. The working parties were composed of members of the advisory committee, interested community members, the project leader (Daniel) and representatives from relevant services and organizations within the area. Meredith, as a full time project worker, was responsible for a number of program components, and also had a single working party for the two major programs that she coordinated. CFK program staff reported to and were supervised by Daniel, and he was a member of all committees and working parties. Figure 4.3 illustrates the organizational structure of CFK.

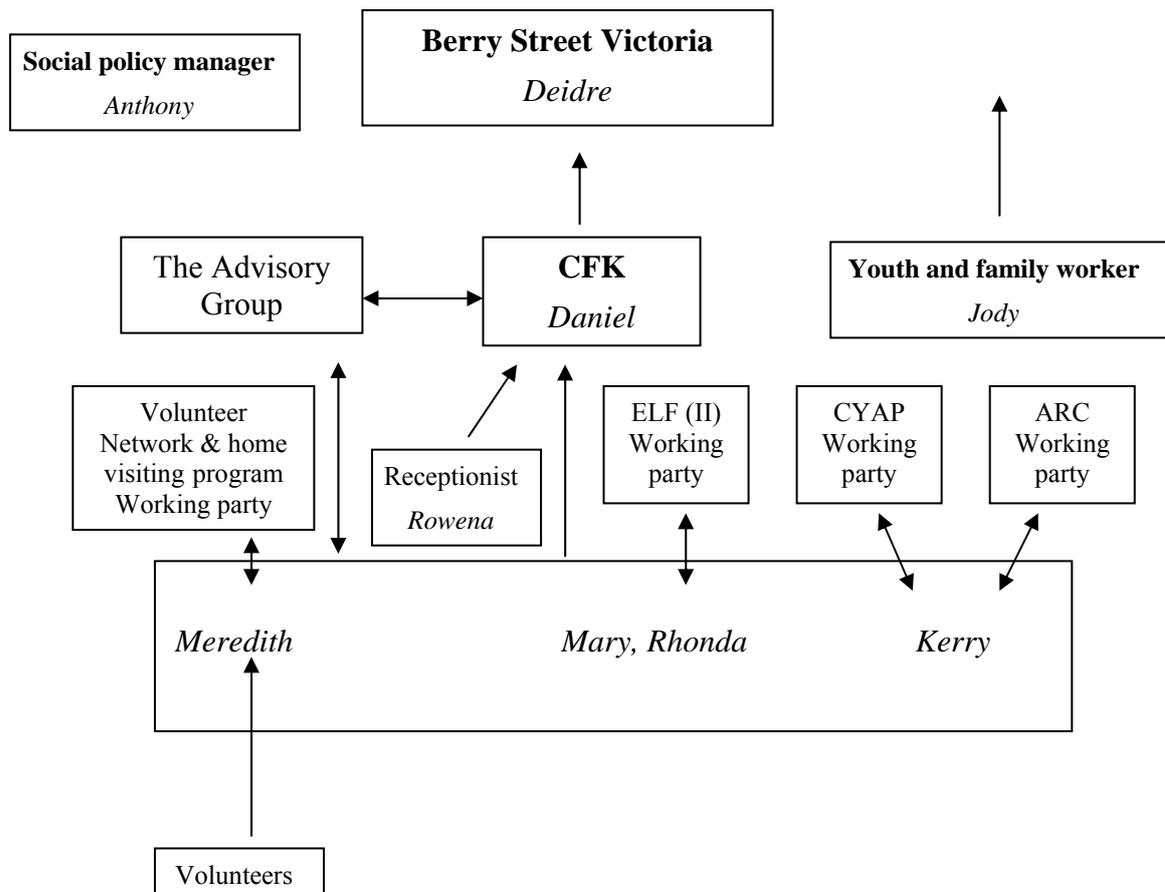


Figure 4.3: The Organizational Structure and the People of CFK

4.5 The Evaluation

External evaluators from The Wellness Promotion Unit, Victoria University were engaged to complete a collaborative evaluation of the CFK program. The evaluators adopted a theory of change approach to the evaluation. This meant that underlying values, theories and assumptions of the program, its components and the program stakeholders were explored at different points throughout the program. Program logics for each of the individual programs and for CFK as a whole were developed. These were used to facilitate discussion with implementing staff about the theoretical underpinnings of the programs.

The collaborative nature of the evaluation meant that the evaluators did not work as an external body of experts. Instead they worked closely with the implementing team. The responsibility for collecting data was shared, with CFK staff being responsible for collecting data for individual programs and the evaluation team assisting with analysis of the data and evaluating the program as a whole.

During the initial stages of program planning and implementation the external evaluators worked with the project team to develop a comprehensive evaluation framework. During this period specific project objectives were clarified, appropriate methods to gather information were defined, and tools that would assist data collection were developed.

The methods used to assess the various components and activities of CFK predominantly involved surveys of individuals as well as individual or group interviews. The evaluators interviewed and/or surveyed participants from all CFK key stakeholder groups. A number of different techniques were used to assist the program staff to reflect on their practices and be aware of how they and their program fitted into the overall aims of CFK. These included reflective meetings between the evaluators and program staff, partnership mapping, and plotting the various CFK activities within a prevention intervention matrix.

In order to gather contextual information about the community within which the program was being implemented a number of different methods were used. By far the most expansive of these was a community survey sent to all households in the community, as well as a nearby demographically comparable

community. The questionnaire attended to issues of community participation, relationships within the community, perceptions of the community, community opportunities, family resources, sense of community, and life changes. A similar survey was also conducted with local children, though on a much smaller scale, and was distributed by the local primary schools. A survey was designed for local youth, however the secondary school declined to administer the survey as a similar survey had been conducted within the previous 12 month period.

4.5.1 My Role in the Evaluation

The external evaluators worked with CFK staff for six months prior to my joining them. From the very beginning I had an active role in the evaluation of the CFK program. I attended evaluation meetings, program launches, and advisory committee meetings.

Over the three year period in which the evaluators worked on the program a number of staffing changes occurred within the evaluation team. The two key consultants working on the evaluation resigned from the university within three months of each other, 14 months and 17 months, respectively, into the program evaluation. The research assistant involved in the program also resigned. The consultant that left first was later retained by the university to work as an external consultant on the CFK evaluation. With these staffing changes came changes in my role within the evaluation.

When the former consultant returned to the evaluation I had been working with the program for over 12 months. I had established a relationship with most of the key stakeholders and my knowledge of evaluation and of the CFK program had increased. For these reasons it seemed appropriate that I should take on a more formal role in the evaluation. I continued with the activities with which I had previously been involved, but I also oversaw the data collection, input and analysis of the community survey, was responsible for recording and distributing the minutes for evaluation meetings and was the point of contact for program staff between allocated meeting times. Each of the evaluation consultants was also involved in the supervision of this study.

My role in the evaluation of this project gave me a unique opportunity to gain access to the group dynamics and the many underlying tensions within and

between the program staff. I was a participant observer in all of the evaluation and advisory group meetings, and some of the working party meetings. The amount of time I spent with staff helped me to develop a rapport that enhanced my interviews with them.

4.5.2 My Role as a Researcher

The line between my role as a member of the evaluation team and my role as a researcher was at times blurred. The data collected as part of the evaluation was an important component of my research as it informed my own data collection as well as providing contextual information. It is possible that participants were not always aware of which role I was performing when I was working with them.

In an effort to minimize misunderstandings about my role as a researcher, major participants were informed that I was conducting research into the implementation of prevention programs, on the first day that I attended a program meeting. They were informed that my involvement with the evaluation of the program would form part of my data collection. They were reminded of this throughout the program.

4.5.3 Tension/Conflict between these Roles

Initially I was involved with the evaluation team as they provided a meaningful access and entry point to participants. As a way of contributing, and offering something in return to my participants, I became involved in evaluation tasks immediately. As time progressed, and two principal evaluators were reduced to one, my involvement with the evaluation increased significantly, though, in the first 12 months of my involvement, I was never formally an evaluation team member and did not receive financial compensation for my time. This made the boundaries between the two roles quite blurred. It also meant that at times I resented some of the work that I had to do as part of the evaluation.

After 12 months of participating in this manner I made a decision to formalize my role on the evaluation team and was employed by the university as a research assistant. This meant that the boundaries between the roles were a

great deal clearer to both me and my participants and I felt less resentful about the work that I was doing.

Being involved in the evaluation as well and being a participant while observing meant that I had an emotional investment in the process. This made it difficult to analyze my findings as I had formed specific perceptions about the participants and this was the lens through which I viewed their responses and input. The answer to this dilemma was time away from the research project. A 12 month leave of absence and a focus on something completely different meant that when I returned to my data I was able to view it in a completely different way.

It is also important to note that this degree of involvement with the case could be viewed as a strength of this research. It is within the social interchange that knowledge is co-constructed and the researcher is an essential part of this process (Gergen, 1985). Thus it could be argued that my increased involvement with the case through my work on the program's evaluation was an essential part of this research.

4.6 CFK: The Journey (March 2001 – April 2004)

The CFK pilot program was funded for an initial three year period. The intervention had been developed prior to the commencement of these three years and therefore the three years could be considered to be the implementation phase of the program. However, as is common for community interventions and other prevention programs, there was some overlap between the development of the program and its implementation. Similarly as the three years was drawing to a close, program sustainability rather than implementation became the focus.

In order to tell the story of the CFK journey over this period I have divided it into three phases: program development; program implementation; and program sustainability. I have used the official program launch, at the six month point, as the marker of the commencement of implementation and the final eight months of the funded period as the towards sustainability phase. These phases are used throughout this thesis to highlight different processes that occurred at different phases of the intervention. Figure 4.4 shows the timelines for these three phases as well as programs that were implemented and important events.

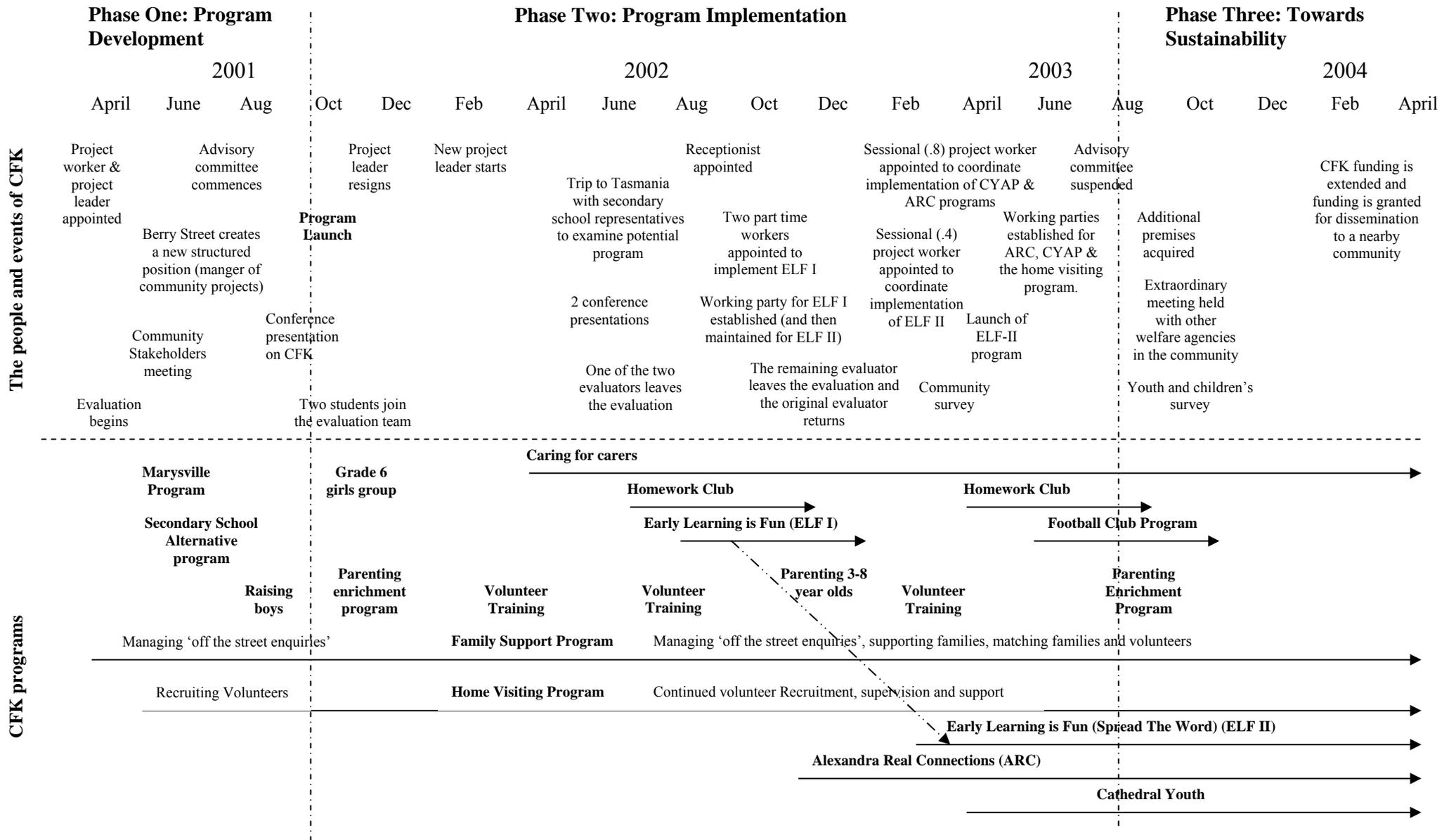


Figure 4.4: The people, Events and Programs of CFK

4.6.1 Phase One: Program Development (March 2001 – September 2001)

The primary objective of the first six months of the project was to set up a project base. Project leader and project worker positions were advertised and filled in March 2001. A shop front location was established in the main street of Alexandra. This provided a work space for the project leader, Barbara, the project worker, Meredith and BSV Youth and Family Support Worker, Jody. A number of out of Shire service providers also utilized this space to meet clients and/or hold meetings. The evaluation commenced and the evaluators met with CFK staff on a regular basis. In June 2001 BSV created a new structured position, Manager of Community Projects, within their organization and Deidre, an existing BSV employee, took on this new position. Barbara and Meredith participated in a number of training activities throughout this period.

One of the first tasks for program staff was to find a name for the program. 'Connect For Kids' was thought to reflect the emphasis that the program had on children and young people as well as the program aim of increasing connectedness. The CFK logo was developed via a youth drawing competition. This competition and a number of community, agency and school visits were designed to generate and promote community interest in the program.

A public forum was held in order to consult with the community and to canvas support from local agencies, schools, businesses and community members. This forum led to the establishment of an advisory group. The group comprised of representatives from the local Shire, local police, service providers, families, schools, sporting bodies and the evaluators. The advisory group met on a monthly basis. The program was formally launched in October 2001, six months after program inception. The launch was featured in the local newspaper.

During this phase a number of programs were planned and implemented. Four short term programs were implemented in response to needs expressed by the local schools. Three of these programs (Marysville Program, Raising Boys and Grade Six Girls Group) were coordinated by CFK staff in collaboration with local primary schools. The fourth program (Secondary School Alternative Program) was conducted in collaboration with the local secondary school. All

four programs targeted small groups of children who were having difficulties that could potentially place them at risk of early school leaving.

In addition to implementing these programs, the CFK project leader also took an active role in assisting local young people to develop a funding submission for a local Youth Precinct. The aim of the Youth Precinct was to provide an area and facilities for young people to meet, skate and ride bikes. The young people had come up with the idea themselves and had sought the assistance of a number of different adults.

The initial consultation process revealed the need for an in home support program for families. A number of different models were investigated during this phase and a decision was made to develop a partnership with Good Beginnings Australia. CFK utilized Good Beginnings Australia's volunteer training package and evaluation. The program was developed and coordinated by the project worker, Meredith.

CFK staff reported directly to BSV through Deidre, and BSV reported CFK's progress to the foundation. In their six monthly report they outlined their plans for the next six months. These plans included continuing with existing programs and structures, in particular the implementation of school programs that addressed identified needs, as well as investigation of the potential of: parenting enrichment programs; commencement of a monthly newsletter to service providers; mass mail out of a booklet outlining services available in the Alexandra district; and development of an education resource library for community access.

During the development phase of the CFK program a number of programs had been implemented and a number of others were in the planning stages. These programs were reactive in nature, and mainly short term. They were targeted toward a specific part of the population and their focus was to reduce risk. The program model had specified the need to include universal programs in the CFK project, but at the six month mark there were not any immediate plans for programs that met this criterion. Further, staff had found that the large volume of 'off-the-street inquiries' was consuming a great deal of Meredith's time and was seen to be driving the program in a reactive rather than preventative direction.

4.6.2 *Phase Two: Program Implementation (October 2001 – September 2003)*

My commencement with the CFK evaluation, in October 2001, coincided with the official launch of the program. At this point tension had arisen between the project leader, Barbara, and the BSV Manager of Community Projects, Deidre. Barbara decided to resign from her position as project leader in November 2001. In January, 2002, Daniel was appointed as the new project leader for CFK.

Daniel was quite different from Barbara. His background was in community development whereas Barbara's had been in secondary school teaching. Daniel had different ideas about the direction of the CFK program. Barbara's background as a secondary school teacher had meant that she had worked closely with the local schools and that it was important to her that the programs implemented addressed needs identified by the schools. When Daniel started with CFK he felt that these programs were the responsibility of the school, and not CFK.

CFK continued with the plans that had been made in the previous phase, for the first six months of the implementation phase. A three week parenting enrichment program was implemented and volunteer training for the home visiting program commenced. People who lived in the community were coming into the office with various enquiries and Meredith was continuing to provide support for these families.

During this period the evaluators conducted a series of interviews with CFK staff and advisory committee members. These interviews revealed: a concern that CFK was moving away from its original focus on young people in the community; that 'off the street enquiries' were consuming a great deal of Meredith's time making it very difficult for her to keep up with her other work; and that the advisory committee system was not working well.

Daniel and Deidre in particular were concerned that Meredith's role in CFK was becoming too focused on crisis management. Daniel's vision for CFK was to plan and implement programs that were universal, that is they included the community as a whole, were proactive rather than reactive and would be sustainable when CFK's funding ceased. Meredith agreed that this was an

appropriate direction for CFK to be headed, but expressed a great deal of concern about not being able to meet the needs of families that came through the door. There was a lot of tension between Daniel and Meredith over this matter.

Daniel investigated many different avenues that he believed would fit with his vision of CFK's future. In May 2002 Daniel gave a list of these to the advisory committee for discussion. On the list were: a regional community foundation; a no dole pledge program; youth workshops; a school values program; and community choirs. He also outlined a number of potential programs that were more reactive and these included: a literacy program for Grade Prep children with an identified literacy problem; a mentoring program for local football players; and a neighborhood mediation program.

In an effort to relieve Meredith of some of the pressure of 'off the street enquiries' a part time receptionist was employed. The receptionist, Rowena became an integral part of the CFK team and remained with the program for the remainder of its funded period. Meredith continued her home visiting and volunteer training program. She also implemented a new program called the homework club. The homework club was a program that offered children a quiet place to complete their homework, have something to eat and interact with other children. It was run on two afternoons per week by Meredith and a volunteer. A group called 'caring for carers' began six weekly meetings and were supported by Meredith and CFK. Daniel continued to investigate the programs that he had outlined to the advisory committee. As part of this investigation Daniel took the principal of the local secondary school and another teacher to Tasmania to examine a no dole pledge program that had been implemented in a Tasmanian school.

Grade Prep teachers had identified a number of children with very poor literacy skills and had asked CFK to help them work with these children as well as try to identify possible reasons for what seemed a larger than normal number of children in this situation. A working party consisting of these teachers was formed and ideas for a program developed. Daniel obtained funds to appoint two part time sessional workers, Mary and Rhonda, to liaise with the working party and implement the program. These workers were employed for a period of 15 weeks, during which time they were required to work individually and in small

groups with the identified children, assess their literacy levels, interview parents of the children to identify possible causes of the poor literacy levels and report their findings in writing to BSV. The program was called Early Learning is Fun (ELF).

In October 2002, CFK celebrated its one year anniversary since the official launch. The walls of the office were decorated with descriptions of current and planned programs. A definite shift could be seen in the programs being implemented by CFK. Although Meredith continued the homework club, the 'home visiting program', 'caring for carers' and parenting enrichment programs, very definite plans were being made for universal programs considered to be more proactive, more easily sustained by the community and designed to promote resilience rather than reduce risk.

There were three programs in particular that highlighted this shift. The Alexandra Real Connections program (ARC); Early Learning is Fun (spread the word) (ELF II); and Cathedral Youth Arts Project (CYAP). The ARC program was based on the no dole pledge program Daniel had investigated in Tasmania. It was a community wide program that aimed to increase education, training and employment opportunities for young people. School (teachers and council), students and the general community were involved in ensuring that each young person had a planned pathway to further education, training or employment.

One of the sessional project workers for the ELF program, Rhonda, was asked to investigate programs that would include the whole of the community and would address issues that were identified as possible causes of the low literacy levels in the Grade Prep children. A program called 'Spread the Word' came to Rhonda's attention. This program was aimed at children aged 0-5, with objectives being to develop parent awareness for the need to communicate with children from the earliest age. The original ELF working party continued to coordinate the new ELF program, and Rhonda was employed as the ELF (II) project worker.

The CYAP program was developed in response to an acknowledgement of the importance of celebrating 'community' by staging events and providing opportunities for community networking. The objectives of this program were to

ascertain areas of interest from young people in the area, to implement a series of workshops, and to support and develop sustainability for the program.

Tensions began to develop between the program staff in the final year of the program's funded period. The project leader became very concerned about the future of the program and the sustainability of individual programs. There was a general sense of running out of time. Project workers and the project leader had the additional stress of not knowing what would happen regarding their employment at the end of the funded period. BSV and CFK hoped to gain additional funding to continue their work in the community, but they were unlikely to know the outcome of this application before the end of the year.

Working parties were established for the ARC, CYAP and home visiting programs in 2003, and the advisory committee was eventually suspended. The advisory committee structure had never really worked. This was acknowledged in many evaluators meetings as well as evaluation reports. Evaluators made many recommendations to CFK to make changes to the structure, but it continued operating in the same way until this point. The working party groups were much more satisfactory. By the end of this phase the ARC, CYAP, ELF (spread the word) and the home visiting programs were firmly entrenched as the most important components of the CFK project. Working party groups had been established for each program and project coordinators were appointed.

Sustainability was an important aspect of the program, and its prominence in discussions increased as the funding period drew to a close. Daniel believed that CFK staff should seek to implement strategies that would ensure the sustainability of the individual program components. Daniel felt that attempting to sustain the whole of CFK was not appropriate. Some programs seemed to be more sustainable than others.

The Alexandra Secondary College were committed to the ARC program and had appointed a teacher as the coordinator of the program. This commitment at the school level ensured that the program would continue if CFK no longer received funding. The sustainability of the ELF (spread the word) program was similarly positive. The members of the working party were extremely committed to the program's survival and it needed only a small amount of annual funding to continue. Although the CYAP program had formed good partnership

relationships with a number of agencies in the community, its overall mission was fuzzy and its sustainability post CFK funding looked shaky.

The most difficult program to sustain without CFK funding was the home visiting program. It was, financially, a costly program requiring a full time project worker and resources for volunteers and volunteer training. There had been a great deal of disagreement amongst CFK staff about the relevance of this program to CFK. Daniel had always felt that it was too reactive and not sustainable, and therefore did not fit into a community development model of prevention. Meredith felt that a home visiting component had been part of the CFK vision from the beginning. She also felt that its benefits were two fold. She felt that the program assisted families when they were in need and that volunteers also gained something from their involvement with the program. However Daniel believed that the work being done by Meredith was the responsibility of other agencies in the area that had been funded to provide these types of services.

Daniel and Meredith commenced discussions with the other agencies to find solutions to the problems in the area. One of the problems was the lack of office space for the other agencies that were based in other regional centers. When the office immediately next door to the Berry Street office became available for lease, Daniel sought permission from BSV to make enquiries. Agreements were made between CFK and the landlords of the two buildings, and the second building was leased. This provided extended office space for existing staff as well as for staff from other related agencies not located within the Alexandra district.

4.6.3 Phase Three: Toward Sustainability (October 2003 – April 2004)

Despite tensions earlier in the year regarding the amount of time left to implement the program and ensure its sustainability, these had dissipated somewhat in the last six months of the funding period. Staff were unofficially informed that continued funding from the philanthropic foundation was likely and that there would be future employment opportunities for them at the BSV offices in Alexandra.

Over the previous 32 month period CFK staff had become very good at promoting their individual programs. There had been official program launches,

conference presentations, a reading day, a spring spectacular and a number of business breakfasts. Towards the end of 2003, with only six months of funding left, CFK staff presented a showcase of their program to BSV and other program stakeholders.

On March 11th, 2004, Deidre announced to staff that they had been successful in their application for an extension to their funded period as well as funding to expand their program to a nearby community. Funding for the resource centre in Alexandra, an administrative person, a team leader and a project worker to coordinate the volunteers and the parent support would be funded until December 2007. The CYAP program would receive funding until June 2006, the ARC program would receive funding until June 2005, and the ELF program would receive funding until June 2004. The nearby community would receive funding for a resource centre, an administrative person, and a project worker for the CYAP and ARC programs until June 2007. It was also planned that an ELF program be implemented in this community and would receive funding until December 2005.

CHAPTER 5

FINDINGS

This chapter describes the development of a set of guiding principles for the implementation of community interventions. Twelve guiding principles for effective implementation were developed via a review of the literature, two focus group sessions and interviews with participants. Initially these guidelines were developed to provide participants with guidance in the implementation of CFK, however as this research progressed and the program developed it became clear that the guidelines were not useful to the participants or this research.

The data collected via the focus groups and interviews were used as an insight into participants' beliefs about program implementation and CFK and gave participants a voice in this research. Chapters six and seven use an integration of concepts from systems theory and ecological approaches as a framework for the analysis of the findings. Chapter eight presents a synthesis of the findings from chapters five, six and seven.

5.1 A Guided Focus Group

The first stage of my data collection was the development of a set of principles for effective implementation. I undertook a comprehensive literature review and documented the major themes for discussion. I then conducted a guided focus group session with the CFK program staff. The four participants involved in this focus group were: Meredith, the only project worker at the time; Daniel, the project leader; Deidre, the Manager of Community Projects at BSV and responsible for the management of CFK; and Anthony, BSV's Social Policy Manager and regular attendant of CFK meetings. During this focus group session I presented the information that I had gained from the literature and explained that I was seeking their opinions. The focus group was held immediately following a regular monthly evaluation meeting.

Prior to this guided focus group session, I had been involved with the evaluation of the CFK program for over six months. Although participants were aware that my research was regarding the implementation of community

interventions, I had not had any formal discussions about implementation and what might constitute effective implementation with any of the participants. The presentation of material derived from the academic literature offered a starting point for the discussion of effective implementation. Discussion after the presentation was brief as participants felt that they needed time to absorb the information given to them. They were asked to read the material, and interviews were scheduled for further individual discussions on the topic. The key points from the literature as they were presented to participants in the guided focus group session are contained in Appendix B.

5.1.1 Guided Focus Group Data

The first part of the focus group was spent discussing items one and three: ecological levels of analysis and the prevention-intervention continuum. A template was adapted from Prilleltensky and Nelson's (2000) framework for interventions to promote child and family wellness. As a group, CFK staff and evaluators discussed the placement of the existing and proposed CFK program components within the template.

The purpose of this exercise was two fold. First, one of the concerns expressed in the previous interim evaluation report was that CFK were losing the emphasis on prevention that they sought. This issue had been discussed in many meetings and staff were making an effort to refocus their program components towards a more proactive and universal approach. Placing the components within the template assisted staff in gauging their efforts to renew their prevention emphasis. Second, as these concepts were more theoretical than other elements of the literature review, I felt it was appropriate to have a more detailed discussion about them.

Little explanation was needed for the template with participants being familiar with Prilleltensky and Nelson's (2000) framework for interventions as Isaac Prilleltensky was the key evaluator of CFK at the time. Participants considered an ecological approach to interventions and an emphasis on universal program components were aligned with the intervention's community development and prevention principles. In interviews conducted for the evaluation, prior to this guided focus group, program staff stated that they felt

that the CFK program components may have been leaning towards being more reactive when their preference was for an emphasis on proactive programs.

“In lots of ways we have to be more proactive. I’m not sure if we are proactive enough” Deidre

“we are starting to be viewed as a multi faceted welfare agency by the community ... (which) wasn’t seen as playing as big a part as what it (is)” Daniel

After explanations of the framework had finished I explained how I wanted the template to be used to map the current and proposed CFK program components. I explained that this process could help staff and evaluators reflect upon the direction CFK was taking with regards to the ecological levels of analysis and the prevention-intervention continuum. Participants agreed and we proceeded to discuss the placement of each of the current and proposed program components.

The data gathered during this guided focus group session was fed back to participants via the July/August 2002, Evaluation Progress Report. Table 5.1 shows the group’s consensus on where each of the programs corresponded within the framework. Participants stated that they were pleased with the outcome, that their shift in direction towards more proactive program components could be seen by the fact that two thirds of the proposed programs were located at the universal end of the prevention continuum.

“it’s interesting when you look at the ratios ... (there are) 11 universal (programs) versus 11 selective and indicated (programs)... (also there are) 11 family and children (programs) versus 11 community and society (programs). There seems to be an even split, and although it does look top heavy in the universal, that is actually a good thing” Anthony

Table 5.1: CFK Program Components and how they fit within the Prevention-Intervention Framework

		Ecological level of analysis emphasized			
		Child (Individual)	Family/Parents (Micro)	Community (Meso)	Society (Macro)
Level on the prevention-intervention continuum	Universal	<ul style="list-style-type: none"> ❖ Buddy program ❖ Transition to secondary school program ❖ H.A.T. 	<ul style="list-style-type: none"> • Parent Enrichment ❖ Father's group 	<ul style="list-style-type: none"> ❖ (Father's group) ❖ Youth precinct ❖ Community foundation ❖ Choirs ❖ Workshops 	<ul style="list-style-type: none"> ❖ No dole pledge
	Selective	<ul style="list-style-type: none"> ❖ H/W club 	<ul style="list-style-type: none"> • Home visiting ❖ H/W club Literacy program 	<ul style="list-style-type: none"> • (Volunteer network ↑) • Caring for carers ❖ Football club mentoring 	
	Indicated		<ul style="list-style-type: none"> • Volunteer Network • Responding to referrals • Home visiting 	<ul style="list-style-type: none"> ❖ Neighborhood mediation 	

Adapted from Prilleltensky and Nelson (2000).

Note: Bracketed programs have the potential to be placed in that field.

❖ Denotes new program.

• Denotes existing program

At the completion of this exercise participants were given a copy of the literature review highlighting areas of importance for the implementation of prevention programs. Participants were asked to consider the written material as if they would be conducting interviews on the topic of implementation. The interview questions sought participants' perceptions about their previous and current experiences with program implementation as well as their opinions of the academic literature.

5.2 Interview Data

Analysis of the interview data revealed differences in the way participants perceived the topic of intervention implementation. Participants had clear ideas about the CFK intervention, its goals and its implementation, but there was considerable diversity in these. The interview transcripts offered some insights into what the participants viewed as effective intervention implementation. Following is a description of the issues that participants stated were important to them, and how they conceptualized them into a framework for effective implementation.

5.2.1 Deidre

Deidre joined the CFK program approximately three months after it had started. Although she had been working for BSV prior to the application and grant for CFK, she was not involved in any of the community consultations, initial planning or staff recruitment. Her role with CFK was as the intervention's manager, however she did not participate in the day to day implementation of CFK. She was based in a large country town over 150 kilometers away from the community in which CFK was being implemented. CFK was one of many programs that she managed for BSV, however it was the only community intervention that BSV was involved with at the time.

In a previous interview Deidre expressed some concerns that there may not have been enough input from the various stakeholders prior to the planning of the program.

“the other thing I think that we probably could have done differently ... is that we needed to have more input from the stakeholders right from the word go, now I don't know if we

did that to the extent that we probably could have ... because I really don't know what ... initial preparatory work was done ... but I don't think that we probably targeted the right people in working out why that was occurring and therefore how they saw that that could change I think we probably took in what we thought should happen, so we missed that involvement from the grassroots up at that level" Deidre (in an earlier interview)

In this series of interviews Deidre also expressed some concern about how her late appointment as manager of the intervention influenced her management of it.

" certainly from a manager's point of view ... I sort of belt myself over the head with the baseball bat regularly and say, that was an area where I really failed that project initially ... I came on board after a number of months and thought things were set in place and ... you don't distract from what's already been set in place or what I thought had already been set in place, which ...in hind sight probably some of it hadn't been ... and I probably would have done things differently ...last year, but there was that sense that well I wasn't at the beginning of it I wasn't involved in the focus groups and the consultations, all of that sort of thing, so they must be going in the direction they want to go"
Deidre

When Deidre and I discussed program implementation and a set of principles for effective implementation, Deidre focused on what it took to produce a good program. Although she viewed sustainability as an important element of a good program, implementation for her was producing a good program/intervention. Figure 5.1 is a diagrammatical representation of Deidre's guidelines for a good program.

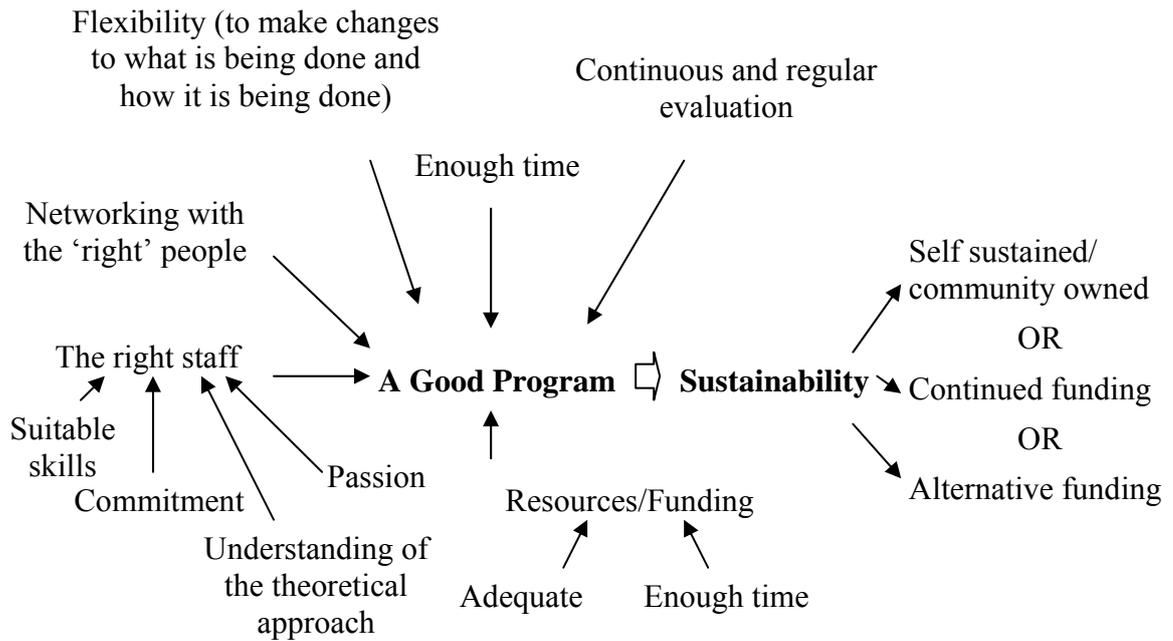


Figure 5.1: Deidre's Interpretation of a "Good Program"

5.2.1.1 Resourcing/Funding

Deidre expressed some concerns about funding or as she referred to it resourcing. She felt that it was important not only to have adequate funding, but also to have it for an adequate length of time.

"The other major thing is of course resourcing, it's not just the immediate resource, but it's the resourcing over time ...many ... projects have failed in the past because ... (they've only had) 12 month funding or two year funding. ...community development is so slow a process in that initial time then you never get to get that sustainability, and be able to move on, so resourcing is a huge issue I think"
Deidre

5.2.1.2 Continuous and Regular Evaluation

Deidre stated quite strongly her belief that there was need for evaluation or reflection on a day to day basis. Waiting for the end of the program, or even a set point might mean discovering that it was too late to change something that had been carried out incorrectly.

"again for me something that I am fairly passionate about ...is ... looking at the evaluation process virtually day to day so that ... every step along the way you are evaluating and saying does this work, do we need to change it? ... (when the program is evaluated) in a year's time or ... at the end of a particular thing and ... (it may be that) if you'd

evaluated earlier on you might have changed direction and done something differently” Deidre

“... looking at very small steps along the way and saying is this going to fit with our goals? Is this going to fit with sustainability? Is this where we need to be going?” Deidre

“if you’re not constantly planning, reviewing, analyzing everything along the way then that would certainly be a huge barrier to implementation, because ... I’ve been involved in programs myself where ... you go in and you have everything written up and it all looks beautiful and you don’t analyze or you don’t review constantly and it falls in a heap” Deidre

5.2.1.3 *Enough Time*

Deidre expressed a concern that community development was a slow process and that three years was not a long enough period of time.

“I would say three years is your minimum, but even that ... I would still have a query over, I think that I would be much more comfortable with a five year plan” Deidre

5.2.1.4 *Networking with the “Right” People*

Deidre also stated that flexibility with membership in the stakeholder groups was an important thing. She felt that it was important to be constantly reviewing who CFK was collaborating with and who it was that was important for CFK to collaborate with.

“being able to constantly reassess who we need to have as our key stakeholders ... (building relationships with) the ones that are going to take ownership over this and create that sustainability ... it’s really important that we grab hold of them ... that’s part of what we should be doing is always reassessing who we’ve got those connections with” Deidre

5.2.1.5 *The Right Staff*

One of the first things that Deidre mentioned was the importance of the “right staff”. Deidre felt that for the program to work, passionate and committed staff with a strong understanding of the intervention’s theoretical underpinnings was necessary. She also stated that although training, support and supervision were important they could not replace employing the “right staff”.

“Something that I am fairly passionate about is having the right staff ... it’s not just enough to have a commitment to this is a good project, but you actually need some passion in

there ... also an understanding of the approaches that we're using, if you don't have a really good community development understanding, how to work with community, what it actually means, then it fails regardless of how much passion and commitment you have, you really do have to have that theory base" Deidre

5.2.1.6 Flexibility

Deidre felt that the key to intervention flexibility was permission, from the organization, the funding body or the field, to admit that a mistake was made and to make the necessary changes.

"having permission to say it's not working ... whether that's permission at supervisor-staff level or a manager-board of management level ... (or) the field ... (to say) this is not working and lets just throw it in the garbage bin and either start again or take a new direction" Deidre

5.2.1.7 Community

An important component that was missing from Deidre's concept of a good program was the community. The academic literature in this area clearly states the importance of including the community in all aspects of community interventions. Deidre did talk about the community often in her interview, but she made it very clear that the community was not at the forefront of her idea of effective implementation.

Deidre's view was that the community was not ready to participate in decision making at the start of an intervention. She felt that the management could lead the program initially and eventually the community would catch up.

"... theory says that you should always be working at the community level ... that your key stakeholders are involved and ... are taking ownership ... sometimes that is a bit of an inhibitor because ... in most instances, you're the leader ... and you're taking the community on a road, ... first of all you wouldn't be starting the project if you didn't think there was a need, and then you do your consultations ... and there's an obvious need, but sometimes you are ahead of the community and the stakeholders, so ... we have to be really careful that we don't get too concerned about moving with the community" Deidre

5.2.2 Daniel

When Daniel joined CFK it had been running for approximately 10 months. Barbara was the original project leader, but had resigned when conflict between her and Deidre could not be resolved. At the time that this interview took place he had been the project leader for just over six months.

Daniel's view of implementation was a linear one. He clearly stated that sustainability was the goal of the program, and that this would be achieved through community ownership, which would in turn be attained through involvement of stakeholders. Finally the key to involving stakeholders in the program was through networking with key people in the community. Figure 5.2 is a diagrammatic representation of Daniel's stated ideas of program implementation and achieving sustainability.

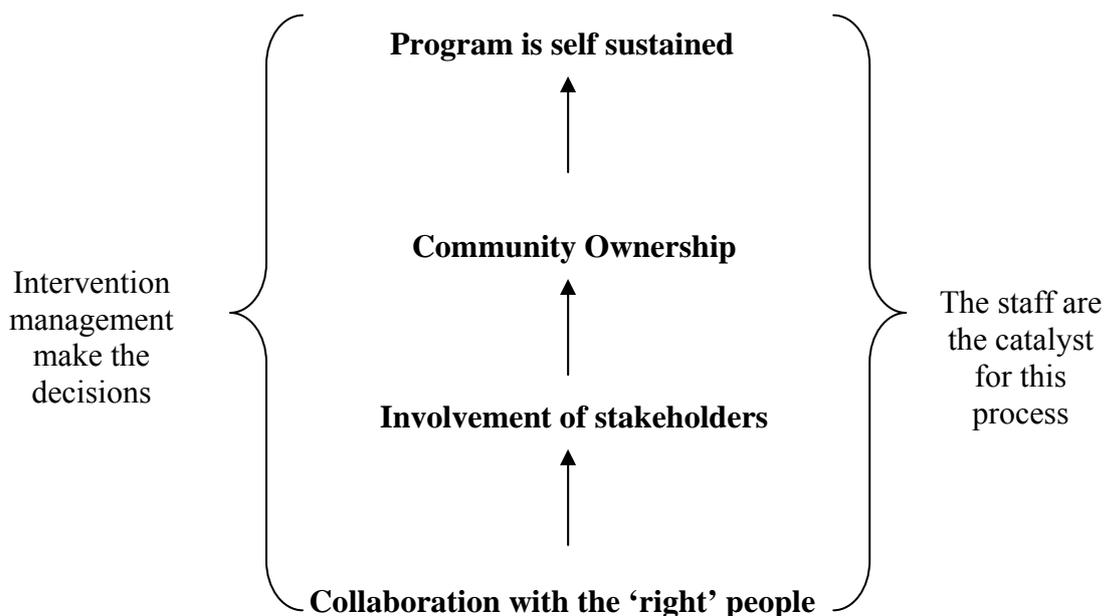


Figure 5.2: Daniel's View of Program Implementation and Sustainability

This Figure shows a self sustained program at the top because Daniel was quite clear from the outset that this was the aim of the program. With a self sustained program uppermost in his mind, his idea of program implementation worked back from there.

5.2.2.1 Sustainability and Community Ownership

For Daniel sustainability meant a program being self-sustained by the community. He stated strongly that community ownership of the individual program components was the key to program sustainability.

*“it’s absolutely imperative that it’s felt to be owned by the community (because then it will be sustained?) that’s right”
Daniel*

5.2.2.2 Stakeholder Involvement and Collaboration with the “Right” People

Daniel strongly advocated stakeholder involvement and collaboration with the community and other stakeholders. He believed that it was this element that would lead to community ownership of the program and sustainability.

“Probably the most important thing is the involvement of the stakeholders” Daniel

“collaboration is going to be the important thing because we’ve really got to spread our passion to others in the community so that they’ll then have an ownership and an ongoing function to keep the activities happening ... I see that as being the single most important thing that we need to keep doing” Daniel

However, Daniel was clear in his ideas about which community members would be appropriate to collaborate with.

“There is a lot in picking the right people in the community to collaborate with” Daniel

5.2.2.3 Program Staff

It was important to Daniel that the staff act as a catalyst to assist the intervention to reach sustainability.

“the role of the worker is there as the catalyst not as the integral part of it, that’s the way I try to work it” Daniel

Daniel had very definite ideas about how the staff should operate and his comments suggest that he did not like the way staff were working at the time of the interviews.

“I think a part of it can be this whole issue of who owns the project. Too often workers will come in and have a personal need to be seen to be doing and ... be a part of something, when really their role is to stay more in the background and provide in that catalytic role” Daniel

5.2.2.4 Decision Making

Daniel, like Deidre, saw the decision about which program components to deliver, and how to deliver them, as something that needed to be answered not by the community but by the intervention’s managers.

“so many people want to be able to see us as being able to provide a quick fix as opposed to putting something into place that is going to ... (be) sustainable ... they see an immediate need and it’s there, it’s identifiable, it’s reality, but is the long term benefit of the program going to be best served by trying to meet that immediate need or (would) the process of putting into place a range of other things that will have a longer and more sustained effect (be better) ... part of it is education, education of both the community, that is ... wanting us to be reactive and solve their immediate problems, and also the staff ... being able to accept that we can’t be everything to everybody” Daniel

5.2.3 Meredith

Meredith had been working for CFK for approximately 18 months at the time of the interviews and was the longest serving employee. Her primary role was to work with community members who were referred or came into the BSV office seeking help. Her views of the program were very clearly oriented around the community. Figure 5.3 shows how Meredith described effective program implementation.

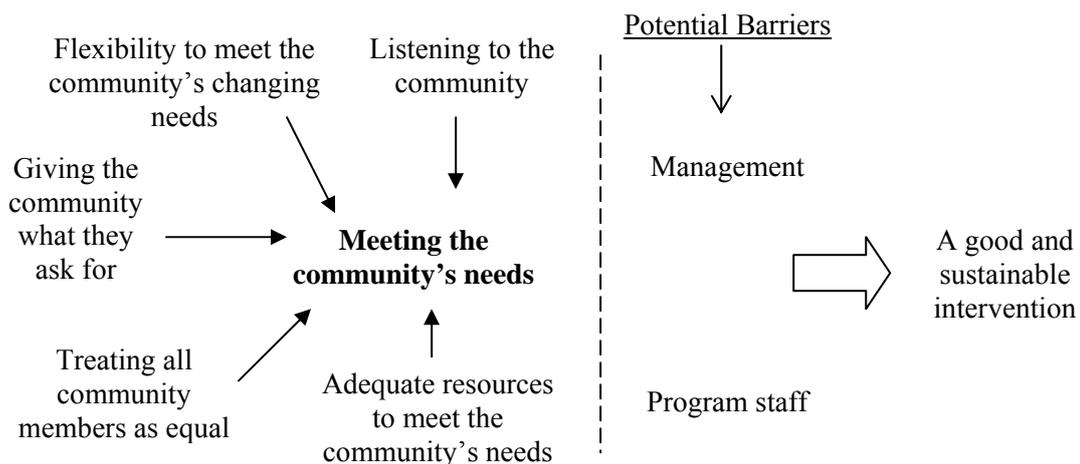


Figure 5.3: Meredith’s Description of Effective Implementation

As can be seen in this figure Meredith felt that the key to achieving a good and sustainable program was to meet the community’s needs. She felt there were a number of factors that would ensure that the community’s needs were met. The

two potential barriers to reaching this goal were program management and the people implementing the program.

5.2.3.1 Giving the Community what they Ask for

A program that met the community's needs was central to Meredith's idea of what a community-based program should be doing. She felt that one of the keys to achieving this was to give the community what they asked for.

“(the intervention should) deliver what the community is actually asking for not what you think they need” Meredith

“(the intervention should be) not just a package that someone's developed that meets their area, but the area here, it needs to be specific for here” Meredith

It was important to Meredith that the community's needs were being met and that they were receiving programs that they had decided they wanted and she thought there should be a system in place to monitor CFK's adherence to this.

“which ways to best monitor what we need to do, and if that's what their asking for, are we giving it or have we brainwashed them into saying this is what they need rather than coming forward” Meredith

5.2.3.2 Flexibility to Meet the Community's Changing Needs

Meredith felt that if a program was going to meet the community's needs it needed to be flexible enough to adapt to change within the community.

“it needs to be adaptable and changeable. ...what may be needed in one stage ... may change within three months so we need to be able to meet that change” Meredith

“the need to be able to change and adapt to what the community are asking for ... trying to implement programs that we've (proposed) at a certain time, well where is the scope for ... issues that arise that need to be addressed ... now” Meredith

“even though we set out to do it one particular way we need to be adaptable to deliver something else or to getting other people to deliver it for us, so that that isn't lost” Meredith

5.2.3.3 Adequate Resources to Meet the Community's Needs

The CFK program was considered a very well funded program, but Meredith was concerned that there was not enough funding. She pointed out the physical size of the community in which they were implementing the

intervention and how servicing an area that large required a great deal of time and funds.

“it is well resourced, but then it’s a big area and until you train the volunteers to go out and do the work, you’re traveling miles and miles” Meredith

“even though it is well funded is it well funded enough, is it well staffed enough” Meredith

“I mean there is two of us really and that’s all there is” Meredith

5.2.3.4 *Listening to the Community*

Meredith was concerned that the community was not being listened to. She felt that the ideas were coming from CFK management and staff and that a forum did not exist in which the community could have their say.

“look these are great ideas, but many of them have come from us, and people can take them on board, but where do people from the community ... bring an idea, where does that get placed in the criteria” Meredith

5.2.3.5 *Treating all Community Members as Equal*

Meredith’s clients were people from the community with varied needs and difficulties. They were referred to her for advice and support with their problems. She felt that these people were treated differently from other community members who perhaps had higher social status. Unlike Daniel and Deidre she did not believe that there were ‘right’ people in the community to deal with. She also felt that certain groups in the community were deliberately excluded.

“when we get the community foundation up, people will want to come along because it will make them feel important, but what about the smaller person who would make a great person on that foundation, don’t just employ someone just because they have social status” Meredith

“sometimes people can be excluded because they don’t understand and so it needs to be simple” Meredith

It was clear from her comments that she felt that those people were being left out of the discussion.

“to me what is true participation in community level is ... getting those little people, they’re community, getting their voice rather than the big wigs of the community or the Lions or whatever groups that take on board, because to me that

would make it more sustainable because they would feel like they've actually got something to offer” Meredith

5.2.3.6 Management as a Potential Barrier

Meredith had a number of concerns about different aspects of the management of the program. The hierarchical structure of BSV, the supervision and what seemed to her a need for the program to present well to an external audience.

“Berry Street has a hierarchical structure and that slows you down ... I would probably do things quite differently if it was just me” Meredith

“sustainability is not possible in three years, it's just something that can look good on paper” Meredith

“just on the point of supervision, we have it through Berry Street, but sometimes I think it would be great to have an outside source, just to get different ideas” Meredith

“I would like an outside source because you're sort of within the whole framework, whereas someone from the outside might look at it very differently” Meredith

“sometimes I think we make programs over the top and feel we need to be analytical or whatever and we miss the simplicity and the strength of the simplicity and I think sometimes we need to get back to simplicity and the basics to make differences” Meredith

5.2.3.7 Program Staff as a Potential Barrier

The program staff was something that came up in each of the interviews. Meredith pointed out that the staff are people, with personalities, wants, desires and that they have skills and abilities that may or may not be complementary to the program

“I think there's personal issues that happen along the way that can effect the program ... personality clashes, people's life journeys, something happens in your own personal life that might effect the program” Meredith

“people bring their own skills to the job which can be very different and unique and they can be limiting or empowering” Meredith

“we all have our own limits in delivery what are our skills and maybe not having the appropriate skills at that time to meet a specific exemplary implementation” Meredith

“when you look at the area to the number of skills, they’re limited, I mean there is two of us really and that’s all there is ... we can’t have every skill” Meredith

“I think that people’s egos and personality clashes and things like that can have a major impact on how things are implemented ... even some of the volunteers can have egos and they think they know it and you’ve got to be really careful” Meredith

5.2.4 Anthony

Anthony was not directly involved with the implementation of CFK. He was employed as BSV’s social policy manager. It was not clear why he became involved with the CFK program, but he started coming to the evaluation and advisory committee meetings approximately one year after the project commenced and continued until he resigned from his position at BSV.

Like Meredith, Anthony also saw the community as vital to program implementation. As can be seen in figure 5.4 he viewed the community as the client of the program (and therefore the program staff) and there were a number of things that he saw as leading to successful implementation.

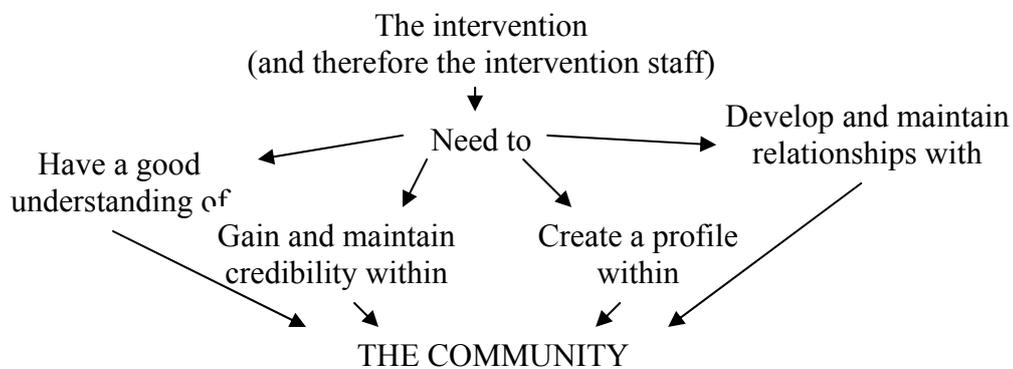


Figure 5.4: Anthony’s perception of the implementation of multi component community-based programs

5.2.4.1 Understand the Community

He felt that as a precursor to intervention implementation, staff and planners needed to fully understand the community.

“(the intervention needs) a reasonable understanding of the dynamics of the community ... in terms of the issues and trends that occur within the community ... from a problem perspective and a strength or asset based perspective, ... a feel for the overall profile of the community” Anthony

“(knowledge about) some of the key issues which are on the agenda for the community both formally and just what people are concerned about” Anthony

The next step to effective implementation according to Anthony’s recipe was to build relationships, gain credibility and increase the intervention’s profile within the community.

“relationship building where the program ... needs to gain some credibility, some profile and hopefully make those connections with what really matters for that local community” Anthony

5.2.4.2 Intervention Credibility

Anthony saw the intervention’s credibility with the community as vital for all elements of program implementation and sustainability.

“I suppose I’m talking about credibility again which the program needs to develop over time and if a part of that has to be well OK let’s deliver the sorts of activities that that community particularly want” Anthony

For staff to maintain a credible profile of the intervention they need to be aware of the community’s perceptions of the intervention.

“there’s always going to be that element particularly in rural or regional areas where an organization or program comes in to the area and it will always be perceived as new and somehow something coming from outside” Anthony

“be aware of some of the issues and perceptions people may have of the program, anything from the fact that it is being imposed by a welfare organization through to it’s something outside of the community or something coming up from Melbourne, whatever, and I suppose you will never get rid of some of those views and perceptions, but at least the program and the people driving the program hopefully are actually aware of those” Anthony

Anthony saw community acceptance as an important part of the intervention’s credibility.

“I guess to be accepted within a rural community context we’re probably talking a matter of years rather than months” Anthony

“If there’s an opportunity for the community using the paid staff of Berry Street to put ideas ... on the table, and if they have people around to sort of pull some of those ideas

together, and get them up to a stage where they can be reasonably workable then the community can run with them” Anthony

5.2.4.3 Intervention Profile

For Anthony, one of the keys to implementing a community intervention particularly within a rural context was for the intervention to maintain a high profile within the community that associates the intervention with credibility. The marketing of the intervention becomes an important component of creating the right profile as well as uncovering potential sources of funding for the future.

“how well the program continues to work the local networks including the local press, just ways and means to keep promoting the issue, ... does the program have the capacity to do that broader social marketing? ... that’s quite a skill and can be resource intensive to some point as well because the networking is part of it, but how successful are they in getting regular articles in the local press, how do they use the local radio, how well are they in terms of getting issues up on the agendas of key stakeholders, is CFK an item that gets discussed from time to time within the local council. If you haven’t raised the profile of the program enough through the local council then you’ve probably already ruled out one potential source of funding in the future. The broader issue around publicity, communication and very importantly for these sort of programs the whole sort of social marketing issue as well” Anthony

“The more I think about it the social marketing issue for me is very important, raising the profile not just of CFK but of some of the smaller programs because that may be a way of obtaining funding as well” Anthony

5.2.4.4 Relationships

Anthony felt that strengthening existing relationships was vital to the intervention’s sustainability.

“the program can’t become complacent about keeping on doing a lot of intensive work around the network and the relationships ... there is always room for improvement in strengthening those relationships, but I just know from other projects that if you begin to sort of take those networks and those relationships for granted you actually then see things unravel quite quickly as well, because people feel like they’re being taken for granted” Anthony

5.2.4.5 *The Staff*

Anthony understood the importance of the staff in all of these processes.

“the sustainability ... of keeping those sorts of contacts and links ... and networking going inevitably ... comes built around key staff and key personalities, even though we’d like to think that programs can survive and should survive regardless of who is in those roles, I think it would be fair to say that a lot of the networking for example depends on the style and techniques and character and personality of say of Daniel and the ways that he can link with people”
Anthony

Anthony stressed the importance of the one to one relationships and the continuity of key staff members.

“people may be OK with the program, but I’m a great believer that all programs at the end of the day rely on a lot of the one to one, I trust that person type relationship”
Anthony

“how they keep a lot of those or that networking and some of that relationship building going in the long run and sustainability probably does also mean continuity of key staff members of the project, because if you’re chopping and changing staff members you’re always losing a lot of time and a lot of knowledge of that person” Anthony

“you might start to lose program staff because they are not too sure about their own work futures and they obviously have to look out for their own work opportunities and all of that stuff is out there as well” Anthony

5.2.4 *Exploring the Interview Themes*

As can be seen from the interview data there were many different perspectives on similar issues amongst the four participants. The following section reviews the main themes, which appeared in multiple interviews, and explores their different perspectives.

5.2.4.1 *Sustainability*

Although a phase in and of itself, the sustainability of the intervention should be considered from initial planning and continue through the implementation phase as well (Akerlund, 2000). The importance of intervention

sustainability was included within the literature review and was highlighted by all of the participants as being a component of the intervention that must be constantly considered during implementation.

Of particular interest was the diversity in participant's views on sustainability and how it could be achieved. Daniel was idealistic in his idea of sustainability, believing community ownership of the intervention or of individual program components was the key to sustainability. Deidre's view was that the aim should be for the program components to be sustained by the community, but that it should be recognized that there may need to be an alternative source of funding if program components were not self-sustained by the end of the initial funded period.

“developing sustainability ... (and) how you manage that ... if your resourcing does fall in a heap ... (after) three years ... (there needs to be) some way that somebody else, whether it's another organization or a community group ... is able to take it on board ... to make it sustainable” Deidre

Anthony also recognized the need for consideration of alternative funding. However, while Deidre felt that alternative funding needed to be considered as a contingency plan if community ownership did not appear to be likely, Anthony expressed doubt that community ownership would be possible in a three year period.

“I guess we'd be fooling ourselves if we think that after the three years ... the program will be owned by the community and will be self sustained, I don't think that will be the case, it will just collapse pretty quickly, so it is partially a funding issue, ... who is that from and is it going to be ongoing ... (or will it) have this sort of ongoing ... pilot program kind of feel about it” Anthony

Meredith raised another possibility for the sustainability of program components. In her desire to ensure that community needs were met she thought CFK should explore the idea of allowing another group to continue the work started by CFK so that the community's needs would be met.

“even though we set out to do it one particular way we need to be adaptable to deliver something else or to getting other people to deliver it for us, so that that isn't lost” Meredith

Contained in the initial project proposal (Berry Street Victoria, 2000, October) was a section on sustainability. Sustainability in this document was viewed as the continuation of the intervention and/or program components “despite either the loss of or change in some structural components” (Berry Street Victoria, 2000, October, p.35)

5.2.4.2 Time

An issue that the participants saw as a potential barrier to the sustainability of the intervention was time. Anthony expressed concern that, particularly in a rural context, it was unlikely that the community would own and sustain the intervention within the three year period.

“I guess to be accepted within a rural community context we’re probably talking a matter of years rather than months” Anthony

Meredith felt that the community were reluctant to be involved because the funding was for a finite period of time.

“because it is only three years, a lot of people haven’t got on board because they think it is a limited time ... some people have said well you’re only going to be here for three years, what’s going to happen afterwards?” Meredith

Deirdre also expressed concern about the lack of time that the program was to receive funding. She had particular concerns about community development being a slow process and the need for more time. Daniel did not mention time in any way in his interview. Anthony felt that program staff needed to be pragmatic in their expectations of what the intervention could achieve in the given time frame.

“the program has to be hard nosed and pragmatic about what it can achieve in the three years and not to have too high expectations and to actually realize that things might actually go back a little bit for a whole host of other reasons out of control of the actual program, but to hang in there” Anthony

These interviews took place at around the half way mark of the program. It was possible that participants were very aware of the fact that time was running out and this might explain why time was such a major issue for most participants.

“The whole typical life cycle ... of any project and activity ... the program ... (should) realize that it may be within the next six to 12 months that people are mindful they’re coming to the end of the pilot, they’ve got perhaps another 12 months to go” Anthony

5.2.4.3 Community Participation

The literature discusses the importance of collaboration and participation of the program’s stakeholders. Pancer and Cameron (1994) found that residents involved in the *Better Beginnings, Better Futures* project developed a sense of community and that their self-confidence, self-esteem, social contact, support, skills and knowledge were enhanced. They also revealed that communities where residents participated were able to come together and take action for other needed services not related to the project.

Community participation in decision making is an important component of a good and sustainable program. Participation in decision making at the community level in particular is recommended. Durlak and Ferrari (1998) examined the implementation of several prevention interventions and determined that collaboration with all stakeholders increased the commitment of those involved. St Pierre and Kaltreider (2001) suggested that in the implementation of an after-school substance abuse prevention program it was not only important to seek input from stakeholders at all three stages of the intervention, but also to put into practice the suggestions they provided. Seeing their ideas used gave them a sense of ownership over the intervention, ensuring participation and sustainability.

There was quite a bit of discussion in the interviews about these issues and participants’ views were quite varied. As previously mentioned Meredith’s desire to meet the community’s needs was central to her idea of a successful intervention. She felt that listening to the community, treating all community members as equal and giving the community the programs that they asked for

was vital. She also recognized the importance of involving the community, or at least the advisory committee, in the decision making process, but admitted that this did slow the process down.

*“we need to bring it (decisions) back to the advisory and check that it’s OK, but that can also be a slow process”
Meredith*

Daniel and Deirdre had quite a different view from Meredith on the community’s participation in decision making. Both felt that while it was important to communicate with the community and keep them informed with regular updates, that management and staff were better placed to make the decisions.

“I always say, jokingly, democracy is fine as long as I’m the dictator, there has to be somebody who is leading the process and there is some point where decisions have to be made by a few rather than waiting for the whole town or the whole whatever to come on board” Deidre

The advisory committee meetings, facilitated by Daniel and Deidre, were functioning in this way.

“I just find that the meetings that I have been to, more often than not it’s a session where Deidre and Daniel are sort of just telling the committee what they’re doing, it’s purely a reporting back type process” Anthony

Anthony had an interesting insight into the intervention and the issues of decision making and community ownership.

“I think the governance decision making around programs like this is quite important because regardless if there is long term funding or not ... one of the desired outcomes for the program is this whole thing around community ownership and decision making, I suppose that needs to be clear about what that really looks like, it’s really tempting for programs, and I’ve seen this in other programs, how can I put this nicely, they believe their own rhetoric sometimes ... if the program is quite serious about community ownership being part of the program in the fuller sense rather than being part of the rhetoric, then giving some thought about what does that look like now ... just trying to flesh out that issue of participation and decision making and to try to make that a bit more real than the level of the rhetoric” Anthony

The initial project proposal's section on stakeholder participation stated that "the need for the broader community to feel a sense of investment is essential" (Berry Street Victoria, 2000, October, p. 26). However it also stated that there should not be an assumption that people necessarily want to be involved. It suggested opportunities should be provided to allow community members to be involved in the capacity that suits them best.

5.2.4.4 Relationship Building and Networking

Galano et al. (2001) found that the partnerships that were formed between the program and community institutions helped gather widespread public support for the program. Daniel and Deidre both saw relationship building and networking as very important to program success, however they had very clear views about who the relationship building and networking should be with.

"picking the right people in the community to collaborate with and a little bit of knowledge about how the local politics work can be very, very helpful" Daniel

Meredith felt that some people in the community were not being heard in the program planning discussion even though they were users of the programs.

"everyone has a right to be heard regardless of their educational ability" Meredith

Anthony saw the relationship building and networking as necessarily a continuous ongoing process that would be dependent on individual program staff.

5.2.4.5 The Program Staff

The literature points out the importance of training, support and supervision for staff and volunteers. Lynch, Geller, Hunt, Galano and Dubas (1998) state that the high-quality training provided to the teachers implementing an early childhood substance abuse and violence prevention initiative was a contributing factor to the program's success. A key component of this training was a review of the research relevant to the program as well as techniques appropriate for the implementation of the program.

Staff and volunteers need to be supported in their work. St Pierre and Kaltreider (2001) found that lack of support lead to resentment and negative

attitudes from the staff, which at times lead to the undermining of the program. This support can come from co-workers as well as managers. Regular supervision meetings can assist staff with problems they are having as well providing on-going support for staff members.

What was not contained in the literature, but was raised by each of the participants in the interviews was the fact that it is people that are involved in the intervention. In particular that the staff are people and not machines. Naturally the staff have different skills and abilities, temperaments and belief systems and have lives outside of the intervention. This brings complications to any set of principles for implementation as people are individuals with different styles, strengths and perspectives. Daniel had clear ideas of the catalytic role the staff played in the implementation of the intervention. Deidre highlighted the importance of recruiting the right staff.

“ the training and supervision (of staff) ... is a difficult one because ... (although) I agree there needs to be good support, and ... good ongoing training ... however ... that's really only going to work and be a positive if you've got the staff who have the abilities to be able to move with that ... you can train ... (and) supervise staff, but if they haven't got the same picture as everybody else then that can be quite difficult” Deidre

Anthony also recognized the importance of the individual staff members and their input. He felt that staff was crucial to effective relationship building and networking. Meredith's comments reflected a sense that people were not perfect and you have to work with what you have.

“people bring their own skills to the job which can be very different and unique and they can be limiting or empowering” Meredith

*“I think we all have our own limits in delivery ... and maybe not having the appropriate skills at that time to meet a specific exemplary implementation, it's a problem”
Meredith*

The initial project proposal also acknowledged the importance of good staff. “It is crucial ... that good staff are recruited as their competence is the key mechanism for project implementation” (Berry Street Victoria, 2000, October, p. 29). Things that impact on the staff include the structure of the organization, support and supervision and the future of their employment. This was also

acknowledged in the initial project proposal. “Considerable attention will therefore be paid to recruitment, orientation and staff support” (Berry Street Victoria, 2000, October, p. 29).

Meredith made many points about the difficulty working within the hierarchical structure of BSV, having supervision provided by them and their need to be looking good on paper.

*“I would like an outside source (for supervision) because you’re sort of within the whole framework, whereas someone from the outside might look at it very differently”
Meredith*

“they (BSV) want everything down and to look good on paper” Meredith

5.2.4.6 *Intervention Flexibility*

The flexibility to change the program direction even though plans had already been made was something that was important to most of the participants. Deidre discussed the importance of being able to admit both internally and externally that the program may have been heading in the wrong direction and it needed to change. Meredith saw flexibility as something that was vital in the quest for meeting the community’s needs. Daniel highlighted the importance of being able to take on a new program even if it was not in the original planning.

“When you work with something that has the capacity to change very quickly, you’ve ... got to be able to pick up with what’s happening and be able to run with it. So as much as you model and ... plan ... at the same time you’ve got to have a capacity to move very quickly ... and take on particular innovations and new ideas that you’re able to pick up and move across” Daniel

5.2.4.7 *Giving the community what they want*

Similar to the theme of community participation in decision making, giving the community what they want was something that participants had quite diverse views on. Deidre and Daniel had similar views about the community not knowing what they want.

“sometimes they (the community) are not ready to make ... (decisions) before they understand where things are traveling or can travel, ... before they have that wider

picture, their own myopic view can sometimes ... sometimes put things off ... so you can get stuck ...in a direction that is not necessarily where they want. Now that's a very arrogant statement and I know some fields would say that that's not a way to move community development and community participation, however, I still think there is an element of that that you have to work through” Deidre

Meredith, on the other hand, saw giving the community what they want as a vital part of the program. Anthony had a more pragmatic view of generating ‘good will’ for the program by giving the community what they want.

“(there should be an) effort to take on board activities and programs which although they fall within the general mandate of the broader project are taken on board in terms of good will and also taken on board because there has been an expressed need by the community” Anthony

These themes and the participant’s different perspectives are summarized in the following matrix, table 5.2.

Table 5.2: Summary of participants' perspectives on the main themes

	Deidre	Daniel	Meredith	Anthony
Sustainability	Sustainability by the community is the aim. However, continued or alternative funding should be sought if program sustainability becomes unlikely	An intervention/program component that is sustained by the community	Flexibility about who delivers the intervention/program component	Continuation of the program or program components via continued funding, alternative source of funding or sustained by the community
Time	Community development is a slow process, three years may not be long enough		People are not becoming involved because they feel the program will not be there for the long term	The community will not own and sustain the program in a three year period. Being accepted by the community takes time in a 'rural' context
Community participation in decision making	The intervention is led by the organization and there should not be too much concern about consultation with the community – they will eventually catch up	Decision making at the community level is important, but the community do not always know what the right decision is	Programs should be based on what the community is asking for and all community members should have a voice	Community participation in decision making should be more than just rhetoric
Relationship building and networking	Constantly reassessing who relationships should be built with	Needs to be with the 'right' people	Building relationships with all community members not just those with high social status	Needs to be continuous Is dependent on staff

	Deidre	Daniel	Meredith	Anthony
The staff	The 'right' staff are needed. They need to have more than commitment and passion they also need an understanding of the theoretical framework of the program	The role of the staff is to be there as a catalyst, and their own personal needs and desires should be put aside	Everyone is different and staff need to work with the skills and abilities that they have	Interventions rely on the one to one relationships and are therefore dependent on the style, techniques, character and personality of the staff. There needs to be continuity of key staff members
Intervention flexibility	Permission to admit you were wrong and make changes	Planning is important, but it is also important to be able to change those plans as new directions are perceived	Need the flexibility to change the intervention in ways the community is asking for	
Giving the community what they want	The community do not know what they want	The community are asking for the wrong thing	The community should be given what they ask for	Give the community some things that they want to generate good will
Priority	A good program	Sustainability	Meeting the community's needs	Community as the program's client

5.3 Consensus on a Set of Guiding Principles

Finally another focus group session was held at the completion of the interviews to confirm ideas and reach consensus on a set of guiding principles for program implementation. Using the literature review and the data collected from the interviews I compiled a working set of guiding principles to bring to the focus group. An effort to maintain confidentiality meant that some of the things that were said in the interviews did not make it into the final set of guiding principles. Despite the fact that the interviews had revealed that many of the participants held conflicting views, consensus was not difficult to reach. A set of guiding principles were developed (Appendix C) using this process, and were reported to participants in the January 2003 Interim Evaluation Report.

These 10 principles were divided into three themes: a program model; promotion of ownership and participation for stakeholders; and program infrastructure. The program model theme contained principles gained from the academic literature. Specifically, program components addressing all levels of ecological analysis, articulation of the program's key elements, universal program components, and sustainability. This theme is important in the design of a community intervention and the planning of its implementation but not of a high priority during the actual implementation.

The second theme addresses the promotion of community ownership and participation. Collaboration as well as opportunities for community members to participate in decision making were seen as the key principles to facilitate community involvement and a sense of ownership. The final theme related to the infrastructure of the intervention, such as adequate training, supervision, and resources. These issues were the responsibility of the implementing organization, BSV, and thus staff did not feel that they had any control over them.

The guiding principles developed and detailed in this chapter were used to direct the remaining data collection. However, as data collection progressed it became clear that the participants did not connect with these principles. Discussions pertaining to them were considered too academic and intangible by the people actually doing the work of program implementation. The gap between

research and practice noted in the literature was also apparent to practitioners, who saw the literature as removed from implementation practice.

It was necessary to find a framework that would enable CFK and its staff to be the focal point of the investigation and provide a better understanding of the interactions between CFK and the community. System's theory was seen as an appropriate frame in which to place the data. The following three chapters explore the remaining data collected in the final 16 months of the program's implementation and a systems perspective was employed for its examination. The final chapter attempts to bring together these principles and practitioners experiences in an effort to bridge the gap between science and practice.

CHAPTER 6

A SYSTEMS VIEW OF THE IMPLEMENTATION OF CFK

6.1 Systems Theory and Community Research

Historically there has long been a relationship between community research and systems thinking, and a systems perspective has been considered a valuable approach to research in the community (Midgley & Ochoa-Arias, 2004; Veno & Thomas, 1996). Boyd and Angelique (2002) have suggested that the field of community psychology explore the use of open systems frameworks in its research. An ecological approach to intervention implementation has also been recommended (Kelly, Ryan, Altman, & Stelzner, 2000). In this and the following two chapters, I have examined the systems and ecological paradigms and applied them to the study of the implementation of community interventions and specifically to the implementation of CFK.

In the past, programs were implemented in organization settings rather than communities. Systems theory was used to understand the programs and their implementation; however the models used were based on the closed systems approach. This approach views the organization as a discrete system and does not take into account the forces external to the organization. The environmental context, in which a community intervention exists, must not be overlooked. Indeed the aim of an organization implementing a community intervention is to interact with its environment making a closed systems approach illogical. A more suitable theoretical viewpoint would be the open systems approach which emphasizes the interdependence of the organization and its environment (Goodman, 2000). This approach would be further enhanced by an ecological approach which complements the open systems perspective as it seeks to understand relationships between systems. Following is a review of the systems literature and an application of a systems and ecological theoretical approach to the implementation of community interventions.

Data for this chapter were gathered via interviews, participant observations, and document analysis. The interviews and participant observations were conducted throughout the implementation phase. While some document perusal

was engaged in at the commencement of this research, the document analysis was completed at the conclusion of the implementation phase.

Interview data came from 16 interviews: six with CFK staff; four with volunteers; and four with key stakeholders. All full-time and part-time staff members involved with the implementation of CFK were interviewed on at least one occasion and interviews varied in length from 45 minutes to 90 minutes. A sample of volunteers and stakeholders, nominated by CFK staff were interviewed and interviews were approximately 30 minutes in length. Interview data from interviews conducted with the advisory committee in the first six months of the implementation phase and interview data from the development of the guiding principles was also considered for this analysis, though did not form the core of the data analyzed. Initially, the purpose of the interviews was to examine CFK's application of the guiding principles developed in the early stages of this research, and communicated in the previous chapter. The interview questions were, for the most part, guided by these principles, however, as previously explained, participants were eager to discuss other elements of the implementation of CFK and this was not discouraged.

Participant observations occurred during 24 monthly evaluation meetings; five reflective meetings; 10 advisory committee meetings; and two working party meetings. Notes were taken during the meetings and impressions and reflections were recorded as soon as possible after the meetings. Some meetings were also audio recorded. A number of official program events and informal gatherings were also attended and these contributed to my understanding of the CFK community intervention. Documents analyzed for this chapter included: minutes of evaluation meetings and other written communication between the evaluators and the CFK team; evaluation reports; the original project proposal document; the tender document for the evaluation of CFK; CFK six monthly and monthly reports to BSV; Shire of Murrindindi annual report (2005); BSV annual reports (2000-2001); ELF-I report; and the findings section (relevant to Alexandra Secondary College) of a Department of Education report on the "Feelings about Yourself and School Survey".

6.2 Systems Thinking

Systems theory focuses on relationships and structure as well as temporal and spatial patterns (Katz & Kahn, 1966). A system is recognized as being a specific arrangement of interdependent parts or elements (Hanna, 1997; McKenna, 2000; Scott, 1992). Although it is possible to distinguish between the individual elements in a system, the elements are not isolated and the whole is more than the sum of its parts (Capra, 1996). It is the interactions between the elements that form the whole (Ackoff, 1999). This concept is the central tenet of systems thinking (Anderson, Carter, & Lowe, 1999). It is only possible to understand the system by examining the whole, not individual parts (Senge, 1990). Yet, systems theory aids in the understanding of the parts as well as the whole (Anderson, Carter, & Lowe, 1999).

A system is not considered to be linear; rather it is viewed as multidirectional, mutual and multiple. This means that a change in any part of the system affects other parts (Anderson, Carter, & Lowe, 1999). Systems thinking focuses on the interactions and interrelations between the elements within the system as well as between the system and its environment (Ackoff, 1999; Bolman & Deal, 1991). In this way comprehension of the whole becomes possible (Anderson, Carter, & Lowe, 1999). A system is, by definition, both a component of a larger system as well as a system in and of itself (Anderson, Carter, & Lowe, 1999). To understand the system you must place it in the context of a larger system (Capra, 1996).

Systems progress from simple to more complex levels (Capra, 1996). Social systems operate at a high level of complexity (Scott, 1992). Social systems theory is a sub-discipline of General Systems Theory and is distinguished by its study of people. A social system is a system where the interdependent elements are people. As in General Systems Theory the interactions between the elements, or in the case of social systems, people, form the whole (Anderson, Carter, & Lowe, 1999). Social systems are comprised of multiple participants, sharing a common culture (Scott, 1992). Another defining feature of social systems is that both the elements of the system and the whole have a purpose (Ackoff, 1999). Social systems exist at all levels from individuals through to societies (Anderson, Carter, & Lowe, 1999). Within each system are

subsystems and the system itself is a subsystem of a larger system (Ackoff, 1999; Anderson, Carter, & Lowe, 1999; Capra, 1996).

Social organizations are highly complex and operate at the level of social systems (Scott, 1992). The main characteristics of a social system are energy and the organization of the energy. Energy is comprised of both resources and information. A system must be able to organize, that is, secure, conserve and expend, this energy to maintain its survival and purpose (Anderson, Carter, & Lowe, 1999). Interventions or programs can be considered social systems that are intentionally designed (Kelly, Ryan, Altman, & Stelzner, 2000; Price, 2003). They consist of people planning and implementing and they exist within a larger organizational system (Price, 2003). Organizations are also social systems and a great deal has been written about the use of systems theory as a framework for the examination of organizations (Ackoff, 1999; Anderson, Carter, & Lowe, 1999).

6.2.1 Organizations and systems theory

The three major systems theories of organization are the rational, natural and open systems theories (Anderson, Carter, & Lowe, 1999; Morgan, 1997; Scott, 1992). The rational and natural viewpoints regard organizations as closed systems (Scott, 1992). A closed system is one that only interacts with the elements contained within it (Ackoff, 1999). Closed systems are bounded, discrete systems completely independent from their environment (Scott, 1992). A closed system approach to the examination of organizations and social systems, focuses on the internal functioning of the system and does not acknowledge the environment's impact on the system's functioning (Katz & Kahn, 1966). Clearly organizations are not closed systems. They have an interdependent relationship with their environment (Scott, 1997), and in fact require interaction with their environment for their survival (Hanna, 1997; Katz & Kahn, 1966). Organizations are dependent upon their environment for resources, information and personnel (Scott, 1992).

The open systems paradigm recognizes the complexity, variability and adaptability of the system and its elements, while giving primary attention to the interdependence of the organization and its environment (Scott, 1992). The

rational and natural systems approaches espouse a single universal design for organizational effectiveness. An open systems approach however, recognizes that there cannot be a universal design, and that an effective organization must be able to respond to its external environment (Hasenfeld, 1992b). Living systems, such as organizations, are dynamic, self-regulating, holistic, hierarchically ordered, purposeful, and open (Levine & Fitzgerald, 1992). There are a number of defining features of an open system, such as: they are capable of self-maintenance; their boundaries are difficult to determine; and they are hierarchical (Scott, 1992).

6.2.2 An Open Systems Approach to Community Interventions

Open systems theory has a lot to offer in assisting with our understanding of community interventions. Social systems, such as those involved in implementing community interventions, operate in environments that are dynamic and unpredictable. A community intervention seeks to change the community that it resides within and which forms part of its environment. The defining principles of open systems theory acknowledge the importance of the environment to the system (Morgan, 1997). Community interventions must interact with their environment if they are to survive and create change within it. This makes an open systems approach an appropriate and valuable framework for the examination of a community intervention.

Community interventions are purposely designed social systems that are nested within larger social structures (Price, 2003). Open systems theory recognizes the multi layered realities that exist within a community intervention (Chrispeels & Marin, 2002). The emphasis of the open systems approach on the organization's transactions with its external environment, and thus the influence that the environment has on the organization (Hanna, 1997), takes into account the multilevel context of the community as well as the intervention. Systems theory also acknowledges the individual within the system, without focusing on any one individual (Chrispeels & Marin, 2002).

Human service organizations, such as hospitals, schools, and welfare agencies, differ from other organizations in that people rather than raw materials and product are the inputs and outputs. This makes the work far more complex as

service users can affect the work and can participate in the work. This has implications for the organization, the people working in the organization and the outcomes of the organization (Hasenfeld, 1992a).

The nature of the work undertaken by those in human service organizations cannot be value neutral and therefore incorporates some sort of moral judgment about those receiving the service (Hasenfeld, 1992a). Those who implement community interventions have their own values and principles, as does the organization implementing the intervention. These values and principles influence program developers in their decisions about program aims and goals; what changes should occur in the community; how resources will be allocated; and how the program will be implemented (Hasenfeld, 1992a). Similarly implementers, guided by these decisions, will determine who deserves or needs the service; who will represent the community within the intervention; and how participants will be treated. This will influence the community's perception of the intervention, which, in turn, impacts upon the intervention's success.

Visser and Schoeman (2004) in their examination of the implementation of a community intervention to reduce the risk of young people acquiring HIV, found a number of barriers within the intervention and the implementing organization, to the effective implementation of the program. The decision to implement the program and the design of the program were managed by the Department of Education, but the program was implemented by schools. The culture, beliefs and history of the schools were such that the severity of the problem and the importance of the program were not understood by the schools and the teachers implementing the program. Also their lack of involvement in decision making about the program meant that the intervention was imposed upon them, which was likely to have reduced their degree of commitment to the program.

Schorr (1997) contends that the key attributes to successful interventions are well known by practitioners and theorists, yet the successes are small and brief. Attempts to sustain and expand these model programs are commonly met with failure, due, according to Schorr, to the systems surrounding the program. While in its pilot stages the intervention is protected from large public systems, however this protective environment cannot be maintained once its pilot program

status is removed and it is open to the dictates of finance, accountability, public perception and bureaucratic processes.

It has been highly recommended that community interventions develop and foster community capacities that facilitate community action. Goodman (2000) argues that this requires that the community work as an open system. This allows for an increase in the interactions and connectedness between community organizations. It is equally important for the community intervention itself to be an open system if it is to interact and connect with community systems.

6.2.3 An Open Systems Model

The theory of an open system is a flexible one and consequently there are a number of different interpretations (Morgan, 1997). A number of authors (Cummings & Worley, 1993; Hanna, 1997; Harrison, 1994; Katz & Kahn, 1966; Rainey, 1997) provide similar conceptual models of organizations from an open systems perspective. Figure 6.1 combines the many elements of these models to illustrate how organizations can be understood using an open systems theory approach. The main elements of this model are: permeable boundary, inputs, outputs, throughput, environment, purpose, technology, feedback, processes, structures and culture.

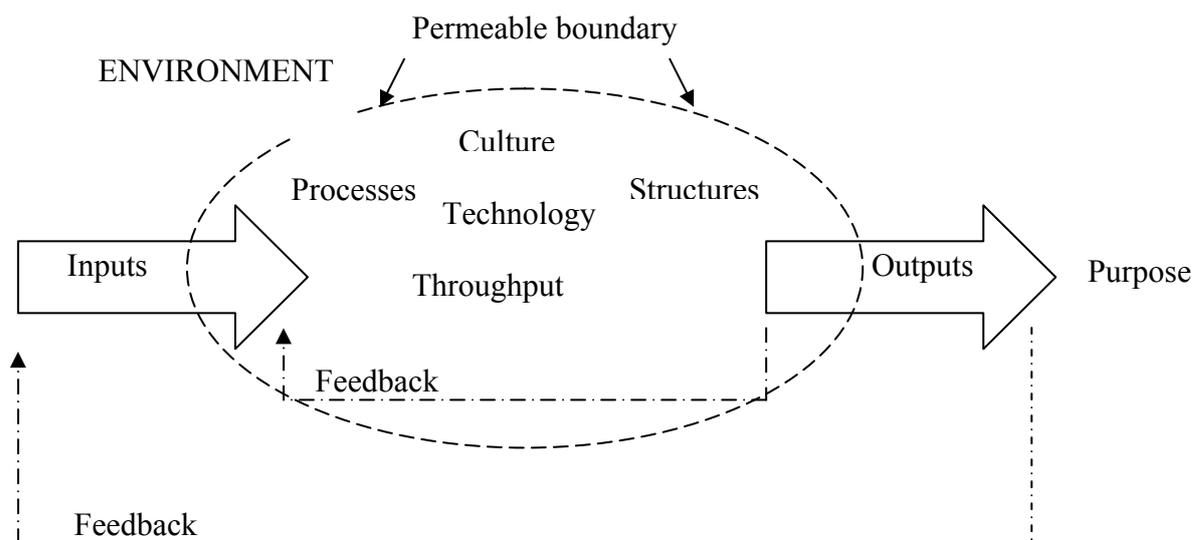


Figure 6.1: An open systems model of an organization

As can be seen in the figure above an open system has a permeable boundary that allows it to interact with its environment while in pursuit of its

goals. This interaction takes the form of inputs, such as resources, people, and information, which are imported from the environment, and outputs, such as products, services, and waste, which are exported to the environment.

Throughput is the transformation of inputs to outputs through task, individual and group, core task processes, and mediated by the system's culture, technology, structures, and processes. Feedback from the environment provides the system with information about its alignment with its environment and its goals.

These elements are interrelated and can be considered systems themselves. The interrelatedness of these elements means that changes in one part of the system will produce changes in other parts of the system (Harrison, 1994). An organization is dynamic. As it moves through time the different elements of the system interact. There are five fundamental features of this process: information coding; dynamic homeostasis; negative entropy; equifinality; and specialization (Hanna, 1997).

The feedback provides the system with information about its outputs and purpose and the system's functioning in relation to its environment (Katz & Kahn, 1966). There are various modes of feedback available to the system, and the system will select the mode or modes that it will monitor and receive information from. The system's choice of feedback mode and its response to the feedback information is called *information coding*. During this process some modes of information will be ignored and others will not be noticed even though they may be obvious to those outside the system (Hanna, 1997). Feedback may be considered of high importance to the effective functioning of a system (Bogenschneider, 1996).

An open system works to maintain a steady state of energy exchange. A disruption in one part of the system is countered by changes in another part of the system that seek to restore the system to its previous state (Katz & Kahn, 1966). An open system's ability to ensure its maintenance by reacting and adapting to changing conditions is called self-maintenance (Visser & Schoeman, 2004). A system's natural tendency towards maintaining stability, in order to preserve the character of the system, is known as *dynamic homeostasis* (Hanna, 1997). This ensures that the system is distinct from its environment even as it interacts with

its environment (Morgan, 1997). This fundamental quality compels a system to resist change even when change is necessary for the system's survival (Hanna, 1997).

Entropy describes a process common to all living systems, which is the system's movement towards disorganization and death (Scott, 1992). Entropy is typified by a decrease in the interactions between its components, resulting in a lack of available energy (Anderson, Carter, & Lowe, 1999). This process cannot be arrested in biological organisms and they eventually die. However, an open system, such as an organization or social system, can attempt to arrest this process by acquiring *negative entropy*. Negative entropy is acquired through importing excess energy from the environment and storing it (Katz & Kahn, 1966). Social systems, such as organizations, have the potential, though it is not always fulfilled, to maintain negative entropy (Hanna, 1997). Indeed, the social system's survival is dependent upon its maintenance of negative entropy (Kelly, Ryan, Altman, & Stelzner, 2000).

The concept of *equifinality* refers to a system's ability to achieve a final state despite its initial condition, and the path that it takes to reach this state. There is no, single way to achieve proposed outcomes (Cummings & Worley, 1993; Hanna, 1997; Katz & Kahn, 1966). Systems grow and become more complex and as they do they develop *specialized* subsystems that work to maintain stability while coping with the growth (Hanna, 1997). This specialization helps to differentiate the system from its environment (Katz & Kahn, 1966).

6.3 An Open Systems Examination of CFK: The Elements of CFK

The following section examines CFK as a system. The elements of the system are articulated and explored. It is only possible to examine a system in this way by viewing the system at a particular point in time. This static view of the system allows an articulation and exploration of the elements, but does not include the dynamics of the system. A more dynamic perspective of the implementation of CFK is explored later in this chapter and in the following chapter.

CFK's immediate environment consisted of two major systems, the implementing organization, BSV, and the community. Figure 6.2 is a diagrammatic representation of a systems view of CFK during the implementation phase. This diagram provides a snapshot of CFK towards the end of the funded period. It was at this point in time that CFK had, to all intents and purposes, been accepted by the community and was firmly lodged within the two systems of BSV and the community. An examination of CFK at this point in time allows the opportunity to articulate what was happening at that time as well as what had happened previously.

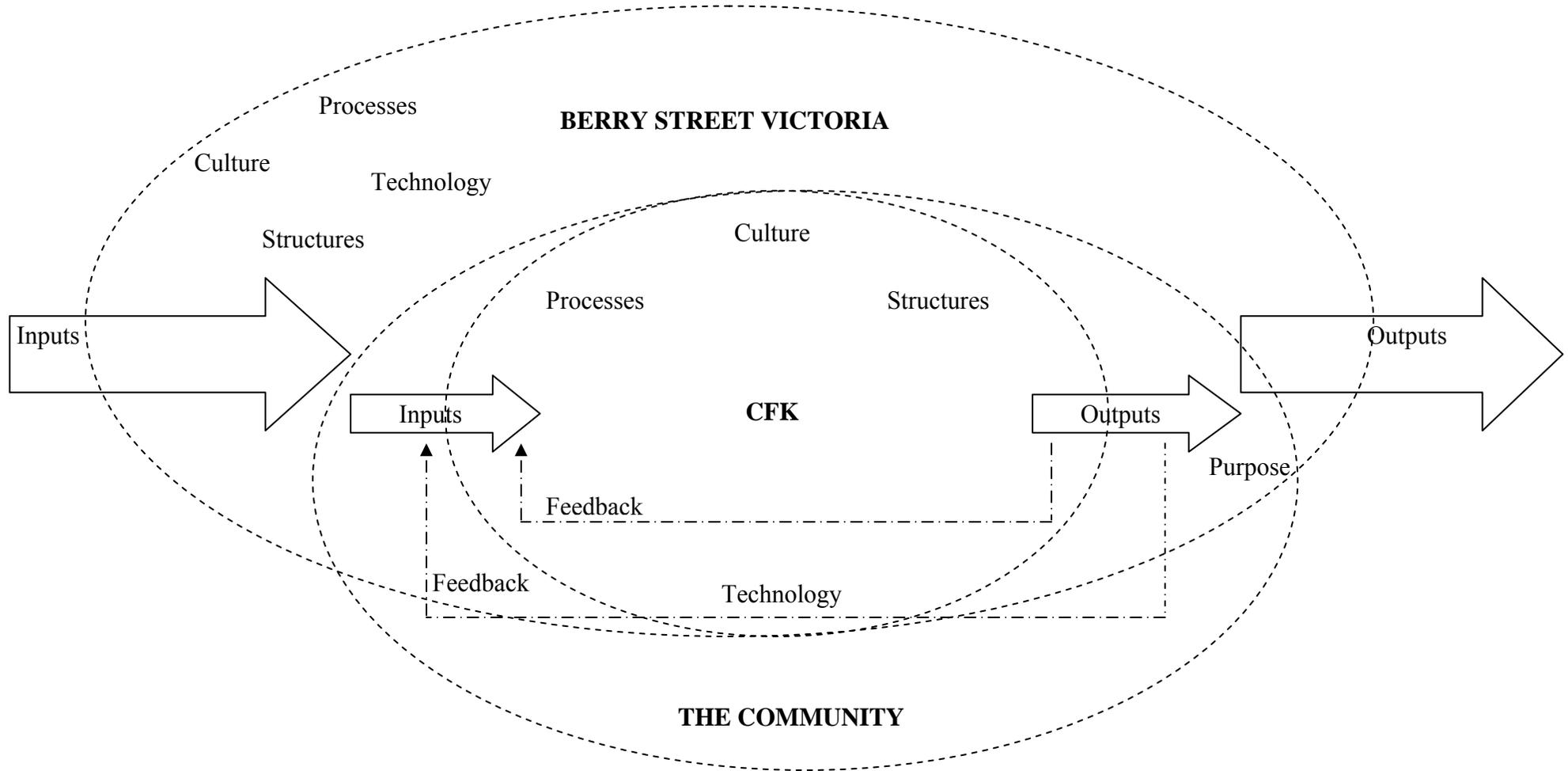


Figure 6.2: A Systems View of CFK During the Implementation Stage

6.3.1 *CFK's Boundary and its Environment*

Anything that is outside the system is considered to be the system's *environment*. The system needs to interact with its environment to ensure its survival. The interaction between the system and its environment is through the exchange of inputs and outputs. Balancing its own needs and the needs of the environment, makes it possible for the system to facilitate change in its environment (Hanna, 1997). The system's ability to adapt to its environment is a major determinant of its success and is dependent upon feedback from the environment (Hanna, 1997; Harrison, 1994; Rainey, 1997).

The boundary of a system distinguishes it from its environment (Cummings & Worley, 1993). A system's boundary can be physical, psychological, temporal, or social. An open system has a permeable boundary through which it interacts with its environment. However, boundary permeability varies amongst open systems (Hanna, 1997).

As CFK is the focal system for this research anything outside of its boundary is considered its environment. The boundary that defined CFK as a system, and separated it from its environment was both physical and psychological. It included the building from which the CFK implementation was coordinated and the individuals who worked solely for the CFK intervention.

As can be seen in figure 6.2, CFK existed within two major systems, BSV and the community, and these systems formed its immediate environment. Community interventions seek to change the community (Goodman, 2000). It was necessary for CFK to interact with the systems within its environment, both to ensure its own survival and to facilitate change within the community. These interactions, in the form of inputs and outputs, are made possible by the open system's permeable boundary, and are monitored through the feedback process (Hanna, 1997). An examination of CFK's inputs, outputs, and feedback demonstrates the permeability of CFK's boundary and its ability to interact with the two systems in which it was embedded.

6.3.2 *CFK's Inputs*

Social systems are not self-sufficient or self-contained and must look to the external environment for energy (Katz & Kahn, 1966). The permeable boundary makes it possible for the system to import materials and energy, or *inputs*, from the environment (Hanna, 1997; Katz & Kahn, 1966). Inputs contribute to the production of outputs and might include resources, raw materials, ideas, people, money, equipment, and information (Cummings & Worley, 1993; Hanna, 1997; Harrison, 1994).

CFK's inputs came from both BSV and the community. CFK's funding came from an external source, but was delivered through BSV systems and ultimately was controlled by BSV. BSV provided CFK with resources, staff, support, information and ideas. Inputs from the community included partners, volunteers, information (in the form of local knowledge and feedback) and ideas. Some staff members came from both the community and BSV, as they resided within the community and saw themselves as community members, but they were employed by BSV.

6.3.3 *CFK's Outputs*

The inputs are transformed into products, services, skills and/or ideas, and are known as *outputs*. For the most part, outputs are exported to the environment, though some may be used internally. Outputs are the outcomes of the action taken by the organization or system and may take the form of waste products as well as desired final products (Cummings & Worley, 1993; Hanna, 1997; Harrison, 1994).

CFK's outputs were its program components. Although these were delivered to the community, they were also outputs for BSV as they formed part of BSV's outputs. The cyclic nature of a system is such that the system's outputs provide available energy for the system to import as an input (Katz & Kahn, 1966). This was the case for CFK as its program components provided kudos for BSV and created a profile for CFK within the community.

The high regard that BSV gained from CFK's program components led to BSV being amenable to meeting CFK's needs concerning additional resources

and support. CFK's high profile within the community increased community awareness of the intervention which resulted in greater community involvement.

6.3.4 *Feedback*

Feedback refers to inputs, in the form of information, that are the environment's response to the system's outputs. It informs the system if its outputs are aligned with the environment (Cummings & Worley, 1993; Hanna, 1997; Harrison, 1994) and includes both negative and positive forms. Negative feedback informs the system of deviations in its course, allowing for corrective actions. Without negative feedback a system might continue along an inappropriate path which could lead to its decline (Katz & Kahn, 1966). Positive feedback provides the system with information about the alignment of its purpose and goals with the environment. Feedback may also occur within the system, providing the system with information from within about whether the system is meeting its purpose and goals.

It was necessary for CFK to ensure that its outputs were aligned with both of the systems that constituted its environment. This made the feedback that CFK received from both the community and BSV, in the form of information inputs, vital to ensuring its survival. CFK had started its development as a subsystem of BSV, consequently there were direct lines of communication between the two organizations. Deirdre as BSV's manager of CFK ensured that BSV's needs were met by CFK's outputs. She was able to articulate BSV's desires to CFK staff and inform staff if they were not meeting BSV's requirements. Further, staff members were employed by BSV and had a vested interest in ensuring that they attended to feedback from BSV. In this way both negative and positive feedback was readily accessible from BSV and CFK was able to react and adapt accordingly.

The accessibility of feedback from the community was not as straightforward. The advisory committee provided the most direct line of communication with the community. However, there were a number of problems with this source of information. The first problem was that CFK could not be sure how representative of the community, the advisory committee was. Many of

the members were new arrivals in the community who had joined CFK to become more connected with their new community.

The second problem became apparent when staff realized that committee members were not providing the communicative link between CFK and the agency they represented. Information that should have been provided to CFK or to the represented agency was not provided, meaning that committee members were either unaware of the importance of this role; unsure of what their role was on the committee; or not attending meetings.

A third dilemma, which might be related to the previous points, was that committee members did not attend regularly. Many of these problems were resolved with the creation of the working parties as this gave individuals the opportunity to be involved in program components that they were particularly interested in. The result was increased attendance, as well as greater diversity and number of members, and improved communication between CFK and community systems.

Other methods of gaining feedback from the community were through discussions with ordinary community members; local business owners; and members of local agencies, institutions and organizations. Information encoding refers to the feedback mode chosen by the system to monitor and receive information from (Hanna, 1997). There were multiple feedback modes available to CFK, as listed above, but not all were attended to. Daniel had many discussions with local business owners, prominent community members, and managers of selected local agencies, institutions and organizations. However, he did not place a great deal of value on the input of ordinary community members.

6.3.5 CFK's Throughput, Technology, Culture, Structures and Processes

The system's throughput is the transformative action the system takes to convert the inputs to outputs. The technology, culture, structures and processes are the means by which the system is able to convert inputs to outputs (Rainey, 1997). *Technology* refers to the system's tools, machines and techniques and physical space (Hanna, 1997; Rainey, 1997). The *structures* are imposed upon those within the organization such as responsibilities, job descriptions, status,

procedures, rewards and distribution of power (Harrison, 1994). The technology and structure of CFK were provided by BSV.

The norms, assumptions, beliefs and values shared by those within the organization are referred to as the *culture* of the organization (Harrison, 1994). The system's *processes* are the interaction, behavior and relational patterns between groups and individuals both within the organization and with the external environment (Harrison, 1994). The culture and processes were determined by the people of CFK and were influenced by both BSV and the community. CFK's technology and culture are explored below, while its structures and processes are explored in the following chapter.

CFK's tools were relatively modest, consisting of computer equipment; communication equipment (such as telephones, electronic mail, internet connection, and a facsimile machine); furniture; and stationery. Although the building in which CFK was located was not designed or suited to CFK needs, CFK staff placed a high value on its physical location in the main street of the community.

The culture of CFK initially came from BSV, as the funded body, but was somewhat modified by the members of the CFK system. The culture of BSV was: hierarchical; welfare oriented; and reactive. The culture of CFK was very similar to this when the intervention commenced, however as it began to define its boundaries, making it a system in its own right, the culture changed somewhat. CFK continued to retain its hierarchical structure, but its orientation became more aligned with community development principles and universal prevention rather than the welfare oriented reactive approach dominant in BSV.

6.3.6 *CFK's Purpose*

The system's *purpose* is its reason for existing and must meet its own needs as well as the needs of its environment if it is to ensure its survival (Hanna, 1997). CFK's purpose was to produce program components that would meet the needs of both the community and BSV, thereby ensuring its survival and increasing its ability to produce change within the community. However, the overriding purpose that a system has is its own survival (Anderson, Carter, &

Lowe, 1999). In the case of CFK and all community interventions this means sustainability of the intervention and/or its program components.

The sustainability of program components meets the needs of both the organization and the community. For the organization, future funding is dependent on the sustainability of the program components. The natural cycle of a system means that the funding received by the organization can be returned to the intervention, ensuring its own survival. Additionally, the implementation of program components that are sustainable have the potential to change the community in which they are implemented. However the implementation of program components that are not sustainable can have devastating effects on a community if they are later removed (Akerlund, 2000).

Sustainability was a key discussion point for CFK staff in interviews, reports and meetings. An examination of the data showed a great deal of variation in individuals' perceptions of what sustainability was and how to achieve it. The model of sustainability espoused by CFK and Daniel in particular was that program components should be owned by the community and he often discussed how this would be achieved. Daniel believed it was vital to the facilitation of community ownership that CFK and its staff should not be the central part of the programs, as he felt that this would inhibit community ownership. He talked about it often and his words were frequently repeated by his staff.

“we mustn't be consumed by it and we mustn't become central to it, as soon as we become central to it we have taken something from the community instead of putting something into the community” Daniel (February, 2003)

“I've got to consciously look at ... what is my involvement and what happens in 18 months ... I'm trying to make sure wherever possible that the things I'm developing aren't dependent on me, and so that I can create the bridges, and hopefully this will happen with the working parties, that it will create the structures and bridges to bring the various ones together, so that we can gradually step out of it at the end of our project” Daniel (February, 2003)

“part of the project, again with all of the CFK projects is not to create a dependency and not to create myself as a key focus, but ... it's also about linking with local businesses” Kerry (August, 2003)

“it’s probably better to try (to let the community run the program on their own) a little bit early and go back and support than to stay there too long and have a dependency develop” Daniel (February, 2003)

Daniel used the analogy of children becoming independent of their parents, to explain how the organization needed to step back from the program and allow the community to own and run it.

“it’s very much like children growing up and certainly moving through teenage years and gradually gaining more independence” Daniel (February, 2003)

6.4 An Open Systems View of Implementation of Community Interventions

A community intervention is a subsystem of both the larger organization and the community, though it is only one of many subsystems within these two systems. The community and the organization are themselves subsystems of larger systems and society.

A community intervention strives for change in the community. Implementation is the process by which this change is facilitated. For change to occur the implementation process must alter many domains and levels of the community system (Visser & Schoeman, 2004). A systems perspective of implementation offers the opportunity to examine the various domains and levels of the system and explore the process by which change occurs or does not occur.

During the development stage, an intervention is a subsystem of the organization alone. It is during the implementation stage that the intervention, hopefully, becomes a subsystem of the community as well as the organization. Figure 6.3 shows the intervention moving from being a subsystem of the organization, during its development stage, towards being a system embedded within the two larger systems of the organization and the community, during the implementation stage.

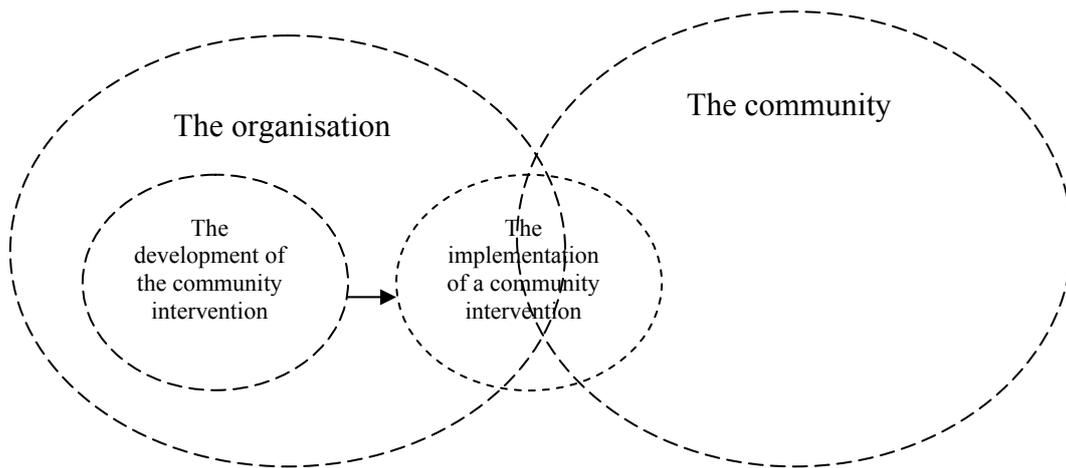


Figure 6.3: The Community Intervention During the Development Stage and the Implementation Stage.

The two systems that the intervention is embedded within become the intervention's environment. Materials and energy are imported from the environment (Hanna, 1997) in the form of resources, staff, and support from the organization, and partners, volunteers, and local knowledge from the community. Similarly the intervention's outputs as well as its purpose or goal must meet its environments' as well as its own needs if it is to survive.

The importance of the system's environment means that it is vital for the intervention to have an understanding of its environment, in the case of CFK the community and the larger organization, if it intends to meet the needs of that environment. Knowledge about the organization should not be difficult as the intervention was developed by the organization and therefore has many elements in common as well as established lines of communication. Further, the intervention is likely to be attuned to the needs of the larger organization and will therefore pay attention to modes of feedback from the organization.

An understanding of the community is a much harder task for the intervention to tackle. This is where the vast amount of research into communities has been critical to the advancement of intervention design and implementation practices. Many of the factors reviewed in the second chapter of this thesis, such as community participation; partnerships with key stakeholders; context of the intervention; and a program champion, illustrate the importance of community involvement in the intervention.

Communities are also systems. They mediate between the small groups within them and society, just as organizations do. Although there are similarities between all systems, there are vast differences between the organization as a system and the community as a system. Like all systems, communities and organizations must meet the needs of their environment if they are to survive. However, the organization is driven by articulated goals, formal contracts and rational considerations, whereas communities are maintained through members' connectedness and sentiment (Anderson, Carter, & Lowe, 1999).

The implementation of a community intervention might be hindered by a number of things in the community and/or the organization in which it is embedded. The needs of the organization might be quite different from those of the community, making it difficult for the intervention to meet the needs of both of the systems in which it is embedded.

The introduction of an intervention into a community requires the interaction of the program with existing community networks, relationships and processes (Visser & Schoeman, 2004). Underlying organizational problems within the community have been found to constrain program implementation (Scheirer, 1996). Similarly, organizational problems within the implementing organization are also likely to place constraints on intervention implementation and the people implementing the intervention.

Community change requires a change in the many subsystems that exist within the community. For a community intervention to facilitate this change process it must be embedded within the community and be considered a subsystem of the community (Visser & Schoeman, 2004). Visser (2004) found that feedback loops and ongoing support, facilitated change in a school system. The process of dynamic homeostasis compels the system, or the community, to resist change. However, if the system, or the community, recognizes the need for change it can facilitate this change from within. Therefore it is virtually impossible for external agents to come into a community and change anything, making it vital that the intervention become a component of the community (Visser & Schoeman, 2004).

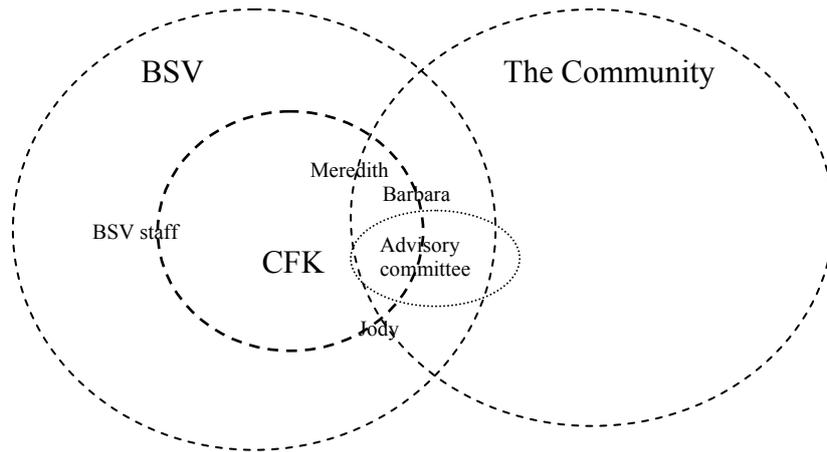
Once the intervention is accepted by the community it must balance the community's needs and its own needs if it is to produce change within the

community. As the community's needs are constantly changing, the intervention must regularly consider its interactions and relationships with community subsystems (Hanna, 1997). Once again it is likely that the intervention will be attentive to the needs of the organization that it belongs to as there would already be many processes in place that would facilitate feedback. However, a more concerted effort must be made to monitor relationships with community subsystems.

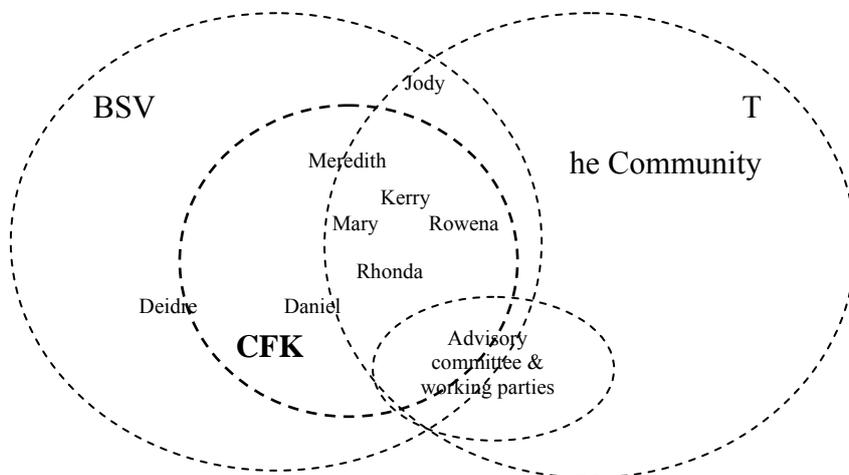
For the most part it is up to program staff to utilize previous research in an effort to make their intervention a subsystem of the community. There are a number of factors that could impede or facilitate their ability to achieve this, and many of them are related to the other system in which the intervention is embedded, that is the organization. It is the organization that provides the intervention with the resources and the support to fulfill their purpose. Even if the organization offers the intervention all that it needs with regard to resources and support it can still inhibit the intervention's ability to become part of the community by requiring outputs from the intervention that are in opposition to the community's requirements.

6.5 A More Dynamic View of the CFK Journey: CFK Moving Towards Community Acceptance

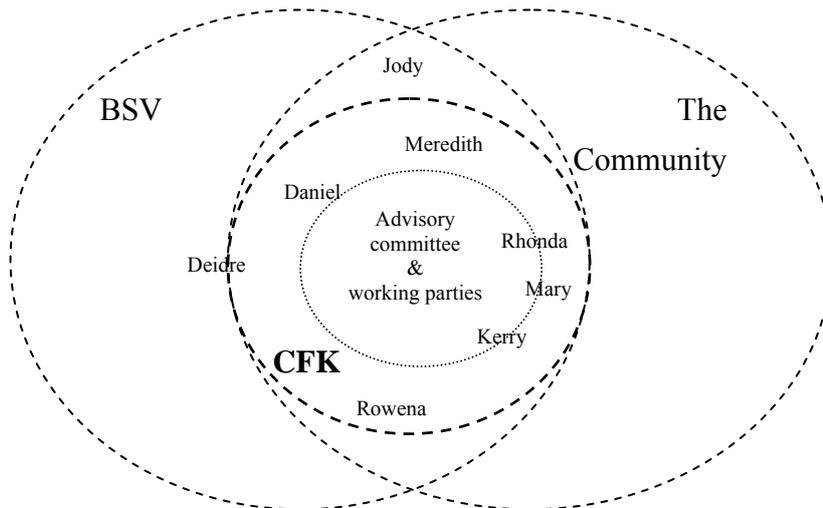
The previous section examined CFK at a particular point in time and did not reveal CFK's evolution over time. Following is an exploration of CFK's development over the three phases of: development; implementation; and towards sustainability. It is possible to trace CFK's movement from a subsystem of BSV to a subsystem of both BSV and the community, and the factors that facilitated this process. Figure 6.4 shows the three phases of CFK's progression from a subsystem of BSV to a subsystem of both BSV and the community: a.) CFK as a subsystem of BSV during the development stage; b.) CFK entering the community during the implementation; and finally c.) CFK as a subsystem of both the community and BSV, in the towards sustainability phase.



a.) CFK as a subsystem of BSV during the development stage



b.) CFK moving towards community acceptance in the implementation phase



c.) CFK embedded in the two systems of the community and BSV during the final phase of implementation 'towards sustainability'

Figure 6.4: The Three Phases of CFK and its Movement towards Community Acceptance.

This figure shows a number of developments in addition to the illustration of CFK's move towards becoming embedded in both systems. First, it is clear from figure c) that as CFK became embedded in the community, BSV became more connected to the community as well. Second, CFK was better able to contain subsystems that were highly connected with the community, such as the working parties and advisory committee. Finally, individuals who initially came to work for CFK and were members of the community were able to position themselves within CFK without losing their connectedness to their community. These developments were both facilitating factors in the movement of CFK towards becoming a subsystem of the community, as well as consequences of it. The following section examines these and other factors that facilitated the community's acceptance of CFK and its emergence as a subsystem of the community.

6.5.1 Factors Facilitating Community Acceptance of CFK

The aim of a community intervention is to change the community in some way. Change cannot be forced upon a system by an external agent but must come from within the system itself (Visser & Schoeman, 2004). For this reason it is imperative that the intervention become a part of the community even though it may begin as something external to the community. CFK managed to make the shift and become a subsystem of the community.

Evidence of CFK's acceptance by the community can be seen in: the number of times CFK and its program components were featured in the local newspaper and on the community radio station; the commitment of the community to the ELF-II program component; the invitations and attendance of CFK staff at community forums; and the willingness of local services, agencies, organizations and businesses to work with CFK on CFK program components. Certainly CFK staff behaved as if they were a subsystem of the community. An example of this was Daniel's attendance at an Eildon alliance meeting, in December 2003, to discuss the building of a dam wall in Eildon, and his disappointment that he was the only representative of the community that was present at the meeting.

“Eildon has been full of rumors, (which are) having a major impact on things, house prices have gone through the roof. Original rumors were that there would be over 200 workers per year for three years, which turns out to not be true. No-one was looking at the impact that it would have on the community. There was no community representation apart from CFK” Daniel (December, 2003)

CFK and its program components were often featured in the local newspaper. Seventy one articles relating to the local BSV office and/or CFK and its components, appeared in the local newspaper, ‘The Standard’, between May 2001 and June 2004. Of these articles 28 were regarding CFK and/or BSV, 10 related to the ARC program, 20 to the CYAP program and 13 the ELF-II program. Although no record was kept of the number of times it was featured on the community radio station, anecdotal evidence suggested that it was a common occurrence.

The ELF-II program component included a ‘reading day, which required the participation of: the local primary schools; kindergartens; play groups; and other community members. On this day the children dressed up as their favorite character in a book, paraded down the main street of Alexandra and listened to stories read by local business owners and prominent community members. This day appeared to be a highlight of the annual school program and, at the time of writing, was featured, as was ELF-II, on the Murrindindi Shire Council website. Daniel attended community forums and meetings on a regular basis and was well known by local business owners and other prominent community members. He believed that he had formed important connections with local business owners, Rotary club members; and the drought relief committee.

A number of factors facilitated community’s acceptance of CFK, including the employment of community members; the establishment of an advisory committee and working parties; implementing program components that responded to community need; and the location of a shop front in the main street of the community. These factors are explored in greater detail below.

6.5.1.1 Community Members as Program Staff

The intervention was initially conceived by Jody the BSV youth worker for the Shire of Murrindindi. It was further developed some time later by Jody and

other BSV staff. Though a great deal of community consultation occurred, Jody was the only member of the intervention development team that had first hand knowledge of the community. She lived in the Shire, her children had attended the local schools and she had worked in the Shire for many years. The other members of the team were high level management at BSV and lived and worked in metropolitan Melbourne.

A project leader, Barbara, and project worker, Meredith, were employed at the commencement of the funded period. Barbara had lived and worked in the community for many years and Meredith lived in a nearby community. During the first six months of the funded period BSV staff continued to develop the program. An advisory committee, comprised of community members, representatives of community organizations and CFK staff, was established. The employment of Barbara and Meredith and the establishment of the advisory committee signaled the intervention's initial movements towards community acceptance and becoming a subsystem of the community.

As the implementation phase commenced, conflict between the project leader and program manager led to the project leader's resignation and the employment of a new project leader. This new project leader had previously (20 years earlier) been a member of the community and had recently relocated back into the area. Of the three sessional project workers that were employed during this phase, two, Rhonda and Kerry, resided in the community and the third, Mary, spent part of each week and every weekend residing in the community. The employment of community members to implement CFK further facilitated the intervention's movement towards community acceptance. Program staff were recognized and acknowledged by community members.

"She (Rhonda) was just saying yesterday that she can't go to the supermarket now without kids rushing up and saying 'oh, there's Rhonda' ... and she said she doesn't know who these kids are because she is always working in a small group, but they all know her" Mary (January, 2003)

Daniel had lived in the community 20 years earlier and had found that he was able to renew many of his previous connections with local community members. He found that it was a real advantage to be part of the community in which he was implementing the CFK program. The following quotes exemplify

Daniel's connections with the local community and his use of these connections to the benefit of both CFK and the community.

“when I lived here previously, I operated, I was camp director ... so that had a fairly high profile ... so I was seen back then as a bit of a champion of the underdog etcetera, I was involved with the Apex club for nearly 10 years and we were involved in a lot of fairly high profile community activities, so that's still been retained, plus I was president of the Thornton Primary School Council for 10 years so that equally gave me some sort of profile and credibility so then to be able to come back I was very quickly able to pick up on a whole range of those original contacts from Apex, from the school and all those sorts of things” Daniel (February, 2003)

“when I spoke at Rotary I spoke generally about the program with an emphasis on the community foundation, but spoke briefly about the possibility of the no dole pledge ARC program at the secondary college, and after the meeting was talking to the guy that's in charge of getting the speakers and said look ... you really should consider getting the Principal of the secondary college because he's just done this trip to Tassie and so as a result they've now come back and invited the principal to speak at Rotary ... the enthusiasm is starting to really spread” Daniel (February, 2003)

“Daniel's been very proactive in drawing my attention to different opportunities, different potential partnerships and that's been phenomenal for me” Principal Alexandra Secondary College (August, 2003)

Staff agreed that a key community connection was the CFK receptionist who had grown up in the Alexandra area and was still residing there with her husband and children. A familiar face in the reception area and Rowena's local knowledge was invaluable. However, not all program staff lived in the community. Meredith found that it was an advantage not living in the community within which she implemented the home visiting program. This was mainly because of issues to do with privacy, confidentiality and impartiality. Daniel was able to offer advice for workers who were not part of the community and did not have a lot of that intrinsic local knowledge that comes with being part of the community.

“going into a community and going into the service clubs, working out who's where, who's involved with what through the local shire, getting the list of who's presidents

and secretaries on various committees and making those connections across the community to work out who is doing what ... working out who that ten percent is in the community that are significant and doing a lot of talking and listening in the community, it's about saying who used to be involved and who's doing this now and who's doing what now, how long has this person been in the community"
Daniel (February, 2003)

6.5.1.2 Program Components that Meet the Community's Needs

The importance of addressing the issues raised by community members is likely to create good-will and increase the community's acceptance of the intervention (Kubisch et al., 2002; Pancer & Cameron, 1994). CFK implemented a number of program components as a direct response to a need expressed by particular groups. These programs were: the alternative program for year eight boys; Marysville program; grade six girls group; and early learning is fun I (ELF-I). All but one of these programs were implemented in the first six months of implementation and all of the programs were in direct response to a need expressed by the schools in the area. It was likely that this was due to two factors. The first was that the initial project leader, Barbara, was a former teacher and had strong connections with the local schools. The second reason was that the program's aims and goals were centered upon reducing early school leaving.

A change in project leader also meant a change in direction for CFK. The program components that CFK had implemented at the request of the school had been to meet the needs of a specific group within the school community and therefore would be considered to be at the indicated or selective end of the prevention continuum. Daniel was quite clear about what he saw as community development and it did not include what he called "reactive" programs. This change in direction was supported by the BSV belief that CFK program components were too reactive.

Despite Daniel and BSV's reluctance to implement program components that were in direct response to an expressed need, it was clear that these programs had facilitated CFK's acceptance by the community. Even Daniel was able to admit this benefit of having some reactive type programs that met the expressed needs of the community.

*“because of our welfare side and because of our reactive side we are developing a much greater, well we were being seen as to be providing a service to the community, so that’s bringing in and it’s well it’s getting us recognition and equally bringing more people involved”
Daniel (February, 2003)*

The ELF-I program in particular was recognized for its contribution to community awareness of CFK. This program component had been implemented in response to concerns expressed by the local Grade Prep teachers about poor literacy skills in the children commencing school that year (2002). It was frequently acknowledged as having facilitated an important relationship with local primary schools, kindergartens and playgroups, as well as raising the community’s awareness of CFK.

CFK had responded to the school’s request for assistance by creating the first working party. This working party was initially comprised of CFK project leader, Daniel, teachers and other interested community members. The working party decided to implement a program component that would involve a combination of direct literacy work with the children who were nominated as being ‘at risk’ and an attempt to understand the origins of this problem. Two part-time sessional staff were employed by CFK to fulfill these obligations over a 15 week period. When this program component was completed the working party expressed a strong desire to continue tackling literacy problems in the area. The program component ELF-II was designed and implemented by one of the original ELF-I sessional workers and the working party continued to be a great resource for the program.

6.5.1.3 Establishment of the Advisory Group and Working Groups

One of the first tasks for program staff was to set up an advisory group. This is a common approach to engaging community participation in decision making (Evashwick & Ory, 2003). It was proposed that CFK’s advisory committee would be comprised of school and agency representatives and community members. The intention was that this group would steer CFK while it was managed by CFK staff. It was further envisaged that it would provide staff with the opportunity to collaborate and consult with key stakeholders and ensure

community participation in decision making. An advisory group, such as this, was part of the original vision of the CFK project proposal.

A community forum was held, in May 2001, and representatives from the Shire of Murrindindi, local schools, police, sporting bodies, service providers and community members were invited. The aim of this forum was to stimulate interest in the intervention, describe the intervention, consult with attendees about issues in the community, and encourage participation in an advisory group. The outcome of this event was the formation of an advisory committee that included representatives from these groups.

It was envisaged that this group would meet on a monthly basis and that they would steer the CFK program and in this way the community would be participating in the decision making and staff would be able to consult and collaborate with community representatives. Unfortunately, this objective was never realized. Community members did not often attend meetings and there was very little input from them when they did attend. It became a forum for program staff to report to committee members.

A series of interviews were conducted in April 2002, by the evaluators, with attending and non-attending advisory committee members. One participant described the advisory committee as *“a bit like a mad woman’s breakfast”*. Participants were able to offer insights into the community’s poor attendance:

“I think they’re such a diverse group of people that I think people have felt inadequate or not sure what their purpose or their role was and I think it could be more engaging in how they come together” Meredith

“I think that people in small communities tend to over commit themselves” advisory committee member (parent representative)

“It’s just that we can’t do everything and I think that the advisory group is sometimes not sure about why we’re there” advisory committee member (Murrindindi Shire representative)

“I first wondered what I needed to do and what they wanted us to be there for, and it’s coming on to make more sense, sometimes I’m not sure, I’m a bit in the dark about what’s required” advisory committee member (parent representative)

“If they want someone like me involved, we need to be clear about why and what they want from me. I think in some ways they want people like me to be there yes as the manager of community services from council, but also as a mum and a wife ... and that’s not necessarily the way I want to interact, given my role and my work” advisory committee member (Murrindindi Shire representative)

This series of interviews prompted a review of the advisory committee, which recommended that the advisory committee meet once every three months. At the same time working parties were created for each of the key programs, which met approximately one evening per month. Members of the advisory committee were asked to assign themselves to one or more of these groups. With only one program component overseen by each group there was more time available during the meetings to consider and engage in detailed discussions about program issues. It also meant that people chose the working party that was of most interest to them or most relevant to them, which in turn increased attendance.

This change in CFK’s organizational structure to community participation through working groups rather than an advisory committee took some time to implement. The advisory committee continued to meet on a monthly basis until August, 2002, and the working parties for the ELF program and the other program components commenced in mid 2002 and early 2003, respectively. However, the change in structure was a successful one. It increased attendance and enthusiasm and was welcomed by participants. It also increased participants’ sense of ownership of the program in which they were involved.

“from my perspective it’s probably more functional for me now, there was, and this is no criticism of the committee, but there was a lot of stuff there that wasn’t relevant to where we were coming from ... and I just couldn’t afford to spend lengthy amounts of time like that.” Principal Alexandra Secondary School (August, 2003)

“I think the good part about that (the development of the working groups) was that it brought different community players together and that was important, for all groups that were represented on the committee to be aware of where the other various members of the committee are coming from, so it was just building awareness and understanding, and that’s critical” Principal Alexandra Secondary School (August, 2003)

Daniel was very aware of the importance of the terminology in relation to both the advisory group and the working parties.

“I used that name (working party) so that it would be task oriented, so that people would feel like, yes this is something I could get in, do some work on and get out, equally I use the term responsible person from the advisory group to relate to the working party, I didn’t want to give them a title that made them superior, but equally wanted to give them onus of responsibility ... I’ve seen what’s happened in other community development projects where advisory groups have been committees of management and that sort of thing and they can easily get tied up in the petty politics and we’ve got to try and get away from that wherever possible” Daniel (February, 2003)

When staff reflected upon the shift from the advisory committee to the working parties they lamented that it had not happened from the very beginning. However, they also recognized that it had not been possible to do this earlier as there were not any program components ready to have working parties attached to them. Daniel and Deidre felt that the advisory group had always lacked the passion and engagement necessary to guide the project. The benefit of commencing with an advisory committee, even one lacking enthusiasm, was that it gave staff a pool of interested people from which to draw members for the working parties when they were eventually established. Daniel commented that community members were, for the most part, interested in small areas of CFK rather than the project as a whole.

“we haven’t really seen anyone come in that is really interested in the total overview, and I think conceptually it’s even too hard for a lot of people” Daniel (May, 2006)

“if we hadn’t got them involved originally we wouldn’t have been able then to get them into the working parties where they’ve been a whole lot more effective than they’ve been in that bigger area” Daniel (July, 2006)

In May, 2003, Deidre reflected upon the community forum that had been held two years earlier, and the community consultation that occurred prior to this, and wondered if they were to hold a similar meeting later in the project, would they get a similar response. She questioned whether it had been too early to seek community input at that time.

“the focus groups that were done with them originally, the community wouldn’t have known what they wanted, because they hadn’t experienced, but now they’ve experienced and now they could make more informed decisions about what they might want to do” Deidre (May, 2003)

It was a logical move to go from the advisory committee to working parties as Daniel pointed out in a reflective meeting in May, 2006. *“Because when we’re gone there wouldn’t be any need for the advisory group, but there would be ongoing need for those working parties.”*

The working parties assisted the CFK program in a multitude of ways. It promoted community ownership and community participation in decision making, but it also provided a forum in which agencies were able to get together and discuss issues, and the management of these issues in the community. This particularly applied to the home visiting working party which included representatives from the many agencies in the area. This group shared their experiences with each other and brainstormed ways of meeting the community’s need within the funds provided. One of the many ideas that came out of this forum was the need for a volunteer database.

The ELF-II working party was exemplary. The members of the working party were skilled and enthusiastic. The coordinator of the ELF-II program was the facilitator of this working party and she managed to carefully balance the production of a collaborative and inclusive environment while maintaining appropriate timelines and staying with the agenda. Staff attributed the success of this working party to public events such as the program launch and the ‘Reading Day’; working party members having a vested interest in the success of the program; and the nature of the program itself.

The programs had varying degrees of success with their working parties. Kerry was the project worker for both the ARC and the CYAP programs and was able to see vast differences between the two working parties.

“ARC is building that (community ownership) it’s very much owned by the school and they’ve taken that on and ... that’s ... happening on all those levels and there’s people from business and rotary ... in the working party for ARC, so that sort of has that existence outside of ... the Berry Street office ... but CYAP is still a bit more airy fairy and a little bit less sort of grounded” Kerry (August, 2003)

The shift to working groups, rather than an advisory group, allowed the community to participate in the decision making regarding these programs. However, it was revealed that the final decision would actually rest with Daniel and not the working party. Rhonda spoke about a decision that the ELF working party had made not to go ahead with a particular component of the program. Daniel disagreed with their decision and intended to implement this component regardless of their decision.

“probably Daniel (makes the final decision) because I talked to Daniel after the last meeting (about an opportunity that the working party had rejected) ... he said oh well we won’t worry about them (the working party) because I think it is a good idea, so ... in the end we will probably go with it down the track” Rhonda (April, 2003)

6.5.1.4 Location of the CFK Offices

The CFK offices were located in the main street of Alexandra. The office had a large front window which displayed the BSV and CFK signs and many community announcements. Community members were able to enter the offices between the hours of nine am and five pm on week days. This prominent location increased community awareness of CFK and BSV.

“the awareness is quite strong around the town, particularly I think their location in the main street where they’ve sort of got a street frontage that seems to be generating some interest for them as well” CEO of Murrindindi Shire (August, 2003)

This profile in the main street of the town was seen as a distinct advantage by the manager of GVFC who talked about the need for her organization to arrange a letter drop as a way of raising community awareness of their existence and their programs.

“because we don’t have a physical presence in the street, like a shop front, people don’t know much about our service, so we don’t attract volunteers or anything like that. We are actually doing a letter drop going into all of those smaller communities, just to let them now we exist, even the professionals don’t do the same referrals back this way as we get from Mitchell Shire” GVFC representative (August, 2003)

6.6 Summary

Over time CFK became embedded in the two systems, BSV and the community, and these systems formed CFK's environment. CFK interacted with these environments to import inputs and export outputs. Feedback systems between CFK and BSV as well as between CFK and the community were utilized to inform CFK of its alignment with its environment. Feedback from the community was more complex as communication networks had not been established to the same extent between the community and CFK as they had been between BSV and CFK. This was most evident in the missed opportunities for information sharing between CFK and community organizations through the advisory committee.

A dynamic view of the CFK journey revealed CFK's movement from being a subsystem of BSV to being a subsystem of both BSV and the community. This movement was important for CFK as it is only possible for the community to change, if the impetus for change comes from within rather than being imposed upon the community by an external agent. Community acceptance of CFK facilitated it becoming a part of the community. This was made possible by the employment of community members, the establishment of an advisory committee and working parties, implementation of program components that responded to the community's needs, and the location of a shop front in the main street of the community.

CHAPTER 7

A SYSTEMS VIEW OF THE IMPLEMENTATION OF CFK – PART II

This chapter examines the relationships within CFK and between CFK and its environment. An exploration of the structures and processes relevant to these relationships and the entropic processes occurring during the implementation phase also forms part of this section and assists in the understanding of the CFK journey. Four partnerships with different community organizations are detailed to illustrate the different relationships that CFK formed with community subsystems, and the differences between these partnerships. This deeper exploration of the relationships provided greater comprehension of the facilitating and inhibiting factors of CFK's interactions with community systems. What was known about CFK's relationship with BSV is also examined and a surprising outcome revealed.

7.1 Systems, Subsystems and their Interactions

Anderson et al. (1999) describe social systems as *holons*, meaning that each social system is simultaneously an element of a system as well as a system in and of itself. A holon simultaneously interacts with both the subsystems within it as well as the subsystems in its environment. A holon can only truly be understood when its interactions with subsystems within it, and subsystems external to it, are attended to. Figure 7.1 illustrates the (a) interactions of the subsystems within the system, (b) the interactions between the internal and external subsystems, and (c) the interactions both within the system and external to it.

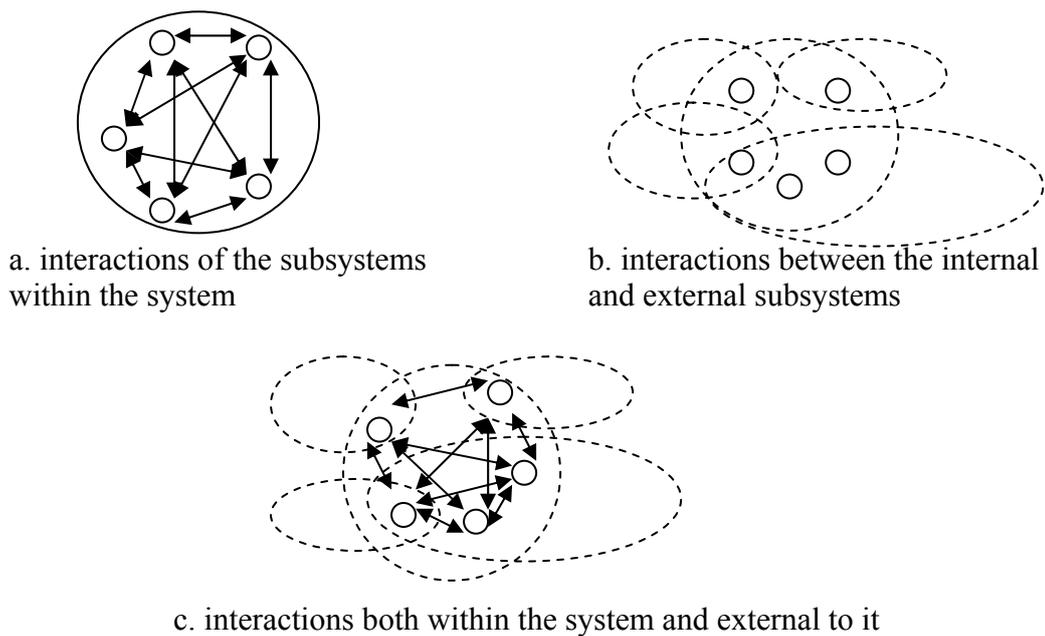


Figure 7.1: The Interactions within a Social System and Between the System and its Environment

There are many subsystems within a social system, with varying degrees of influence over the system. The subsystem that exerts the greatest influence over the other subsystems and the overall system is called the leading subsystem. This subsystem is in the position of being able to mediate between the system's internal and external demands. The conditions that lead to a particular subsystem becoming a leading system are varied. The most obvious is when a subsystem possesses a skill or technology that is of high importance to the social system (Katz & Kahn, 1966).

A focus on the system in relation to other subsystems that are contained within it or within its environment, allows an examination of the group-level and individual-level processes occurring within the system and between the system and its environment (Boyd & Angelique, 2002). With regards to a system implementing a community intervention, this approach makes it possible to examine the community, the organization, the individuals involved, and their interactions.

The relationship between the members of a system is hierarchically structured. This hierarchy is based on power, control, and authority. Some members have the authority to control resources and communication, while

others have power over other members of the system. This can be seen in an organization where a member may have authority by virtue of their title, which also gives them control of the allocation of resources. Another way in which a member of an organization may have power, without a power-giving title, would be when they are in a position to act as gatekeeper (Anderson, Carter, & Lowe, 1999).

The subsystems within a community intervention are the individuals implementing the intervention. They are subsystems as individuals, but they also may form subsystems with other individuals within the intervention system. The throughput of the system requires that they transform the inputs (ideas, information, resources, and community members) into outputs (program components). Their ability to function is mediated by the structures, processes, technology and culture of the system in which they reside. An examination of the individuals can assist in the understanding of the system in which they work.

7.2 Subsystem Interactions within CFK and Between CFK and its Environment

As discussed in the previous chapter, CFK's movement towards acceptance by the community meant that it was embedded within the two systems of BSV and the community. The following section discusses CFK as the focal system. It examines the interactions and relationships within the CFK system as well as the interactions and relationships between CFK and its environment. In this case CFK's environment includes the organization, BSV, and the community.

Figure 7.2 goes some way towards diagrammatically representing the complexity of the interactions between the subsystems of the system of focus and the environment. This figure shows CFK, the focus of this study, as a subsystem of both BSV, and the community. Each staff member can be considered a subsystem of CFK in and of themselves as well as being part of other CFK subsystems. The permeable boundaries of all of these systems are represented by broken lines, with CFK's boundary highlighted in bold. The partnerships between the CFK subsystems and the community subsystems are themselves subsystems and are represented by dashed ovals. The interactions between the CFK staff members are represented by double ended arrows.

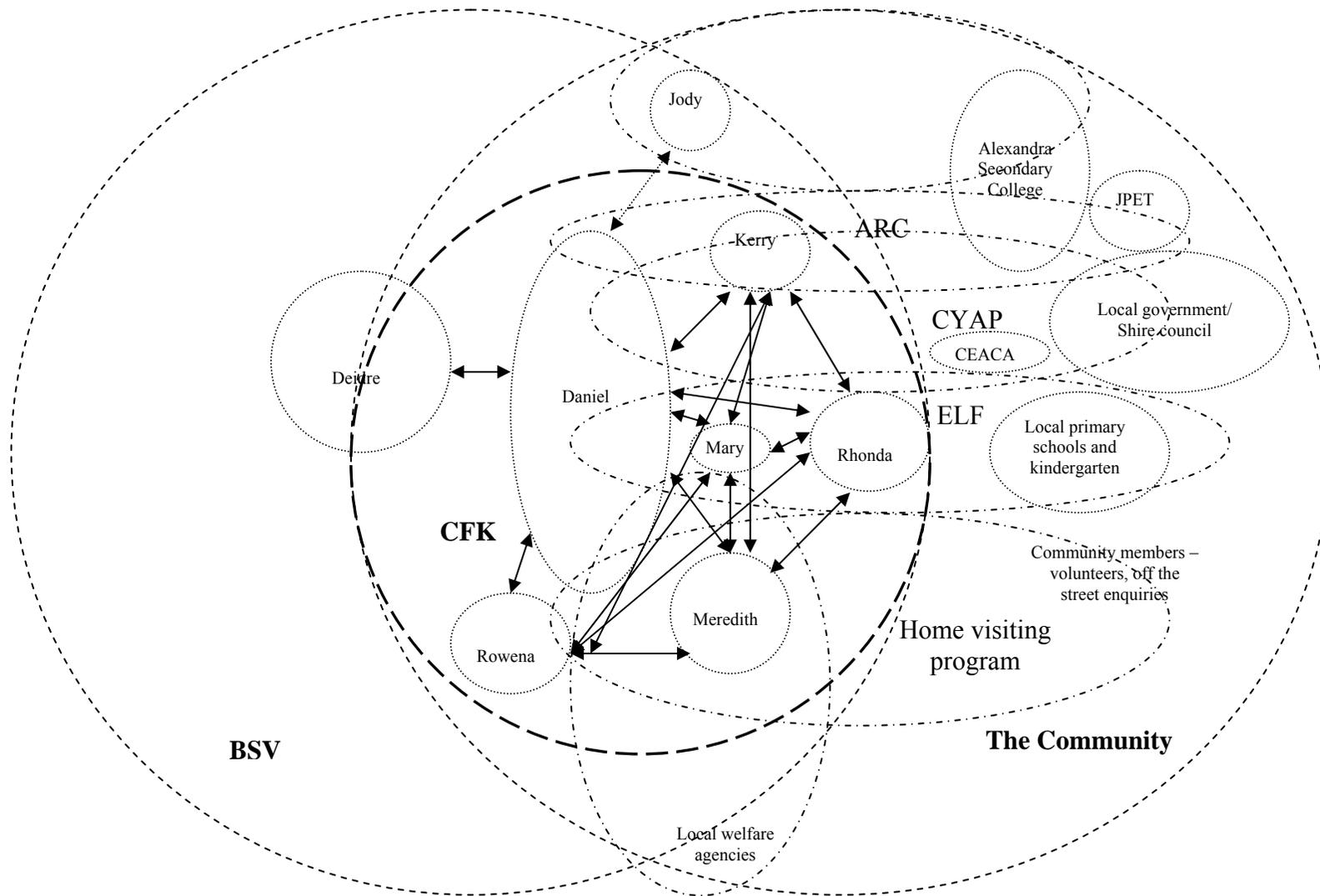


Figure 7.2: Subsystem Interactions within CFK and Between CFK and its Environment

Despite its intricacy, figure 7.2 is in many ways a simplified representation of the many interactions and relationships within the CFK intervention, between CFK and the community, and between CFK and BSV. It would be impossible to be aware of every interaction and relationship and the complexity of the concept was beyond the scope of this study. However, it is possible to highlight and examine the primary interactions and relationships between and within these systems. These interactions, which represent an important part of the system's throughput, are examined in the following chapter, along with CFK's structures and those processes relevant to internal relationships.

7.2.1 CFK Staff - the Subsystems of CFK

The subsystems of CFK were essentially the program staff, though there were also subsystems that included groups of two or more staff. At the middle to end point in the CFK journey, program staff members were: Daniel, project leader; Meredith, full-time project worker; Rhonda, part-time (.4) project worker; Kerry, part-time (.8) project worker; Mary, part-time (.4) project worker; and Rowena, part-time (.8) administrative assistant. As has been stated previously, the members of a system are organized hierarchically (Anderson, Carter, & Lowe, 1999) and CFK was no exception to this.

The hierarchical structure of CFK meant that Daniel, as project leader, had authority, by virtue of his title; control of the allocation of responsibility and resources; and power as decision maker. He had some degree of control over all subsystems of CFK, as he supervised the individual staff members and he was a member of all official groups within CFK. However, when informal groups emerged, Daniel was rarely invited to participate.

Daniel was involved in all of the program components. Each of the program components had a working party attached to it and Daniel was a member of all of them. He also supervised program staff, and for a short time supervised Jody. Daniel reported directly to Deidre, BSV manager of CFK, and although Deidre had contact with all of the program staff, her main interactions were with Daniel.

As would be expected, each of these staff members had different skills and abilities. In many ways these differences were complementary. Rhonda had

excellent management and organizational skills while Kerry had creative flair. Meredith's warm and understanding demeanor helped community members feel accepted when they engaged with CFK. The strong community connections that Daniel had with prominent community members, was further enhanced by his ability to encourage them to become involved with CFK. Mary's depth of experience and knowledge in the area of teaching children with special needs was particularly relevant to the ELF-I program component that she co-coordinated. Finally, Rowena had a strong aptitude for technology and a willingness to help other system members.

The importance of staff with a range of knowledge, skills, and personal qualities has been acknowledged in previous research. Kubisch et al. (2002) interviewed directors, residents and technical assistance providers of Comprehensive Community Initiatives, who described staff as being crucial to combating the frailty of community organizations. In their examination of the literature that reviewed effective prevention programs, Nation et al. (2003) found that sensitive, well-trained, and competent staff enhanced the implementation of the program.

Divergent opinions about CFK's goals and how they would be achieved were also noted amongst staff members. Daniel and Meredith had opposing ideas about which community members should be involved and this often resulted in conflict. There were many other tensions within the group as well as times of strong cohesion and mutual support. CFK group dynamics are described in the following section.

7.2.1.1 CFK Group Dynamics

There were many conflicts and tensions between group members over the period of CFK's implementation. Enmity existed between the first project leader, Barbara, and the project manager, Deidre. Barbara was clear that her decision to resign was directly related to her opposition to working under Deidre's management, though the antecedents for this situation were never revealed. When Barbara's job became available, Jody decided to apply for it and was given the impression that she would be successful in her application. She was shocked to learn that Daniel had been employed in this position and this caused much animosity between Jody and BSV management as well as Jody and Daniel.

Daniel and Meredith had vastly different philosophical outlooks on life and the CFK project. In retrospect it was inevitable that they would clash. In addition to this, Meredith and Jody enjoyed a friendly working relationship and it is likely that Meredith felt some resentment when Jody was not offered the position of project leader. There were a number of complaints made to management about Daniel and his poor management of the project. There were also claims of sexual harassment from more than one staff member.

“I got so frustrated with it the other day that I thought, look I’m leaving this, but I just feel in all conscience that I can’t leave the people behind without having my say, so I rang (BSV management) and said look I just have some concerns with the lack of professionalism there, and rattled off some various things that have been said and I queried, and I gathered from what she was saying that I wasn’t the first person to report these kind of things. I’ve since learnt on Monday that other staff members have also voiced unhappiness” Mary (February, 2003)

Daniel was the only male employee at CFK and the female employees got along very well. At some point the women discussed their thoughts on Daniel and it emerged that he had been speaking out of turn about staff members to other members of staff.

“things that came out and things that Daniel had told each of us about one of us, was just so wrong, and I thought no that’s not the way to operate as the team leader, so yeah it’s mind games that he’s playing, and I think that’s when I lost my respect” Rowena (June, 2003)

The hostility between Daniel and Jody remained high. Jody complained, to BSV management, about Daniel on a number of occasions and she felt that BSV were not prepared to take any action. Certainly BSV initiated some strange procedures, such as making Daniel, Jody’s supervisor. Daniel had just been given the job that she had desired, hierarchically was on a similar level to Jody, and prior to his appointment she had been supervised by a BSV staff member not related to CFK. She refused, and other arrangements were eventually made. Her hours were reduced and she felt that BSV were slowly getting rid of her.

“I feel that, not to do with CFK, but with Jody as youth and family services, I feel that she is excluded a lot of the time, but her input is vital, she’s got the right sense of commitment, and I just don’t find that comfortable, so in

one way I've actually lost my trust or my respect for Daniel" Rowena (June, 2003)

"She's (Jody) really being a bit naughty I think, she didn't come to the staff meeting on Thursday because she said she hadn't been told, she'd heard about it, but she hadn't been informed officially ... that doesn't help" Mary (February, 2003)

"there's a real issue with Jody, youth and family services and CFK and I often take, well not take Jody's side, but if she needs petty cash for one of her projects, I'll give her petty cash, well yesterday I sort of got told that if petty cash ever has to go to Jody I have to go through Daniel first to make sure it's OK, where I don't feel that I need to, it's Berry Street's money, we charge it accordingly to funds so its available, so Jody's not a little monkey out here by herself so yeah I find that really frustrating" Rowena (June, 2003)

Daniel was not well liked by the project workers in general. Kerry and Rhonda had established their own ways of getting along with him, but Meredith, Rowena, Jody and Mary did not respect him or his management skills. In an organization that has a hierarchical structure like CFK it can be difficult if there are tensions between the team leader and program staff.

"I have no respect for him. I think his management skills are appalling, he doesn't act professionally in my view, he plays staff off against each other, expects high levels of professionalism from the staff, but doesn't give it himself, performs when there are people who will notice, but at other times does bugger all" Mary (February, 2003)

"I think that probably people who work in positions like Daniel's where they're a team leader, like to be in control to some degree, you know they like to be the one that directs where things are going and stuff so possibly it is a thing that sort of characteristic or trait would be there in a lot of people that would be in that position and ... I sort of, not in a manipulative way, but I sort of play David in that I, and that sounds awful and dishonest, but I know that he needs to feel like he's had a good idea and sometimes he needs to own the idea even if I've come up with it and I don't care most of the time ... and you know the way that I approach him with ideas or things that you know I want to do, I sort of know what he values and so you know I pick the things out that he's going to respond to" Kerry (August, 2003)

"I've never had a problem with Daniel, but sometimes I think oh well you're a dickhead, but I'm just there to do my work and I use him as I need him" Rhonda (April, 2003)

“so many times I walk in on Daniel and he’s there playing solitaire and I think Christ what on earth does this guy do ... and sometimes I think, oh God, how did you get where you are” Rhonda (April, 2003)

“I have a problem with Daniel in that way that he does double standards, and he comes across as a very well organized person, but he’s not, and it’s like, so it’s a bit, and he often puts blame back” Rowena (June, 2003)

“his favorite saying is ‘leave it with me’ and you know if you leave it with him, you’re not going to see it again, it’s like a little black hole” Rowena (June, 2003)

Daniel’s relationship with Deidre appeared to be mutually appreciative. In one particular meeting, approximately 12 months after Daniel started, I noted that Daniel was agreeing with everything that Deidre said and would often say “I was just going to say that”. There was a feeling of exclusiveness about their relationship, they would often smile at each other and make it known to the group that they shared a secret. They were both smokers and would frequently ask for breaks so that they could go outside together and have a cigarette or pipe. At the same time their treatment of Meredith was uncaring. Daniel and Deidre disagreed with nearly everything that Meredith said. Deidre would listen to Meredith and then politely tell her that she was wrong. Following is a transcription of part of this meeting. Meredith had used a metaphor of a crystal to describe the CFK program and the staff and evaluators were discussing it.

Meredith: “I reckon you can measure the crystal in most programs like the ELF, they’re all different programs, just to watch them and see them grow”

Daniel: “I’d see myself as the string holding the crystal ... I don’t see myself as part of the crystal, the crystal is the community and the things that are happening, and I’m just the string holding it there until the crystal is fully grown and develop, it’s catalytic”

Deidre: “or the medium in which the crystal is grown”

Daniel: “we mustn’t be consumed by it and we mustn’t become central to it, as soon as we become central to it we have taken something from the community instead of putting something into the community”

Deidre: “we’re the people who are planting the seeds, the crystal seeds”

Evaluator: “this is a dangerous position to be in I would think, being the string”

Daniel: "very"

Evaluator: "if the string is not there anymore the crystal will fall"

Deidre: "we are just waiting for the crystal to be big enough and strong enough so that it stands on its own"

Daniel: "that's right, we are not there forever, we are only there until it grows"

Deidre: "there's another way that you can grow crystals, is that you can put a little one on a string and put it in a beaker"

Daniel: "that's the analogy that I was using"

As the project was in its final year of funding and the closure date seemed to be fast approaching, the project leader, Daniel, became concerned about the many things that there were still left to do. His behavior was causing group members to become distressed and they seemed to find it difficult to work. Deidre contacted the evaluators, in May 2003, and asked if a literature review on transition issues could be completed in order to contain Daniel's anxiety and alleviate some of the group's tension. She reported that Daniel was busying himself with panic rather than working on what needed to be done. She further reported that Rhonda had started to avoid meetings and Kerry was so energetic she needed to be restrained.

Staff had also been frustrated by the inappropriate space in the building in which they were located and resented Daniel's monopolization of a very large room for his office space.

"that area where we meet in the middle, is such a difficult sort of area, if there is a meeting going on there you can't get to the toilet, you can't get a drink" Mary (February, 2003)

"a typical thing at the moment was, Rhonda and Kerry's room is really small, so we originally planned, oh ages ago, Meredith was originally going to move upstairs for confidentiality reasons, and Daniel had actually said well he would move out of his office, he'd move into where Rhonda and Kerry were and then Rhonda, Kerry and the other CYAP person would all work in Daniel's room, because Kerry got both positions then they've basically said no to moving around, but it just makes more sense" Rowena (June, 2003)

“it’s not private enough, because people walk through that bottom bit and that’s where I take the families and I don’t know how private and confidential it is” Meredith (December, 2002)

Many of the issues seemed to be resolved with the leasing of the adjoining building. It was difficult to assess the working relationships of CFK staff in the remaining nine months of the pilot project. Certainly staff did not make the evaluation team or me aware of any disputes between them. This may have been because the situation had improved or it may have been because they no longer wished to share this information. Nonetheless, when additional funding was received to continue and disseminate the program, all staff members maintained their original employment conditions and the atmosphere at the final CFK evaluators meeting was jubilant.

7.2.2 Interactions and Relationships between CFK and its Environment

As discussed earlier, CFK’s environment was formed by two major systems, the community and BSV. CFK needed to interact with both systems and produce outputs that met the needs of both systems in order to survive, and to facilitate the desired changes within the community, which was the primary purpose of CFK. The following sections examine CFK’s interactions with the systems that formed its environment and the social system structures and processes that enabled and enhanced or inhibited these interactions.

7.2.2.1 Understanding the Community

Knowing and understanding the community in which a program is being implemented is vital to ensuring that program components are appropriate to meet the community’s needs and will be accepted by the community (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000). Andrew recognized the importance of this and advocated for CFK to have a strong understanding of the community prior to making program component decisions.

“I guess the first one is obviously a reasonable understanding of the dynamics of the community as a precursor, I guess what I mean by that both in terms of the issues and trends that occur within the community both from a problem perspective and a strength or asset based perspective, so a feel for the overall profile of the

community. Secondly within that an understanding of the dynamics and politics of the community, who are the key movers and shakers or leaders and what are some of the key issues which are on the agenda for the community both formally and just what people are concerned about. I guess that's an important starting point because it means the program has a good understanding of the community that they are hopefully forming a partnership with and so not necessarily coming in as new kids on the block, and uninformed about those issues" Anthony (August, 2002)

Acquiring this knowledge about a community is not easy whether you are embedded in the community or external to the community. This was the case for the community in which CFK was situated, and it was observed that community members had different perceptions of the community in which they lived and/or worked. The following section explores the community from an external position as well as from data gathered during interviews with CFK members and stakeholders.

As was reported earlier, the community in which CFK was implemented was not a disadvantaged community. At the time that CFK commenced, the community had lower than the state-wide average unemployment and higher than state-wide average home ownership. However, other potential risk factors, such as a lack of a comprehensive public transport system and pockets of high mobility, were present within the community.

In their 2005 report, 'Indicators of community strength at the Local Government level in Victoria', the Victorian Government Department for Communities reported (using data collected between 2001 and 2004) that the Shire of Murrindindi was above the state average on 12 of the 15 indicators of community strength (Victorian Government Department for Victorian Communities, 2005). The three exceptions were: 'ability to get help from friends, family or neighbors when needed'; 'parental involvement in school'; and 'participation in organized sport'. Although participants from the Shire of Murrindindi were below the state average on the first two variables, the difference was minimal, 84.1% compared to 86.7%, and 60.6% compared to 64.8%, respectively. The final variable was not recorded for the Shire of Murrindindi.

Similar results were seen in the community survey of Alexandra, conducted by CFK and the CFK evaluation team in February, 2003. The purpose of this survey was to gain a 'snapshot' of the community. The 299 participants in the survey from the Alexandra region were found to participate in their community; have strong relationships; have a positive perception of their community; have a strong sense of community; be highly satisfied with their community; view their community as one with many opportunities; and have low levels of stress.

In March 2003, the CFK evaluation team completed a community mapping exercise in the town of Alexandra. This exercise revealed eight cafes, restaurants and takeaway food outlets; five solicitors and/or accountants; four hotels; three banks (one with an automatic teller machine); three churches; three real estate agents; three schools; three giftware shops; two pharmacies; a butcher, hairdresser, nursery, clothing shop, electrical contractor, photographic studio, coin launderette, ceramics outlet, green grocers, shoe shop, newsagents, computer shop, florist, library, and cinema. The Shire of Murrindindi council offices were also in Alexandra. There were four empty shops in the main street of Alexandra.

This information would indicate that in many ways Alexandra was a thriving community. However this did not seem to be reflected in a survey of secondary school students' feelings about themselves and their school, conducted in April 2000, by the Victorian State Government. This survey compared year seven to ten students in Victorian government secondary schools with Victorian means. The Alexandra Secondary College scored below the Victorian average on all six variables. Their scores were particularly low on the self-esteem and the motivation to learn variables, where they were below the 25th percentile. Within school comparisons revealed a sharp decline in connectedness to teachers and school and motivation to learn for year 10 students.

The results of this survey seemed to indicate an enormous gulf between the adult and the adolescent populations in the Alexandra community. This confirmed what Jody had become aware of in 1997, when her concern for the adolescents in the community had motivated her to write an intervention program. Jody's original ideas for an intervention had recognized that it was in

Years 9 and 10 that poor outcomes, such as early school leaving, were usually observed.

Jody's proposal for an intervention acknowledged her belief that there were indicators of these potential outcomes in younger student groups. Jody's thesis was that many of the precipitating factors could be observed in the final years of primary school and early years of secondary school, and that this was the ideal group to target for an intervention to prevent early school leaving. Jody further reflected that the culture of the Alexandra Secondary School was not supportive of students and that the school needed to make some changes that would increase students' feelings of connectedness.

"I just think the schools out here are so behind the eight ball in changing to fit it (current research by the Education Department), so I think they need help to change" Jody (May, 2003)

CFK's core program components focused on: preschool children; families with young children; and adolescents in Year 10 and higher. The two programs that were designed with the adolescent group in mind were the ARC and CYAP programs. The ARC program gave Year 10 students increased employment experience and training opportunities. These were facilitated by local business, in return for the students making a commitment, through the signing of a pledge not to seek unemployment benefits. The CYAP program sought to provide non-sporting workshops for young people. Jody felt that CFK would not be able to tackle the overriding problem of early school leaving through these programs as it was a change in the culture of Alexandra Secondary College that was needed and these programs did not address this.

"The other thing is, if we paddle around over here, the school's culture is still the same, I've still got kids that should be at school, who takes responsibility? No-one. We can have all these things, but ultimately I don't think we've changed a thing" Jody (May, 2003).

"The dole pledge is not going to change their culture, I know it's not" Jody (May, 2003).

There were also differences between community stakeholders' perceptions of the community and program staff members' perceptions. The Shire CEO stated that the community did not need a program like ARC and that there

needed to be more money spent on counseling for youth, as he believed that there was a youth suicide problem in the community. When this was raised with Daniel, he disagreed, stating that the youth suicide problem was in another part of the Shire. It was not possible to gain independent information on this issue; however, in the three years that the evaluators worked on the CFK program, there were two occasions where the suicide of a young person was brought to my attention. On one occasion an evaluation meeting was cancelled due to the recent suicide of a young person and on another occasion, a volunteer mentioned the effect of a young person's suicide on the community, during an interview.

“one of the girls that I work with, her brother just committed suicide last week, and I saw how it effected so many kids, there is nothing for them to do in town and I think if they've got someone to talk to” volunteer (March, 2003).

It is possible that Alexandra did not have a particular problem with suicide, however, the effects of a death, particularly of a young person, in a small town would likely be farther reaching than in a larger community. This might go some way towards explaining the variance in perceptions between Daniel and the CEO of the Shire of Murrindindi. Daniel had quite clear views of the community and was able to pinpoint a number of changes in the community that he believed had contributed to a clear need for an intervention like CFK.

“when I came back and started looking and analyzing at just where is this community in a sociological sense now and looked at what has created the change and the changes were privatization and the wind down of the SEC, and the wind down of state rivers, etcetera, and all those people that it took out and who have they been replaced by” Daniel (February, 2003)

7.2.2.2 Relationships between CFK Subsystems and the Community

Subsystems

The effective implementation of a community intervention is a function of the quality of the interaction between the intervention system and the existing community systems (Visser & Schoeman, 2004). The necessity of collaborating and developing relationships in the community was recognized by BSV at the proposal stage of the intervention. This was anticipated to occur through: information sharing; co-location of services in universal settings (such as

schools); and development of program components that involve collaboration with community organizations.

As can be seen in figure 7.2, the primary relationships between subsystems of CFK and subsystems of the community were developed around the CFK program components. CFK staff referred to these relationships with community subsystems as partnerships. Each intervention component utilized a working party with representatives from CFK and the community.

The following section explores four very different partnerships developed with prominent subsystems in the community. Though CFK staff sought to create and maintain relationships with each of these subsystems from the outset, there were varying degrees of success. The descriptions of the development of each of these partnerships is then used to explore the concept of partnerships; inhibiting factors; facilitating factors; and benefits that strong relationships with community subsystems have for a community intervention. An examination of the social system processes has been used to assist in understanding the differences between these partnerships and to go some way towards explaining their varying degrees of success.

7.2.2.2.1 *Alexandra Secondary College*

The relationship with Alexandra Secondary College commenced in the early stages of the intervention's development. The then project leader was a former teacher at Alexandra Secondary College and had many connections there. Minutes of evaluation meetings recorded during this period revealed a great deal of communication with the College about potential program components. In an interview conducted some two years later, the principal of Alexandra Secondary College revealed his interests in CFK when the intervention commenced in Alexandra.

"I thought it was going to be a great opportunity for the school to become more closely aligned with Berry Street. From a welfare point of view I thought that that would have very big advantages ... they could support our programs, they might be able to provide additional resources that we couldn't access in the past and provide opportunities for I guess developing the total community approach to education that we were looking for" Principal Alexandra Secondary College (August, 2003)

“I guess my primary focus was that I wanted to keep a handle on it myself as to what was happening within the community and I wanted to ensure that the vision of the school had dovetailed with the vision of what Berry Street had and the only way that could happen was through consultation” Principal Alexandra Secondary College (August, 2003)

During this period there was only one program implemented in conjunction with the school. The ‘Secondary School Alternative Program’ was designed to increase the school engagement of selected students at risk of early school leaving, by providing alternatives to the regular curriculum. CFK provided the funds for this program where six students, engaging in disruptive behavior at the school, were given the opportunity to attend a one and a half hour class every week which intended to assist their understanding of locus of control, self-efficacy and the importance of taking responsibility for their own behavior. This program component was facilitated by Barbara and anecdotal evidence given to Barbara by teachers was that a difference was noted in the students’ classroom behavior.

At the conclusion of the funded period for this program component, some discussion was had about the possibility of locating an alternative source of funding in order to continue the program. There is no record of events that transpired at this point, but the program did not continue. However a hand written note by Barbara in September, 2001, that stated “teachers’ report kids behavior has improved but they want them out of schools”, may provide some insight into Barbara’s belief about the school’s attitude.

Barbara resigned from CFK during this period. When Daniel replaced her he was clear on his thoughts about program components, such as the ‘Secondary School Alternative Program’ that were what he described as “reactive” programs, in that they met the needs of a small targeted group rather than the greater population. He felt that these programs required a great deal of resources and produced outcomes for a small number. Daniel was unmoved by the argument that change in the behavior of these children would result in fewer disruptions in the classroom and a more productive learning environment for all children would be created.

For reasons unknown, the partnership with Alexandra Secondary College floundered for some time after this. There was no evidence contained in the data that CFK made any endeavors to pursue a relationship with the school during the initial few months of Daniel's employment. However, some months later Daniel discovered a program that he was very enthusiastic about and wished to implement as part of the CFK intervention. The program was called 'The No Dole Pledge' and had been implemented in country towns in Victoria and Tasmania. It involved secondary students making a public pledge not to apply for unemployment benefits and local business and secondary schools making a commitment to assist students in achieving this through educational and employment support schemes. Daniel needed the support of Alexandra Secondary College and he described how he was able to use this program to connect and form a meaningful partnership with the school.

"in trying to get the ARC program under way first of all it was a matter of inviting the Principal to go over to Tassie and offering to pay and he jumped at that ... he's been on the (advisory) committee from word go, but he's only started coming now that he can see something tangible, after we'd been to Tassie" Daniel (February, 2003)

The principal reflected upon the development of the relationship between CFK and the secondary school and felt that Barbara had greatly assisted the process.

"Barbara has really driven a lot of the initial contact and built up a lot of level of trust and that trust has sustained the change and it's been terrific" Principal Alexandra Secondary College (August, 2003)

Despite what CFK viewed as a rocky start to the relationship with the secondary school, a valuable partnership, facilitated by the ARC working party, emerged. In June, 2003, the secondary school appointed a teacher as the ARC coordinator at the school and she was allocated four class periods per week to work on this program. They also offered Kerry a space at the school in which she could work on the ARC program.

"we've clearly got the strongest commitment now from the school for this really to happen and to happen in a very positive way" Daniel (May, 2003)

Unfortunately the commitment from the school, in terms of time and resources allocated to the ARC program, was short lived. The four period provision of time for the school teacher was reduced to three periods and then to two periods. There was a culture of resentment in the school and teachers were unhappy about being asked to work on the ARC program without compensation for their time. Daniel felt that these problems would resolve themselves as the program progressed, if the school was given time to catch up to CFK in relation to their “passion” for the program.

7.2.2.2.2 Local Primary Schools, Kindergartens and Play Groups

There was communication between CFK and the local primary schools from the outset and two program components, ‘The Marysville Program’ and ‘The Grade Six Girls Group’, were implemented in the first eight months of the program. Representatives from the local play group and primary schools and parents of young children were consistent attendees at the advisory committee meetings. These community groups appeared to be eager to have a relationship with CFK.

When the Grade Prep teachers at the local primary schools had concerns about the literacy levels of the children commencing school that year, they turned to CFK for support. A working party was created and the ELF-I program developed. CFK provided the resources, including two part-time sessional workers to work directly with identified children on improving their literacy skills and attempting to discover possible causes. Although their investigations revealed a myriad of seemingly unrelated reasons for the poor literacy levels in that year’s school intake, the issue of pre-school literacy levels became of interest to the working party.

As a result of this interest in pre-school aged literacy, Rhonda (ELF-I and ELF-II project worker) investigated available programs that would address this issue. She discovered a program called ‘Spread the Word’ which involved a whole of community approach to develop parent awareness for the need to communicate with their children, through songs and books, from the earliest possible age. The working party adapted this program to suit their local community and named it Early Learning is Fun – II (ELF-II). The working party

continued to be engaged with this project for the remainder of CFK's pilot period.

7.2.2.2.3 *Murrindindi Shire*

The relationship with Murrindindi Shire was troubled from the outset. The first problem emerged with the project funding being awarded to BSV. As previously mentioned, Jody, the creator of the concept of an early intervention program in the Shire of Murrindindi was employed by BSV, but worked out of the Shire of Murrindindi offices as BSV did not have an office in the Shire. It was deemed that Jody's proposal for a project in the area was the intellectual property of BSV and not the Shire of Murrindindi. The manager of Community Projects at the Shire was extremely disappointed with this outcome and discontinued her friendship with Jody, while at the same time becoming the Shire's gate keeper and effectively blocking CFK wherever possible. This was noted in the CFK project proposal (Berry Street Victoria, 2000, October, p.15) "we have experienced some difficulties with the Coordinator of Community Services around intellectual property and her working relationship with our Youth and Family Mediation Worker. We have endeavored to resolve these but feel we need to acknowledge that this has brought some tension to the process of proposal development".

This issue was never fully resolved, but eventually, Daniel managed to bypass the person in question and meet with the Shire CEO directly. He described how he used the small town networks to accomplish this.

"this is small country town connections, the teacher that went to Launceston with us, her husband is the Shire secretary so after I'd had the trip to Launceston ... I gained some credibility, she went home, a bit of pillow talk, within a fortnight I rang him just to say listen, and ... we knew each other and I said it's about time that we sit down and ... he really knew what we were on about and so I used that opportunity of gaining the credibility ... I had and he was up to see me within two days and we spent three hours ... there had been some previous issues with the Shire with the previous staff etcetera it wasn't necessarily really a terribly healthy relationship and I didn't want to have to work from the bottom up and work through in particular the person who had ... our whole relationship with the Shire has just become so positive, now you can't plan those, you've just got to be aware of them in your own mind and as soon as

the opportunity comes up you've got to take advantage"
Daniel (February, 2003)

7.2.2.2.4 Local Welfare Organizations (GVFC)

There was initial consultation with the local welfare organizations during the planning and development stages of CFK. A parent support program that involved the use of volunteers to support local families had always been envisaged for CFK. However, the relationship between CFK and other welfare organizations in the community was quite different to those discussed above, in that it tended to be an information-sharing relationship rather than a collaborative venture to implement a program component. There were a number of reasons for this.

The family support/home visiting program implemented by CFK was one of a number of programs in the area with a focus on supporting parents and/or families. However each program seemed to support families at different levels of need. Further, the programs each had their base location in different areas of the community. As the Shire of Murrindindi was geographically a physically large space, and many of the programs had a mandate to cover this area as well as other areas, many families were not supported due to lack of resources and time. CFK's family support and home visiting programs, met the needs of many families who might otherwise have been neglected.

"In many ways we're it (the only available service), that's one of the issues that the community's having to work through" Daniel (February, 2003)

"We are aware of the lack of services in the area and that was one of the reasons we set up (here) ... but perhaps we weren't as aware of the degree of need in the community, and how we (would) service that need ... what we've failed to do is to have an understanding of the impact of all the other things, poor housing and no transport etc were recognized, but I don't think we took it into consideration enough the impact that that has on families. What happens as a result is that we are involved with a family because of an issue with one of the children, but all these other things come into the picture, so we are asked for emergency relief, we are asked for transport. So it gets really murky around is this really a role for CFK or is it really outside our guidelines, if we don't do it we run the risk of not addressing the needs of the whole person and if we do it then it deflects from all the time and effort we have to spend

on other people in the area and the other thing is we don't really have the resources." Deidre (February, 2003)

"each of these different agencies ... they're all flat chat ... to keep it coordinated ... I just don't see that there's the, I guess there's the desire to do it, but whether there's the actual ability to do it" Principal of Alexandra Secondary College (August, 2003)

The manager of GVFC, an organization that provided assistance to families in the area, described the benefits of having the CFK's parenting support and home visiting programs in the Shire.

"we've been able to close out a little bit earlier with some of our families knowing that there is still those community linkages happening, so for us it's been like another arm, you know the more intensive work is done and sometimes we'd stay in for a few more weeks just to support mum while she gets that little bit stronger and connects in a bit more" GVFC

The reactive nature of the parent support/home visiting program contributed to a great deal of the tension between Daniel and Meredith. Daniel felt that this program did not comply with community development principles and was time and resource intensive. He felt that it was the responsibility of the other services in the area to support the families that CFK was assisting. Meredith was passionate about the program component that she coordinated and saw it as vital to the community, as it met the immediate needs of families in the area, and in this way helped in building community.

The issue of the home-visiting program being too reactive and not in line with the CFK's proactive direction was often raised in evaluation meetings, emails and phone calls. In the program's final year of funding Daniel's anxieties about the sustainability of individual programs began to soar, once funding was withdrawn from CFK. The program that seemed most difficult to sustain was the home visiting program and this caused Daniel much angst.

Tensions began to increase in the CFK office. In my capacity as evaluator I had phone calls from both Daniel and Meredith, two days apart. Meredith wanted my support for the continuation of the home visiting program and Daniel wanted me to bring up the issue of the relationship between the cost and the benefit of

the home visiting program. The evaluation team decided that an appropriate topic for the next evaluation reflection meeting would be the home visiting program.

During this meeting the strengths, potential weaknesses and questions about the sustainability of the home visiting program were discussed. There were a number of strengths and weaknesses with the program. The first issue was a financial one. The cost of the program was very high, and it benefited only a few. In view of this, the program's sustainability was questionable as it was going to be difficult to raise the necessary funds to run the program. The second dilemma was in some ways related to the first, in that there were a number of other service providers who were funded by the Government to provide services to meet this need in the community.

*“in some ways we have to look at it that way (cost benefit analysis) because we've got to say if we're going to look at sustainability where are we going to get the money from and how do we justify it when other areas are being funded ... how do we set a niche separate from the other services”
Daniel (May, 2003)*

The dilemma for both Meredith and the agencies funded to service the community was that the physical size of the area was so large it was virtually impossible for these agencies to meet the needs within the community. The benefit of CFK was that it was available to families that were unable to access other services that were actually funded to provide a service in the area. The location of the shop front addressed the issue of the lack of transportation in the area. However, there was also concern that the shop front might have been creating a dependency in the community that could not be fulfilled if CFK did not receive further funding.

Potential solutions to this problem were also discussed. One option was for the funded service providers to contribute to the cost and the maintenance of the shop front and use the CFK premises to assist with this service delivery in the area. Two problems with this solution were immediately obvious. The first was the distances needed to be covered by agency who were based in different communities. The other problem was that each of the agencies offered a slightly different approach to the provision of these services. There were at least four family support home visiting programs and each had different limits on: visiting

time; number of visits; intensity of support; and levels of volunteer training. To overcome these problems there were further issues that needed to be addressed.

Like all agencies these agencies had to produce budgets for each financial year. It seemed logical to discuss these issues and possibilities with these agencies before they put their budgets in for the next financial year (only two months away) enabling them to include requirements in the budget. It was suggested that a forum be held with these groups to discuss these issues. However Deidre was very reluctant to initiate discussions with any of these agencies before BSV and CFK knew what position they would be in regarding future funding. She was concerned that the agencies would feel that CFK had created a dependency in the community that they were not going to satisfy. A further problem at this stage (May, 2003) was that even if CFK received further funding they could not accommodate any other agencies in their office as the space was already over-utilized.

“I’ve got a question mark there, I agree we’ve got to do this, I think we just need to be a bit careful, there is another scenario that we haven’t talked about, and I don’t know how likely this is, but if we do get funding, and as much as we’d like to know now, we’re not going to get that answer ... there’s a hesitancy I suppose that I’ve got of not putting it in black and white, we’re certainly not going to tell the community that we’re likely to have the money, because they need to think that we’re moving out, and we need to be working as if we’re moving out, but I also don’t want to set up a situation where we’ve told these other agencies, you work out how you’re going to step in to fill our shoes, and then have to turn around and say oh well in fact we’ve got money so we’re staying here” Deidre (May, 2003)

Eventually an extraordinary meeting was held in September of that year and services agreed to meet on a regular basis to monitor the needs of the area. Many of the organizations also expressed an interest in the use of the CFK premises. There was an initial commitment from both GVFC and the Shire of Murrindindi to contribute to the costs related to the premises, however this was later rescinded.

There are a number of possibilities for the lack of development of a collaborative partnership between CFK and other welfare agencies. One possibility might be Daniel’s reticence to view the parent support/home visiting

program component as a worthwhile investment for CFK, and his belief that the responsibility to meet this need in the community was that of the other agencies in the area rather than CFK. Another possibility might be that Meredith's passion for her program and Deidre's desire for CFK to continue receiving funding for program implementation made it difficult for them to allow agencies, who might later compete for funding, the opportunity to be involved in the program. It is highly likely that CFK's attitudes were unintentionally communicated to the agencies in the area. Agencies may have feared that they would not be supported by CFK.

7.3 Summary

The subsystems within CFK were composed of individual or small groups of staff members. The hierarchical organization of CFK meant that Daniel was involved in each subsystem, either through supervision or through membership of the small group. Daniel's powers of decision making and allocation of resources were sanctioned by BSV. In many ways this stifled the other staff members as Daniel tended to be autocratic in his decision making. Nevertheless, some staff members developed their own methods for overcoming this problem.

A cohesive group, which offered support to other members, was formed by those lacking in power. There were vast differences in the strengths, knowledge, and personal qualities of individuals, and the implementation of CFK program components benefited from this. Conversely, the many tensions and conflicts that existed throughout this case study had the effect of distracting individuals from the task at hand, though this abated somewhat towards the end of the funded period.

The implementation of CFK required interactions between CFK subsystems and existing community subsystems. This proceeded as a function of the implementation of program components, with varying success. The partnerships that CFK developed with the local primary schools and pre-school services remained strong. This is likely to be because CFK responded to their initial requests for assistance with early literacy. The relationships with Alexandra Secondary College and Murrindindi Shire Council had some conflict, many false starts, and dwindling commitment to CFK's goals. Finally there was

little more than information sharing between CFK and local welfare agencies which was likely a result of physical distance and some reluctance on the part of CFK to partner with other agencies in the service provision for families.

CHAPTER 8

A COMBINED SYSTEMS AND ECOLOGICAL APPROACH

8.1 An Ecological Approach

As discussed in chapter 2, an ecological approach to prevention interventions has been widely recommended. Goodman (2000) offers a model of community intervention implementation, based on the principles of social ecology. In this model the components of the program are implemented across the individual, interpersonal, organization, community, and macro-policy ecological levels. The initial, mediating, modifying and outcome conditions are articulated for each level. While this model is useful in the design of community interventions and implementation strategies, it does not take into account the people implementing the intervention. However, ecological theory, combined with a systems perspective, can be helpful in understanding those who implement community interventions, as well as those who are recipients of the intervention.

Ecological theory can be considered a derivative of systems theory (Bogenschneider, 1996). Just as systems theory views individuals as embedded within larger systems and acknowledges the importance of context so too does ecological theory (Visser & Schoeman, 2004). While the systems perspective offers an understanding of how change occurs and is facilitated, an ecological approach allows an understanding of the individual members of the system within the context of the many levels and systems of their environment (Visser & Schoeman, 2004).

8.1.1 The Multiple Ecological Levels of a Community Intervention

The importance of an ecological approach to the design and implementation of a community intervention is well established (Goodman, Wandersman, Chinman, Imm, & Morrissey, 1996). While, it has mainly been used to understand the community and to design strategies that will intervene at all ecological levels, it can also be used to understand the intervention itself and the people within it. Indeed, Choi (2003) has called for research into implementation processes that takes into account the multilevel nature of community interventions.

Community interventions have multiple levels (Price, 2003). Just as the recipients of community interventions are nested within the ecological levels of society, community, and family, so too are those who implement the interventions. An ecological view of community interventions and the people who implement them, would take into account the human element of interventions and assist in understanding the interactions involved in implementation.

Price (2003) points out that it is important to understand that prevention programs are multilevel systems, and that program implementation occurs within a multilevel context. The implementation of community interventions is a multilevel process. They are implemented by individuals embedded in systems, such as organizations and institutions, within the community. They seek enhanced wellbeing for individuals and groups as well as broad community change (Choi, 2003).

Kallestad and Olweus (2003) used a multilevel approach to examine the implementation of a bullying program in a school setting. This research revealed a number of teacher-level and school-level factors related to implementation. Results of this study revealed that teachers' perceptions of themselves, the program and the need for the program impacted on the intervention's outcomes. The climate of the school in terms of its openness to communication and attitude towards change were also predictive of intervention outcomes.

Visser and Schoeman (2004) identified obstacles to the implementation of a community intervention, seeking to reduce the risk of HIV infection. This intervention was implemented within a school and implementation barriers were noted at each level of the system. At the individual/teacher level, barriers included lack of motivation; lack of understanding of the severity of the problem; and poor relationships with program recipients (students). These problems led to teachers not wanting to be involved in the program. This was further complicated by the barriers at the organizational/school level, which included lack of resources, in the form of classroom time and availability of teachers; lack of support for the teachers; and lack of promotion of program implementation. Finally at the policy level the main barrier to the program implementation was its low priority within the Department of Education. The Department implemented

other programs and changes within the schools in the same time period, leaving the schools with less time, resources, energy and motivation to implement the HIV prevention program.

8.1.2 Understanding Community Change

Community interventions seek to change the community in which they are implemented. Attempts to change behaviors must consider the social and cultural context in which the behavior occurs (Goodman, 2000). However, it is not enough for an external consultant to take these factors into consideration while attempting to promote change. As has been articulated in previous chapters, a system, such as a community, is autonomous and its reaction to external stimulation is dependent upon its internal processes. Therefore the impetus for change must come from within the system (Visser & Schoeman, 2004).

Dynamic homeostasis, a characteristic common to all systems, is the system's attempt to maintain stability and preserve its character. A system is compelled to resist change even if change is necessary, because of dynamic homeostasis (Hanna, 1997). A community, as a system, must recognize a gap between the current situation and the desired position for it to mobilize and work towards change. If a community intervention is to facilitate change within the community, it must be accepted by the community as a part of the system (Visser & Schoeman, 2004).

For a community intervention to become a part of the community there needs to be an understanding of the social factors within the community such as community norms, and the structure of community services (Goodman, 2000). Once a community intervention is embedded in the community system it can assist community members to reach the desired state and work towards change (Visser & Schoeman, 2004).

It is through a combination of ecological and systems theories that community change can be understood. Ecological theory offers the use of ecological levels to understand the social and cultural context in which a particular behavior occurs. Systems theory complements and adds to this by including an understanding of the community as a system, its internal components, its reaction to its environment and dynamic homeostasis.

8.2 A Combined Systems and Ecological Approach

A combined systems and ecological approach to the examination of community interventions has previously been utilized by researchers in this field. Fine (1985) recognized the importance of a systems-ecological perspective of child behavior in a school setting. More recently Visser and Schoeman (2004) used social ecological theory, systems theory, and a social constructional approach to examine the implementation of a community intervention for the prevention of HIV/AIDS.

An ecological approach complements an open systems approach as it highlights the importance of context (Kingry-Westergaard & Kelly, 1990) just as open systems theory emphasizes the system's environment (Hanna, 1997). This emphasis on context/environment assists in the design and implementation of community interventions as it encourages interventionists to understand the context of the setting in which the intervention will be implemented. It has been widely recognized that each community has its own unique contextual features that will inhibit or facilitate intervention implementation (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000). A systems-ecological approach to the implementation of community interventions can assist in the examination of these contextual features.

An ecological perspective seeks to examine the relationships and transactions between the people and the system as well as between systems. An understanding of the interrelationships between the structures and processes within social systems is helpful in the understanding of community interventions. The two distinguishing features of the ecological perspective are that the analysis focuses on the transactions between people and systems while viewing the system as a whole. It can enhance understanding of the structures and processes influencing both people and the social systems of which they are a part (Kelly, Ryan, Altman, & Stelzner, 2000).

8.2.1 *The Structures and Processes of a Social System*

A social system consists of events rather than physical elements and its structure is contained in its functioning (Katz & Kahn, 1966). An interest in the individuals within the implementing system as well as the system itself makes

the structures and processes of the social system, or in this case the community intervention, of particular importance. The system's structures provide individuals with the framework in which they interact with others within the system, by providing the setting and the opportunities for the interactions. While the processes are the interactions and interrelationships of those within the system and include the interactions with the external environment (Kelly, Ryan, Altman, & Stelzner, 2000).

8.2.1.1 *Social System Structures*

Kelly, Ryan, Altman, and Stelzner (2000) proposed an ecological view of social systems that could be used in the design of preventive interventions. They highlighted four concepts that define the system's structures and four concepts that define the system's processes. Social system structures are not static, they are dynamic and transactional (Katz & Kahn, 1966). A structure of a system describes the 'what' of the system and can be defined by four concepts: personal resource potentials; social system resources; social settings; and system boundaries.

Personal resource potentials refer to the opportunities within the framework of the system for individuals to express personal qualities and/or attributes that impact upon others in the social system. Personal resource potentials lead to the development of social ties between and among individuals in the social system. Social ties in turn create resource opportunities and increase the effectiveness of the system. A system with norms, values and roles that accept and promote these social ties and the expression of these qualities is considered to be high in personal resource potential (Kelly, Ryan, Altman, & Stelzner, 2000).

The promotion of social competence of individuals in the social system is also a feature of *social system resources*, however it is groups, procedures or events which promote social competence rather than other members of the system. Members of the system experience a feeling of integration and belonging when a social system is high in social system resources. Social relationships with other social systems are also greatly improved when a social system is high in social resources (Kelly, Ryan, Altman, & Stelzner, 2000).

Social settings are the specific informal and formal settings where the opportunities for the creation of personal resources and social system resources are provided. The provision of a space in which members can share experiences and develop social ties, increases the sense of community within the system (Kelly, Ryan, Altman, & Stelzner, 2000).

The relationships between the many different social systems, that is, the formal and informal interaction and communication between them, are known as *system boundaries*. A system in which it is simple for individuals to establish reciprocal relationships with individuals outside of the system, is considered to have quite permeable boundaries, which creates opportunities for the creation of personal and social system resources (Kelly, Ryan, Altman, & Stelzner, 2000).

8.2.1.2 *Social system processes*

The system's values and norms are expressed via the system's processes. They also demonstrate the system's response to entropy. The system's processes describe the 'how' of the system and can be defined by the following four concepts: reciprocity; networking; boundary spanning; and adaptation.

Reciprocity refers to the way reciprocal relationships are defined and valued by members of the system. These give and take relationships have the potential to modify or expand member's roles within the system. The advancement of reciprocity as a system norm has the potential to increase social and personal system resources, which in turn increases the sense of community within the system. Reciprocal relationships may need to be encouraged by the system through the development of social settings that promote mutual exchange between its members (Kelly, Ryan, Altman, & Stelzner, 2000).

The specific steps that system members take to become acquainted and connected with other members of the system and outside the system is referred to as *networking*. It is the establishment of communication and contact with others, which may in turn lead to a deeper and more committed reciprocal relationship. Networking allows new resources, or resources previously not recognized, to be identified (Kelly, Ryan, Altman, & Stelzner, 2000).

The establishment of relationships with members of other systems, for the purpose of exchanging resources is known as *boundary spanning*. Boundary

spanning differs from networking in that the exchanges are sanctioned and supported by the social norms of both systems and is acknowledged as benefiting both systems (Kelly, Ryan, Altman, & Stelzner, 2000).

Participants' responses to demands from the system and from the environment are considered to be *adaptation*. They may vary between social systems and individuals and may take the form of reciprocity, networking and/or boundary spanning. In this process the participant actively influences the system's structure and processes and maintains their own distinctive qualities while developing new qualities (Kelly, Ryan, Altman, & Stelzner, 2000).

8.2.1.3 The Relationship between Structures and Processes

As with all elements of a system, the structures and processes explained above are interconnected. The relationships and interdependencies of many of the structures and processes are apparent in the above descriptions. The social settings, and system boundaries, which are structures of the system, provide the opportunities for the creation of the other two structures, personal resources and social system resources. Similarly the system's process of reciprocity has the potential to increase the personal and social system resources. The permeability of the system's boundaries has an obvious impact on the networking and boundary spanning processes. Finally the processes of reciprocity, networking and boundary spanning may all be a response to demands from the system and therefore part of the adaptation process (Kelly, Ryan, Altman, & Stelzner, 2000).

A balance between structures and processes is needed if a system is going to survive and be effective. For example, excessive structure may be constraining, resulting in a reduction in the opportunities for personal resources to contribute to the system. However, a system with insufficient structures may not be able to facilitate the system's processes (Kelly, Ryan, Altman, & Stelzner, 2000).

8.2.2 The Role of Structures and Processes in Understanding the Implementation of Community Interventions

The eight structures and processes articulated above are important to consider in the design of a community intervention as they have the potential to enhance the implementation of the intervention. Kelly, Ryan, Altman and

Stelzner (2000) present a number of operational concepts that enhance understanding of the ecology of social systems. These are values, norms, roles, negative entropy, entry, socialization, and development.

8.2.2.1 *Values, Norms and Roles*

Values, norms, and roles are interrelated (Katz & Kahn, 1966). Behavior within a system is justified by the system's *values* which are based on the principles and philosophy of the system. The system's *norms* are the translation of these values into expectations of individuals' behavior within the system, and the particular behaviors related to specific positions in the system are the *roles*. They impact upon the system and the people within it and have the potential to change the system's structures and processes. It has been recommended that an examination of the values, norms and roles of a system will increase understanding of the system's structures and processes (Kelly, Ryan, Altman, & Stelzner, 2000).

A system's values can affect the selection of staff; establish patterns of social interaction; and shape goals and practices. The communication of personal resources and social system resources and the potential for social settings to become system resources, is influenced by the expression of the system's values (Kelly, Ryan, Altman, & Stelzner, 2000).

The system's norms help provide individuals with a framework for behaviors that would be considered appropriate and acceptable. Social regulation within the system is created by the system's norms. The processes of reciprocity, networking, and boundary spanning may or may not be considered norms of the system (Kelly, Ryan, Altman, & Stelzner, 2000).

The functional interdependence of the system's roles binds individuals together resulting in a degree of integration within the system (Katz & Kahn, 1966). They are not always explicit. For the most part employees roles will be clearly expressed, but volunteers might find that they are not always sure of their roles within the system. They will seek information regarding their roles from others in the system. The information that the volunteer receives and the method by which it is conveyed can impact upon the contribution that they might make

to the system as a personal resource or boundary spanner (Kelly, Ryan, Altman, & Stelzner, 2000).

8.2.2.2 *Negative Entropy*

As explained earlier, negative entropy is the system's attempts to hinder the entropic process. Additional energy is imported from the environment to address the lack of available energy which results from entropy. Maintaining negative entropy is vital to the system's survival. The entropic process is characterized by decreased interactions between the system's components. Kelly, Ryan, Altman and Stelzner (2000) note that the interdependence of system structures and processes is essential to the system's maintenance of negative entropy.

To maintain negative entropy a system needs to import more energy than it needs from its environment. A system's structures and processes can support the maintenance of negative entropy. For a community intervention, structures and processes that encourage the importation of energy in the form of community participation would maintain negative entropy.

8.2.2.3 *Entry, Socialization, and Development*

The processes of entry, socialization, and development are essential to the system's on-going functioning. The *entry* process refers to the manner by which new comers enter the system. Entry is facilitated by formal and informal structures such as introductions, interviews, and invitations. Individuals may enter a system that is not welcoming, but are unlikely to perform at their best in this setting. A lot can be learned about the system's norms and boundary permeability by examining which individuals are excluded from the system (Kelly, Ryan, Altman, & Stelzner, 2000).

The process by which individuals that are new to the system, acquire the appropriate skills, knowledge, and dispositions that will allow them to be a contributing member of the system is called *socialization*. Structures and processes within the system that facilitate individuals' understanding of how their own personal resources will contribute to the social system resources and social settings of the system, will increase their socialization (Kelly, Ryan, Altman, & Stelzner, 2000).

The increase in a system's differentiation and hierarchic integration is referred to as *development*. As systems become larger and more complex there is a tendency for individuals within them to become isolated and find it difficult to access social system resources. However, it is possible for a system to become more complex and larger and still maintain a supportive environment for the system members. It is important for systems to develop individuals' personal resources, and social system resources alongside the development of the system. In this way individuals' sense of belonging and sense of community is maximized and the risk of individuals experiencing 'burnout' is minimized (Kelly, Ryan, Altman, & Stelzner, 2000).

8.3 CFK Structures and Processes within the System

The framework for individuals' interactions is provided by the social systems structures. These structures, in the form of personal resource potentials; social system resources; social settings; and system boundaries, make a unique contribution to the experiences of those within the social system, as they provide the setting and the opportunities for individuals to interact within the system (Kelly, Ryan, Altman, & Stelzner, 2000). The system's processes are the specific actions of the system that utilize the structures. Reciprocity, networking, boundary spanning, and adaptation illustrate how the interactions occur within the system (Kelly, Ryan, Altman, & Stelzner, 2000).

Of these eight concepts of structure and process, personal resource potentials, social system resources, and social settings, all apply to the interactions between the members of the system. System boundaries and boundary spanning apply to the interactions between the system and other systems, and reciprocity and networking apply to the interactions both within the system and between the system and other systems. An understanding of the structures and processes that applied to the interactions between the members of the system assists with our understanding of the interactions of the CFK subsystems, and they are explored in the following section.

It is difficult to be aware of a system's structures and processes if you are not part of the system. My participant observations offered me the opportunity to observe the many structures, particularly those related to meetings and

interactions with external agents, which existed within CFK. I was also able to observe the interactions between the members of CFK, as discussed in the previous chapter. However, it was the interview with the receptionist Rowena, which provided the greatest insight into CFK structures and their impact on members of the system.

A system's structures can be formal, written in documents as rules and observed by those within the system. However, it is the informal structures that are part of the system's culture and norms, which exert a great deal of pressure on members of the system. As previously explained, CFK's hierarchical structure meant that Daniel was in a position of great power within the CFK system. Although he reported to Deidre, he was in a position to act as gate keeper to Deidre, leaving CFK staff with a single avenue through which they could pursue an idea, query or request, which was ultimately through him. This gave Daniel enormous power over the CFK structures.

“if Daniel's chairing it, or Daniel's there but Deidre's not, he'll go 'oh Deidre said no to this' or 'no it's not going to happen' without an explanation” Rowena (June, 2003)

The structural variables, personal resource potentials and social system resources, assist in the promotion of individuals' competence. Personal resource potential refers to the opportunities, provided by the system and those in the system, for individuals to fully express their personal qualities and skills that would be beneficial to the system. Whereas social system resources promote individual competence through events and procedures rather than other people within the system (Kelly, Ryan, Altman, & Stelzner, 2000).

There were a number of ways in which CFK's personal resource potentials and system resources were stifled by Daniel's management of the system. A prime example of the former was his interference with Rowena's desire to become a volunteer in the home visiting program.

Rowena had expressed an interest in becoming a volunteer with the CFK home visiting program and preparations were underway for her to take part in the volunteer training program. However, Daniel decided that it would be inappropriate for Rowena to be a volunteer as she was employed by Berry Street.

Whilst dual roles and conflict of interest are valid ethical concerns, the small populations in rural towns means that creative ways of tackling these issues must be found, as they frequently arise in small communities. Daniel made a further mistake in not discussing his decision directly with Rowena which may have allowed her to have some input into the decision.

“I actually wanted to be a volunteer, but Daniel said to Meredith that I shouldn’t be a volunteer” Rowena (June, 2003)

Daniel’s decision to stand in the way of Rowena’s desire to become a volunteer also hampered CFK’s efforts to network and interact with the community. Rowena had a spontaneous and nurturing personality and she was well known in the local community. She felt strongly committed to the work that CFK was doing and did not leave her CFK role at work, but took it out into the community when she was engaged in everyday community life.

*“... I’d like to be a volunteer. There was a girl here that just had a baby and she was actually in hospital while my mum was in hospital and I just went up and said oh I’m from Berry Street, and she knew me so I could go up and visit her, and she would have been the one that I would have been with, but yeah Meredith said ‘oh no Daniel’s saying that you shouldn’t be a volunteer’, so why?”
Rowena (June, 2003)*

Rowena offered two further examples of Daniel’s hindering her potential to be a personal resource for CFK. The first was Daniel’s attempt to stifle her cheerfulness. Rowena was a gregarious woman who would use humor to create a lighthearted tone to what might otherwise be dull and dry.

“we do staff meetings once a week, once a fortnight now, and like it’s fairly casual, it’s only the office like there’s not many of us, and Kerry happened to say ‘I’d just like to say I’m happy working for Berry Street’ and we all went ‘well we’re happy for you Kerry’ so I actually wrote that in (the minutes), just for a fun light thing, well Daniel came back the next day and said I’m too casual with my minutes and that was a double standard” Rowena (June, 2003)

Rowena also described Daniel’s tendency to shift the blame for mistakes that he made to those that were hierarchically below him. She recounted a recent experience where both Daniel and Deidre had emphasized the importance of

organizing the urgent delivery of a community guide to local households. The guide had been compiled 12 months earlier, but, for reasons unknown, had not been distributed. Rowena acknowledged the urgency and used her initiative to pay for the delivery using petty cash rather than requisitioning a check, which would have taken a minimum of two weeks. After the guides were delivered a number of complaints were made about the inclusion of a community member, as a particular contact, who had died eight months earlier. This was particularly embarrassing for CFK as the mother of the deceased woman was a member of the advisory group and CFK had been aware of the woman's death. Rather than accept responsibility for the mistake, Daniel chose to explain to prominent community members and CFK staff that it had been Rowena's fault as she had used petty cash, rather than requisitioning a check, which would have given them an extra two weeks to notice the error.

This kind of action had the potential to reduce the system's personal resources and system resources. It likely had the effect of reducing the extent to which system members would act in a thoughtful and efficient way that they perceived as beneficial to the system. They would have been more likely to seek clarification for everything that they did, which would have increased the time spent on all tasks. It was further likely to reduce participants' willingness to be creative in their solution seeking for the management of the system.

All of the CFK project workers had the potential to serve as personal resources for CFK. They were committed to their work and to the success of CFK and they were caring and responsive to the needs of others. Once again Daniel's interference made it difficult for them to act as personal resources as he warned them not to interact with other system members.

“when I first started and I was in the office by myself with Daniel, he basically said just stay away from Meredith, she's a bit out there and like he shouldn't have given me any comments at all, I should be able to make up my own mind, and it just happened all the time, each of us got a little statement like that” Rowena (June, 2003)

Nevertheless system members overcame this difficulty and were a great source of mutual support. They discussed their programs with each other, attended functions related to other worker's programs on their days of leave and

provided inspiration and ideas for each other. When in the company of the women of CFK there was a feeling of warmth and encouragement between them. They often spoke about the accomplishments of the other workers in a congratulatory fashion, offered assistance to each other and tolerated the difficulties of working in a difficult office space.

“I must admit it’s good Kerry and I are only there one day together, we share an office, I get more work done when she’s not there and probably vice-versa and when she’s on the phone she talks very loud, but then I probably talk very loud on the phone as well, and its harder to concentrate and there’s only one computer between us as well, but that’s generally fine, you know it’s give and take and we’re quite conscious of that and yeah, I think we are both quite considerate you know” Rhonda (ELF-II project worker)

“I feel I can be honest with people, I feel like everyone listens to everyone, I feel like everyone genuinely cares about everyone and you know there’s ups and downs of course, but I really feel like it’s a really good working relationship that I have with every single one of those people and personal relationship you know I would count them all as friends” Kerry (August, 2003)

“we are a real team, like on Friday when it was Rhonda’s reading day, everyone dropped what they were doing and supported her to help and do whatever needed to be done” Kerry (August, 2003)

As mentioned above, CFK staff members attended the functions of program components that they were not directly involved in. Certainly this practice was encouraged for the ELF-II, CYAP and ARC programs. The official launch of the ELF-II program was held on a Thursday evening. Interstate guests and politicians were invited along with the evaluators and all CFK staff members. A dinner was held prior to the event and all staff members and many of their partners attended.

Events such as this provided social settings for CFK. These are the informal and formal places and functions that afford an opportunity for members to feel a greater sense of community within the system and have the potential to create both personal resources and social system resources (Kelly, Ryan, Altman, & Stelzner, 2000). CFK provided many of these settings as did BSV. For many

of the program component events, such as the ELF-II reading day and CYAP fame or flop, staff members willingly dressed up and promoted the event.

Similarly the BSV staff Christmas party involved small groups, usually denoted by their program or region, to entertain the larger group through a performance. CFK staff seemed to gain enormous pleasure from this event as it was often the topic of conversation and the source of jocularities, in the CFK office both prior to and after the event. From my position as an outsider the warmth and humor generated by these interactions was infectious.

Another social setting that served as a place in which members were able to offer support was the group supervision forum. Devised as a way to tackle the supervision difficulties within CFK, largely caused by the many tensions between Daniel and other staff members, this developed into an opportunity to share ideas with other group members and contribute to all CFK program components.

“it is a really useful sharing of ideas and time and it’s a good teamwork time where we spend time thinking about each others’ projects as well as our own” Kerry (August 2003) speaking about CFK group supervision

The above examples and much of what was discussed in the group dynamics section of this chapter, illustrate the value of reciprocity in the interactions of the system members. Reciprocity seems to have been a social norm within CFK, particularly for those at the bottom of the hierarchy. That is, there were many examples of reciprocal relationships between Rhonda, Kerry, Rowena, and Meredith, however their relationships with Daniel and Deidre would not have been considered reciprocal.

Networking was perhaps more consistent within the relationships between all CFK system members. Members took the time to communicate and get to know each other. Networking has the ability not only to improve relationships amongst system members, but it can also lead to the identification of previously unknown personal and system resources. Networking has the further advantage of possibly leading to reciprocal relationships (Kelly, Ryan, Altman, & Stelzner, 2000).

8.4 CFK System Structures and Processes between the System and its Environment

This section examines the structures and processes occurring in the interactions between CFK subsystems and the subsystems of CFK's environment. The structural component of system boundaries and the process components of reciprocity, networking, boundary spanning and adaptation are the relevant components for this section. The earlier examination of the four partnerships developed and maintained by CFK with community groups, provides the opportunity to explore CFK's structures and processes in these relationships.

The permeability of the system's boundaries allows relationships, interaction, and communication, between two systems. The degree to which reciprocal relationships are formed with those outside the system is affected by the system boundaries (Kelly, Ryan, Altman, & Stelzner, 2000). CFK's boundaries seemed relatively permeable as many relationships developed between CFK members and those outside CFK. However the CFK system seemed more open to relationships with specific groups and individuals rather than the community at large.

Relationships between large organizations and high profile community members were encouraged, celebrated, and nurtured. During interviews and meetings with Daniel he referred to the "ten percent" of the community that he considered to be the "doers" and strongly advocated CFK developing and strengthening connections with them.

"probably ten percent are the people that are in there, the doers, that are involved in things, so it's then identifying who those ten percent are" Daniel (February, 2003)

The perception of some of the staff members was that Daniel did not like people who were not of a high status within the community.

"he doesn't seem to have respect for the people that he should be, that I think he should be having respect for, he will bend over backwards for the doctor, but the people who come in from the street I don't think he's very nice to" Mary (February, 2003)

"the first volunteer admin person ... was a largish girl and he wasn't interested in her at all ... at one stage they got

talking about where she lived and he worked out where she lived ... and who her parents were, oh his whole attitude changed 'cause they were important people, and she noticed it and she said that she was so offended by it ... any of those people that Meredith might see that really are struggling ... they almost piss him off" Jody (May, 2003)

Networking refers to the particular actions individuals take to communicate with others outside of the system (Kelly, Ryan, Altman, & Stelzner, 2000). Each member of CFK had their own methods of networking with others outside of the CFK system. Meredith and Rowena enjoyed being a part of the community and often talked of the connections they had made with community members and the pleasure they gained from engaging with these people outside of the CFK offices. Daniel was clear about how to make connections within the community and once these connections were made encouraging people to participate in the program.

"You've got to be a part of the community, you've got to make the contacts with that broad range of people and it's really walking and listening and keeping your ears open to what's effecting young people ... it's going through the local paper from end to end and picking up the names of whose involved with the youth precinct, whose involved with the football club, whose involved with the cricket club, whose playing squash, whose playing netball, and just getting that framework of names and people so that when you do happen to meet them in another setting, you're then able to follow up on issues" Daniel (February, 2003)

"when I'm ... speaking to them (people that he would like involved with the program) I'll go through the sort of range of activities that we are doing, but then put a special emphasis on where I think that they might, and just be able to gauge their interest, and if they're showing the interest then bang do some more, start pulling out some more information" Daniel (February, 2003)

Daniel claimed that relationships with ordinary community members clashed with his community development ideals. He believed that it was important that the staff and the name of the organization were not the focus of the program, and felt that relationships with regular community members would create an unwanted association between the staff member and/or the organization and the program component. Daniel insisted that Kerry's contact with the

students, who would be participants in the ARC program which she coordinated, be minimal. He thought that this was in keeping with the program's community development principles.

“it fits into my role (being available to students) but it's not designed necessarily as my role, I mean my role is still a project worker, so part of the project, again with all of the CFK projects is not to create a dependency and not to create myself as a key focus” Kerry (August, 2003)

“as far as I'm concerned, they're (community development principles) not worth anything if you can't walk it yourself, if you can't get out there and struggle knowing how do I engage people in this stuff, how do I connect, so I can help facilitate connections, if you can't do that yourself, then you've only got a bunch of theories and you're not going to know how to apply them, small communities it's face to face contact, time consuming, but that's what it is, if you're not credible in young people's eyes, it won't work” Jody (May, 2003)

Nevertheless, Kerry was able to make some contact with younger people at the secondary school as her period at the school increased. This developed over time and it is possible that CFK's boundaries became more permeable as the program became more embedded within the community. It is likely that as CFK became a subsystem of the community it was no longer able to operate as a closed system to any part of the community.

The concept of system boundaries and their impact on relationships between individuals from different systems, does not only apply to the system of focus, in this case CFK, but also applies to the systems that CFK was forming partnerships with. The partnerships that were most successful were the ones formed with systems that had permeable boundaries. For example the partnership formed for the ELF-II program with the local primary schools, kindergartens and play schools was a successful one. In this reciprocal relationship, personal and system resources were able to be shared between the two systems to create a program component that the greater part of the community could be involved in.

The permeability of these systems' boundaries was indicated by the degree to which they were willing to be involved with CFK from the outset. Also the ability for all of these systems, the many primary schools, the kindergarten and the playgroup, to work together shows a high degree of permeability. The

openness of these systems was likely due to them being services for young children, making it necessary for them to be open to the families of the children. That is it was highly likely that these systems had been operating as open systems with quite permeable boundaries for a very long time.

This degree of permeability was not seen in other organizations where attempts were made to enlist their participation in the ELF-II program. Rhonda tried very hard to engage the local library in supporting and contributing to the program. It might be assumed that the library would be an important stakeholder in a program focused on literacy, however, despite Rhonda's strident attempts, she was unable to connect with them.

"I thought the library would be very positive about the project, which they are ... I'd approached the library ... at the start of ELF-II ... and tried to get them on board, on to the working party, and oh, we're too busy, sounds great but we're too busy" Rhonda (April, 2003)

"I've organized for the playgroup to go there (the library) and have a session and have their session in the library, so the parents walk into the library and are in the library environment and ... they're so enthusiastic, they're so keen, oh thank you so much, how did you get Allison (the children's author), that's fantastic we've been trying to get her for years and whatever, but at this stage they're just not giving a bit and they're not even coming to the launch, none of them" Rhonda (April, 2003)

The Shire of Murrindindi had system boundaries that were also less permeable. The ease by which one system member was able to act as a gate keeper, not allowing interaction between the two systems would indicate a fairly closed system. Daniel was able to find a way around this problem, though the benefits of this relationship for CFK remained unclear, except perhaps they may have provided a possible source of funding for particular program components in the future.

The Alexandra Secondary College did not seem to be as open as the systems operating for younger children. This was not surprising as Australian secondary schools tend to be less open than their primary counterparts who welcome the involvement of students' family members. There were indications of the closed nature of this system in Jody's accounts of being unable to facilitate changes to the culture and attitude of the system. Further examples were that

Alexandra Secondary College not becoming involved with CFK until they could see the direct benefits to themselves. The quotes in the earlier section from the principal of the school also reflected their willingness to be involved as he believed that BSV “*could support our programs, they might be able to provide additional resources that we couldn’t access in the past.*”

Reciprocity, as the name suggests, refers to the degree of reciprocation in the relationships (Kelly, Ryan, Altman, & Stelzner, 2000). As mentioned above the partnership formed with the primary schools, kindergarten and play group had a high degree of reciprocity. This could be seen in their willingness to attend meetings, contribute information and ideas, and accept support from CFK. The result was a high functioning subsystem that emerged from two different systems to produce a sustainable program component.

The partnership with Alexandra Secondary College was one where there was little reciprocity. The school seemed to view CFK as a provider, as a group that would meet their needs, but they gave little in return. This may have been due to CFK’s strong desire to form a partnership with Alexandra Secondary College. This objective led Daniel to propose a trip to Tasmania, paid for by CFK, to examine a potential project for CFK and Alexandra Secondary College to implement. This enticement might well have facilitated the partnership between CFK and Alexandra Secondary College, but it may also have set a precedent for their future interactions.

Boundary spanning refers to the creation of roles within a system that have the capacity to encourage relationships and communication established between members of different systems. It differs from networking in that the roles are a formal sanction of the exchange of resources between systems (Kelly, Ryan, Altman, & Stelzner, 2000). The formation of the working parties and the appointment of specific workers to specific program components allowed CFK to optimize boundary spanning. This was particularly noticeable in the ELF-II program where the exchange of resources was beneficial to all systems involved.

Finally, adaptation refers to the action taken by system members to respond to the external and internal demands upon the system. This action that the system and its members take to adapt and respond to the demands placed upon them,

necessarily entails a degree of flexibility which allows the preservation of unique qualities while building new qualities (Kelly, Ryan, Altman, & Stelzner, 2000).

Possibly the best example of CFK's adaptation was the development of the working party structure. This was a direct response to internal and external demands placed upon the system. It was clear to all present that the advisory committee was not allowing the community participation that it had been designed to facilitate. The development of the working parties as a replacement for the advisory committee was an adaptation that managed to facilitate the input of community members.

Other examples of adaptation would include the establishment of new and different program components; the leasing of the adjoining building; and the sharing of their space with other agencies. These examples were adaptive, and did serve to preserve some of CFK's unique qualities, however they also had the effect of changing CFK's purpose. The original aim of CFK had been to address early school leaving, but these changes had led to much broader objectives.

8.5 Entropic Processes in the CFK System

There were at least two examples that were evidence of the natural entropic processes occurring within the CFK system. Examination of these processes and the reaction of staff members provides information about how the CFK system operated. The first is one that has been discussed many times already, the state of anxiety and disharmony that the group experienced during the final 12 months of the program. The second was the, so far unexplained, deceleration of the home visiting program.

The disharmony and instability experienced in the middle of 2003, with less than 12 months of funding left, was likely the staff's representation of their experience of entropic processes. The intervention was in the final stages of its existence and death, or entropy, seemed inevitable. Staff members' reactions to this were not productive action, but panic and unrest. Nevertheless their action was a successful attempt to maintain negative entropy and arrest the entropic processes. Kerry's abundance of energy and enthusiasm, Daniel's dread and talk of death, and Rhonda's lack of attendance at meetings had the effect of forcing Deidre to take action. Deidre addressed these issues through enlisting the

assistance of the evaluators as well as organizing a team building workshop. In effect this was, for the CFK system, the importing of more energy than it expended and thus effectively maintaining negative entropy.

“we were sick of Daniel saying ‘we are coming down to the last nine months’ ‘we’re going to die’ when Kerry was just starting, we are going to die, congratulations Kerry you’re born dead, and we were just sick of it like every meeting that we had ever been to you know it was the same spiel, like we know it’s going to happen we don’t have to talk about it all the time” Rowena (June, 2003) explaining the reasons for the team building workshop

The other possible example of entropic processes occurring during the same period was the loss of momentum in the recruiting of volunteers. Meredith had been hailed for her ability to recruit volunteers. Community members that originally came to CFK looking for some assistance were often persuaded by Meredith that, after they had received the assistance needed, they could help others in the community. However, after some time Meredith seemed to lose this ability and where there had been an abundance of volunteers, suddenly there was a lack.

Meredith’s loss of what had seemed to be a natural talent may have been due to her doubt about the future for the home visiting program. Meredith had good reason to feel pessimistic about the program component’s future, it was an expensive program and its continuance was not supported by either Daniel or Deidre. Once again the result of this experience was to attempt to import more energy than was needed from the external environment. This time it was the evaluators who were called upon to deliver. They were asked to research the area of volunteers and offer guidance to CFK as to appropriate expectations of volunteer numbers in rural towns.

The attempt to import this additional energy from the evaluators did not prove fruitful for CFK as the evaluators were not in a position to provide the energy that CFK required. It was around this time that there was a realization within CFK that the home visiting program had been operating in a style that was far more closed, particularly in their interactions with other subsystems of the community, than the other programs were. This awareness produced the

possibility of becoming a more open system and importing energy from external agencies.

“we had become everything to everybody and we then almost reached a point where we were excluding other services, so it became important for us to invite them in because they weren’t taking the initiative basically and so we’ve been better able to establish the hierarchy of other service providers to be providing a better service because the more Meredith did the less everyone else was doing so we had to say ... you’ve got to come in and provide the level of service that you’re funded to as well” Daniel (June, 2003)

“and that’s probably where we ...didn’t do enough work in the beginning, ... I was reading (the original proposal documents) and (they) ... had gone around to all those services, but we as workers didn’t actually go to those services and say how do we fit in and I think that’s actually how we made a mistake in not going to them first of all, because I honestly didn’t know what all of these services were and what they offered” Meredith (June, 2003)

8.6 Relationship between CFK and BSV

CFK staff members were much more guarded about providing information about their relationship with BSV than they were about information regarding the relationships between CFK and community subsystems. CFK had commenced as a subsystem of BSV, and barely a system in and of itself. There were initially only two dedicated CFK workers, who very much identified themselves as BSV workers and they were monitored very closely by BSV management. The relationship at this point in the program could be described as symbiotic.

Over time, however, CFK was able to become an independent system and identify as much with the community as with BSV. Additional workers were employed and relationships were formed with community subsystems. CFK continued to rely upon BSV for resources, supervision and support. BSV processes ensured that they held a gatekeeper position to the funding body. This made the relationship between CFK and BSV vital for CFK’s survival and made staff reluctant to discuss the relationship.

There was one difficulty that CFK staff did discuss, albeit reluctantly, and that was the association of CFK with the BSV name. Staff members expressed a desire for a community profile that was independent of BSV, but they were

unable to convince BSV of the importance of this. At one point Daniel spoke more openly about this issue than he had in the past. It was during an evaluation meeting around seven months before the end of the CFK program. Deidre happened to be absent from this meeting and Daniel was able to say things that he perhaps would not have said if she had been present. He spoke about the need for the auspice agency to remain in the background for this type of program. He also spoke of the particular problems of the connotations with the BSV name and assumptions that CFK would be “*about front line delivery.*” He also explained that “*there were monetary benefits as well as kudos for Berry Street to be connected with CFK*” and that Deidre’s position within BSV was dependent upon their receiving funding for programs like CFK and therefore it was also in her interest to see the CFK name associated with BSV. He asked for the evaluators to include the issue in their forthcoming report.

The difficulty was that not only did BSV decline to be separate from CFK, but it actually promoted their association. The building that the CFK program was implemented from had multiple BSV signs in the window, hanging above the door and around the office space. CFK staff were instructed that they must answer the phone saying “Berry Street Victoria” All official documents were printed on official BSV letter head. Program staff had email addresses with the suffix @berrystreet.org.au. It was likely that as BSV relied on funding from the government and from donations that they needed the program to be associated with their name because they needed to be marketing their agency. At times staff wondered if BSV were more concerned with their own profile than what was best for the program.

“it’s awful to say, but sometimes I think Berry Street want the points on the board ... they want things to be happening rather than, is it the best thing to be happening, is it meant to be happening” Meredith (December, 2002)

There was, however, an unexpected outcome from the relationship between CFK and BSV. As mentioned previously the main purpose of a community intervention, other than its own survival, is to produce a change in the community. CFK was no different to other community interventions in that this was its main purpose.

*“ELF is about everybody reading, it’s about changing a community attitude, ARC is about a whole community being involved it’s about changing a whole community attitude towards young people school leaving, going on the dole, employment opportunities and it’s about working with every kid at the school so that they have a pathway”
Daniel (June, 2003)*

Whilst it remains unclear whether CFK were able to produce the desired changes in the community, they were able to produce change within BSV. Daniel and Deidre claimed that BSV, an organization that had always been welfare oriented, had become very interested in implementing community development programs. They further stated that this change had altered BSV’s internal structures and processes. Daniel and Deidre attributed this change to BSV’s association with CFK. At this point Daniel was also able to concede that CFK had benefited from their association with a high profile organization like BSV.

“there really is a whole lot in those different profiles and how you use it and I’m sure at times we, there are times when I don’t want to use BSV, but by golly it’s very effective to use BSV because it has the credibility and the profile” Daniel (March, 2004)

*“we wouldn’t be here without BSV, because it was the foundation who approached ... because they knew about the organization, ... so it has to come from the name”
Deidre (March, 2004)*

8.7 Summary and Conclusions

There were many tensions in the CFK office and between CFK staff and members of the community subsystems. There was a great deal of dissatisfaction in Daniel’s leadership and to a certain extent Daniel inhibited the personal resource potentials of system members. Nevertheless, positive and meaningful connections developed between staff members within the system and between the system and its environment.

CFK moved from a symbiotic relationship with BSV to a more independent relationship that made it possible to become a part of the community in which it was implemented. Though not enough time had elapsed at the conclusion of data collection for community change to be observed, signs of the

potential for change were evident in the community's embracing of the ELF-II program component.

In order for change to occur, the community must desire change, rather than have change forced upon it. This means that if a community intervention is perceived as an external agent it will not be able to produce the desired change within the community. The community's acceptance of CFK as a subsystem bodes well for CFK's goal to change the community in the future.

The changes that were noted in BSV could be attributed to CFK being a subsystem of BSV. Indeed staff believed that it was a direct result of BSV's association with CFK. If this logic is extended it is possible for this change in BSV to stimulate change in the systems in which it is embedded, that is the set of similar agencies, and society. It is possible that over time Australia could see a shift in the orientation of traditional welfare agencies to encompass community development principles.

CHAPTER 9

SYNTHESIS OF FINDINGS AND DISCUSSION

9.1 A Brief Overview of the Case and some Post Implementation

Outcome Data

CFK was a community intervention designed to reduce early school leaving, and associated problems, in a Victorian rural community. The initiator of an early intervention in the area identified a number of family and individual variables that were antecedents of early school leaving. She further recognized the culture of the local high school as being major precipitating and perpetuating factor in this outcome.

A number of program components were implemented as part of a strategy to tackle the problem of early school leaving. These programs were aimed at different age groups and sectors of the community in an attempt to reduce risk factors for future generations of possible early school leavers, offer alternatives to those who may be at risk of leaving school early, and support families.

A focus on developing and strengthening partnerships within the community was also a major component of CFK and strong connections were made with relevant community organizations and groups. There was great variability in the ease with which these associations were formed and the degree of reciprocity within them.

The initial funded period was set for three years and CFK hoped to create sustainable program components in this time. Sustainability was not reached during the time available and BSV were provided with further funding to continue and extend their work. It was not possible to establish if broad community change was achieved as there was no data available, at the completion of the intervention's implementation, to provide evidence of community change.

Of particular interest was CFK's success in relation to its initial goal of reducing early school leaving. Whilst there was no data available at the conclusion of CFK's implementation, as a sufficient period of time had not elapsed in which to make this assessment, data relating to the retention rates of

Alexandra Secondary College, beyond CFK's implementation period, did provide some insight.

Alexandra Secondary College provided data relating to the school's enrolment (1993-2006), apparent retention rates (1996-2006), real retention rates (1997-2006) and exit destination (2003-2006) (see Appendix D). The real retention rates contribute information regarding CFK's success in achieving its goal of reducing early school leaving. These rates relate to cohorts of students, who enrolled in particular years, by providing a percentage of those still enrolled in subsequent years. For example, the number of students who were still enrolled in Year 10 (2003) and who initially enrolled in Year 7 (2000) divided by the number of Year 7 enrolments (2000). This figure expressed as a percentage provides a Year 10 retention rate for the school. These rates are considered to be a reflection of the school's ability to retain students.

The two figures below illustrate the real retention rates for Alexandra Secondary College from 1998 to 2006. Figure 9.1 shows the real retention rates for the cohorts of students enrolled in Year 7 at Alexandra Secondary College, in 1998 – 2003. This provides the opportunity to compare retention rates for cohorts of students who experienced the ARC program component and cohorts of students who did not. Figure 9.2 shows the real retention rates for each year level for the years 2000 through to 2006. This enables the examination of Alexandra Secondary College retention rates for years 10, 11 and 12, in the years prior to and during the implementation of CFK and ARC.

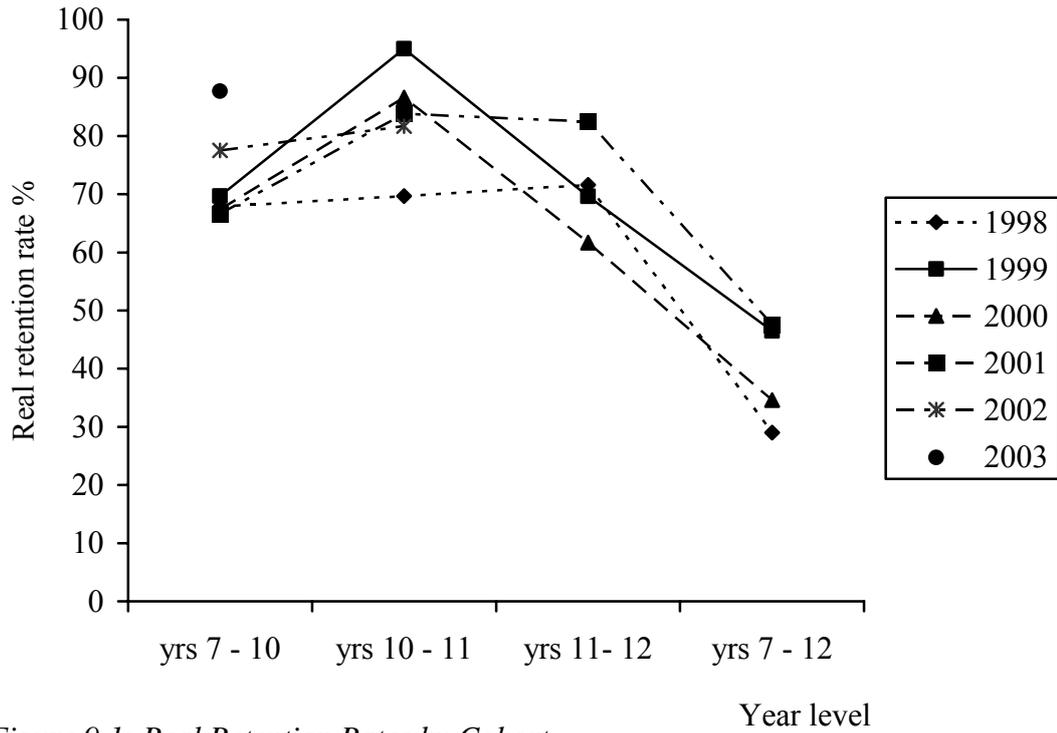


Figure 9.1: Real Retention Rates by Cohort

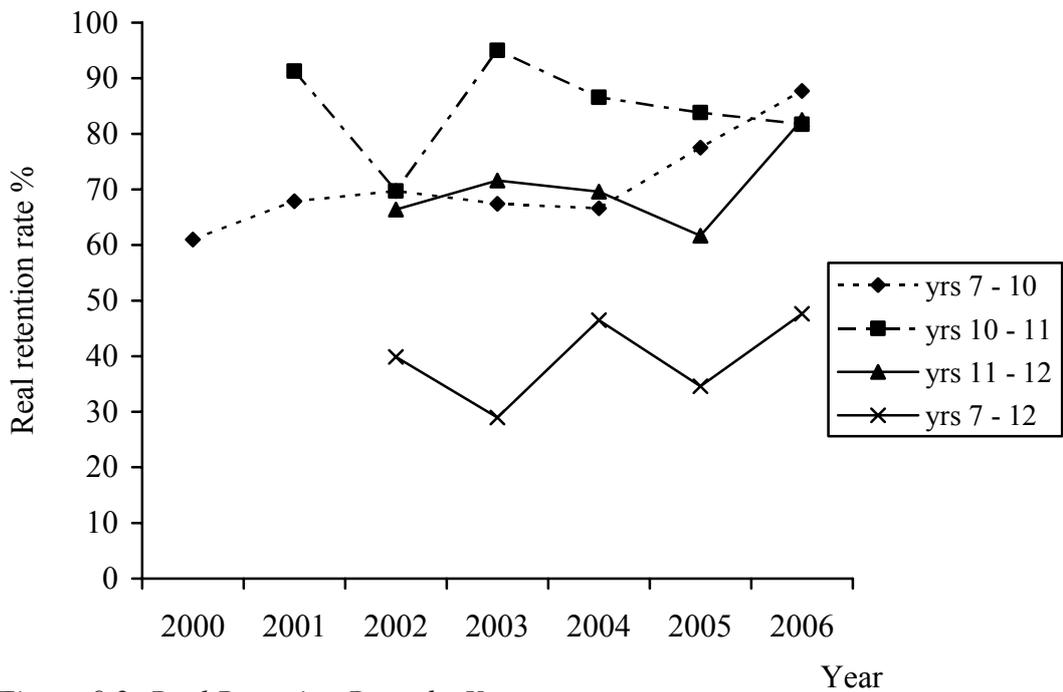


Figure 9.2: Real Retention Rates by Year

It is difficult to draw strong conclusions from this data as there are multiple variables which might impact upon school retention rates. For example, there was a change in the school's principal in 2006, the school's student welfare coordinator completed post graduate training in 2005 to assist her in meeting the

needs of the students, and the Victorian State Government contributed 1.848 million dollars to Alexandra Secondary College, in 2003, to improve education and training facilities. However these figures do provide some interesting information. Examination of the retention rates by cohort reveals that the retention rates for student cohorts enrolled at Alexandra Secondary College during the implementation of CFK (2001 – 2004), were better than for those enrolled prior to CFK's implementation. The second figure reveals the fluctuations of the retention rates in given years. It should be noted that an improved retention rate for Years 10 and 12, was observed in 2006. These students would have had the optimum experience of the ARC program, as implementation commenced in 2003 when these students were enrolled in Years 7 and 9 respectively.

9.2 Re-examining the Factors of Effective Implementation: Bridging the Gap between Science and Practice

The first part of this study sought to examine recommendations in the academic literature as well as participants' views of factors contributing to effective implementation of community interventions. The data collected during this phase was examined in chapter 5 of this thesis. The analysis of this data identified seven themes: flexibility; staff; relationship building and networking; community participation; sustainability; time; and giving the community what they want.

Data for this first phase was collected mid 2002, however implementation proceeded for a further 20 months, and data, guided by the themes above, continued to be collected during this period. Participants' reticence to focus on previous research into best practice, and desire to explore their own experiences of implementation, led to a change in direction. This was reflected in chapters 6, 7 and 8 which used a systems ecological framework to examine the CFK journey.

Much of what is contained within these later chapters can be directly applied to the themes developed earlier in the data collection. Therefore, it is important to revisit the themes from chapter 5 with reference to data collected throughout the entire implementation stage and findings in the systems based

chapters. A re-examination of these themes provides some insight into why participants did not find it useful to examine the academic literature. Further, this provides new information pertaining to the gap between scientific knowledge and community practice. The following section briefly reviews these seven themes and one additional theme that was raised in the first phase by one participant and became increasingly important to another participant during the implementation of CFK, that is, the program profile.

9.2.1 Intervention Flexibility

According to the academic literature, an intervention is either flexible or consistent, and there is great debate about the virtues of each. Proponents of strict adherence to what has been planned, call attention to the problems with drawing conclusions about outcomes, when implementation practice is variable and unknown (Clarke, 1998; Lynch, Geller, Hunt, Galano, & Dubas, 1998). Advocates of increased flexibility claim that there is a great deal of variation in contexts and implementation practices need to reflect this in order to facilitate community participation and meet the particular needs of the context (Collins, Murphy, & Bierman, 2004; Schorr, 1997; Serrano-Garcia, 1990). A moderate view is that program components essential to program outcomes are carefully adhered to, but that there might be other program variables where flexibility can be tolerated (Cameron, Karabanow, Laurendau, & Chamberland, 2001; Dane & Schneider, 1998; Meyer, Miller, & Herman, 1993; Weissberg, 1990).

The question of flexibility or fidelity did not feature as a factor of great concern in this case. The benefits of the program's flexibility were mentioned on occasion, and participants responded to interview questions related to flexibility, but it was not a prominent theme amongst the interview data. When it was discussed, participants agreed that there was a need for flexibility in the implementation of CFK, but differed in their ideas about what areas of the implementation should be flexible. Meredith believed that it was important for the intervention to be adaptable in order to respond to community need. Daniel and Deidre agreed that there should not be an expectation that the intervention planning be strictly applied to the implementation. Indeed, Daniel stated that

there should be flexibility for the program to change direction as opportunities arose.

“ so as much as you model and you’re planning and everything at the same time you’ve got to have a capacity to move very quickly and to pick up and take on particular innovations and new ideas that are coming from the community or you’re able to bring across” Daniel (September, 2002)

In examining the CFK journey it is clear that flexibility rather than fidelity was the process by which the intervention was run, and this may have been the desire from the outset. The CFK framework, goals, and outcomes, originally proposed, were sufficiently broad to allow some measure of malleability in the implementation of CFK. At the end of the funded period it was a very different program to what had been proposed in the application for funding. Original plans were not rigidly adhered to and opportunities for new directions were pursued vigorously.

The detailed proposal document recommended a number of components that would produce the desired outcome of positive school engagement. Of the 20 suggested strategies, CFK implemented four. Intervention staff did not comply with implementation guidelines for program components that had been previously trialed in other communities, but adapted them to suit their own needs.

The original proposal was that CFK “work alongside schools in continuing to foster an environment that welcomes parent and community involvement to enhance educational engagement of young people” and “to support the planning and integration of school programs and service delivery to help meet the needs of families with young children” (Berry Street Victoria, 2001, August, p. 3). Given Jody’s assertion that there had been an enormous need for a change in the culture of ASC which had lacked support for students and families, this element of the project would have seemed vital. However, in the final evaluation report there was reference to “an enhanced relationship between school and businesses” (The Wellness Promotion Unit Victoria University, August, 2004, p. 31) and relationships between ASC, students and their families were not mentioned. In

reality there was no consultation with the school community beyond the principal and selected teachers.

Daniel worked hard to form a relationship with the school and to assist them in the delivery of a program that would assist students' transitions between school and employment. However it was a top-down approach rather than the bottom-up approach advocated for community interventions (Bridger & Luloff, 2001). What emerged was a program component which did not meet the community development principles ("inclusive, empowering, collaborative, consultative, responsive and flexible to community needs and context") articulated in the August 2001 project summary. Further, the evaluators attempted to make Daniel aware that a pledge from secondary school students not to seek unemployment benefits, could be perceived as placing the responsibility for change on the young person rather than the system. Daniel disagreed and the program went ahead.

CFK evaluation reports and other documentation listed the aim of this program as positive school engagement. However, in other literature published on the world wide web by the Alexandra Secondary College, the aim of the ARC program was "to ensure that all students in Year 10 either continue with their education, engage in further training or gain genuine employment and to encourage the development of positive attitudes towards work and/or further training through an effective school to work transition program" (Alexandra Secondary College, 2007). The reality of this program was that it met the needs of Alexandra Secondary College, but as the broader school community was not consulted it remains unknown if this was an appropriate path for CFK to pursue. However, retention rates reviewed above, are suggestive of positive outcomes for students at Alexandra Secondary College in relation to reduced early school leaving.

The flexibility in funding arrangements was celebrated by CFK staff and two specific examples were given. The first was that provisions were made for funding to be 'rolled over' rather than depleted by the end of the financial year as is common in organizations who must spend their set budget if they are to qualify for a similar amount the following year.

The second example related to CFK's office space. An enormous opportunity became available with approval to lease the adjoining building to CFK. This not only provided staff the vital space that they needed, but allowed CFK to offer shared space to other important organizations in the area, such as GVFC and Centrelink. This increased their connections with community organizations and local community members as they utilized these services.

In summary, it is clear that a considerable amount of flexibility was afforded to staff for the implementation of CFK. The intervention was overseen by BSV management and their continued support for modifications and changes would indicate that they saw merit in what was being implemented. It may be that the changes were reflective of the community's needs and helped to create better connections and promote community participation. Unfortunately, the constant shifting and changing of components and their implementation made evaluation virtually impossible.

This highlights the difficulties of program inconsistencies which are cited in the literature (Durlak, 1997; Kramer, Laumann, & Brunson, 2000). However, it does not negate the need for programs to be responsive to their context as has also been argued (Collins, Murphy, & Bierman, 2004). Indeed if implementation had been better documented to facilitate evaluation, there may well have been support for the suggestion of adaptable interventions. A major issue for community interventions is the difficulty of identifying outcomes (Wandersman & Florin, 2003). If the degree of changeability observed in this case is representative of community interventions, it may go some way towards explaining this problem.

9.2.2 *Intervention Staff*

Program staff are considered to be the agents of change and therefore vital to an intervention's success (Stith et al., 2006; Visser & Schoeman, 2004). Low staff turn-over (Lynch, Geller, Hunt, Galano, & Dubas, 1998), an adequate number of staff (Chaskin, Joseph, & Chipenda-Dansokho, 1997), that are competent and sensitive (Nation et al., 2003) are factors that have been found to be vital to the effectiveness of the implementation of interventions. A number of intervention features have been found to support staff. These include an

organizational climate that is supportive (Gager & Elias, 1997), appropriate training (Nation et al., 2003), and capable and committed managers (Schorr, 1997).

Participants in this research were aware of the critical role that staff had for the success of the intervention. Once again, there were divergent perspectives on how staff influenced program outcomes. Deidre felt that while staff needed to be passionate and committed to the intervention, they also needed a strong understanding of the theoretical framework of the intervention. Meredith raised the issue of different skills and abilities of staff members as alternatively enhancing or inhibiting. Daniel felt that staff needed to put aside their own personal needs and desires in order to fulfill their role as a catalyst. Finally, Anthony understood the role of the staff in the development of the important relationships and pointed out the importance of continuity of staff members.

Schorr (1997) noted the importance of program managers in the creation of a supportive, nurturing, and inspiring culture within the organization. It is unlikely that either Deidre or Daniel were able to generate this environment for CFK staff. While two project workers, Rhonda and Kerry, felt supported and inspired by Daniel, others (Meredith, Mary and Rowena) did not share this experience. Moreover, all program staff questioned Daniel's ability to be a good manager. Similarly, Deidre's dictatorial attitude and failure to support program staff, who were having difficulties with Daniel's management, did not produce an organizational climate that could be considered supportive, nurturing and inspiring. Nevertheless, the atmosphere between CFK project workers was very supportive and friendly. It is likely that to some extent this counteracted the lack of support from management.

As Schorr (1997) articulated, the implementing organization has a key role in the development of this setting. Like most organizations, BSV had a hierarchical structure. This often resulted in ground level CFK staff being disempowered when they were not listened to or acknowledged. Further, BSV did not appear to be supportive of CFK staff. This is evidenced in their lack of response to complaints from staff about Daniel. Daniel and Deidre's inability to create the optimal atmosphere in CFK may have been related to BSV's organizational culture.

Group dynamics were also a problem for CFK. There was much conflict and related tension between group members and Daniel. This created a difficult work environment and the time spent on this problem was not productive. Further, the disharmony between group members actually interfered with the implementation of CFK as individuals engaged in petty behaviors, such as not attending meetings, and disagreement at every level.

An additional finding in this research which is not contained in the literature is the issue of community members as intervention staff. This is particularly relevant for community interventions located in rural settings. In the first instance most job applicants are likely to be from the community in which the intervention is set, as distances are too great to travel on a daily basis. However, there may be some potential employees that are willing to travel, or who live in a nearby but different community, or who are new to the community. Indeed of the CFK staff, one traveled from a nearby community, one resided in the community on a part-time basis, two were relatively new to the community, one had recently returned to the community after a 20 year absence, and two were longer term community residents.

The benefits, articulated by participants, of community members as staff were, continued community engagement out of work hours, local knowledge, and existing relationships. Many of these advantages could also be considered disadvantages as staff and the intervention might struggle with dual roles, conflict of interest, bias, and existing problematic relationships. Nevertheless, the employment of community members facilitated CFK's acceptance by the broader community, which is vital to the success of a community intervention.

Psychologists have long dealt with the issues related to dual roles and have ethical frameworks to guide practitioners in the management of these dilemmas. However, the implementers in this study were not psychologists and were not part of a professional body with ethical guidelines. The management of these situations was presumably ignored or dealt with in supervision with a supervisor equally lacking in ethical guidance from a professional body.

It would be impossible to recommend that community interventions only employ those who are not likely to have dual roles in the community, particularly in the Australian context where rural is often synonymous with geographically

isolated. Rather, it would be better if these difficulties were properly recognized from the outset and training and appropriate supervision utilized to assist staff to deal with these issues as they will undoubtedly arise.

Finally, Deidre's point that staff need to understand the theoretical underpinnings of the program was very astute. The researchers and evaluators attempted to bring the current research to staff, however it was difficult for staff to engage with the content in a meaningful way. Theoretical discussions about CFK program components became debates where the more senior and articulate overruled those below them. It is likely that staff, who tended to be practical people, found the research and theory too abstract and were unable to relate to it. This would go some way to explaining the gap between science and practice in this area.

Morrissey et al. (1997) suggest that evaluators are the key to bringing the research to the practitioners and thus bridging the gap between scientific knowledge and intervention practice. Program logic models have been found to be a useful way to depict the theory underpinning programs and thus assisting in implementation (Goodman, 2000; Savaya & Waysman, 2005). CFK evaluators attempted to introduce this model to implementers. As has been noted in previous research (Julian, Jones, & Deyo, 1995; Kaplan & Garrett, 2005; Savaya & Waysman, 2005) this was a very lengthy process. In the current study, this meant that management was reluctant to have all staff members present. Implementers that were present gave their attention at that point in time, but their implementation practice was so variable that logic models became redundant soon after they were developed.

Recently, researchers (Kaplan & Garrett, 2005) have found similar problems with the use of logic models with implementers of community interventions and they have recommended that evaluators and designers have a flexible approach to assisting implementers with the process. A more structured and detailed design, constructed during the planning stage, and an expectation that implementers remain faithful to it, would have been helpful for CFK. In this way implementers would have been forced to practice in line with research and theory regardless of whether they understood it or not. It might also have offered

evaluators a way to link practical examples with the theory in order to facilitate implementers' engagement with the model.

9.2.3 Relationship building and networking

Partnerships with stakeholders and other community organizations are vital for the success of the intervention (Nelson, Amio, Prilleltensky, & Nickels, 2000). It is another avenue for community participation and the opportunity to create a shared vision within the community, and is therefore important for the development of the community (Evashwick & Ory, 2003). Strong partnerships with important community groups can also improve the intervention's chances of becoming sustainable (St Pierre & Kaltreider, 2001). However, maintaining relationships with a diverse range of community groups is a challenging process (Ryan, 2006).

The creation of partnerships requires relationship building and networking. This was acknowledged by all participants as highly important. However there was contention about who the 'right' people in the community were. Daniel knew who the "right" people were and assured it was those people within the community with high status and a high profile. He believed that these were the people who had shown that they were active in community groups and had themselves built up many relationships within the community that would be useful to the intervention.

It was highly likely that Meredith was aware of Daniel's preference for CFK staff to interact with particular groups within the community and once again she presented a perspective that was opposite to Daniel's. Meredith felt that relationships should be fostered with all community members rather than a select few. She fought hard during meetings to articulate this perspective, but was rarely taken seriously.

The limitations of Meredith's principle were obvious, but her sentiment was genuine. She seemed dismayed that management appeared to have a sense of superiority over their program recipients. Daniel's argument for partnering with those that were in a position to facilitate the most change in the community had some merit, however there were drawbacks.

The most obvious difficulty was that of power. Daniel sought to partner with those already in positions of power, but the result was that he gave these people additional power which they might use to further their own causes rather than those of the community. One could argue that an effect of this may have been to alienate and further disempower those less 'important' members of the community. This would make it hard for CFK to meet its goals as it was these very members that CFK was looking to empower.

Daniel also had a great deal of power and he used this power to decide who CFK would build relationships with, which program components CFK would sustain, which program components CFK would implement, and how they would be implemented. In his examination of alternative organizations, Veno (1996) briefly mentions the problem of power and the small group. He points out that even when a group has democratic and anti-bureaucratic values, it may still become focused on retention of power. Messinger (2004) also acknowledged the problems of inclusiveness, power struggles between agencies, and local politics for community interventions. Whilst there are no obvious solutions to these dilemmas, recognition that they are likely to exist can assist planners and implementers to prepare for their emergence.

Anthony and Deidre took a more moderate line. Deidre expressed the importance of constant assessment of the relationships and who they were with. Anthony related the importance of continuous relationship building and stressed that relationships would be dependent upon staff.

Staff members were vital in the creation and maintenance of these relationships. Their skills at engaging people, their personalities, and their motivation to be in a relationship, all contributed to their ability to create and maintain a relationship. Much patience, commitment, and perseverance were needed to make some of these relationships work.

Most of the connections were with groups rather than individuals, though an individual may have represented the group. Such groups included GVFC and Murrindindi Shire. Relationships with a single representative from a group had a number of potential pitfalls. For example, CFK's associations could be lost if the individual ceased being a member of the group. Further, it is possible that

individuals would present their own opinions rather than those of the group they represented.

There were many times when individuals were gatekeepers for the group and staff needed to convince them that a relationship with CFK was beneficial to their organization. This problem was evident in CFK's relationship with Murrindindi Shire which was troubled by the earlier conflict over intellectual property. At other times simply working with a particular individual from a group proved to be difficult. Kerry found the staff member from Alexandra Secondary College assigned to work with her did not listen and was critical of Kerry's work

"She's great, she's got a very good heart, but she has very poor listening skills and she just talks over the top of you ...straight away she butts in on me, so I don't feel like I'm ever really heard ... and she'll go oh no that needs to be different" Kerry (August, 2003)

As was discussed in chapter 7, CFK had varying degrees of success with their partnerships. However, there was another element to relationships and networking that has not been discussed, that is CFK's creation, or strengthening, of links between existing community groups. The idea of meeting the community's needs through the facilitation of partnerships between existing community subsystems, was first proposed by the ARC and CYAP coordinator, Kerry. She proposed that a relationship between the CYAP program and the CEACA organization (local community art group) could be used in another way to meet the community's needs. Although Kerry preferred that the CYAP program be sustained as a program, she was realistic about the probability of this happening. She acknowledged that there was already a community art centre (CEACA) available, but that it was not meeting the needs of the community's young people, which was what CYAP proposed to do. She saw a possibility for herself, in her role as CYAP coordinator, to be someone who could assist CEACA in understanding the creative needs and desires of youth in the area and provide opportunities for them, while at the same time promoting CEACA to the local young people. This meant that rather than provide a new program that was unlikely to survive without continued funding she proposed bringing two existing groups together to meet this need.

“in some ways it doesn’t particularly matter if CYAP isn’t known, but if CEACA becomes known as the youth arts provider or if the photography club takes on, or opens up a junior wing” Kerry (August, 2003)

Another example of this was Daniel’s renting of the premises next door to CFK to provide office space for the many organizations that serviced the local area. This is particularly important for rural communities where the organizations’ offices might be in another town and service providers might have to travel half an hour or more to get to the community in question. With little public transport it becomes difficult for service users to access these services.

The key to this kind of approach seemed to be to establish that there was a particular need within the community and then to find a group, agency or institution that might be able to meet that need within the community. This was more or less what eventually happened with the home-visiting program which was taken on by GVFC, not under the Good Beginnings program that CFK had been using, but by preserving the CFK staff member, Meredith, and offering an assurance that the families in the community would have their needs met.

The importance of creating connections within the community has been emphasized in the literature. This was something that CFK was able to do very well and perhaps may be the greatest legacy that CFK was able to leave for the community. CFK did more than create connections with local community members and local organizations it created links and strengthened connections between local community groups and organizations.

Many of the community’s subsystems were operating as closed systems prior to the implementation of CFK. The ARC program was able to facilitate connections between the Murrindindi Shire, Llens, local businesses and the Alexandra Secondary College. While it is true that there were some existing connections between these community groups, they were fairly tenuous and the ARC program brought these groups together for a common goal and likely strengthened the existing relationships. It was similar for the ELF and CYAP programs though new relationships were formed between the Shire of Murrindindi and the local primary schools and between Alexandra Secondary College and CEACA for the ELF and CYAP programs respectively. GVFC were

able to enter the Alexandra community seamlessly and take over the relationships that CFK had formed with local families and other service users.

The establishment of communication between these subsystems of the community, which is known as networking (Kelly, Ryan, Altman, & Stelzner, 2000), facilitated by CFK, may lead to deeper and more committed reciprocal relationships. CFK further facilitated boundary spanning between these subsystems, which is the sanctioned exchange of resources that becomes a social norm of both systems and is acknowledged as benefiting both systems. Perhaps these connections will be maintained even after the CFK programs cease to exist.

9.2.4 Community participation

Community participation allows the shaping of the intervention to meet the specific needs of the community (Simpson, Wood, & Daws, 2003). It also reduces financial costs (Bishop, Pellegrini, Syme, & Shepardson, 1993), increases the community's ownership of the intervention (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000), enhances the intervention's chances of becoming sustainable (Julian & Kombarakaran, 2006) and has the potential to strengthen social capital and PSOC (Kilpatrick, Field, & Falk, 2002; Veno & Thomas, 1996). This enables community members to unite in order to take action regarding other important community projects (Pancer & Cameron, 1994). For these reasons community participation can become the intervention's most successful means of developing community (Simpson, Wood, & Daws, 2003).

The abundance and wide range of literature available on the topic of community participation, and the many factors that enhance and inhibit it, are an indication of the complexity of the notion of community participation (Wandersman & Florin, 2000). Designing and implementing a community intervention based on a participatory model is very challenging. At the outset, a number of elements require defining. For instance, who, what, or where is the community, and what is considered to be participation (Smith-Morris, 2004).

The term community has been used to describe a variety of groups, such as a group of people in the same geographical location, sharing common interests, backgrounds, or disadvantage (MacQueen et al., 2001). Criticisms of community

participatory models have essentially come from the lack of identification of the community in question (Smith-Morris, 2004). Ryan (2006) found that the designers, policy makers and researchers in their study, used the term ‘community’ interchangeably to refer to groups, structures, interests, and places.

The complexity of this task was evident in CFK and the difficulties that they had in defining the many elements of community participation and engaging the community. They were aware of the importance of community participation and this was apparent in their many discussions on the topic. The community in which the intervention was being implemented was clearly defined by geographic boundaries. However the concept of community participation, who participates, how and why was vague. Project workers had varying ideas of who should be involved, and how.

Deidre and Daniel had a top-down approach to community participation that did not facilitate the community’s input into the intervention’s direction and form. They viewed service users as participants of CFK through their use of the program. However, they did not encourage any other contributions to the intervention from this section of the community. They believed that the community should be informed, but that decisions should be made by CFK staff and management.

Meredith’s approach was diametrically opposed to that of Daniel and Deidre’s, and may in part have been a reflection of her acrimonious relationship with Daniel. Meredith felt that all community members should be listened to and treated with respect and that CFK should respond to community needs as they were expressed.

Anthony was the social policy manager for BSV and had very little contact with the day to day work at CFK or with any of the staff members. This put Anthony in a position where he could answer the questions based on past experiences and understandings of what had previously worked well for a community intervention. Anthony was certain that community participation in decision making should be more than just rhetoric if community ownership is a true goal of the intervention. Certainly, Stith et al. (2006) state that there should be a broad range of community representatives involved in the intervention.

Intervention staff have been recognized as critical to the facilitation of community engagement and participation (Schorr, 1997). Community members need to be aware of the existence of the intervention, understand that their contribution is desired and valued, and feel that their involvement will have some benefit for them as well as the intervention. It is the staff members who ensure that all of these things are communicated to community members.

BSV consulted with the wider community on two occasions, whilst gathering information and support for the proposal and during the initial planning stages of the intervention when a community forum was held. Deidre questioned whether this consultation had occurred too early, wondering if the community knew what they wanted. Community members have experience, knowledge, and resources that can assist the implementation of the community intervention (Bridger & Luloff, 2001), and this did not seem to be acknowledged by CFK management. All other consultation occurred through the advisory group and working parties or between a small number of CFK staff and a select group of representatives from particular groups within the community.

The use of advisory committees to encourage community participation and to facilitate their involvement in decision making, is a common strategy (Evashwick & Ory, 2003). CFK used this strategy to attempt to encourage the community's participation in the intervention and the decision making process. However, this framework only gave the appearance of the community participating in decisions as Deidre and Daniel, were quite clear that decisions about CFK and its program components would be made by them. They perceived themselves as providing a leadership role that would present a path for the community to follow. Deidre clearly stated that the community did not know what they wanted. Daniel speculated that too much community involvement in the decision making process would create a situation where CFK became "everything to everybody" (Daniel, 2003). This attitude was reflected in the management of the CFK advisory committee which became a forum for CFK staff to report to, but was not an opportunity for discussion or input from committee members.

Over time this situation changed somewhat. The devolving of the advisory committee to working parties saw increased attendance of community members.

It has been suggested that there are organizational characteristics which influence community members' involvement in community organizations. Wandersman and Florin (2000) reviewed the available literature on community involvement and found that a higher degree of structure was preferred by voluntary members of community organizations. This is likely because roles, tasks and procedures are clear, providing volunteers with a perception that the organization is task-oriented and purposeful. Certainly the change to working parties from the advisory group did increase the level of structure for volunteer members of CFK.

A complication that may occur with a multiple advisory group format is a loss of program integration (Chaskin, Joseph, & Chipenda-Dansokho, 1997). There did not seem to be evidence of this occurring in the CFK program. Although not all community members knew about CFK and its many program components, working party members had some knowledge of the other components that CFK were implementing. It was also Daniel's desire that individual components stand alone rather than being incorporated under the CFK banner. He believed that this gave each program a better chance of becoming sustainable.

The creation of the working parties did increase the opportunity for community members to participate in the decision making process, however the reality was that the final decision continued to rest with Daniel and/or Deidre. Research (St Pierre & Kaltreider, 2001) has shown that it is important not only to allow community members to participate in the decision making, but also that they are able to see their suggestions put into practice. This ensures the continued participation of community members and increases the intervention's sustainability.

There was much variance in the degree of participation in decision making amongst the working parties. The difference was in the membership and the degree of autonomy. Some working parties were merely groups of people that tasks could be delegated to and there was very little discussion about the program component. When decisions were made in the working parties they were observed if they complied with Daniel and Deidre's decisions and were overlooked when they did not. However although other staff were aware of this contradiction, it is unclear if committee members were also aware of it.

There are many ways in which community members can be involved with their local community and local community organizations (Rothenbuhler, 1991). Participation in the decision making process of interventions not only empowers community members but it increases their sense of ownership of the intervention, thereby enhancing its chances of reaching sustainability (Edwards, Jumper-Thurman, Plested, Oetting, & Swanson, 2000; Nelson, Amio, Prilleltensky, & Nickels, 2000). It has been suggested that a bottom-up, rather than a top-down consultation and collaboration process with the community needs to occur throughout the intervention (Bridger & Luloff, 2001).

Encouraging community members to participate in community organizations can be an overwhelming challenge. There are a number of barriers that the organization may need to overcome if they are to engage the community and support their participation. Community members can be excluded due to their low status or level of education. Pre-existing negative relationships within the community can make it difficult for intervention staff to facilitate the participation of community members and professionals within the community (Messinger, 2004). As was explored above, CFK was susceptible to these problems. It is possible that these problems are amplified in rural communities, where populations are smaller.

There are a large number of different factors that encourage community members to become involved in local community organizations. Chavis and Wandersman (1990) proposed that an individuals' perceptions of the environment, social relations, and perceived control and empowerment, are mobilized by their sense of community which in turn influences involvement with local community organizations. This process is not a linear one and the relationship between these factors is better understood as transactional. Community participation can be considered both a cause and an effect of empowerment (Perkins, Brown, & Taylor, 1996).

Community participation is a critical element of the design and implementation of community interventions and its importance is not fully captured in this thesis. I believe that there are two interrelated reasons for this. This research did not have the scope to fully explore the many elements of community participation. Further, the complexity and difficulty of the concept

made it difficult for CFK to understand how to proceed and it was not managed very well.

Foster-Fishman, Berkowitz, Lounsbury, Jacobson, and Allen (2001) used a review of a wide range of literature to develop an integrative framework for the development of collaborative capacity. The four critical levels identified in the framework are member, relational, organizational, and program. These levels are interdependent and changes in one level will influence other levels. In addition, community context also exerts pressure on the intervention's collaborative capacity.

This framework highlights the complexity of the many interrelated levels necessary for building collaborative capacity. However it also offers a practical guide with detailed tables listing accessible information that implementers could follow. A document such as this would have been extremely helpful to CFK staff as they had very different ideas of what constituted community participation and how to go about achieving it. Unfortunately, for whatever reasons, it was never made available to them and whilst the virtues of collaboration and participation were endorsed, details of how to achieve this were not forthcoming and nor were they asked for.

9.2.5 *Time*

System change takes time (Julian, 2001; Julian & Kombarakaran, 2006). Community building also takes time (Foster-Fishman et al., 2006). Time impacts upon all other factors, all phases and all levels of a community intervention. Sufficient time is needed to put all of the necessary elements into place that will support the sustainability of the intervention. However, too much time may also have an inhibitive effect on the intervention as energy may remain low within the intervention due to a sense that there is an abundance of time.

Participants in this study all considered lack of time to be an inhibiting factor in the implementation of CFK. BSV was given funding for a period of three years to plan, implement and make sustainable a community intervention. Participants all agreed that this was not enough time to engage and develop the community, as well as facilitate community ownership and therefore program

sustainability. Evidence from the data collected for this research supported this belief.

Although a great deal of planning went into CFK prior to the employment of staff to implement it, the intervention evolved over time, through the input of staff and community members, and a deeper understanding of the community. Ten months after the intervention commenced there was a change in team leader. This change had a huge impact on the direction of CFK, its program components, and the relationships between CFK and community groups. The effect of this was that the intervention, in many ways, started again, though effectively with a shorter funded period.

Community involvement in the CFK intervention did not happen immediately. It took time for the community to become aware of the program and for individual community members to decide to become involved. It also took time for the program staff to understand the community's needs and consider how to best meet them. Building relationships with community members is a slow process that cannot be forced into an allotted period of time (Simpson, Wood, & Daws, 2003). Without these community factors in place an intervention will not become sustainable.

Messinger (2004) as well as Chaskin, Joseph, and Chipenda-Dansokho (1997) reported that time is a great challenge for the implementation of comprehensive community initiatives. The collaboration with the community requires discussion, evaluation, and revision, making implementation a lengthy process. Additionally, these interventions are often implemented by small staff groups, making it difficult for all tasks to be completed in a timely manner. Community participants can easily become disillusioned by the delay before the initiation of any action.

It has been acknowledged that the development of partnerships within the community can take a significant amount of time and it has been recommended that this process commence during the planning stage (Barton, Watkins, & Jarjoura, 1997). The designers of CFK understood the need for partnerships to be developed at the earliest possible point and aimed for this to happen. However, the reality was that although attempts were made to connect with community groups during the planning stage, it was the implementation process which

facilitated the relationship building. This is likely because the program components became more tangible and people were able to work towards a shared goal.

It is hard to separate available time from funding, as the two factors are intricately related. The funded period of a community intervention is the time available to implement and reach goals. There can be no additional time without further funding, as implementation requires resources. Evashwick and Ory (2003) interviewed 20 winners of the Archstone Award, which honors best practice in community-based services for older adults. Of the 20 interviewed, 18 listed funding, and three listed lack of time, as the greatest challenge to sustainability.

Morrissey et al (1997) state that insufficient available funding has resulted in a focus on short-term interventions that attempt to fulfill a requirement for action. Thirty-six percent of the surveyed practitioner and evaluator participants cited a relationship between program failure and inadequate funding.

Although the aforementioned authors have acknowledged that time is a major challenge to the implementation of community interventions, there is very little discussion about the impact of length of time on implementation. The lack of available dialogue in the literature about the effects of time likely reflects the complexity of the relationship between time and the other implementation variables.

For the participants in this study time was considered a major barrier to program sustainability. It was consistently mentioned in all contexts throughout the data collection period. Interestingly two participants, when asked about program flexibility talked about not having enough time.

“One thing that is very clear to me is that the program should not have a defined ending. Three years is not a long time and it really needs to be a longer time” Deidre (July, 2002)

“(Is there anything you would like to add?) just how fantastically wonderful Berry Street is and I hope they can stay for a little bit longer, and to be perfectly honest I think the amount of time they’ve had here if they leave now a lot of that time is going to have been wasted. (Three years is not long enough?) Well I don’t know if it is on

certain sorts of projects, but certainly with this town and the nature of the things that they've taken on, I think that a large part of that, if they do leave in April as intended, I think it won't sustain itself, with the best will in the world it's still not advanced enough. Three years sounds like a lot, you know, do your planning, set it up and then leave, but given the complexity of what you're doing and the people you're dealing with" CEACA representative (August, 2003)

"some of these things won't come to fruition for a number of years, ... the implications and repercussions for what we are doing now ... the real value could be in quite some years, just this whole cultural change thing with the secondary college and just the introduction ... of the real connections program, that will take time to generate and for the things to really ... happen and I think that's the other side of community development, ... three years is probably too short a time span to really be able to see full results, you can get things moving in that time, but you're not really going to be able to get your full measure of success" Daniel (February, 2003)

"Look I think it does, it gives you enough flexibility, but probably the time in that flexibility is the major issue" Meredith (December, 2002)

"Flexibility, um, yeah I think the biggest constraint was time, it's just all too short, yeah apart from the time factor I would say that we had um, well I had all the flexibility that I needed" Mary (February, 2003)

An important question arises from this study that is not posed in the literature or by the participants. The question of how much time is enough time? If CFK planners were given the opportunity to make their own decision about the amount of time that they could have for implementation, what would that have been? Indeed, program proposals usually contain a projected time period for an intervention and in CFK's case, three years was suggested as the appropriate amount of time for what they were trying to achieve. This may have been because they needed to produce a document that was impressive or it may have been because they firmly believed that three years was enough time.

It is possible that the implementers rather than the planners felt limited by the length of time available to them. This may have been in part due to their lack of involvement in the planning process and may in some way be explained by the gap between science and practice in this field. The planners of CFK were

educated, high level management at BSV. The research proposal document reveals a very good understanding of the area of prevention and its associated research. Staff members implementing the project were not as cognizant of the relevant literature and were more concerned with the practical elements of implementation.

Whilst it would not be impossible to generalize across all community interventions, it would be interesting to have information from both planners and implementers about the length of time that would best suit. Unfortunately these questions were not raised in this study and warrant further examination in future studies. Specific areas of interest would be differences between planners' and implementers' opinions regarding the amount of time necessary to implement the intervention; and the relationship between projected time nominated in proposal documents and raising funds.

A highly structured planning model which included logic models and timelines for implementation may have gone some way towards alleviating some of the anxiety related to time pressures. In the case of CFK the original planning group had access and understood the relevant research in this area. If they had planned a more definitive and structured program then a lot of the time consuming decision making would have been taken away from the practitioners. This means that consultation with the community needed to occur prior to implementation.

9.2.6 Meeting community needs

One of the purposes of consulting with the community is to develop an understanding of the community's needs. To complete the consultation process and not attempt to address the issues raised runs the risk of alienating the intervention from the community and decreasing their level of acceptance for the intervention (Pancer & Cameron, 1994). Additionally the introduction of short-term projects with tangible results which address the community's expressed needs may have the further benefit of creating good-will for the intervention within the community (Kubisch et al., 2002).

A number of issues arose from the community consultation conducted as part of the preparation for the project proposal. These were identified as negative

school experiences, lack of services (including housing, transport and child care), existing services being unable to meet community demand, high rates of family break down, and a lack of connection between services. CFK did attempt to address these issues with their program components.

They appeared to have been reasonably successful at achieving better links between services in the area and the home visiting program worked hard to attend to the needs of families and the lack of services, though this was an overwhelming task for a single program component. The ARC and CYAP program components attempted to reduce the negative school experiences. A finding of this research was that CFK's implementation of program components that were a direct response to a need articulated by the community, assisted in the community's acceptance of the intervention.

Once again participants' attitudes varied on this factor. Deidre felt that there was no point in giving the community what it wanted as the community did not know what it wanted. Daniel felt that the community did know what it wanted, but that it was wrong. Meredith believed that community needs should be met by giving community what they asked for. Finally, Anthony felt that it was important for CFK to respond to community requests as this would generate good will for the intervention.

Certainly good will was a product of the original ELF program component. A group of primary school teachers had come to CFK to seek assistance with the literacy of children commencing primary school. CFK responded to their request with the ELF-I program component, which later developed into the ELF-II program component. The original staff members who had approached CFK continued to be involved in the later program component and provided an invaluable contribution to the potential sustainability of this program component. Daniel and Deidre later conceded that their response to the request of the primary school teachers in the first instance had been of great benefit to the CFK intervention. It was CFK's flexibility that allowed it to meet the community's expressed need with this program component.

9.2.7 *Program profile*

In the initial phase of data collection only one participant raised the program profile as a factor in the implementation of a community intervention and it does not appear in the academic literature. Anthony articulated the importance of CFK maintaining a high profile within the community. He also discussed the need for this profile to be of a credible intervention. He understood that for the community to be involved in the intervention they needed to be aware of the intervention and they had to perceive it as something of high value to the community.

Although Daniel did not mention the profile of the intervention in these initial interviews, it became something that he often talked about in the later stages of the implementation. Daniel often complained about the profile of CFK as welfare oriented and felt that this was due to the community's perception of BSV as a welfare organization. He expressed a desire to be free from the association with the BSV name as he felt that it created an image of an intervention that was very different from the one that he desired to implement.

Whilst it could be argued that a community perception of CFK as a welfare organization may not be the most desired profile, it may be that what is important is that the intervention has a profile within the community. There was certainly some evidence that CFK was known within the community in one form or another. Although many community members were unaware of the CFK program, they knew of one or more of its program components. The many local newspaper and radio articles and commentary suggest that CFK, and its program components, were a regular part of the community dialogue.

There were a number of reasons for CFK having a profile within the community. The annual reading day event of the ELF-II program engaged local primary school and pre school communities, as well as the local business community, shop owners and shoppers. This program involved a parade down the main street of Alexandra and children visiting 'reading stations' around the town where prominent community members read stories to them. The shop front was in an excellent position within the main street of Alexandra and community members frequently 'dropped in'. Daniel often attended community forums and

meetings and promoted the ARC program which further engaged the local secondary school community.

Many of the community members had never heard of CFK, even though they had heard of one or more of its components. Although CFK attempted to promote itself within the community, it was its program components that became known rather than the overarching CFK group. However community members did know of BSV and its existence in the community. This was likely due to the fact that BSV had an established identity that had been a part of the Victorian community for many years.

As part of the evaluation a brief convenience survey was conducted with representatives from 14 businesses in the main street of Alexandra. All 14 were aware of the presence of BSV in the community, but only one individual had heard of CFK. Nevertheless, community attitude towards BSV was predominantly very positive and may have produced a positive profile for CFK even if it was not exactly the profile desired by Daniel.

Having a profile within the community is likely to increase the community's acceptance of the intervention as a subsystem of the community. A clearly articulated goal of a community intervention is to create change within the community. For this to occur it is vital that the intervention become a part of the community as it is almost impossible for external agents to facilitate change within the community (Visser & Schoeman, 2004). Moreover, the acceptance of the intervention as a part of the community will increase the community's sense of ownership over the program, which will increase its potential sustainability.

9.2.8 Sustainability

A program is considered sustainable when it is adaptable, supportable and enduring (Akerlund, 2000). Sustainability of program components is an implicit goal of a community intervention. The planning stage develops ideas and strategies to increase the intervention's sustainability. These strategies are then put into place during the implementation stage (Akerlund, 2000). Program sustainability was a key theme for all staff both in the first phase of data collection and throughout the implementation of CFK. It was constantly referred to in interviews, meetings, and reports.

Sustainability was a huge focus for all involved in the CFK program. However it became clear that individuals' desires for program sustainability were not always to do with the community, but were often linked to their own needs. Deidre talked about wanting to implement a program similar to the ELF-II program in another rural area. She complained that there was another group in the community that was likely to implement a similar program, but she felt that they had not addressed the issues of community ownership and sustainability. She expressed a strong desire to implement the program before the other group did.

Similarly for Meredith, who understood what she was supposed to say in terms of community ownership and program sustainability, but in the following quote impresses a different thought on BSV and herself leaving the program and the community.

*“I think it would be a pity for Berry Street to pull out because part of their philosophy is to maximize opportunities and choices and working with communities ... whether Berry Street funded it via planning from the government or other resources ... I think it would be like oh well why are they leaving us here and they remain in Shepparton and Seymour and they're dropping the service here ... I know that Daniel's shift is towards looking at other services and like yes that is part of the community development and for the community, to pull out a service could be destructive to the community” Meredith
(December, 2002)*

Analysis of the data collected for this research revealed a number of different ways in which participants considered sustainability might be achieved. These could be conceptualized as being on two different levels. The first level was continued co-ordination by the original organization and the second level was co-ordination by the community itself. There were then two possibilities of achieving sustainability on each of these levels. If the program continued to be coordinated by the same organization it could be through continued funding from the original source or through funding from a new source. Alternatively, if the program was to be coordinated by the community, it might be adopted by an existing group, organization, institution, or agency, or it might be sustained by

the community itself through the use of volunteers. Figure 9.3 illustrates these two levels of sustainability, and the two possibilities on each of these levels.

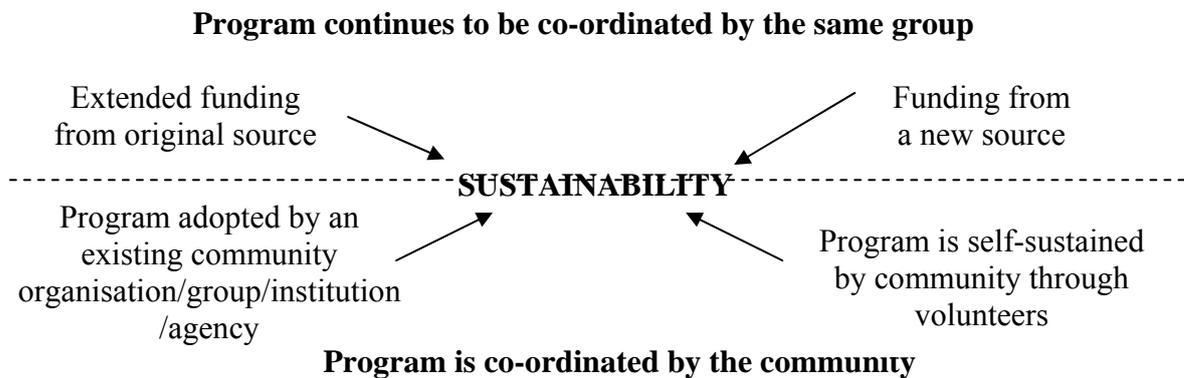


Figure 9.3: The two Levels of Sustainability

Participants were quite clear that the sustainability of each program component should be considered separately, rather than sustainability of CFK as a whole. As can be seen in this diagram each of the sustainability possibilities is quite different. Clearly not all of these options would be available to all program components. It would be difficult for the community to sustain programs that required substantial resources and financial input. Similarly, programs that were sustained through the continued co-ordination of the original organization would still need the support and acceptance of the community.

BSV, as a system, would also attempt to ensure its own survival through dynamic homeostasis. This would mean that the desired option for the sustainability of CFK program components would be via its continued management. Therefore in order to meet the needs of BSV, CFK would need to produce outputs in the form of program components that would be likely to attract further funding from the philanthropic agency or another source. This is likely to also meet the community's needs in terms of having program components that are sustainable in the long term. However, this might mean that CFK's other goal, of creating change within the community, would not be met, as a focus on sustainability at a local level is more likely to produce more immediate changes in the community (Bridger & Luloff, 2001).

It is possible that the route taken to achieve sustainability would differ depending on how the program was expected to be sustained. Therefore it would be logical that the means by which a program component was to be sustained

should be decided at the outset of the intervention and monitored throughout the intervention, as each possibility would require different planning.

CFK's goal was to produce sustainable program components that would meet the community's needs as well as promote change within the community. Although sustainability through community ownership was espoused by CFK, the reality for CFK staff and for BSV was that the process of dynamic homeostasis ensured that CFK worked hard to promote its own survival. As a result, sustainability through continued funding managed by BSV, became the preferred option.

9.3 Exploring the relationships between the themes

This section briefly explores the relationships between these themes in relation to the CFK case. A focus on intervention sustainability as the primary goal of the intervention is used to illustrate the interdependency of these themes. Although sustainability is hopefully achieved at the end of the implementation phase, it is a goal of the intervention from the outset, and therefore impacts upon all of the other factors identified.

As articulated above, there are two main levels of intervention sustainability available to a community intervention: i. sustainability where the intervention continues to be coordinated by the same group; or ii. sustainability where the community becomes responsible for the intervention's co-ordination. Sustainability through continued coordination by the original group necessitates a top-down approach to implementation, while sustainability through coordination by the community requires a bottom-up implementation process. These different approaches to the attainment of the intervention's goal require different priorities and focal points in relation to the implementation.

If the intervention is to be sustained through the community, either self sustained or adopted by an existing community organization, agency or group, a bottom-up approach is most appropriate. The relationships between each of the factors identified in this research are essentially focused on the community. The intervention profile needs to be high within the community and preferably not associated with a well known implementing organization. The intervention staff are vital to building relationships and networking with community members and

community groups as well as facilitating community participation in decision making. A high level of community involvement increases the community's sense of ownership of the intervention. This process takes a significant amount of time, often more than is originally funded for, and intervention flexibility is necessary to respond to community's changing needs.

All of these factors increase the likelihood that the intervention will be sustained by the community. Further, this approach is likely to develop the community in other ways such as, strengthening connections between existing community groups. However an outcome of this process is a situation where intervention staff are no longer required and are likely to lose their employment and the system may no longer exist. If this outcome was considered with regards to system's theory, it would mean that the system would not be working towards its own survival, the primary goal of a system, but would be attempting to work towards no longer existing. It is difficult to imagine that a system could operate in this way as dynamic homeostasis informs us that a system's natural tendency is to preserve its character and resist change so as to be differentiated from its environment.

The other level of sustainability, where the intervention is granted continued funding from the original funding body or from a new funding source, which is still external to the community, involves a top-down approach to intervention implementation. The intervention goals, sustainability, and replication in other communities are the priority for this approach and this is considered from the outset. The community is still involved but decisions are made both with and without community input. This approach ensures the survival of the system.

Fewer factors impact upon this approach. While the rhetoric around community participation in decision making, relationship building, and networking is still important, the actual reality of these processes is that they are not essential. Relationships are still significant, but they are more strategic with specific individuals and groups. The intervention profile needs to be much greater than just within the community and should be acknowledged in the broader context of the population of community interventions. To this end the intervention is marketed, through conferences and other professional forums, to

the specialized community. Sustainability of this kind takes less time and intervention flexibility is less important, indeed intervention fidelity is more of a priority given the need to be able to evaluate and disseminate findings regarding the intervention. At this level of sustainability, intervention staff need additional skills in writing and presenting, and they are more likely to retain their employment at the completion of the pilot phase. Figure 9.4 shows the links between each of the themes within the context of the two levels of sustainability.

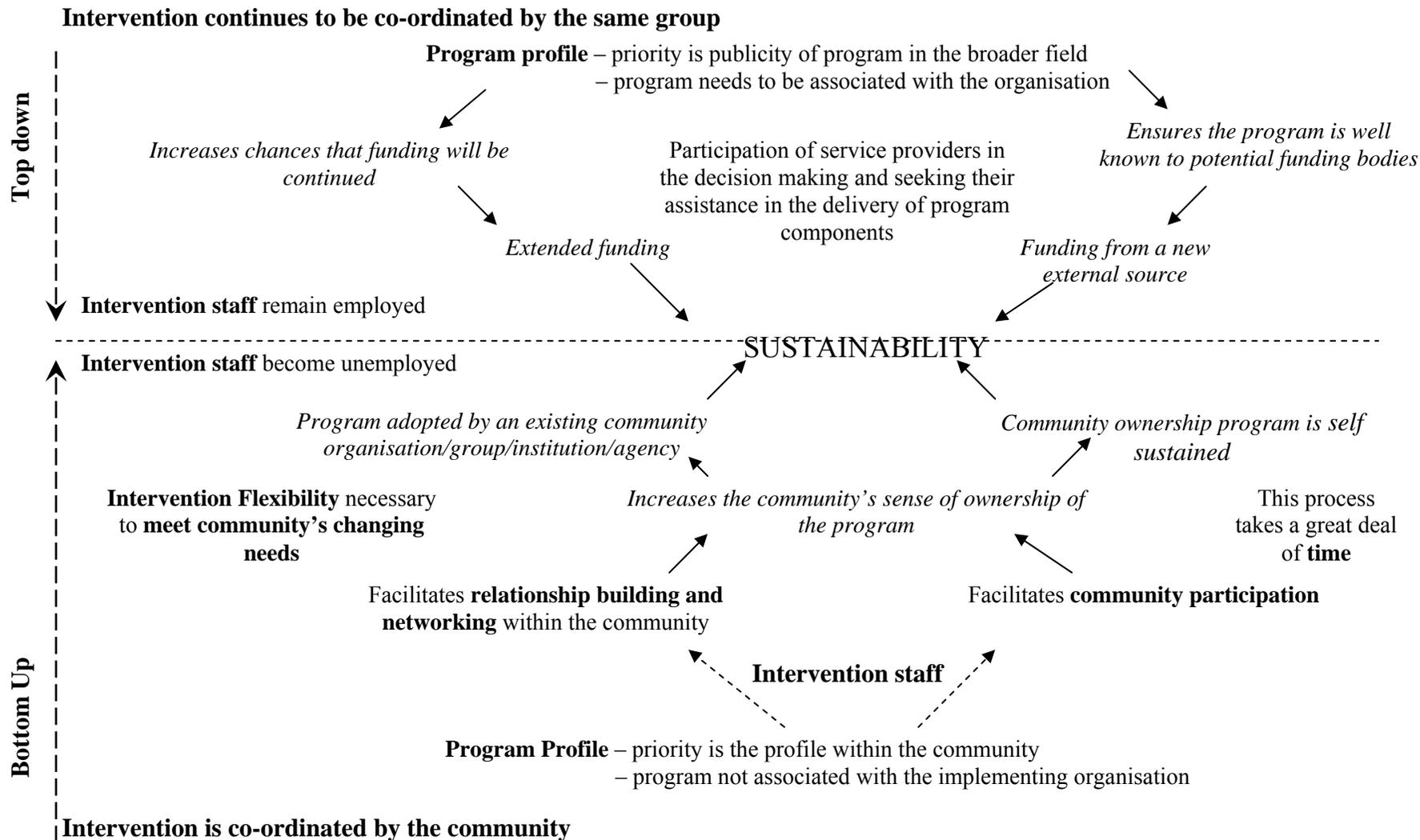


Figure 9.4: Themes within the Context of the Two Levels of Sustainability

9.3.1 *CFK*

From the outset of the BSV proposal for a community intervention the approach was top-down. BSV was an external agent coming into the community to implement a community intervention. It was clearly stated that success in the pilot area would mean replication of the program and or its components to other communities within the Shire. Consultation was conducted with service providers in the area and risk and protective features of the community were identified. The external evaluation of the intervention was an essential component and evaluators were tendered soon after funding was approved.

The original proposal also advocated a community development approach to the implementation of the intervention. This approach was defined as “building partnerships between families, institutions and community” (Berry Street Victoria, 2000, October, p. 22) and it was thought that the program components would be shaped by stakeholders to reflect the local context and need. However the proposal was also quite clear that the partnerships facilitated by the intervention were to be between the services within the community and that it be these services who would participate in the decision making. Broader community participation was encouraged through membership of the advisory committee; involvement as a service user, volunteer, or mentor; and participation in forums, fun days and festivals.

Several program components which addressed multiple risk factors were to be delivered to the community. Possible program components were suggested and two initiatives, identified during the consultation period, were given a commitment that the new intervention would support them. The first 12 months of the planning and then implementation of the intervention was faithful to the original proposal, and many of the suggested program components were implemented. However there was a major shift when the project leader Barbara resigned and was replaced by Daniel.

Daniel spoke authoritatively about community development principles and espoused the virtues of sustainability through community ownership. Where the original proposal had sought to address risk factors, Daniel saw these program components as being “reactive” and sought a more preventative approach. He

explained that staff had a “catalytic” role in the community and that the community should not associate the staff, CFK, or BSV with program components if community ownership was to be facilitated. For these reasons he believed it was important that staff not have direct contact with service users and immediately terminated, where possible, those program components where staff did have direct contact with service users.

Daniel’s approach was, at face value, a bottom-up approach and there were various reactions amongst the staff. Deidre, who had been the impetus for Barbara’s resignation rejoiced in Daniel’s arrival and his understanding of community interventions. Community interventions were new territory to BSV and Daniel’s knowledge of the area appeared impressive. Jody, who had applied for the position of project leader, was no doubt resentful that her application had not been successful and she was uncooperative and critical of Daniel’s approach. Finally, Meredith, who was a friend of both Barbara and Jody, found Daniel’s arrival, and CFK’s subsequent shift, very difficult.

Meredith worked directly with service users. She dealt with the enquiries that came in the door, she helped families with issues from transportation to parenting, and she valued this work enormously. Over time Meredith became more resentful of Daniel’s attempts to dismiss her program component, ‘the home visiting program’, as well as his perceived attitude towards members of the broader community. Unfortunately Meredith lacked the very skills of articulation and self promotion that Daniel had in abundance and she was unable to present a coherent picture of the value of her work and what she had accomplished in the community.

Although Daniel presented a bottom-up approach which worked towards sustainability through community ownership, examination of his actions exposed Daniel’s words as being purely rhetoric. He declared that community consultation was not useful as the community did not know what it wanted, and for this reason it was not important to try and meet community’s needs. He indicated his desire to personally form relationships with the “significant 10 per cent” of the community. His staff affirmed that he made the final decisions for program components, not the working parties which had been set up for the very purpose of allowing community participation in decision making. He found

initiatives that he believed would be good and he partnered with other service providers to deliver these to service users. He took credit for other people's work and blamed others for his mistakes. In the end Daniel's bottom-up approach was more top-down than the original proposal had been, and it appeared that meeting Daniel's needs was more important than meeting the community's needs.

Daniel's proposed model, where the role of staff members was to be a catalyst for community development, placed staff in the position of working towards their future unemployment. Daniel acknowledged this and spoke at length about staff working themselves out of a job, both in relation to himself and to other staff members. When he spoke of his own future he expressed contentment at the prospect of losing his job, because it would mean that he had been successful. However, he pointed out that other staff members were not as comfortable with this situation as he was and he saw this as a limitation.

“The worst part is working yourself out of a job, yeah and I think that's one of the issues with Meredith, because she'd just love to have that job and go on and on and on, and be able to take that step and say in 18 months I'm going to make myself unemployed and I don't know what I'm going to do and I don't know where I'm going to get a job afterwards, and to consciously work towards that ... I approach it as if I took it on as a project, that would have a finite timeline and it's amazing the number of people that say to me exactly that 'why don't you set yourself, you're in an ideal situation to set yourself up' but I know that as soon as I start thinking that way the whole project will be in jeopardy ... you know, it doesn't scare me. I'm quite realistic about it and I don't have any qualms that I'll be able to find another job fairly soon after completing this, and especially if I complete it well, but I will probably have to move, if I've done my job properly there won't be a need for me in that particular community” Daniel (February, 2003)

While Daniel may have been quite genuine when making these statements, it is very difficult to believe that someone could be so unconcerned about the thought of losing a valued position and having to move to a new community. By his own admission, Daniel had CFK on his mind constantly. This meant that when he was listening to the radio, reading the paper, or chatting to friends in the community, he was likely to consider what was before him in terms of opportunities for CFK.

“ ... last Monday I met up with a few of the farmers and we were just sitting having a beer in the cool of the evening, and we generally were talking about insurance and the problems of insurance now days and one of the guys said oh it’s even effecting me kids dancing classes, we’re going to have to cancel because the lady who is running it can’t get public liability insurance and I thought, my ears pricked up and I questioned him a bit more about it ... so I made some phone calls ... so Berry Street will cover it and we’ll contract the lady who has been doing it ... I see it as part of CYAP ... that’s the same way that we got where the football club issue came up, first of all we were just local chitter chatter gossip about the way that the Thornton boys were coming back into Alexandra and getting themselves into strife because Thornton was winning and Alexandra wasn’t , so the boys were going in and crowing and carrying on and now I just see that as a bit of idle chatter, and now I know the president of the football club because he is the local stock and station agent so I went and had a bit of a chat with him and equally the treasurer of the football club is the local storekeeper so had a chat with them and from that we were able to say well look we really need you to be looking at responsible alcohol use with the club ... you’ve got to be a part of the community, you’ve got to make the contacts with that broad range of people, and it’s really walking and listening and keeping your ears open to what’s effecting young people ... it’s going through the local paper from end to end and picking up the names of whose involved with the cricket club, who’s playing squash, whose playing netball, and just getting that framework of names and people so that when you do happen to meet them in another setting, you’re then able to follow up on issues” Daniel (February, 2003)

Interestingly, while Daniel’s rhetoric was that staff needed to be able to walk away when the community took ownership of a project, he was unable to do this with regards to ELF and nor was BSV. Although the extension of funding granted to the ELF-II program would have been due to cease in July 2004, it was still being promoted as a BSV project in Alexandra beyond this date. In September 2004, the 7:30 report, a highly regarded current affairs program, featured the ELF program in Alexandra and Daniel appeared on the program as the project manager. This program component would have been of great promotional benefit to BSV and the organization also had trouble stepping away from a program component that was so successful. ELF was featured as a BSV

project in their 'Spring 2006' newsletter which directs the reader to www.elf.org.au for further information. This web address leads to the home page of BSV.

The three part time sessional workers seemed to genuinely want to see their program components owned by the community, even though it meant that they would no longer be involved with the programs in the same capacity. Each of them had different personal reasons for not requiring ongoing employment and each of them was in a position to continue working with their program components on a voluntary basis at the conclusion of their contract of employment. This meant that for these staff members, financial considerations were alleviated and the passion that they felt for their program could continue.

Mary was a semi-retired special education teacher. She lived in Melbourne as well as Alexandra and had financial support from her husband. Her employment with CFK had come about through her desire to engage in voluntary work in the community in which she lived some of the time. She was employed on a short-term contract and stated that she would have been happy to continue on a voluntary basis.

Rhonda was also employed on a short-term contract and had other part-time work that was ongoing and could be increased if she desired. In addition to this, she was pregnant and her baby was expected at the time that her contract was due to end. Similarly, Kerry was on a short-term employment contract and stated that she had inherited money and could support herself financially for a substantial period of time.

Although CFK was in the fortunate position of having many staff members that were not seeking ongoing employment, the limitations of asking staff to work under these conditions were recognized by Daniel and Deidre. The issue was discussed with Daniel in an interview and with Daniel and Deidre during the final evaluation meeting. They had the following suggestions for how to manage the issue.

“a commitment from the organization that we will recognize staff’s commitment and passions by giving them an extra (period of employment) at the end” Deidre (March, 2004)

*“well you know what I would recommend to places like Berry Street is that they put people like me on retainers”
Daniel (February, 2003)*

The possibility of staff resigning due to lack of security about their employment, the possibility of extended unemployment at the end of the program, and lack of opportunities due to the specialized nature of the work, were also raised in interviews.

*“you might start to lose program staff because they are not too sure about their own work futures and they obviously have to look out for their own work opportunities” Anthony
(August, 2002)*

*“If you find a good job before the project is finished you could jeopardize the whole program, you know I’ve been in this position before, when I was with camp Janghi, my last three years there were training Aboriginal staff to take over, and you know the point at which I left, I was out of work for four months because I had become so specialized”
Daniel (February, 2003)*

The idea that a successful intervention would lead to staff being left unemployed is paradoxical. Not only did CFK staff have an interest in maintaining employment, they also had an investment in the program components they were implementing and it would have been difficult for them to just walk away from this. Also, dynamic homeostasis, which refers to the system’s natural tendency to maintain stability and preserve its character (Hanna, 1997), means that it is unlikely that all elements of a system would work towards the destruction of the system.

A system’s survival is its ultimate purpose. In order to survive it must adapt to its environment and acquire negative entropy (Hanna, 1997; Harrison, 1994; Rainey, 1997). For a community intervention, survival is synonymous with sustainability. Most interventions have a finite period of funding and must find a way to continue beyond this period, this is referred to as sustainability. CFK program staff were very aware of the importance of a sustainable intervention. As discussed above, sustainability was probably the most dominant theme in the data. The natural entropic processes occurring within the system alerted staff to the potential death of the system and caused a situation of flux and uncertainty within the system.

9.3.2 BSV

BSV had been a welfare organization for over a century when it took on the responsibility for the implementation of CFK. For BSV to gain respect and future funding for community development programs, CFK program components needed to be sustainable. However, BSV was faced with many of the dilemmas that CFK staff were faced with. Although the literature recommended community ownership, and developing this would bring a great deal of respect for BSV, it would also mean the loss of the program, which translated into the loss of funding and the loss of control. Community ownership is also a very long process and it was unlikely that three years was going to be long enough to ensure that this process occurred. BSV is likely to have desired an extension of funding just as CFK staff did.

At the completion of the pilot project in April, 2004, after three years of implementing CFK programs, there was not a single program that could be considered self-sustainable. However, it was announced, one month prior to the proposed conclusion of the program, that CFK funding had been extended to allow CFK to continue and to disseminate program components into other communities. This funding was to be provided by the original philanthropic foundation. The extension of funding, and the amount of extra time available, varied for the individual programs and likely reflected the funding body's optimism of the potential self sustainability of each program. The extended funding ranged from a further three months, for the ELF-II program, to a further two years and three months, for the CYAP program. Additional funding was also provided to disseminate the ARC, ELF-II, and CYAP programs to another community. Finally, the home visiting program received extended funding for a further two years and nine months, but this program was to be managed by GVFC rather than BSV.

9.4 Placing the findings in the context of the current model

It has been suggested that the program logic model provides a theoretical framework for intervention (Goodman, 2000). This model uses a series of statements explaining the process by which the intervention will achieve its intended outcomes. Graphically presented, it is a linear model that clearly

articulates the problem to be addressed, including risk and protective factors, the intervention activities or components that will address these factors, and finally expected outcomes (Julian, Jones, & Deyo, 1995). It is considered a valuable tool for the design and evaluation of interventions (Kaplan & Garrett, 2005).

Kaplan and Garrett (2005) reviewed the use and usefulness of program logic models for community based initiatives. They found that interventionists were forced to think in a more scientific manner, as they needed to clearly articulate a hypothesis. There are obvious advantages for funding applications and program evaluation with this method. However, the difficulty associated with this was that it takes time, training, and resources, which are not always available to these groups.

When the evaluators attempted to introduce logic models during the implementation of CFK, they met with a number of barriers. Implementers did not engage with the discussion and disliked the necessary change to their style of thinking. Kaplan and Garrett (2005) found similar attitudes in implementers employed to implement a highly prescriptive community intervention, and hypothesized that implementers viewed their role as being limited to implementation, not design or reflection. They also highlight the importance of keeping the model simple and the language accessible so as not to intimidate or exclude any community members or implementation staff.

Goodman (2000) used a social ecology framework to enhance the program logic model. In this framework problems, risk and protective factors as well as activities to address them and outcomes are organized across all ecological levels of analysis. Goodman acknowledges that there is a gap between any model and actual practice, and suggests ways to bridge this. The first three strategies are specifically in relation to developing a logic model, remaining faithful to it, and using a staged approach to implementation across the ecological levels. The final strategy identifies 10 dimensions of community capacity that are considered fundamental to implementing community interventions.

Of these 10 dimensions, five relate specifically to the program staff, such as effective leadership, understanding community history, networks/relationships, broad skill base, and ability to critically reflect and improve upon the intervention. Sense of community, community values, and

community participation are the three community related dimensions. The resources available to the intervention are the responsibility of the implementing organization and the ability to leverage community power refers to the interconnections between the intervention and the community. The findings from the present study contribute to this discussion and offer a human element to the understanding of implementation.

In order for a community intervention to produce change within the community, it must be viewed as a part of the community (Visser & Schoeman, 2004). It is possible for program developers to build into their programs the elements that will contribute to the community's acceptance of the intervention as found in this study. Program staff are crucial to the successful implementation and community acceptance of a community intervention. The employment of a number of staff members that are also members of the community facilitates these processes. The relationships that they build, their continued engagement with the project outside of work hours, and their local knowledge are vital to the community accepting the intervention and creating a sense of community ownership.

The profile that the program has within the community is another important aspect of the community's acceptance of the program. Locating the office in a convenient and obvious location within the community, as well as a great deal of local media coverage for the intervention, will increase the profile of the intervention within the community and create a sense that the program is a part of the community. Encouraging community participation in the program and implementing programs that meet needs expressed by the community have the added effect of increasing the intervention's profile within the community.

9.5 Conclusions and the Contribution to Knowledge

This thesis has provided a comprehensive understanding of the implementation of a community intervention in rural Australia. Implementers' perspectives, which previously have been absent from this field, were the focus. A number of conclusions can be drawn which relate specifically to the areas of flexibility versus fidelity, and rural interventions.

9.5.1 *Fidelity versus Flexibility*

The main tension in the academic literature related to this field, is around the question of fidelity versus flexibility, and it is no surprise that findings of this research would add to this debate. Figure 9.4 assists in understanding the contention between these two factors. An intervention implemented using a top-down approach requires a faithful reproduction of the program design, as this facilitates evaluation and replication, two vital outcomes of this approach. In contrast, community interventions that strive to involve the community, link community agencies, and respond to different contexts, utilize a bottom-up approach and flexibility is vital to facilitating these processes.

Community interventions have vastly different approaches to achieving their proposed outcomes. Some require consistent and well documented implementation, while for others the flexibility in the delivery of the intervention is the key to success. The most common approach to community practice is the social planning approach, which has a strong emphasis on professional expertise (Julian, Hernandez, & Hodges, 2006).

CFK was based on a professionally driven top-down approach but promoted bottom-up strategies. This meant that the issue of flexibility or fidelity was confused from the outset. Many of CFK's strengths as well as limitations can be linked to this issue. CFK was highly flexible and this had many advantages. However many of CFK's struggles may have been alleviated by a more structured plan and a greater expectation of adherence to that plan.

CFK implementers desired some level of autonomy in their implementation of CFK and this was reflected in their response to the issue of flexibility versus fidelity. There was no requirement that planning be strictly adhered to, and it was not. The result was an ever changing program that at times appeared ad hoc, and was impossible to evaluate. Nevertheless, it provided the opportunity for staff to respond to community need, which facilitated community acceptance of CFK. It had the further advantage of developing relationships between other community groups.

The problem of 'program drift' acknowledges the vast differences between the original program model and subsequent replications of the program

(Cameron, Karabanow, Laurendau, & Chamberland, 2001). The alterations observed within the CFK program were due to the political and philosophical differences between implementers. This would indicate that implementers themselves may be a source of ‘internal’ program drift, making true program fidelity virtually impossible.

The high level of flexibility in the CFK intervention did not facilitate the delivery of scientific knowledge to practitioners. Attempts by evaluators and researchers to use program logic models to bridge the gap between research findings and implementer’s knowledge were unsuccessful. Implementers felt removed from academic theory and intimidated by the language. Ultimately, the freedom that they had to pursue different courses of action meant that they did not need to engage with scientific knowledge.

A potential problem with this level of adaptability was that it made it possible for staff to pursue avenues that may have been related to personal gain rather than what was best for the community. In short, this degree of flexibility also meant a lack of accountability. Strict adherence to planning, or a minimum requirement of fidelity with regards to specific components, would have the benefit of ensuring that staff and/or community members had less power to make decisions that they might in some way profit from personally.

The literature has focused on the difficulty of linking the program content to outcomes when implementation is not consistent with planning. The issue of accountability and the potential to further advance those with power within the community is not addressed. It is possible that community interventions implemented in rural settings are more susceptible to this problem due to their isolation and small populations.

9.5.2 *Rural Interventions*

Rural community interventions face unique challenges that have not previously been referred to in the literature. Problems related to accountability, power and dual roles, were all features of the CFK community intervention. These difficulties are related to the geographical isolation of these communities and the small population base within them.

The majority of community intervention staff members will almost certainly be community members when the intervention is implemented in a rural setting. The advantage of this is that it facilitates community participation and community acceptance of the intervention. The disadvantage is that staff unavoidably engage in dual roles. A further disadvantage is in the potential power afforded to the small number of community members employed to implement the intervention. A rural community intervention is particularly susceptible to issues of power when there is also an abundance of flexibility and a lack of accountability.

Intervention staff have the task of deciding which community members and agencies they will develop partnerships with. This places them in the position of empowering those within the community who are disempowered. However, they may choose to give additional power to community members who are already very powerful. The hierarchical structure of CFK placed Daniel in a position of deciding who would be listened to, who would be helped, and who CFK would partner with. Daniel was alerted to potential program components and made many decisions based on conversations that he had with friends. A cynical view of the relationships that Daniel formed might see them as potentially increasing Daniel's prominence in the community, which may or may not have been a benefit for CFK.

9.5.3 Summary and Conclusions

Community interventions are still relatively new and there are a number of different conceptualizations of them. It is likely that a framework for best implementation practice is not possible as community interventions are many and varied and implemented in a multitude of contexts, making it impossible to generalize about their implementation and offer best practice guidelines. What this thesis does offer is an understanding of the implementation of a particular community intervention in rural Victoria. This case study was able to illustrate the many factors and dynamic that can occur in this context and it revealed some surprising outcomes.

BSV's approach to the implementation of CFK was overwhelmingly top-down. BSV was an external service funded to produce program components in a

rural community that would result in a reduction of early school leaving. A needs assessment was completed through consultation with service providers in the community and risk and protective factors identified. Publicity within the broader context of service organizations was a priority as BSV hoped to receive further funding to disseminate the program and/or its components to other communities. Community participation in decision making was limited to service providers in the area, and general community members were expected to participate as service users or in a voluntary capacity to provide service.

The employment of Daniel as project leader led to a shift towards the use of language relevant to a bottom-up approach, which was embraced by BSV, though many of their top-down processes remained in place. Over time it became clear that Daniel's advocacy of a bottom-up community development approach proved to be little more than rhetoric. The promotion of sustainability through community ownership was not desired by either Daniel or BSV as it meant the death of the CFK system. This was evident when the ELF-II program continued to be publicized as a BSV program long after the community was ready to take on ownership of the program.

What was most surprising was that CFK was able to facilitate the development of the community despite a top-down approach. This was likely due to a number of factors within CFK, its implementation, and the community that enabled some bottom-up processes. The rural location of the community meant that, for the most part, staff came from the community. This had the effect of allowing community participation in many aspects of the intervention even though this was not explicitly stated as the purpose of their employment. The relationships formed between service providers accidentally led to the facilitation or strengthening of connections between subsystems of the community.

An additional unexpected outcome of CFK was that it was able to effect change in the BSV organization. Daniel's rhetoric about community development and bottom-up processes had an impact on the organization that he was working for. The effect was that BSV increased its promotion of community interventions as well as its own presence in this domain, and it was claimed that internal structures and processes within BSV were also changed as a result of the association with the CFK intervention.

For change to occur there needs to be disequilibrium in the system. The recognition for the need for change must come from within the system not from an external agent (Visser & Schoeman, 2004). It would seem that CFK were successful at becoming a part of the community and they may well have been able to create disequilibrium within the system despite many of their approaches being top-down rather than bottom-up.

There were a number of reasons for implementers' lack of engagement with theory. It was not readily accessible to them, because of their remote location and also the language used in journal articles was often inaccessible. This meant that staff had to rely on others to provide them with the theory. This may have resulted in staff feeling removed from theories chosen to be presented by external consultants, or it may not have been presented to them in a way that they found comprehensible. Regardless of these issues the autonomy afforded to the staff meant that they did not need a theoretical rationale for their actions.

The limitations for a community intervention implemented in a rural setting are that implementers have a great deal of responsibility as well as power. Staff as community members, their existing relationships, and dual roles, make an abuse of their power a potential problem. This issue has not been addressed in the academic literature.

Recommendations for implementers and consultants of community interventions would have been a desired outcome of this research. However, what has become clear from these findings is that the multitude of factors and dynamics involved in the implementation of these interventions and the variety of contexts, makes recommendations for best practice irrelevant.

9.5.5 Research Limitations

This research did not fully consider the community context in which the intervention was being implemented. It was understood from the outset that the community context was vital to implementation, however as the implementers were the priority for this research, data was not collected from community members. This was a limitation of this study as the effects of power within the intervention and afforded by the intervention were not considered. Stronger conclusions could have been drawn with this additional information.

A related problem was that the focus on the implementation process from the perspectives of the implementers' provided only one side of the interaction. A greater understanding of the processes within the community would have provided a better understanding of why some components were accepted and others were not, which would have enriched this study. Although it was beyond the scope of this research to include this information, it is nevertheless a limitation.

The analysis of the data would have benefited from a second interpreter. This is recommended as part of triangulation as it provides a more objective interpretation. Whilst I was not totally alone in the interpretation of this data, I discussed it with supervisors at the time, I was not in a position to have another person analyze my data. However, it should be acknowledged that this is a limitation of this study.

9.5.6 Directions for future research

This case study has raised a number of questions which would benefit from further exploration. The issue of available time for implementation has not been fully addressed in this study. Questions remain about the implications for practitioners who must put the planners' design into practice within a time frame dictated by others not involved in the implementation.

Rural community interventions are highly likely to employ community members to implement the intervention. A closer look at the potential advantages (continued community engagement out of work hours, local knowledge, and existing relationships) and disadvantages (dual roles, conflict of interest, bias, and existing problematic relationships) is warranted.

This research focused on only one side of the interactive process between the intervention and the community. There are many factors and dynamics of implementation specifically related to the community that were not explored in this study. An examination of the implementation process that considers the community processes in more depth would contribute enormously to understandings of community intervention implementation.

Community participation in community interventions is a complex and difficult task for implementers to undertake. Future research could focus on

implementers' perspectives of this element of a community intervention and how to make their work more effective.

Program evaluation is clearly a vital part of ensuring that community interventions are implemented according to the planning. This research did not include the evaluation process in its examination. The field would benefit from an enhanced understanding of the contribution that evaluation does or does not make to the implementation of these programs.

References

- Ackoff, R. F. (1999). *Ackoff's best: His classic writings on management*. New York: John Wiley & Sons.
- Akerlund, K. M. (2000). Prevention program sustainability: The state's perspective. *Journal of Community Psychology, 28*(3), 353-362.
- Albee, G. W. (1986). Toward a just society: Lessons from observations on the primary prevention of psychopathology. *American Psychologist, 41*(8), 891-898.
- Albee, G. W., & Gullotta, T. P. (1997). Primary prevention's evolution: A historical perspective. In *Primary prevention works* (pp. 3-22). California: Sage Publications.
- Albee, G. W., & Ryan-Finn, K. D. (1993). An overview of primary prevention. *Journal of Counseling and Development, 72*, 115-123.
- Albee, G. W., & Ryan, K. (1998). An overview of primary prevention. *Journal of Mental Health, 7*(5), 441-450.
- Alexandra Secondary College. (2007). Alexandra Secondary College Profile. Retrieved May 5th, 2007, from http://www.asc.vic.edu.au/college_profile.htm
- Altman, D. G. (1995). Sustaining interventions in community systems: On the relationship between researchers and communities. *Health Psychology, 14*(6), 526-536.
- Anderson, R. E., Carter, I., & Lowe, G. R. (1999). *Human behavior in the social environment: A social systems approach* (5th ed.). New York: Aldine De Gruyter.
- Arthur, M. W., & Blitz, C. (2000). Bridging the gap between science and practice in drug abuse prevention through needs assessment and strategic community planning. *Journal of Community Psychology, 28*(3), 241-255.
- Barton, W. H., Watkins, M., & Jarjoura, R. (1997). Youths and communities: Toward comprehensive strategies for youth development. *Social Work, 42*(5), 483-493.
- Baum, H. S. (2001). How should we evaluate community initiatives? *American Planning Association, 67*(2), 147-158.

- Becker, T. E. (2000). The failure of success: Challenges of disseminating effective substance abuse prevention programs. *Journal of Community Psychology*, 28(3), 363-373.
- Beer, A. (2000). Regional policy and development in Australia: Running out of solutions. In B. Pritchard & P. McManus (Eds.), *Land of discontent: The dynamics of change in rural and regional Australia* (pp. 169-194). Sydney: UNSW Press.
- Berkman, L. F., & Glass, T. (2000). Social integration, social networks, social support, and health. In L. F. Berkman & I. Kawachi (Eds.), *Social epidemiology* (pp. 137-173). New York: Oxford University Press.
- Berkman, L. F., & Kawachi, I. (2000). A historical framework for social epidemiology. In L. F. Berkman & I. Kawachi (Eds.), *Social Epidemiology* (pp. 3-12). New York: Oxford University Press.
- Berry Street Victoria. (2000, December). *Evaluation brief and statement of requirement for "Promoting positive school engagement" - An early intervention pilot project in the Shire of Murrindindi*. Melbourne: Berry Street Victoria.
- Berry Street Victoria. (2000, October). *"Promoting positive school engagement - creating life opportunities and choices": An early intervention approach to promoting positive school engagement by responding to families and communities*. Melbourne: Berry Street Victoria.
- Berry Street Victoria. (2001, August). *Connect For Kids: Project summary*. Melbourne: Berry Street Victoria.
- Bishop, B. J., & D'Rozario, P. (2002). Reflections on community psychology in Australia: An introduction. *Journal of Community Psychology*, 30(6), 591-596.
- Bishop, B. J., Pellegrini, S., Syme, G. J., & Shepardson, V. (1993). *Rural women's health networks*. Canberra: Commonwealth of Australia.
- Bishop, B. J., & Syme, G. J. (1996). Social change in rural settings: Lessons for community change agents. In D. R. Thomas & A. Veno (Eds.), *Community psychology and social change: Australian and New Zealand perspectives* (2nd ed., pp. 157-180). Plamerston North, NZ: The Dunmore Press Ltd.
- Bogenschneider, K. (1996). An ecological risk/protective theory for building prevention programs, policies, and community capacity to support youth. *Family Relations*, 45(2), 127-139.

- Bolman, L. G., & Deal, T. E. (1991). *Reframing organizations: Artistry, choice, and leadership*. San Francisco: Josey-Bass Publishers.
- Bond, L., Thomas, L., Toumbourou, J., Patton, G., & Catalano, R. (2000). *Improving the lives of young Victorians in our community: A survey of risk and protective factors*. Melbourne: Centre for Adolescent Health.
- Boyd, N. M., & Angelique, H. (2002). Rekindling the discourse: Organisation studies in community psychology. *Journal of Community Psychology*, 30(4).
- Bridger, J. C., & Luloff, A. E. (2001). Building the sustainable community: Is social capital the answer? *Sociological Inquiry*, 71(4), 458-472.
- Butterfoss, F. D., Goodman, R. M., & Wandersman, A. (1996). Community coalitions for prevention and health promotion: Factors predicting satisfaction, participation, and planning. *Health Education Quarterly*, 23(1), 65-79.
- Cameron, C., Karabanow, J., Laurendau, M. C., & Chamberland, C. (2001). Program implementation and diffusion. In I. Prilleltensky, G. Nelson & L. Peirson (Eds.), *Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action* (pp. 318-346). Toronto: University of Toronto Press.
- Caplan, G. (1964). *Principles of preventive psychiatry*. New York: Basic Books.
- Capra, F. (1996). *The web of life*. New York: Anchor Books.
- Castro, F. G., Barrera, M., & Martinez, C. R. (2004). The cultural adaptation of prevention interventions: Resolving tensions between fidelity and fit. *Prevention Science*, 5(1), 41-45.
- Chaskin, R. J., Joseph, M. L., & Chipenda-Dansokho, S. (1997). Implementing comprehensive community development: Possibilities and limitations. *Social Work*, 42(5), 435-444.
- Chavis, D. M., & Wandersman, A. (1990). Sense of community in the urban environment: A catalyst for participation and community development. *American Journal of Community Psychology*, 18(1), 55-81.
- Choi, J. N. (2003). How does context influence individual behavior? Multilevel assessment of the implementation of social innovations. *Prevention and Treatment*, 6.

- Chrispeels, J. H., & Marin, K. J. (2002). Four school leadership teams define their roles within organizational and political structures to improve student learning. *School Effectiveness and School Improvement, 13*(3), 327-365.
- Clark, N. M. (2002). Foreword. In K. Glanz, B. K. Rimer & F. M. Lewis (Eds.), *Health behavior and health education* (3rd ed., pp. xvii-xxi). San Francisco: Jossey-Boss.
- Clarke, G. (1998). Intervention fidelity in the psychosocial prevention and treatment of adolescent depression. *Journal of Prevention and Intervention in the Community, 17*(2), 19-33.
- Coakes, S. J., & Bishop, B. J. (2002). Defining the nature of participation in rural Australian communities: A qualitative approach. *Journal of Community Psychology, 30*(6), 635-646.
- Coie, J. D., Watt, N. F., West, S. G., Hawkins, J. D., Asaranow, J. R., Markman, H. J., et al. (1993). The science of prevention: A conceptual framework and some directions for a national research program. *American Psychologist, 48*(10), 1013-1022.
- Colclough, G., & Sitaraman, B. (2005). Community and social capital: What is the difference? *Sociological inquiry, 75*(4), 474-496.
- Coleman, J. S. (1988). Social capital in the creation of human capital. *The American Journal of Sociology, 94*(Supplement), S95-S120.
- Collins, L. M., Murphy, S. A., & Bierman, K. L. (2004). A conceptual framework for adaptive preventive interventions. *Prevention Science, 5*(3), 185-196.
- Cowen, E. L. (1977). Baby-steps toward primary prevention. *American Journal of Community Psychology, 5*(1), 1-22.
- Cowen, E. L. (1996). The ontogenesis of primary prevention: Lengthy strides and stubbed toes. *American Journal of Community Psychology, 24*(2), 235-250.
- Cummings, T. G., & Worley, C. G. (1993). *Organization development and change* (5th ed.). Minneapolis: West Publishing Company.
- Dalton, J. H., Elias, M. J., & Wandersman, A. (2001). *Community psychology: Linking individuals and communities*. California: Wadsworth/Thomson Learning.

- Dane, A. V., & Schneider, B. H. (1998). Program integrity in primary and early secondary prevention: Are implementation effects out of control. *Clinical Psychology Review, 18*(1), 23-45.
- Diebold, C. T., Miller, G., Gensheimer, L. K., Mondschein, E., & Ohmart, H. (2000). Building an intervention: A theoretical and practical infrastructure for planning, implementing, and evaluating a metropolitan-wide school-to-career initiative. *Journal of Educational and Psychological Consultation, 11*(1), 147-172.
- Domitrovich, C. E., & Greenberg, M. T. (2000). The study of implementation: Current findings from effective programs that prevent mental disorders in school-aged children. *Journal of Educational and Psychological Consultation, 11*(2), 193-221.
- Dumka, L. E., & Roosa, M. W. (1995). Using research and theory to develop prevention programs for high risk families. *Family Relations, 44*(1), 78-87.
- Durlak, J. A. (1997). *Successful prevention programs for children and adolescents*. New York: Plenum Press.
- Durlak, J. A. (1998a). Common risk and protective factors in successful prevention programs. *American Journal of Orthopsychiatry, 68*(4), 512-520.
- Durlak, J. A. (1998b). Why program implementation is important. *Journal of Prevention and Intervention in the Community, 17*(2), 5-18.
- Durlak, J. A., & Ferrari, J. R. (1998). Some exemplars of implementation. *Journal of Prevention and Intervention in the Community, 17*(2), 81-89.
- Durlak, J. A., & Wells, A. M. (1997). Primary prevention mental health programs for children and adolescents: A meta-analytic review. *American Journal of Community Psychology, 25*(2), 115-153.
- Edwards, R. W., Jumper-Thurman, P., Plested, B. A., Oetting, E. R., & Swanson, L. (2000). Community readiness: Research to practice. *Journal of Community Psychology, 28*(3), 291-307.
- Ellis, P., Robinson, P., Ciliska, D., Armour, T., Brouwers, M., O'Brien, M. A., et al. (2005). A systematic review of studies evaluating diffusion and dissemination of selected cancer control interventions. *Health Psychology, 24*(5), 488-500.
- Evashwick, C., & Ory, M. (2003). Organizational characteristics of successful innovative health care programs sustained over time. *Family Community Health, 26*(3), 177-193.

- Everhart, K., & Wandersman, A. (2000). Applying comprehensive quality programming and empowerment evaluation to reduce implementation barriers. *Journal of Educational and Psychological Consultation, 11*(2), 177-191.
- Felner, R. D., Felner, T. Y., & Silverman, M. M. (2000). Prevention in mental health and social intervention. In J. Rappaport & E. Seidman (Eds.), *Handbook of Community Psychology* (pp. 9-42). New York: Kluwer Academic.
- Ferrari, J. R., & Durlak, J. A. (1998). Why worry about implementation procedures: Why not just do? *Journal of Prevention and Intervention in the Community, 17*(2), 1-3.
- Fine, M. J. (1985). Intervention from a systems-ecological perspective. *Professional Psychology: Research and Practice, 16*(2), 262-270.
- Fisher, A. T., & Sonn, C. C. (1999). Aspiration to community: Community responses to rejection. *Journal of Community Psychology, 27*(6), 715-725.
- Foster-Fishman, P. G., Berkowitz, S. L., Lounsbury, D. W., Jacobson, S., & Allen, N. A. (2001). Building collaborative capacity in community coalitions: A review and integrative framework. *American Journal of Community Psychology, 29*(2), 241-261.
- Foster-Fishman, P. G., Fitzgerald, K., Brandell, C., Nowell, B., Chavis, D. M., & Van Egeren, L. A. (2006). Mobilizing residents for action: The role of small wins and strategic supports. *American Journal of Community Psychology, 38*, 143-152.
- Gabriel, R. M. (2000). Methodological challenges in evaluating community partnerships and coalitions: Still crazy after all these years. *Journal of Community Psychology, 28*(3), 339-352.
- Gager, P. J., & Elias, M. J. (1997). Implementing prevention programs in high-risk environments: Application of the resiliency paradigm. *American Journal of Orthopsychiatry, 67*(3), 363-373.
- Galano, J., Credle, W., Perry, D., Berg, S. W., Huntington, L., & Stief, E. (2001). Developing and sustaining a successful community prevention initiative: The Hampton Healthy Families Partnership. *The Journal of Primary Prevention, 21*(4), 495-509.
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist, 40*(3), 266-275.

- Gerritsen, R. (2000). The management of Government and its consequences for service delivery in regional Australia. In B. Pritchard & P. McManus (Eds.), *Land of discontent: The dynamics of change in rural and regional Australia* (pp. 123-139). Sydney: UNSW Press.
- Glesne, C., & Peshkin, A. (1992). *Becoming qualitative researchers: An introduction*. N. Y.: Longman.
- Goodman, R. M. (2000). Bridging the gap in effective program implementation: From concept to application. *Journal of Community Psychology*, 28(3), 309-321.
- Goodman, R. M., Wandersman, A., Chinman, M., Imm, P., & Morrissey, E. (1996). An ecological assessment of community-based interventions for prevention and health promotion. *American Journal of Community Psychology*, 24(1), 33-.
- Greenberg, M. T., Domitrovich, C., & Bumbarger, B. (2001). The prevention of mental disorders in school-aged children: Current state of the field. *Prevention and Treatment*, 4(1).
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). Thousand Oaks, California: Sage Publications.
- Hamel, J., Dufour, S., & Fortin, D. (1993). *Case study methods*. Newbury Park, California: Sage Publications.
- Hanna, D. (1997). The organization as an open system. In A. Harris, N. Bennett & M. Preedy (Eds.), *Organizational effectiveness and improvement in education* (pp. 13-21). Buckingham: Open University Press.
- Harrison, M. I. (1994). *Diagnosing Organizations: Methods, models, and processes* (2nd ed.). Thousand Oaks: Sage Publications.
- Hasenfeld, Y. (1992a). The nature of human service organizations. In Y. Hasenfeld (Ed.), *Human services as complex organizations* (pp. 3-23). Newbury Park: Sage Publications.
- Hasenfeld, Y. (1992b). Theoretical approaches to human service organizations. In Y. Hasenfeld (Ed.), *Human services as complex organizations* (pp. 24-44). Newbury Park: Sage Publications.
- Herbert-Cheshire, L. (2000). Contemporary strategies for rural community development in Australia: A governmentality perspective. *Journal of Rural Studies*, 16, 203-215.

- Herbert-Cheshire, L., & Higgins, V. (2004). From risky to responsible: Expert knowledge and the governing of community-led rural development. *Journal of Rural Studies*, 20, 289-302
- Higginbotham, N., Albrecht, G., & Connor, L. (2001). *Health social science: A transdisciplinary and complexity perspective*. South Melbourne: Oxford University Press.
- Hines, P. M., Macias, C., & Perrino, T. (1998). Implementing a violence intervention for inner-city adolescents: Potential pitfalls and suggested remedies. *Journal of Prevention and Intervention in the Community*, 17(2), 35-49.
- Hughey, J., Speer, P. W., & Peterson, N. A. (1999). Sense of community in community organizations: Structure and evidence of validity. *Journal of Community Psychology*, 27(1), 97-113.
- Hunt, K., & Emslie, C. (2001). Commentary: The prevention paradox in lay epidemiology - Rose revisited. *International Journal of Epidemiology*, 30(3), 442-446.
- Janesick, V. J. (1994). The dance of qualitative research design. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 209-219). Thousand Oaks, California: Sage Publications.
- Johnson, C. A., Pentz, M. A., Weber, M. D., Dwyer, J. H., Baer, N., MacKinnon, D. P., et al. (1990). Relative effectiveness of comprehensive community programming for drug abuse prevention with high-risk and low-risk adolescents. *Journal of Consulting and Clinical Psychology*, 58(4), 447-456.
- Julian, D. A. (2001). A case study of the implementation of outcomes-based funding within a local United Way system: Some implications for practicing community psychology. *American Journal of Community Psychology*, 29(6), 851-874.
- Julian, D. A., Hernandez, M., & Hodges, S. (2006). Exemplars of community practice. *American Journal of Community Psychology*, 38(3-4), 141-142.
- Julian, D. A., Jones, A., & Deyo, D. (1995). Open systems evaluation and the logic model: Program planning and evaluation tools. *Evaluation and program planning*, 18(4), 333-341.
- Julian, D. A., & Kombarakaran, F. (2006). Assessment of quality of outcomes within a local united way organization: Implications for sustaining system

- level change. *American Journal of Community Psychology*, 38(3-4), 175-181.
- Kaftarian, S. J., & Wandersman, A. (2000). Bridging the gap between research and practice in community based substance abuse prevention. *Journal of Community Psychology*, 28(3), 237-240.
- Kallestad, J. H., & Olweus, D. (2003). Predicting teachers' and schools' implementation of the Olweus bullying prevention program: A multilevel study. *Prevention and Treatment*, 6.
- Kaplan, S. A., & Garrett, K. E. (2005). The use of logic models by community-based initiatives. *Evaluation and program planning*, 28, 167-172.
- Katz, D., & Kahn, R. L. (1966). *The social psychology of organizations*. New York: John Wiley & Sons, Inc.
- Kawachi, I., & Berkman, L. F. (2000). Social cohesion, social capital, and health. In L. F. Berkman & I. Kawachi (Eds.), *Social epidemiology* (pp. 174-190). New York: Oxford University Press.
- Kelly, J. G., Ryan, A. M., Altman, B. E., & Stelzner, S. P. (2000). Understanding and changing social systems: An ecological view. In J. Rappaport & E. Seidman (Eds.), *Handbook of community psychology* (pp. 133-159). New York: Kluwer Academic.
- Kerner, J., Rimer, B., & Emmons, K. (2005). Introduction to the special section on dissemination. Dissemination research and research dissemination: How can we close the gap? *Health Psychology*, 24(5), 443-446.
- Kilpatrick, S., Field, J., & Falk, I. (2002). Social capital: An analytical tool for exploring lifelong learning and community development. *British Educational Research Journal*, 29(3), 417-433.
- Kingry-Westergaard, C., & Kelly, J. G. (1990). A contextualist epistemology for ecological research. In P. Tolan, C. Keys, F. Chertok & L. Jason (Eds.), *Researching community psychology: Issues of theory and methods* (pp. 23-31). Washington: American Psychological Association.
- Kramer, L., Laumann, G., & Brunson, L. (2000). Implementation and diffusion of the rainbows program in rural communities: Implications for school-based prevention programming. *Journal of Educational and Psychological Consultation*, 11(1), 37-64.
- Kubisch, A. C., Auspos, P., Brown, P., Chaskin, R., Fulbright-Anderson, K., & Hamilton, R. (2002). *Voices from the field II: Reflections on comprehensive community change*. Washington: Aspen Institute.

- Kubisch, A. C., Brown, P., Chaskin, R., Hirota, J., Joseph, M., Richman, H., et al. (1997). *Voices from the field: Learning from the early work of comprehensive community initiatives*. Washington: Aspen Institute.
- Kubisch, A. C., Weiss, C. H., Schorr, L. B., & Connell, J. P. (1995). Introduction. In J. P. Connell, A. C. Kubisch, L. B. Schorr & C. H. Weiss (Eds.), *New approaches to evaluating community initiatives, Vol 1: Concepts, methods and contexts*. (pp. 1-22). Washington: The Aspen Institute.
- Levine, M. (1998). Prevention and community. *American Journal of Community Psychology, 26*(2), 189-207.
- Levine, R. L., & Fitzgerald, H. E. (1992). *Analysis of dynamic psychological systems: Basic approaches to general systems, dynamic systems, and cybernetics* (Vol. 1). New York: Plenum Press.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic Inquiry*. Newbury Park, California: Sage Publications.
- Lincoln, Y. S., & Guba, E. G. (2000). Paradigmatic controversies, contradictions, and emerging confluences. In N. K. Denzin & Y. S. Lincoln (Eds.), *The handbook of qualitative research* (2nd ed., pp. 163-188). Thousand Oaks: Sage Publications.
- Lochman, J. E. (2001). Issues in prevention with school-aged children: Ongoing intervention refinement, developmental theory, prediction and moderation, and implementation and dissemination. *Prevention and Treatment, 4*.
- Lynch, K. B., Geller, S. R., Hunt, D. R., Galano, J., & Dubas, J. S. (1998). Successful program development using implementation evaluation. *Journal of Prevention and Intervention in the Community, 17*(2), 51-64.
- MacLeod, J., & Nelson, G. (2000). Programs for the promotion of family wellness and the prevention of child maltreatment: A meta-analytic review. *Child Abuse and Neglect, 24*(9), 1127-1149.
- MacQueen, K. M., McLellan, E., Metzger, D. S., Kegeles, S., Strauss, R. P., Scotti, R., et al. (2001). What is community? An evidence-based definition for participatory public health. *American Journal of Public Health, 91*(12), 1929-1938.
- McKenna, E. F. (2000). *Business psychology and organisational behaviour: A student's handbook* (3rd ed.). Sussex: Psychology Press Ltd.
- McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology, 14*, 6-23.

- McNeely, J. (1999). Community building. *Journal of Community Psychology*, 27(6), 741-750.
- Merriam, S. B. (1998). *Qualitative research and case study applications in education*. San Francisco: Josey Bass Publishers.
- Messinger, L. (2004). Comprehensive community initiatives: A rural perspective. *Social Work*, 49(4), 535-546.
- Meyer, A., Miller, S., & Herman, M. (1993). Balancing the priorities of evaluation with the priorities of the setting: A focus on positive youth development programs in school settings. *The Journal of Primary Prevention*, 14(2), 95-113.
- Midgley, G., & Ochoa-Arias, A. E. (2004). An introduction to community operational research. In G. Midgley & A. E. Ochoa-Arias (Eds.), *Community operational research OR and systems thinking for community development* (pp. 1-36). New York: Kluwer Academic/Plenum Publishers.
- Miles, M. B., & Huberman, A. M. (1994). *An expanded sourcebook: Qualitative data analysis* (2nd ed.). Thousand Oaks, California: Sage Publications.
- Millford, L. (2005). *Understanding occupational and organizational psychology*. London: Sage.
- Morgan, G. (1997). *Images of organization*. Thousand Oaks: Sage Publications.
- Morrissey, E., Wandersman, A., Seybolt, D., Nation, M., Crusto, C., & Davino, K. (1997). Toward a framework for bridging the gap between science and practice in prevention: A focus on evaluator and practitioner perspectives. *Evaluation and Program Planning*, 20(3), 367-377.
- Murphy-Berman, V., Schnoes, C. J., & Chambers, J. M. (2000). An early stage evaluation model for assessing the effectiveness of comprehensive community initiatives: three case studies in Nebraska. *Evaluation and Program Planning*, 23, 157-163.
- Murrindindi Shire Council. (2005). *Annual Report: 2004/2005*: Murrindindi Shire Council.
- Nastasi, B. K., Varjas, K., Schensul, S. L., & Silva, K. T. (2000). The participatory intervention model: A framework for conceptualizing and promoting intervention acceptability. *School Psychology Quarterly*, 15(2), 207-232.

- Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., et al. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist*, 58(6/7), 449-456.
- Nelson, G., Amio, J. L., Prilleltensky, I., & Nickels, P. (2000). Partnerships for implementing school and community prevention programs. *Journal of Educational and Psychological Consultation*, 11(1), 121-145.
- Nelson, G., Laurendeau, M. C., & Chamberland, C. (2001). A review of programs to promote family wellness and prevent the maltreatment of children. *Canadian Journal of Behavioral Science*, 33(1), 1-13.
- Nelson, G., & Prilleltensky, I. (2005). *Community psychology: In pursuit of well being and liberation*. New York: Palgrave/Macmillan.
- Nelson, G., Prilleltensky, I., & Peters, R. D. (1999). Prevention and mental health promotion in the community. In W. L. Marshall & P. Fireston (Eds.), *Abnormal Psychology* (pp. 461-478). Scarborough, Ontario: Prentice Hall Allyn and Bacon.
- O'Toole, K., & Burdess, N. (2004). New community governance in small rural towns: The Australian experience. *Journal of Rural Studies*, 20, 433-443.
- Pancer, S. M., & Cameron, G. (1994). Resident participation in the better beginnings, better futures prevention project: Part I - The impacts of involvement. *Canadian Journal of Community Mental Health*, 13(2), 197-211.
- Parham, J. (2005). Guest Editorial: Promotion and prevention 'report card': Is Australia getting it right? [Electronic Version]. *Australian e-Journal for the Advancement of Mental Health*, 4.
- Perkins, D. D., Brown, B. B., & Taylor, R. B. (1996). The ecology of empowerment: Predicting participation in community organizations. *Journal of Social Issues*, 52(1), 85-110.
- Perkins, D. D., & Long, D. A. (2002). Neighbourhood sense of community and social capital. In A. T. Fisher, C. C. Sonn & B. J. Bishop (Eds.), *Psychological sense of community: Research, applications, and implications* (pp. 291-316). New York: Kluwer Academic/Plenum Publishers.
- Piantanida, M., & Garma, N. B. (1999). *The qualitative dissertation: A guide for students and faculty*. Thousand Oaks, California: Corwin Press, Inc.

- Potapchuk, W. R. (1996). Building sustainable community politics: Synergizing participatory, institutional, and representative democracy. *National Civic Review*, 85(3), 54-60.
- Price, R. H. (2003). Systems within systems: Putting program implementation in organizational context. *Prevention and Treatment*, 6, Article 20.
- Prilleltensky, I., & Nelson, G. (2000). Promoting child and family wellness: Priorities for psychological and social interventions. *Journal of Community and Applied Social Psychology*, 10, 85-105.
- Prilleltensky, I., Peirson, L., & Nelson, G. (2001). Mapping the terrain: Framework for promoting family wellness and preventing child maltreatment. In I. Prilleltensky, G. Nelson & L. Peirson (Eds.), *Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action*. (pp. 3-40). Toronto: University of Toronto Press.
- Prilleltensky, I., Pierson, L., & Nelson, G. (1997). The application of community psychology values and guiding concepts to school consultation. *Journal of Educational and Psychological Consultation*, 8(2), 153-173.
- Qualitative Solutions and Research. (1999). NU*DIST Vivo [Nvivo] [Computer software]. Melbourne: Qualitative Solutions and Research Pty. Ltd.
- Rae-Grant, N. (1994). Preventive interventions for children and adolescents: Where are we now and how far have we come? *Canadian Journal of Community Mental Health*, 13(2), 17-36.
- Rainey, H. G. (1997). *Understanding and managing public organizations* (2nd ed.). San Francisco: Jossey-Bass Publishers.
- Reason, P., & Rowan, J. (1981). Issues of validity in new paradigm research. In P. Reason & J. Rowan (Eds.), *Human Inquiry* (pp. 239-250). Chichester: John Wiley & Sons.
- Reiss, D., & Price, R. H. (1996). National research agenda for prevention research: The National Institute of Mental Health report. *American Psychologist*, 51(11), 1109-1115.
- Richardson, L. (2000). Writing: A method of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 923-948). Thousand Oaks: Sage Publications.
- Roberts-Gray, C., & Gray, T. (1983). Implementing innovations: A model to bridge the gap between diffusion and utilization. *Knowledge: Creation, diffusion, utilization*, 5(2), 213-232.

- Robertson, N. (1996). Reforming institutional responses to violence against women: A comprehensive community intervention project. In D. R. Thomas & A. Veno (Eds.), *Community psychology and social change: Australian and New Zealand perspectives* (2nd ed., pp. 81-104). Palmerston North, NZ: The Dunmore Press Ltd.
- Rose, G. (1981). Strategy of prevention: Lessons from cardiovascular disease. *British Medical Journal*, 282, 1847-1851.
- Rothenbuhler, E. W. (1991). The process of community involvement. *Communication Monographs*, 58, 63-78.
- Ryan, D. (2006). "Everything here is so political...." Separating the organizationally normal from the political in communities of organizations. *Journal of Drug Issues*, 36(2), 351-376.
- Sarason, S. B. (1974). *The psychological sense of community: Prospects for a community psychology*. San Francisco: Jossey-Bass.
- Savaya, R., & Waysman, M. (2005). The logic model: A tool for incorporating theory in development and evaluation of programs. *Administration in social work*, 29(2), 85-103.
- Scheirer, M. A. (1996). A template for assessing the organizational base for program implementation. *New Directions for Evaluation*, 72, 61-79.
- Schnoes, C. J. (2000). Empowerment evaluation applied: Experiences, analysis, and recommendations from a case study. *American Journal of Evaluation*, 21(1), 53-65.
- Schorr, L. B. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America*. New York: Doubleday.
- Scott, W. R. (1992). *Organizations: Rational, natural and open systems* (3rd ed.). New Jersey: Prentice Hall.
- Scott, W. R. (1997). Organizational effectiveness. In A. Harris, N. Bennett & M. Preedy (Eds.), *Organizational effectiveness and improvement in education* (pp. 96-106). Buckingham: Open University Press.
- Senge, P. M. (1990). *The fifth discipline: The art and practice of the learning organization*. New York: Currency Doubleday.
- Serrano-Garcia, I. (1990). Implementing research: Putting our values to work. In P. Tolan, C. Keys, F. Chertok & L. Jason (Eds.), *Researching community*

psychology: Issues of theory and methods. (pp. 171-182). Washington: American Psychological Association.

Simpson, L., Wood, L., & Daws, L. (2003). Community capacity building: Starting with people not projects. *Community Development Journal*, 38(4), 277-286.

Smith-Morris, C. M. (2004). Reducing diabetes in Indian country: Lessons from the three domains influencing Pima diabetes. *Human Organization*, 63(1), 34-46.

Solomon, L. J., Scarpone, M. F., Loew, D. E., & Gross, J. (1992). Toward the prevention of cardiovascular disease. In M. Kessler, S. E. Goldston & J. M. Joffe (Eds.), *The present and future of prevention*. Newbury Park: Sage Publications.

St Pierre, T. L., & Kaltreider, D. L. (2001). Reflections on implementing a community agency-school prevention program. *Journal of Community Psychology*, 29(2), 107-116.

Stafford, M., & Marmot, M. (2003). Neighborhood deprivation and health: Does it affect us all equally? *International Journal of Epidemiology*, 32, 357-366.

Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.

Stake, R. E. (2000). Case Studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 435-454). Thousand Oaks: Sage Publications.

Stake, R. E. (2003). Case studies. In N. K. Denzin & Y. S. Lincoln (Eds.), *Strategies of qualitative inquiry*. Thousand Oaks, California: Sage Publications.

Stith, S., Pruitt, I., Dees, J., Fronce, M., Green, N., Som, A., et al. (2006). Implementing community-based prevention programming: A review of the literature. *The Journal of Primary Prevention*, 27(6), 599-617.

Stockwell, T. R., Toumbourou, J., Letcher, P., Smart, D., Sanson, A., & Bond, L. (2004). Risk and protection factors for different intensities of adolescent substance use: When does the Prevention Paradox apply? *Drug and Alcohol Review*, 23(1), 67-77.

Taylor, S. J., & Bogdan, R. (1998). *Introduction to qualitative research methods* (3rd ed.). New York: John Wiley & Sons.

- The Wellness Promotion Unit Victoria University. (August, 2004). *Connect For Kids: Final Evaluation Report*. Melbourne: Victoria University.
- Tonts, M. (2000). The restructuring of Australia's rural communities. In B. Pritchard & P. McManus (Eds.), *Land of discontent: The dynamics of change in rural and regional Australia* (pp. 53-72). Sydney: UNSW Press.
- Trickett, E. J. (2002). A future for community psychology: The contexts of diversity and the diversity of contexts. In T. A. Revenson, A. R. D'Augelli, S. E. French, D. L. Hughes, D. Livert, E. Seidman, M. Shinn & H. Yoshikawa (Eds.), *A quarter century of community psychology: Readings from the American Journal of Community Psychology*. (pp. 513-534). New York: Kluwer Academic/Plenum Publishers.
- Veno, A. (1996). Alternative organisations: A case study of the rise and fall of an Australian welfare organisation. In D. Thomas & A. Veno (Eds.), *Community psychology and social change: Australian and New Zealand perspectives* (2nd ed.). Palmerston North, NZ: The Dunmore Press Ltd.
- Veno, A., & Thomas, D. R. (1996). Psychology and the process of social change. In D. R. Thomas & A. Veno (Eds.), *Community psychology and social change: Australian and New Zealand perspectives* (2nd ed., pp. 13-35). Palmerston North, NZ: The Dunmore Press.
- Victorian Government Department for Victorian Communities. (2005). *Indicators of community strength at the local Government level in Victoria*. Melbourne: Strategic Policy and Research Division.
- Victorian Government Department of Human Services. (1999). Victorian Burden of Disease Study: Morbidity. 2006
- Victorian Government Department of Sustainability and Environment. (2001-2003). Towns in time, 2001. Retrieved March 3rd, 2006
- Vincent, M. L., Clearie, A. F., & Schluchter, M. D. (1987). Reducing adolescent pregnancy through school and community-based education. *Journal of the American Medical Association*, 257(24), 3382-3386.
- Visser, M. J. (2004). Implementing peer support in schools: Using a theoretical framework in action research. *Journal of Community & Applied Social Psychology*, 14, 436-454.
- Visser, M. J., & Schoeman, J. B. (2004). Implementing a community intervention to reduce young people's risks for getting HIV: Unraveling the complexities. *Journal of Community Psychology*, 32(2), 145-165.

- Wandersman, A., & Florin, P. (2000). Citizen participation and community organizations. In J. Rappaport & E. Seidman (Eds.), *Handbook of Community Psychology* (pp. 247-272). New York: Kluwer Academic.
- Wandersman, A., & Florin, P. (2003). Community interventions and effective prevention. *American Psychologist*, *58*(6/7), 441-448.
- Wandersman, A., Morrissey, E., Davino, K., Seybolt, D., Crusto, C., Nation, M., et al. (1998). Comprehensive quality programming and accountability: Eight essential strategies for implementing successful prevention programs. *The Journal of Primary Prevention*, *19*(1), 3-30.
- Weissberg, R. P. (1990). Fidelity and adaptation: Combining the best of both perspectives. In P. Tolan, C. Keys, F. Chertok & L. Jason (Eds.), *Researching community psychology: Issues of theory and methods* (pp. 186-189). Washington: American Psychological Association.
- Whittaker, A., & Banwell, C. (2002). Positioning policy: The epistemology of social capital and its application in applied rural research in Australia. *Human Organization*, *61*(3), 252-262.
- Williams, C. L., & Perry, C. L. (1998). Design and implementation of parent programs for a community-wide adolescent alcohol use prevention program. *Journal of Prevention and Intervention in the Community*, *17*(2), 65-80.
- Zins, J. E., Elias, M. J., Greenberg, M. T., & Pruetz, M. K. (2000). Promoting quality implementation in prevention programs. *Journal of Educational and Psychological Consultation*, *11*(2), 173-174.

Appendix A: Interview Questions Advisory Committee

Interview questions for all committee members:

1. How do your initial visions of CFK compare to what is actually happening now in CFK?
2. What do you think are the strengths and weaknesses of CFK?
3. What are your impressions of the evaluation and the evaluation team?
4. What improvements could be made to CFK?
5. Is there anything emerging that you feel is important to focus on?
6. How do you feel the CFK team are working together?
7. What impact (if any) do you think Bronwyn's departure has or will have on the project?

Additional questions for project workers and managers

1. Do you feel the project is maintaining a community development approach
 - Working to build partnerships between families, institutions and the community
 - Local need and context reflected through stakeholders shaping specific interventions

Additional questions for Advisory committee parent reps only

1. Do you feel that what you are doing is worthwhile?
2. Do you feel that you have something to offer the advisory committee?
3. Do you feel that your contributions are valued?

Appendix B: Review of Literature given to Participants

Criteria for successful program implementation

Theme One: The importance of a program model:

A program model or framework offers guidelines to enable program implementers to reflect upon their practice:

1. The intervention should include programs that address all ecological levels of analysis.

An ecological framework takes into account the context in which the problem occurs. The importance of interventions addressing all ecological levels of analysis is widely recognised in the prevention literature. In their review of programs for the prevention of maltreatment of children and the promotion of family wellness, Nelson, Laurendeau and Chamberland (2001) found that programs tackling several different ecological levels of analysis were the most effective.

2. Clear articulation of program's key elements:

This is relevant both to the implementation of the program as well as to the future adoption of the program elsewhere. Staff and volunteers should be informed of which elements are vital to achieving the required outcomes. If the program is to be adopted by other communities it must be clear which elements are key elements that must be maintained and which elements are flexible and may be adapted to the particular community in which the program is being implemented. Durlak (1998) suggests establishing a program manual that translates how the key elements of the program can be put into practice.

3. Prevention-intervention continuum

It is important that within an intervention there are an adequate number of universal prevention programs. Galano et al. (2001) found that broad community support for the initiative was gained when programs were targeted to the entire population, while providing programs for 'at risk' populations from traditional social service agencies tended to stigmatise the program and those participating in it.

4. Sustainability

Throughout the development and implementation of a program it is important to consider its long-term sustainability.

Theme Two: Promoting ownership and participation for all stakeholders

5. Collaboration and consultation with all key stakeholders throughout all three stages (planning, implementation and evaluating) of the intervention.

Durlak and Ferrari (1998) examined the implementation of several prevention interventions and found that collaboration with all stakeholders increased the commitment of those involved. St Pierre and Kaltreider (2001) found that in the implementation of an after-school substance abuse prevention program it was not only important to seek input from stakeholders at all three stages of the intervention, but also to put into practice the suggestions they provided. Seeing their suggestions used gave them a sense of ownership over the intervention, ensuring participation and sustainability.

6. Participation in decision making at the community level.

Pancer and Cameron (1994) found that residents involved in the Better Beginnings, Better Futures project developed a sense of community and that their self-confidence, self-esteem, social contact, support, skills and knowledge were enhanced. They also found that communities where residents participated were able to come together and take action for other needed services not related to the project.

Theme Four: Creating an infrastructure that is supportive and on-going

7. Adequate training for staff and volunteers.

Lynch, Geller, Hunt, Galano and Dubas (1998) state that the high-quality training provided to the teachers implementing an early childhood substance abuse and violence prevention initiative was a contributing factor to the program's success. A key component of this training was a review of the research relevant to the program as well as techniques appropriate for the implementation of the program

8. On-going supervision and support for staff and volunteers:

St Pierre and Kaltreider (2001) found that lack of support lead to resentment and negative attitudes from the staff, which at times lead to the undermining of the program.

9. Adequate resources:

Resources include time, money, availability of staff, and space. In their analysis of the implementation of the Rainbows program in rural schools, Kramer, Laumann and Brunson (2000) found that inadequate resources were a significant barrier to effective implementation.

References:

- Durlak, J. A. (1998). Why program implementation is important. *Journal of Prevention and Intervention in the Community, 17*(2), 5-18.
- Durlak, J. A., & Ferrari, J. R. (1998). Some exemplars of implementation. *Journal of Prevention and Intervention in the Community, 17*(2), 81-89.
- Galano, J., Credle, W., Perry, D., Berg, S. W., Huntington, L., & Stief, E. (2001). Developing and sustaining a successful community prevention initiative: The Hampton Healthy Families Partnership. *The Journal of Primary Prevention, 21*(4), 495-509.
- Kramer, L., Laumann, G., & Brunson, L. (2000). Implementation and diffusion of the rainbows program in rural communities: Implications for school-based prevention programming. *Journal of Educational and Psychological Consultation, 11*(1), 37-64.
- Lynch, K. B., Geller, S. R., Hunt, D. R., Galano, J., & Dubas, J. S. (1998). Successful program development using implementation evaluation. *Journal of Prevention and Intervention in the Community, 17*(2), 51-64.
- Nelson, G., Laurendeau, M. C., & Chamberland, C. (2001). A review of programs to promote family wellness and prevent the maltreatment of children. *Canadian Journal of Behavioural Science, 33*(1), 1-13.
- Pancer, S. M., & Cameron, G. (1994). Resident participation in the better beginnings, better futures prevention project: Part I - The impacts of involvement. *Canadian Journal of Community Mental Health, 13*(2), 197-211.
- St Pierre, T. L., & Kaltreider, D. L. (2001). Reflections on implementing a community agency-school prevention program. *Journal of Community Psychology, 29*(2), 107-116.

Appendix C Set of Guiding Principles as Reported to Participants

Criteria for successful program implementation:

Theme One: The importance of a program model:

A program model or framework offers guidelines to enable program implementers to reflect upon their practice:

1. The intervention should include programs that address all ecological levels of analysis.

An ecological framework takes into account the context in which the problem occurs. The importance of interventions addressing all ecological levels of analysis is widely recognised in the prevention literature. In their review of programs for the prevention of maltreatment of children and the promotion of family wellness, Nelson, Laurendeau and Chamberland (2001) found that programs tackling several different ecological levels of analysis were the most effective.

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This is relevant both to the implementation of the program as well as to the future adoption of the program elsewhere. Staff and volunteers should be informed of which elements are vital to achieving the required outcomes. If the program is to be adopted by other communities it must be clear which elements are key elements that must be maintained and which elements are flexible and may be adapted to the particular community in which the program is being implemented. Durlak (1998) suggests establishing a program manual that translates how the key elements of the program can be put into practice.

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4. Sustainability

Throughout the development and implementation of a program it is important to consider its long-term sustainability.

5. Evaluation

There are two levels of evaluation that are important and interdependent in considering the value of an intervention program. One level evaluates the process and outcomes of the program, at critical periods or at completion of the intervention, against the program's initial goals

(Scheirer, 1994). The second level involves an evaluation of the program against an external program of excellence and evaluates the implementation of the program in light of those criteria (Prilleltensky, Peirson, & Nelson, 2001).

Theme Two: Promoting ownership and participation for all stakeholders

6. Collaboration and consultation with all key stakeholders throughout all three stages (planning, implementation and evaluating) of the intervention.
Durlak and Ferrari (1998) examined the implementation of several prevention interventions and found that collaboration with all stakeholders increased the commitment of those involved. St Pierre and Kaltreider (2001) found that in the implementation of an after-school substance abuse prevention program it was not only important to seek input from stakeholders at all three stages of the intervention, but also to put into practice the suggestions they provided. Seeing their suggestions used gave them a sense of ownership over the intervention, ensuring participation and sustainability.
7. Participation in decision making at the community level.
Pancer and Cameron (1994) found that residents involved in the Better Beginnings, Better Futures project developed a sense of community and that their self-confidence, self-esteem, social contact, support, skills and knowledge were enhanced. They also found that communities where residents participated were able to come together and take action for other needed services not related to the project.

Theme Four: Creating an infrastructure that is supportive and on-going

8. Adequate training for staff and volunteers.
Lynch, Geller, Hunt, Galano and Dubas (1998) state that the high-quality training provided to the teachers implementing an early childhood substance abuse and violence prevention initiative was a contributing factor to the program's success. A key component of this training was a review of the research relevant to the program as well as techniques appropriate for the implementation of the program
9. On-going supervision and support for staff and volunteers:
St Pierre and Kaltreider (2001) found that lack of support lead to resentment and negative attitudes from the staff, which at times lead to the undermining of the program.
10. Adequate resources:
Resources include time, money, availability of staff, and space. In their analysis of the implementation of the Rainbows program in rural schools, Kramer, Laumann and Brunson (2000) found that inadequate resources were a significant barrier to effective implementation.

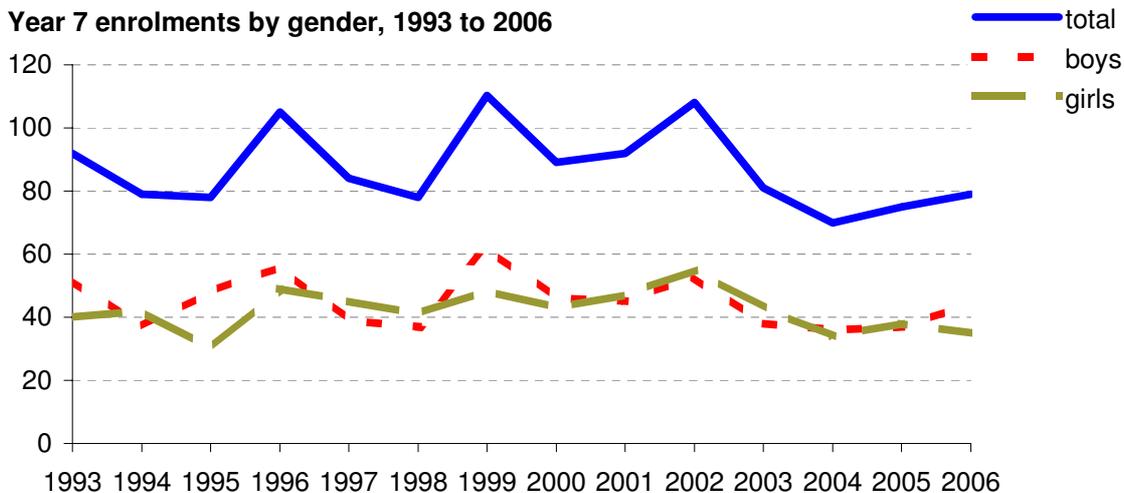
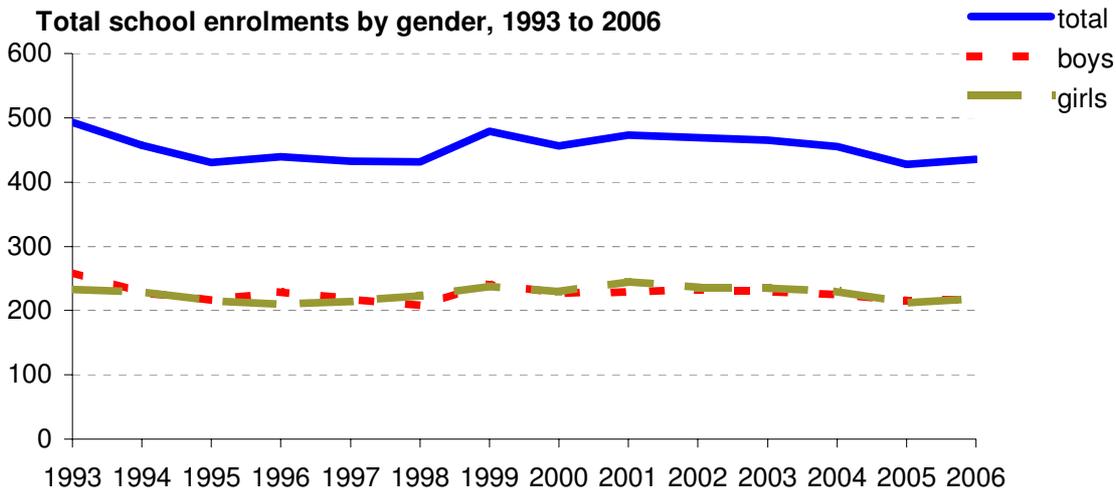
References:

- Durlak, J. A. (1998). Why program implementation is important. *Journal of Prevention and Intervention in the Community, 17*(2), 5-18.
- Durlak, J. A., & Ferrari, J. R. (1998). Some exemplars of implementation. *Journal of Prevention and Intervention in the Community, 17*(2), 81-89.
- Galano, J., Credle, W., Perry, D., Berg, S. W., Huntington, L., & Stief, E. (2001). Developing and sustaining a successful community prevention initiative: The Hampton Healthy Families Partnership. *The Journal of Primary Prevention, 21*(4), 495-509.
- Kramer, L., Laumann, G., & Brunson, L. (2000). Implementation and diffusion of the rainbows program in rural communities: Implications for school-based prevention programming. *Journal of Educational and Psychological Consultation, 11*(1), 37-64.
- Lynch, K. B., Geller, S. R., Hunt, D. R., Galano, J., & Dubas, J. S. (1998). Successful program development using implementation evaluation. *Journal of Prevention and Intervention in the Community, 17*(2), 51-64.
- Nelson, G., Laurendeau, M. C., & Chamberland, C. (2001). A review of programs to promote family wellness and prevent the maltreatment of children. *Canadian Journal of Behavioural Science, 33*(1), 1-13.
- Pancer, S. M., & Cameron, G. (1994). Resident participation in the better beginnings, better futures prevention project: Part I - The impacts of involvement. *Canadian Journal of Community Mental Health, 13*(2), 197-211.
- Prilleltensky, I., Peirson, L., & Nelson, G. (2001). Mapping the terrain: Framework for promoting family wellness and preventing child maltreatment. In L. Peirson (Ed.), *Promoting family wellness and preventing child maltreatment: Fundamentals for thinking and action*. (pp. 3-40). Toronto: University of Toronto Press.
- Scheirer, M. A. (1994). Designing and using process evaluation. In K. E. Newcomer (Ed.), *Handbook of practical program evaluation*. San Francisco: Josey Bass Publishers.
- St Pierre, T. L., & Kaltreider, D. L. (2001). Reflections on implementing a community agency-school prevention program. *Journal of Community Psychology, 29*(2), 107-116.

Enrolments

School no: 7505
School name: Alexandra Secondary College
Explanation: Enrolments at February census.
Source of data: February census.

Year	Total school enrolment			Prep enrolment			Year 7 enrolments		
	boys	girls	total	boys	girls	total	boys	girls	total
1993	260	233	493				52	40	92
1994	228	229	457				37	42	79
1995	216	215	431				48	30	78
1996	229	210	439				56	49	105
1997	218	214	432				39	45	84
1998	209	223	432				37	41	78
1999	241	238	479				62	48	110
2000	227	229	456				46	43	89
2001	229	245	474				45	47	92
2002	234	236	469				53	55	108
2003	230	235	465				38	43	81
2004	226	230	456				36	34	70
2005	216	212	428				37	38	75
2006	216	219	436				44	35	79



Apparent Retention

School no: 7505
 School name: Alexandra Secondary College
 Report Year: 2006

Explanation: Apparent retention rates are based on enrolments. For example, Year 7Feb-12Aug apparent retention refers to year 12 enrolment of students in full-time school education in August expressed as a percentage of year 7 enrolments in February five years earlier.

Source of data: February and August census.

	Cohorts											
	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2006
Year 7	1996	1997	1998	1999	2000	2001	2002	2003				
Year 10	1999	2000	2001	2002	2003	2004	2005	2006				
Year 11	2000	2001	2002	2003	2004	2005	2006					
Year 12	2001	2002	2003	2004	2005	2006						
Year 7 (Feb)	no. 105	84	78	110.4	89	92	108	81				
Year 10 (Aug)	no. 84	70	64	88	67	74.3	94.7	78				
Year 7 (Feb) - 10 (Aug)	% 80.0	83.3	82.1	79.7	75.3	80.8	87.7	96.3				
LSG mean ³	% 94.9	92.7	93.1	91.6	90.3	90.3	89.8	89.8				
State mean ³	% 95.0	96.6	97.3	95.0	96.6	96.3	97.6	97.3				
Year 10 (Aug)	no. 84	70	64	88	67	74.3	94.7					
Year 11 (Feb)	no. 79.1	63.9	46.8	84.9	60.9	65.1	82.4					
Year 10 (Aug) - 11 (Feb)	% 94.2	91.3	73.1	96.5	90.9	87.6	87.0					
LSG mean ³	% 89.2	87.8	101.6	101.9	102.8	103.2	102.4					
State mean ³	% 96.7	96.4	96.2	97.7	98.7	98.2	99.0					
Year 11 (Feb)	no. 79.1	63.9	46.8	84.9	60.9	65.1						
Year 12 (Aug)	no. 61.7	46.4	33.5	61.1	39.5	55.6						
Year 11 (Feb) - 12 (Aug)	% 78.0	72.6	71.6	72.0	64.9	85.4						
LSG mean ³	% 77.5	77.3	76.3	74.2	73.6	71.6						
State mean ³	% 81.3	80.7	82.5	81.0	79.9	78.8						
Year 7 (Feb)	no. 105	84	78	110.4	89	92						
Year 12 (Aug)	no. 61.7	46.4	33.5	61.1	39.5	55.6						
Year 7 (Feb) - 12 (Aug)	% 58.8	55.2	42.9	55.3	44.4	60.4						
LSG mean ³	% 65.2	72.1	70.1	69.2	69.2	66.7						
State mean ³	% 75.9	76.7	77.2	76.9	76.8	74.6						

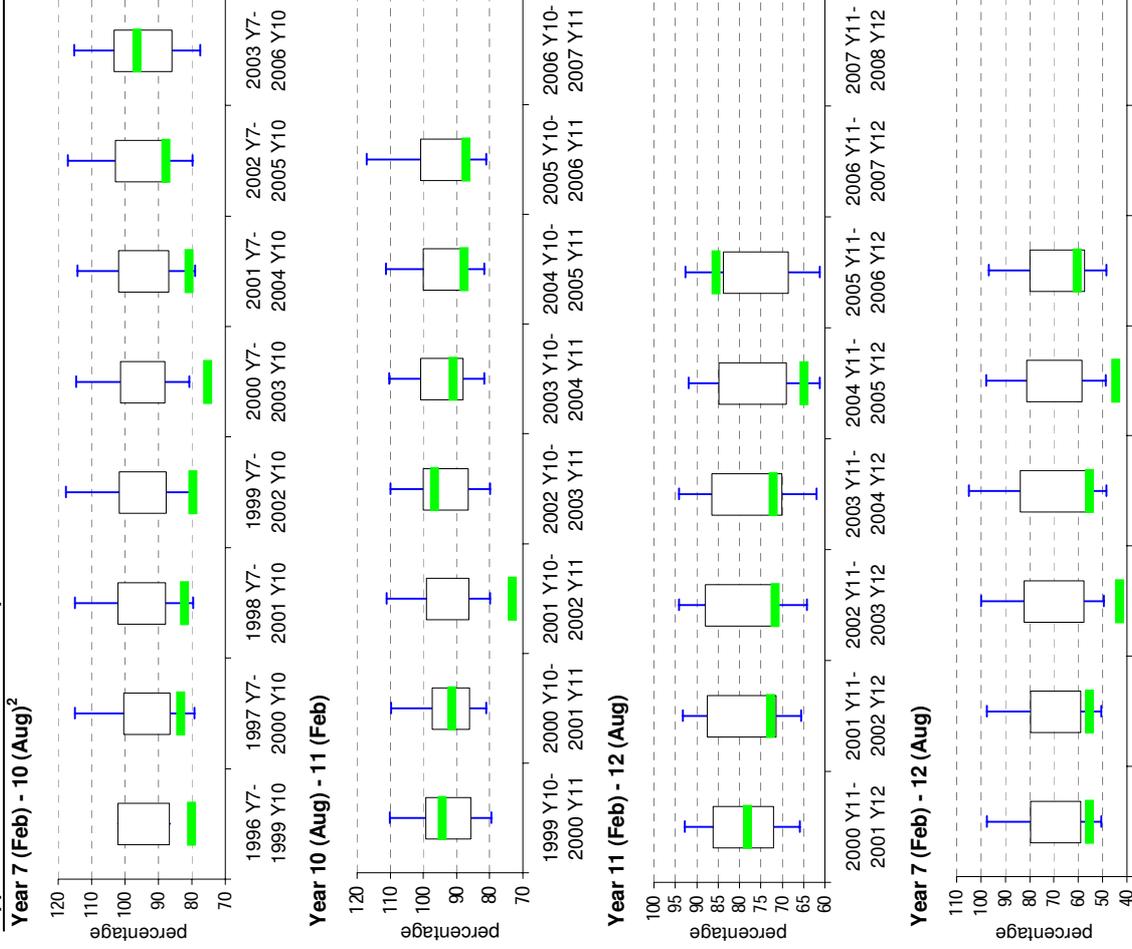
Legend:

State 90th percentile	Year	LSG History ¹
	2006	4
	2005	4
State 75th percentile	2004	4
	2003	4
	1999	4

Notes:

¹ The LSG of the school in the latter year (eg for Year 7 2001 to Year 12 2006, the LSG in 2006).
² 90th and 10th percentiles for Yr7-10 available from 2000 only.

Apparent school retention rates plotted on state benchmarks



Real Retention

School no: 7505
 School name: **Alexandra Secondary College**
 Report Year: 2006

Explanation: Real retention rates show the percentage of students who have been enrolled at the same school over a period of time.

For example, the formula for the real retention rate for Year 7Feb to 10Aug for school X in 2006 is as follows:

$$\frac{\text{(no. of students enrolled in Yr10 in school X as at August 2006 census and who enrolled prior to 1/3/2003, ie, enrolled in school X at beginning of Yr7)}}{\text{(enrolments in Yr7 Feb in 2003 according to census)}}$$

* 100

By definition, real school retention will be less than or equal to 100% (assuming there are no students repeating the year, or accelerating through years).

Generally, real school retention rates are affected by students transferring to another school & students exiting the school system. They are a measure of the 'holding power' of the school.

Source of data: Data retrieved electronically from CASES21 at time of rollover.

	Year 7 cohorts									
	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Year 7										
Year 10										
Year 11										
Year 12										
Year 7 (Feb)	no.	78	110.4	89	92	108	81			
Year 10 (Aug)	no.	53	77	60	61.3	83.7	71			
Year 7 (Feb) - 10 (Aug)	%	67.9	69.7	67.4	66.6	77.5	87.7			
LSG median ²	%	76.3	74.3	73.2	72.5	72.2	72.2			
State median ²	%	73.4	72.9	71.9	71.4	71.6	71.6			
Year 10 (Aug)	no.	70	64	88	67	74.3	94.7			
Year 11 (Feb)	no.	63.9	44.6	83.6	58	62.3	77.4			
Year 10 (Aug) - 11 (Feb)	%	91.3	69.7	95.0	86.6	83.8	81.7			
LSG median ²	%	85.1	83.2	84.1	84.2	85.5	85.5			
State median ²	%	85.7	83.3	84.8	85.1	85.2	85.2			
Year 11 (Feb)	no.	63.9	46.8	84.9	60.9	65.1				
Year 12 (Aug)	no.	42.4	33.5	59.1	37.6	53.7				
Year 11 (Feb) - 12 (Aug)	%	66.4	71.6	69.6	61.7	82.5				
LSG median ²	%	71.1	70.9	68.9	68.2	68.2				
State median ²	%	73.6	73.4	72.2	72.8	72.8				
Year 7 (Feb)	no.	84	78	110.4	89	92				
Year 12 (Aug)	no.	33.5	22.6	51.3	30.8	43.8				
Year 7 (Feb) - 12 (Aug)	%	39.9	29.0	46.5	34.6	47.6				
LSG median ²	%	49.1	48.1	46.0	46.7	46.7				
State median ²	%	49.1	49.0	48.7	49.4	49.4				

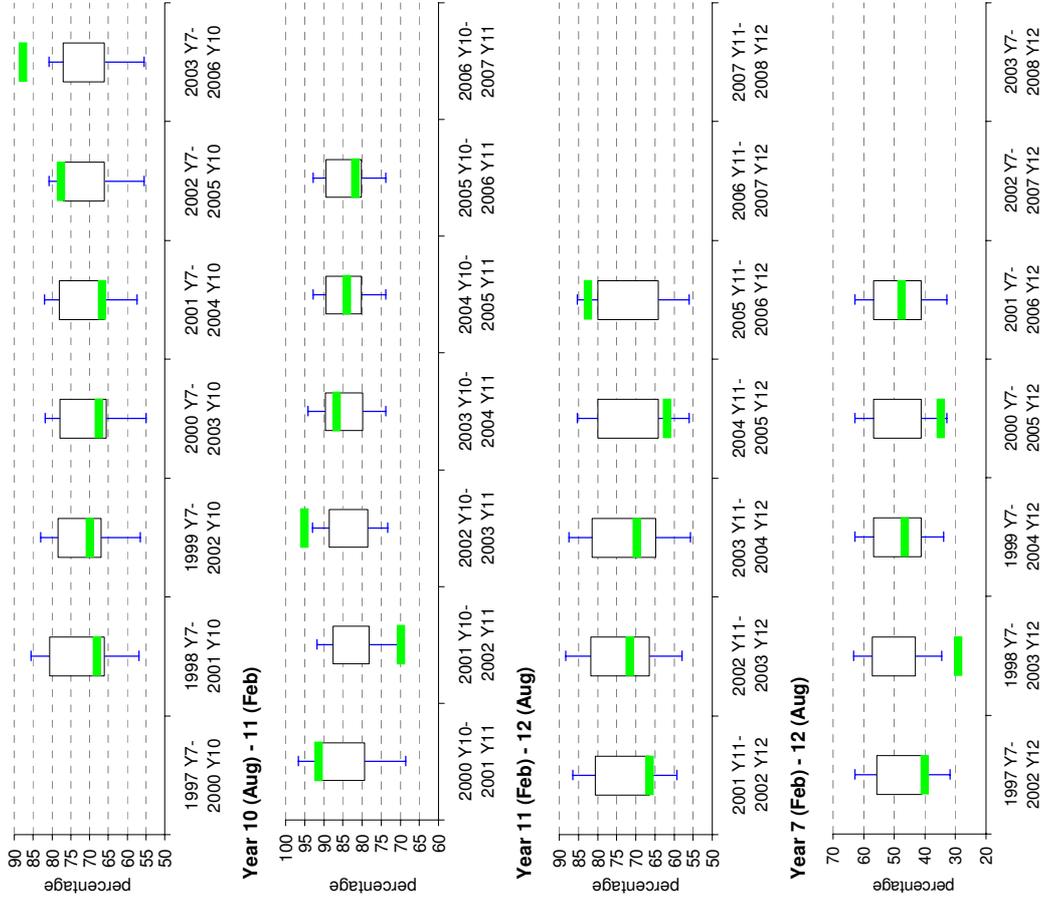
Legend:



Notes:

- ¹ The LSG of the school in the latter year (eg for Year 7 2001 to Year 12 2006, the LSG in 2006).
- ² 2006 benchmarks are not available at this stage. In the meantime, 2005 benchmarks are shown.

Real school retention rates plotted on state benchmarks²



Exit Destination: Year 10

School no: 7505

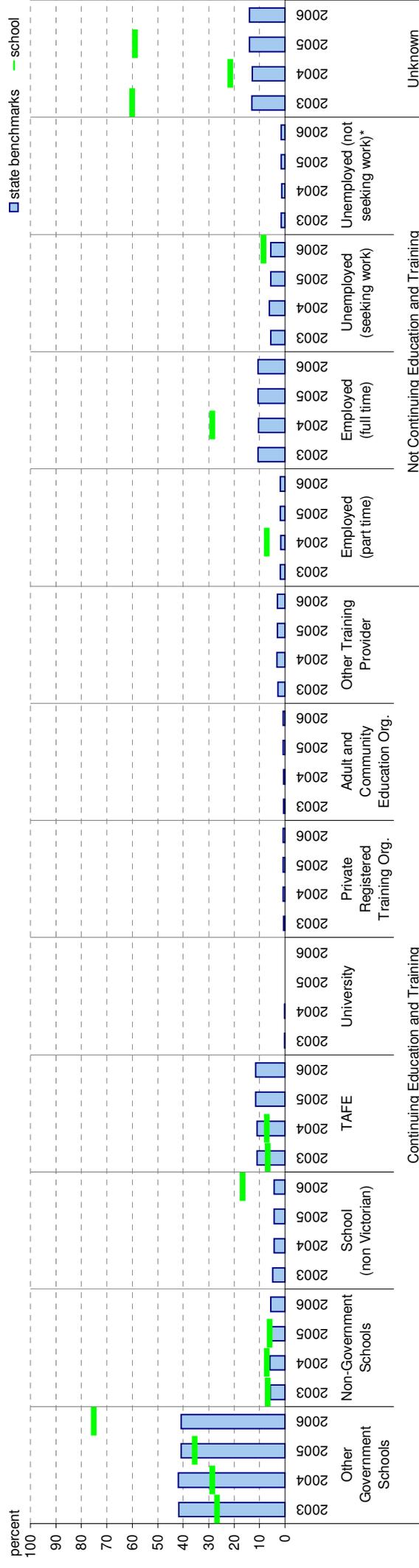
School name: Alexandra Secondary College

Explanation: The destination of students who left during or at the end of Year 10.

Source of data: Data retrieved electronically from CASES21 following February census.

Exit Destination	2003		2004		2005		2006		2005 state [^]	
	n	%	n	%	n	%	n	%	n	%
Continuing education and training										
Other Government Schools (Victorian)	4	26.7	4	28.6	6	35.3	9	75.0		40.8
Non-Government Schools (Victorian)	1	6.7	1	7.1	1	5.9	2	16.7		5.6
School (non Victorian)										4.2
TAFE (Victorian)	1	6.7	1	7.1						11.6
TAFE (non Victorian)										0.1
University (Victorian)										0.1
University (non Victorian)										0.01
Private Registered Training Organisation										0.8
Adult and Community Education Organisation										0.8
Other Training Provider										3.0
SUBTOTAL	6	40.0	6	42.9	7	41.2	11	91.7		66.8
Not continuing education and training										
Employed (part time)			1	7.1						1.8
Employed (full time)			4	28.6						10.6
Unemployed (seeking work)							1	8.3		5.5
Unemployed (not seeking work)*										1.4
SUBTOTAL			5	35.7			1	8.3		19.3
Unknown	9	60.0	3	21.4	10	58.8	12	100.0		13.9
TOTAL	15	100.0	14	100.0	17	100.0	12	100.0		100.0
Total Yr 10 February enrolment	69		77		94		77			

Notes: [^] 2006 benchmarks are not available at this stage. In the meantime, 2005 benchmarks are shown. * includes deceased students.



Exit Destination: Year 11

School no: 7505

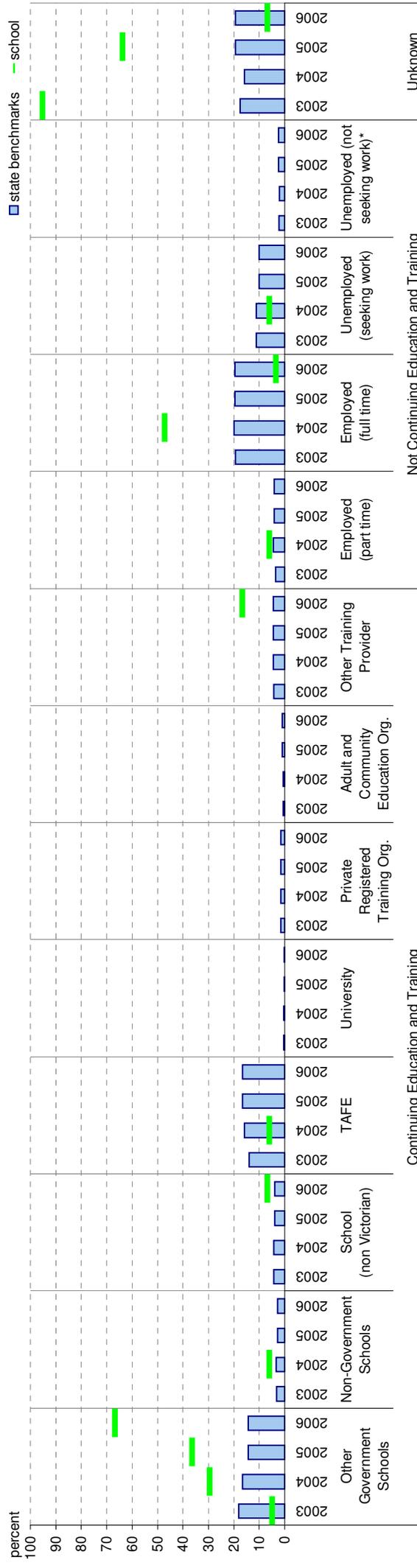
School name: Alexandra Secondary College

Explanation: The destination of students who left during or at the end of Year 11.

Source of data: Data retrieved electronically from CASES21 following February census.

Exit Destination	2003		2004		2005		2006		2005 state [^]	
	n	%	n	%	n	%	n	%	n	%
Continuing education and training										
Other Government Schools (Victorian)	1	4.8	5	29.4	8	36.4	20	66.7		14.3
Non-Government Schools (Victorian)			1	5.9			2	6.7		2.8
School (non Victorian)										3.9
TAFE (Victorian)			1	5.9						16.4
TAFE (non Victorian)										0.2
University (Victorian)										0.1
University (non Victorian)										0.06
Private Registered Training Organisation										1.4
Adult and Community Education Organisation							5	16.7		0.9
Other Training Provider							27	90.0		4.4
SUBTOTAL	1	4.8	7	41.2	8	36.4	27	90.0		44.4
Not continuing education and training										
Employed (part time)			1	5.9						4.2
Employed (full time)			8	47.1			1	3.3		19.6
Unemployed (seeking work)			1	5.9						10.0
Unemployed (not seeking work)*										2.5
SUBTOTAL			10	58.8			1	3.3		36.3
Unknown	20	95.2			14	63.6	2	6.7		19.4
TOTAL	21	100.0	17	100.0	22	100.0	30	100.0		100.0
Total Yr 11 February enrolment	85		61		65		82			

Notes: [^] 2006 benchmarks are not available at this stage. In the meantime, 2005 benchmarks are shown. * includes deceased students.



Exit Destination: Students who left Year 12 before completing the year

School no: 7505

School name: Alexandra Secondary College

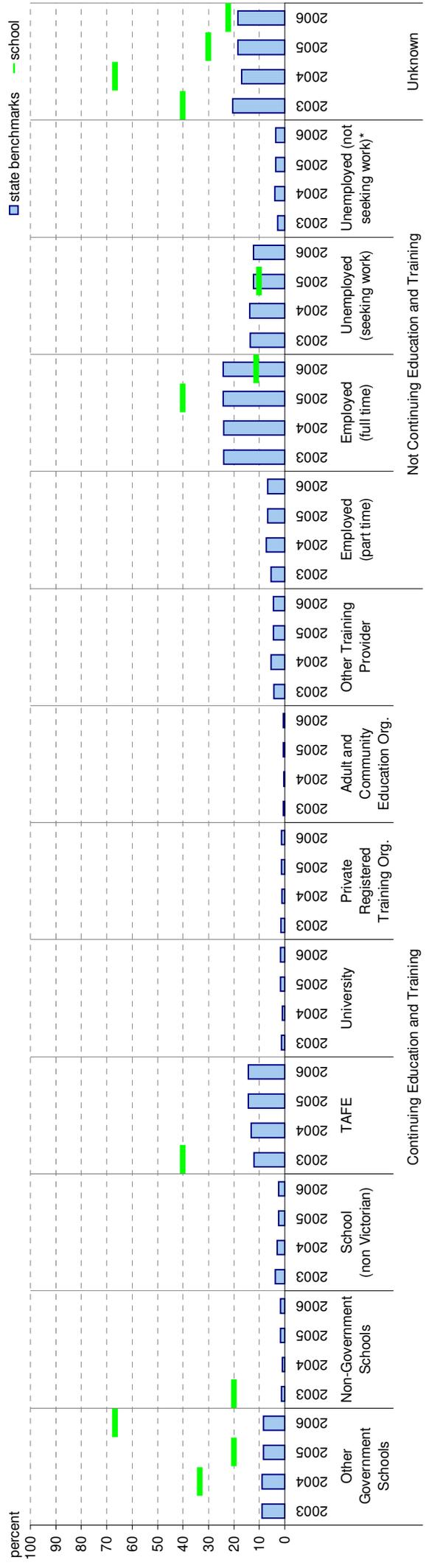
Explanation: The destination of students who left prior to completing Year 12.

Source of data: Data retrieved electronically from CASES21 following February census.

Exit Destination	2003		2004		2005		2006		2005 state [^]		
	n	%	n	%	n	%	n	%	n	%	
Continuing education and training											
Other Government Schools (Victorian)			1	33.3							8.3
Non-Government Schools (Victorian)	1	20.0					6	66.7			1.7
School (non Victorian)											2.5
TAFE (Victorian)	2	40.0									14.2
TAFE (non Victorian)											0.0
University (Victorian)											1.2
University (non Victorian)											0.43
Private Registered Training Organisation											1.4
Adult and Community Education Organisation											0.7
Other Training Provider											4.5
SUBTOTAL	3	60.0	1	33.3	2	20.0	6	66.7			34.9

Not continuing education and training											
Employed (part time)											6.7
Employed (full time)					4	40.0	1	11.1			24.2
Unemployed (seeking work)					1	10.0					12.3
Unemployed (not seeking work)*											3.5
SUBTOTAL	2	40.0	2	66.7	3	30.0	2	22.2			46.7
Unknown	5	100.0	3	100.0	10	100.0	9	100.0			18.4
TOTAL	37		64		44		58				100.0
Total Yr 12 February enrolment											

Exit destination of students who left Year 12 before completing the year, school vs state benchmarks[^] (2003 to 2006)



Notes: [^] 2006 benchmarks are not available at this stage. In the meantime, 2005 benchmarks are shown.

* includes deceased students.

Exit Destination: Students who left at the end of Year 12

School no: 7505

School name: Alexandra Secondary College

Explanation: The destination of students who left at the end of Year 12.

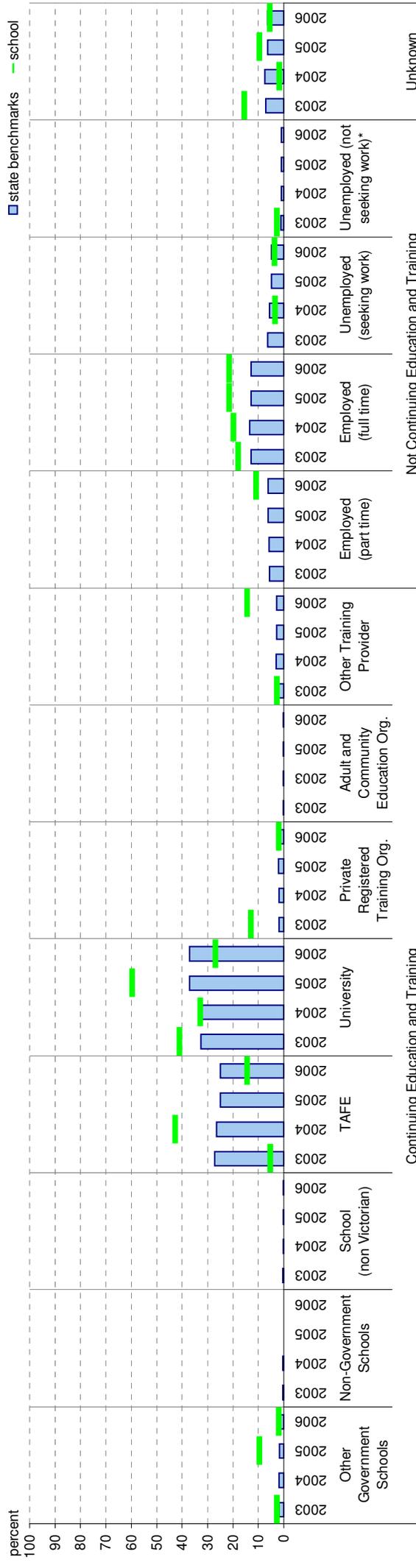
Source of data: Data retrieved electronically from CASES21 following February census.

Exit Destination	2003		2004		2005		2006		2005 state [^]	
	n	%	n	%	n	%	n	%	n	%
Continuing education and training										
Other Government Schools (Victorian)	1	2.6			4	9.5	1	1.8		1.7
Non-Government Schools (Victorian)										0.1
School (non Victorian)	2	5.1	26	42.6			8	14.3		24.8
TAFE (Victorian)										0.2
TAFE (non Victorian)	15	38.5	20	32.8	24	57.1	15	26.8		35.9
University (non Victorian)	1	2.6			1	2.4				1.13
Private Registered Training Organisation	5	12.8					1	1.8		2.0
Adult and Community Education Organisation										0.1
Other Training Provider	1	2.6					8	14.3		2.8
SUBTOTAL	25	64.1	46	75.4	29	69.0	33	58.9		68.9

Not continuing education and training

Employed (part time)	6	10.7								6.1
Employed (full time)	7	17.9	12	19.7	9	21.4	12	21.4		12.9
Unemployed (seeking work)			2	3.3			2	3.6		4.8
Unemployed (not seeking work)*	1	2.6								0.9
SUBTOTAL	8	20.5	14	23.0	9	21.4	20	35.7		24.7
Unknown	6	15.4	1	1.6	4	9.5	3	5.4		6.4
TOTAL	39	100.0	61	100.0	42	100.0	56	100.0		100.0
Total Yr 12 February enrolment	37		64		44		58			

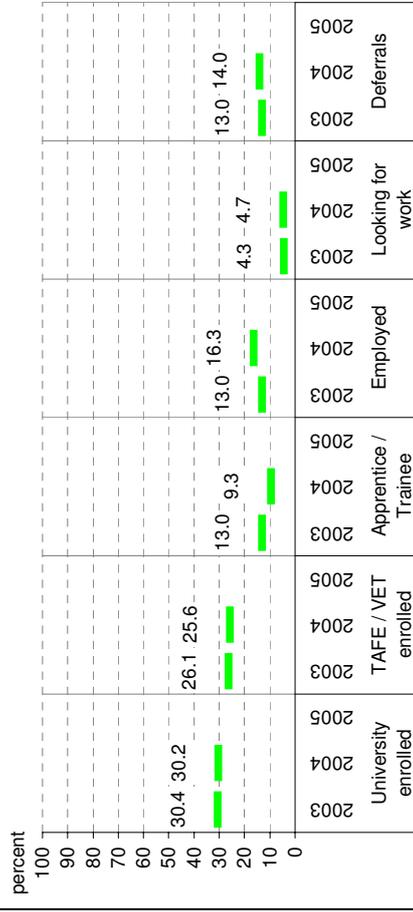
Exit destination of students who left at the end of Year 12, school vs state benchmarks[^] (2003 to 2006)



On Track

Source of data: Data received from a telephone survey of Year 12 completers, conducted in April / May of the subsequent year.

Exit destination of students who left at the end of Year 12



Note: The exit destination data from On Track and CASES21 is not directly comparable for several reasons, one of which is the different bases. CASES21 data is based on all Year 12 completers, whereas On Track is based on Year 12 completers who responded to the survey. Hence the CASES21 data has an "unknown" category and the On Track data does not. Another reason is the slightly different categories, for example, On Track includes a "deferrals" category.

Notes: ^ 2006 benchmarks are not available at this stage. In the meantime, 2005 benchmarks are shown. * includes deceased students.