

Prevention and early intervention in strengthening families and relationships: Challenges and implications

Elly Robinson and Robyn Parker

Research indicates that there are a range of individual and family-related factors in a person's life that, if present, will benefit their individual wellbeing and the health of their relationships. People are more likely, however, to access help in the face of a crisis rather than access assistance to prevent problems by strengthening these factors. This raises the question of the efficacy and suitability of policies and programs that aim to encourage help-seeking behaviours and/or promote the strengthening of relationships prior to any crises occurring, or problems becoming entrenched. The characteristics of healthy relationships and families, help-seeking behaviours and barriers to participation will be explored in this paper. Policy and program responses to strengthening relationship and family wellbeing will be examined.

There has been a significant shift in service delivery to families and individuals in recent years, from a deficit-based focus on problems to a competency-based, health-oriented approach that recognises and highlights strengths and resources (Tomison, 2002; Walsh, 2003). This shift has partly come about as a result of research interest in the concept of resilience, which focuses on strengths forged within the context of adversity, rather than less realistic, problem-free models of family health (Walsh, 2003). Many factors have been proposed that contribute to resiliency at an individual, family and community level, and it is now considered by many practitioners and researchers to be a key concept in health service delivery (Luthar, 2006; Walsh, 2003).

Strengths-based approaches to practice focus on what is working well and encourage families in crisis to identify their strengths and how they have previously overcome challenges (Geggie, Weston, Hayes, & Silberberg, 2007). Recent research has helped by studying "successful" families and individuals, so as to isolate the key characteristics of strong relationships and use these to inform service delivery (for example, Babington, 2006; Silberberg, 2001). This strengths-based approach, however, mainly operates in a service environment where people are accessing help for difficulties they are already experiencing. While this approach has obvious merit, the "missing link" is encouraging people to access support and help prior to problems occurring, in a preventative effort to increase strengths and offset future difficulties.



Australian Government

Australian Institute of Family Studies
Australian Family Relationships Clearinghouse

The Australian Family Relationships Clearinghouse (AFRC) is an information and advisory unit funded by the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs. The Clearinghouse aims to enhance family relationships across the lifespan by offering a resource and a point of contact for providers of family relationship and support services, policy makers and members of the research and broader communities. The Clearinghouse collects, synthesises and disseminates information on family relationships and facilitates networking and information exchange.

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The authors

Elly Robinson is Manager of the Australian Family Relationships Clearinghouse and Research Fellow at the Australian Institute of Family Studies.

Robyn Parker is Senior Research Officer at the Australian Family Relationships Clearinghouse.

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AFRC Manager: Elly Robinson

Australian Institute of Family Studies

Level 20, 485 La Trobe Street, Melbourne VIC 3000 Australia

Phone: (03) 9214 7888 Fax: (03) 9214 7839

Email: afrc@aifs.gov.au

Internet: www.aifs.gov.au

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This paper examines challenges and strategies associated with encouraging individuals to engage in prevention and early-intervention activities focusing on healthy relationships. In order to achieve this, we need a sense of what constitutes family and couple relationship wellbeing so as to have a set of key positive relationship characteristics to aim for in service delivery. This is addressed in the first section of this paper. We then examine what limits an individual's willingness to seek help to strengthen his or her relationships. Finally, we look at policy and practice issues and examples that address, or aim to address, the above.

Family and couple relationship wellbeing

Within each individual's life, there are a range of interpersonal relationships that vary in importance and purpose. These relationships are strong determinants of health and wellbeing, evidenced by their importance in discussions of concepts such as resilience (Luthar, 2006). Interpersonal relationships are also a key aspect of an ecological perspective of development, which provides a framework for considering how the individual is affected by "systems" that impact on him or her, ranging from settings in which the individual directly participates—such as family and school—to the impact of broader social institutions (Smith, Cowie, & Blades, 1998). It also considers ways in which social institutions can impact on people—such as parents or siblings—with whom an individual interacts, thus affecting the quality and nature of relationships between the parties. The complexity of human relationships is thus illustrated.

While there is recognition of the impact of broad societal structures on interpersonal relationships, this paper will mainly limit itself to in-depth discussion of intimate and family relationships and how one affects the other. This will enable the discussion to focus most effectively on what influences a person to seek help to strengthen relationships. The level and quality of our closest interpersonal relationships, as well as individual wellbeing, will impact on family wellbeing as a whole. Therefore, it is important to consider which elements are fundamental to family wellbeing before moving on to how these goals are reached most effectively.

Couple relationship wellbeing

A strong partner relationship is, put simply, one that is stable because both partners are satisfied and want it to continue (Halford, 1999). Research has identified a number of characteristics of a healthy marriage, through quantitative studies of groups of happy and unhappy couples and qualitative studies of couples in

long-lasting marriages. Based on studies of married couples, the core elements of a healthy marriage have been described as follows:¹

- *commitment*: a long-term view of the relationship; perseverance in the face of difficulties; balancing couple and individual needs; a sense of “we-ness” and connection through friendship, shared values and history;
- *communication*: positive and respectful; contains elements of humour and compromise;
- *conflict resolution*: couples understand that some conflict is inevitable; they “fight fair” and learn to “pick their battles”; however, violence is unacceptable;
- *interaction and time together*: quality and quantity are both critical, as is the balance of “couple time” and time spent on individual pursuits, enjoyment of each other’s company and of the time together; and
- *intimacy and emotional support*: physical and, in particular, psychological intimacy are core aspects of healthy relationships and are developed and strengthened over time, particularly through overcoming difficulties.

Further, according to Gottman (1999), deep friendship is a critical dimension of happy marriages. This friendship incorporates mutual respect and enjoyment of each other’s company, and deep knowledge of each other’s likes and dislikes, hopes and dreams. Happily married couples also express their affection for each other on a daily basis, and in a range of ways. In terms of intimate relationships outside of marriage, it would be reasonable to expect that a similar set of elements also existed.

Policy and programs need to be responsive, therefore, not only to the ways in which families are changing on a broader, demographic scale, but also to changes in how families are perceived and understood by their members.

Family wellbeing

While the term “family wellbeing” is now part of the public, media and political lexicon, its meaning is difficult to determine (Families Australia, 2007a). Part of this difficulty derives from the complexity of contemporary families, as reflected in Families Australia’s definition of family:

Families are diverse in their composition and forms. There are many definitions of family. Families Australia believes that families are what people define them to be. It is helpful for people to reflect about whether “family” refers, for example, to a group of people living under one roof, to people who are related, to people with shared emotional bonds, or to other things. (Families Australia, undated)

Different age groups also view families in different ways. In one study, adolescents viewed affective factors as more important criteria of being a family than legal status or the presence of two parents (Anyan & Pryor, 2002). In a similar study of children (Rigg & Pryor, 2006), the majority had an image of family that did not mirror a traditional nuclear family form; affective factors were again important. These findings may indicate a generational change in understanding the concept of family. Policy and programs need to be responsive, therefore, not only to the ways in which families are changing on a broader, demographic scale, but also to changes in how families are perceived and understood by their members.

Australia does not have a comprehensive national picture of how families are doing overall (Families Australia, 2007b), a point that has also been raised in an American report on measuring indicators of family wellbeing (Colorado Foundation for Families and Children, 2003). This report notes that the US has many statistics on families, but less information on the strength of family relationships, level of parental involvement, how families spend their time, the role of government in family support and the quality of education. Their wide-ranging review of family research identified a number of key indicators of family wellbeing for which there was consensus across private and public sectors, including: family time together, discipline and monitoring of children, positive communication, safe communities, and access to quality child and health care. Differences in emphasis and priorities occurred, however, between families, government and agencies. For example, families prioritised transportation and substance use prevention, but these were less emphasised by public agencies. This indicates the critical importance of including families in this work to make sure that priorities made by government and/or agencies are in line with what families see as important.

The importance of strong and healthy interpersonal relationships is reflected in the many frameworks or lists of indicators of family wellbeing proposed by different countries and agencies over recent years. For example, the Families Australia’s National Family Wellbeing Symposium, held in June 2007 in Canberra (Families Australia, 2007a), aimed to explore the meaning of family wellbeing. A key conclusion from the symposium was the

¹ Adapted from Anderson Moore et al. (2004) and Parker (2002).

significant need to develop a family wellbeing framework to inform national family research and policy, with carefully selected indicators that were inclusive of all families and family types.

A family wellbeing framework could more effectively provide the criteria by which families are assessed, thus allowing consideration of what aspects of family life could be strengthened through service provision. A working draft of a conceptual and practice framework for family wellbeing was outlined in a 2006 document by Families Australia (Babington, 2006), which suggested as a starting point that four main elements of family wellbeing are:

- physical safety and physical and mental health;
- supportive intra-family relationships, including possession of effective conflict resolution skills, opportunities to learn values, traditions, languages, ideas important to the family, and receipt of support and encouragement for achievement/attainment from within the family;
- social connections outside the family, including in the local community; and
- economic security and independence.²

A draft Family Wellbeing Framework is being developed by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) as a departmental tool to provide a better understanding of the influences on family wellbeing, the changing nature of Australian families, and the impacts of interventions. The framework is as yet unpublished but was discussed at the aforementioned symposium.

Internationally, the East Asia Ministerial Forum on Families, which first occurred in Hanoi in 2004, saw participating countries agree to develop national indicators of family wellbeing and to strengthen mechanisms for monitoring family wellbeing.³

Family input into a wellbeing framework

There have also been a number of efforts to determine what families themselves see as important in terms of family wellbeing. Karakas and Dean Lee (2004) conducted qualitative interviews with 87 families and proposed three paradigms of family wellbeing as a result:

- *Family wellbeing as effective parenting*: Parenting is a job to be done and that children are raised well is important. Quality child care and education and healthy happy family members are salient dimensions.
- *Family wellbeing as love and being together*: Relationships between family members, quality time, communication, support and happiness are important.
- *Family wellbeing as peace and harmony*: Interdependence where individuals all play their part. Satisfaction derived from family work, comfort with workload, having personal time and quality time with family members are all important.

The difficulties with the concept of family wellbeing were noted, including the complexity and multifaceted nature of the concept. The authors felt, however, that the different paradigms could help both individuals and services identify personally important dimensions to work on.

A broader, multi-method approach was taken by the Family Strengths Research Project,⁴ in the development of the Australian Family Strengths Template (AFST). The template was designed to offer a framework from which community resources and other research projects could be developed. The framework was based on the results of inventories, interviews and surveys filled out by families who self-identified as “strong” (Silberberg, 2001). The template was not designed to be used as an either/or dichotomy of strong/functional or troubled/dysfunctional families, but to encourage families to identify their own strengths. Eight qualities comprised the AFST:

- *Communication*: family interacts with each other frequently, and predominantly in an open, honest manner.
- *Togetherness*: the invisible “glue” that bonds a family and gives them a sense of belonging, including sharing similar values, beliefs and morals.
- *Sharing activities*: for example, sport, camping, playing games and reading stories.
- *Affection*: family members show love, concern and interest for each other on a regular basis; often ritualised—for example, greetings and farewells, bedtime story reading.
- *Support*: assisting, encouraging, reassuring and looking out for each other; family members feel equally comfortable to ask for and offer support.

2 See: www.familiesaustralia.org.au/publications/pubs/policy-familywellbeing.pdf

3 See: www.aifs.gov.au/institute/pubs/fm2004/fm68/rw.pdf for more information.

4 Family Action Centre, University of Newcastle.

- *Acceptance*: showing respect, appreciation and understanding for individuality and uniqueness.
- *Commitment*: showing dedication and loyalty towards the family as a whole; wellbeing of family a priority.
- *Resilience*: ability to withstand and rebound from adversity.

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Alternate family types had strengths that differed in importance and emphasis compared to those in the nuclear family framework. For example, sole-parent families showed two clear strength themes that were most important—support from extended family and friends, and a positive co-parenting arrangement. In a Colorado Foundation review (2003), indicators of family wellbeing, such as time together, positive communication and family dinners, were more consistently endorsed across the reviewed literature and reports than the need for marriage or a two-parent home. This illustrates the need to avoid stereotyping when examining family strengths, and the need to acknowledge that all families are likely to have their own unique set of strengths. As Wolcott (1999) states, descriptions of “strong” families will still fail to explain why some families create a stable and nurturing environment and cope with stressors, while others fail to thrive.

From a resilience perspective, the literature clearly indicates that attachment to at least one parent figure and supportive/responsive parenting are among critical factors in resilience (Luthar, 2006). This would indicate a need to encourage families to celebrate strong connections and actively engage in accessing information about parenting throughout their children’s lives. Warm and supportive relationships, combined with appropriate discipline, are key to positive socialisation in childhood, with strong intimate relationships such as marriage providing the strength to meet challenges in adulthood (Luthar, 2006). As such, resilience feeds into positive relationships, just as positive relationships are a factor in resilience.

In summary, this section outlines some of the frameworks available to consider what elements will strengthen family and relationship health and wellbeing, and highlights the importance of gathering information from family members themselves. It is also an indication of the difficulties in conceptualising a single, comprehensive family wellbeing framework that acknowledges and respects the diversities and strengths of all families and their many interdependent relationships. Theoretically, if a particular family wellbeing framework was widely agreed upon and adopted, the elements of this framework could be highlighted in service provision to families in an attempt to help them avoid problems. The pursuit of such a framework appears to be important in facilitating effective preventative and early intervention work in strengthening families and relationships.

The difficulty with advocating for increasing strengths in relationships without an existing problem as a goal for service provision, however, is that it effectively requires people to seek help when a situation is not necessarily problematic. While galvanising people to cope with the stresses and storms of life seems a logical pursuit, the difficulty is finding effective ways to reach people who are not in significant distress. The question is that if barriers to help-seeking exist for people in distress, are there similar, or even greater, barriers to accessing information and resources for those who perceive no identifiable problems? The following section looks at the factors that influence help-seeking behaviour.

Help-seeking behaviour

The factors that persuade a person to seek help have been a significant topic for researchers in recent years. The bulk of the literature on help-seeking behaviour addresses pathways to care for people with mental health problems, and its relevance to help-seeking for other issues can only be implied. However, considering the link between relationship breakdown and mental health issues (Rodgers, Smyth, & Robinson, 2004), it can be assumed that the influences on help-seeking behaviour may be similar.

Stigma

The most prominent issue for mental health help-seeking is stigma (Corrigan, 2004; Kelly & Jorm, 2007; Wrigley, Jackson, Judd, & Komiti, 2005). Corrigan (2004) makes a distinction between public stigma (when prejudice about a stigmatised group is endorsed by the public) and self-stigma (what stigmatised people may do to themselves, if the public stigma is internalised). Self-stigma and public stigma associated with help-seeking for mental health issues both impact on the likelihood of receiving help. Stigma may be a particular issue for people from non-English speaking and other ethnic backgrounds, Indigenous people, and men (Colmar Brunton Social Research, 2004).

The impact of stigma related to mental health issues has been found in some studies to be particularly strong for men in rural areas, for whom the pressure to be stoic in the face of adversity is considerable (Judd, Jackson, Komiti et al., 2006). Stoicism is seen as an important concept that regulates access to help in rural areas, and is considered by Judd, Jackson, Komiti et al. to be deserving of more research attention. In the case of farmers, stoicism may arise from a crucial imperative to fulfil the farming role, as the number of workers on a farm is often small, and time off for illness would have a significant impact on productivity. As such, men perceive taking practical steps, remaining optimistic and getting on with the job as the most useful strategies to deal with problems (Judd, Jackson, Fraser et al., 2006).

Online health initiatives have also achieved some success in mediating the stigma of help-seeking for health problems, particularly with adolescents, with one Canadian study finding that as many as 75 per cent of adolescents have used the Internet to locate health information online (Santor, Poulin, LeBlanc, & Kusumaker, 2007). Young people are more likely to access help online for stigmatised or extremely personal problems (Nicholas, Oliver, Lee, & O'Brien, 2004) or rate websites as a helpful source of mental health information (Leach, Christensen, Griffiths, Jorm, & Mackinnon, 2007), indicating that the anonymity and independence of the Internet make it a particularly attractive option for adolescents who are experiencing difficulties (Kelly & Jorm, 2007).

Gender

There is some indication that gender is a factor in help-seeking behaviour, with men seen as less willing to seek help. A recent consultation on the experiences of clients in the Family Relationships Services Program (FRSP) indicated that even if men are willing to seek help, they might not know where to receive it. The general

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impression is that services are focused on women and children, and this may extend to men believing that providers are biased towards delivering services that exclude them (Colmar Brunton Social Research, 2004). Other studies indicate that men's reluctance to seek help is more complex, and that there have been significant problems with the way that gender has been studied in the current literature on help-seeking (Broadhurst, 2003). Issues such as the skills of service providers in working with men (Smith, Braunack-Mayer, & Wittert, 2006) and the nature and extent of the presenting problem (Galdas, Cheater, & Marshall, 2005), for example, need further consideration.

Women may be reluctant to access help in situations where family violence is involved. Disclosure may not occur due to shame, self-blame or fear (Taft, 2003), or religious, social and cultural norms (Liang, Goodman, Tummala-Narra, & Weintraub, 2005). Other barriers, such as lack of money, time, knowledge of resources, child care or transportation, or her partner preventing contact with an agency, are also influential (Fugate, Landis, Riordan, Naureckas, & Engel, 2005). Victims' definitions of and responses to violence also shift over time, according to factors such as readiness for change, cognitive distortions and dissonance (Liang et al., 2005), and this is likely to affect any help-seeking decisions. Further research is needed as to how service providers can better meet the needs of men and women affected by particular circumstances.

Indigenous Australians

For Indigenous Australian families, the perception that services, particularly government services, reflect "external interference" in family matters would still appear to be a significant barrier to accessing services. The FRSP review found that few services were effective in meeting Indigenous Australians' needs, and many were still reluctant to access government or "white" services (Colmar Brunton Social Research, 2004). Plummer and Forrest (1999) suggested that the problem may not be a failure of Indigenous Australians to access mainstream services, but rather that mainstream services are often not effective in reaching out to minority groups, nor designed with this in mind. This may vary in different settings and contexts—for example, between a remote and urban setting—and an appropriate, balanced response is required according to circumstance.

A better understanding of Indigenous history and culture in the broader health community may help increase the use of available services so that Indigenous Australians can receive appropriate responses (Armstrong, 2004). One example of the successful application of this principle is the culturally sensitive adaptation of a mainstream parenting program in south-east Queensland (Group Triple P) (Turner, Richards, & Sanders, 2007). Workers spent five years tailoring the project to reduce barriers to access for Indigenous families and to develop appropriate resources. Changes were made to the language and images used in resources, culturally tailored materials were used, and group sessions were altered to allow time for more trust to develop

and for storytelling to occur. Although only a small sample was used, the evaluation of the project supported the effectiveness of a culturally tailored parenting program that reduced obstacles to accessing mainstream services. Encouragement is needed for services to engage in similar projects, including appropriate levels of funding to adapt existing programs and evaluate their effectiveness for Indigenous families, and recognition that such approaches may be time-intensive.

Other issues

The idea that help-seeking for relationship issues shares some of the same barriers as for mental health issues is supported by a recent consultation on the experiences of clients in the Family Relationships Services Program (Colmar Brunton Social Research, 2004). FRSP service users and non-users interviewed for the review indicated that the stigma attached to accessing help was a significant factor in their reluctance to approach services. In terms of preventative services, many service users were able to identify their potential helpfulness, but only in hindsight, with the absence of a crisis point or “trigger” being a considerable barrier to access.

Other barriers to engaging in programs have been identified through research into marriage and relationship education, including the notion of relationships as being private, the mis-perception that relationship education is the same as relationship counselling, the belief that programs are intrusive and may raise problems or uncomfortable issues, and practical concerns, such as the time required, cost and need for childcare (Halford, 1999; Simons, Harris, & Willis, 1994). Accessing services is further hindered by barriers to service provision, such as a lack of awareness of services, waiting lists, financial costs, transport issues, distance, lack of disabled access, and the presence of other health problems (Colmar Brunton Social Research, 2004).

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In summary, there are a range of reasons why people may be reluctant to access help. In order to adequately address the multitude of reasons why prevention and early intervention in relationships is considered undesirable, it seems pertinent to consider a multifaceted approach to encouraging people to access preventative programs, services and information. The following section explores ideas and approaches to address these reasons on a service or practice level.

Individual/family and service-level responses to encouraging healthy relationships

Based on an examination of the literature in the previous section, it can be hypothesised that help-seeking by individuals to prevent problems in relationships would increase if issues such as stigma were addressed. One proposed solution to this is through the provision of universal programs that increase protective factors, such as communication skills and developing good relationships early in life (Colmar Brunton Social Research, 2004).

This strategy works well in schools, as children and young people are a captive audience, and a number of programs have capitalised on this in terms of mental health initiatives; for example, Mindmatters.⁵ Wolcott (1999) highlighted the importance of human relationship education throughout the school years, covering topics such as conflict resolution, problem-solving, self-esteem building and communication as preparation for mature relationships. Adolescence in particular is seen as a time where relationship education can be taught alongside sex education, including the use of advice and counselling as an everyday part of life (Colmar Brunton Social Research, 2004). Relationship education is already offered in some schools; of the 220 relationship education programs surveyed in 2002 by Simons and Parker (2002), 11% targeted adolescents in school settings. Relationship education may also be a component, or an inherent element of, other school programs, such as bullying prevention or sex education. Online initiatives—such as Reach Out Central, an interactive program that helps adolescents explore how thinking, behaviour and feelings all interact with each other in simulated real-life situations—also offer an innovative approach to relationship skills education.⁶

⁵ For more information, go to <http://cms.curriculum.edu.au/mindmatters>

⁶ For more information, go to www.reachoutcentral.com.au

There have been suggestions that relationship education would ideally be offered at different stages of relationships (Australian Parliament House of Representatives Standing Committee on Family and Human Services, 2006; Wolcott, 1999), presumably including relationship formation in adolescence. Transition times, such as the birth of a child, are also suggested as good opportunities to engage in relationship education, as people are often open to new ideas and information at these times (Emerson, 2000).

Once adulthood is reached, a universal approach to prevention becomes more complex. Organisations such as beyondblue: the national depression initiative⁷ have adopted a multifaceted approach to reducing the stigma of depression and anxiety, through engagement with media, involvement in community forums, and partnerships with high-profile individuals and organisations. The beyondblue website also operates as a community resource for information.

In relation to specific feedback on family services in Australia, the FRSP Client Input Consultancy (Colman Brunton Social Research, 2004) indicated that the FRSP needed a much higher profile, with services positioned as resources that make “good sense” to access. Participants indicated that universal approaches to information provision, such as TV infomercials and advertisements, and community announcements, billboards, local papers and community noticeboards, would all be effective ways of promoting the program. This approach could highlight areas of consensus on key indicators that may help to begin conversations about family wellbeing, along with emphasising these in research and policy briefs, as recommended by the Colorado Foundation (2003). A recommendation that a multimedia campaign be introduced to highlight the availability of relationship education, and the benefits of attending and completing these courses, was also included in a 2006 government report (Australian Parliament House of Representatives Standing Committee on Family and Human Services, 2006). Programs may, therefore, benefit from considering intersectoral collaboration, not only within human service fields but also with marketing and promotion and information technology services, in order to increase their capacity to reach as wide an audience as possible.

On a program level, different strategies have been used to encourage hard-to-reach target groups to access programs. For example, the stigma attached to seeking help for relationship difficulties can extend to entering the building in which service providers are located, so the couples program Break Through: Remedies for Rocky Relationships, run by Centacare Melbourne, is conducted in a venue not usually associated with professional relationship services, such as a conference centre or community facility.⁸ The Men’s Shed is another example of an innovative strategy; the program encourages men to address physical, emotional and social wellbeing issues by building on the traditional model of backyard sheds and turning them into a community asset.

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Practitioners working with men are well aware that attracting men who are not actually in crisis to their services is among their greatest challenges. Effective strategies are proactive and creative. Locating programs in places that men go to has been an effective strategy; for example, one service has run parenting seminars for Arabic men at their mosque. Seminars for Chinese fathers were found to be popular when they were held at the same place and time as children’s language classes to which the fathers had taken them (O’Brien & Rich, 2003). Some services are connecting successfully with local schools as a venue for parenting and other programs, and others are conducted outside normal business hours.

Agencies that are successful in attracting men to their programs have often undertaken a range of marketing activities, such as pocket-sized brochures or endorsement by key people. Some of their efforts pay off in the short term, while others take longer to generate interest. However, the time and money invested in working with businesses and communities, networking and providing a professional product often achieves very good results, not only when attempting to work with men in general, but also with men from culturally and linguistically diverse communities (O’Brien & Rich, 2003).

Challenges for service provision

Van Acker (2004) described three challenges for service provision of preventative programs for healthy relationships, particularly in relation to the marriage and relationship education (MRE) sector:

- convincing the government that programs are effective and can make a difference to people’s lives and to the economy;

7 For more information, go to www.beyondblue.org.au

8 For more information, go to www.aifs.gov.au/afrc/pubs/newsletter/n6pdf/n6b.pdf

- convincing the public about the benefits of MRE for all couple types; that a healthy marriage or relationship involves more than meeting “the one”; and
- increasing public awareness of programs and making them as acceptable as parenting education and self-help programs and books.

These challenges are likely to apply to any program that has a preventative element. Therefore, there is an inherent dilemma: while programs may be effective and accessible, they are still only effective if people actually access them.

There also remains a significant problem in convincing people that obtaining help now will be an important strategy to offset future problems. Tomison (2002) discusses the need for a two-pronged approach to the prevention of problems; that is, reducing risk factors as well as enhancing protective factors. This would open up the possibility that someone accessing help for one issue can be exposed to preventative efforts to deal with other potential associated problems. An example of this is child-inclusive practice within the family law system, where the issues salient to relationship breakdown are being addressed at the same time as protecting or enhancing the mental and emotional health of the child (McIntosh, 2005).

Government level responses to healthy relationships

Policy responses

In a similar way to the challenges inherent in defining “family”, it is difficult to pin down what constitutes “family policy”. Family policy often comprises a range of programs, policies and laws aimed at families with children (Gauthier, 2002), stated in terms of protection and support of the family (McKeown & Sweeney, 2001). Following World War II, such policies were based on the single-income, male breadwinner model (Gauthier, 2002). Since the 1970s, government policies have reflected acknowledgement of social and demographic changes, such as the emergence of dual-income families and diverse family structures, and the growing economic vulnerability of some families (Gauthier, 1996). In response, reforms have been enacted that are aimed at better supporting working parents, single parents, and low-income families (Gauthier, 2002).

Sustainability of outcomes from prevention and early intervention programs is a key issue, and further longitudinal study is needed to identify and clarify the factors that promote sustainability in the long term (Hayes, 2006). This is especially important considering the increased interest in early childhood as a key focus of recent public political agendas (Geggie et al., 2007).

Particular issues that are pertinent to good outcomes for families need to be considered in policy related to families. McKeown and Sweeney (2001) outlined three key family policy issues drawn from their review on factors affecting family functioning and wellbeing:

- Poverty influences educational achievement, and has particular impact if experienced when children are young; intervening when disadvantage is entrenched is “immeasurably less cost effective” than doing so in the early years (p. 55).
- Early interventions are only cost-effective when they are of high quality and well targeted; when these high-quality programs also focus on the child’s social interaction skills, the effects are more likely to be long-term and thus more cost-effective than those that focus solely on more practical skills.
- Family processes, especially conflict and instability, are crucial to children’s wellbeing.

This last issue is of particular relevance to this paper. Prevention and intervention policies aimed at reducing divorce rates and supporting strong couple and family relationships are now seen as legitimate government activities (van Acker, 2004), as is supporting parenting relationships post-separation through the work of the Family Relationship Centres (Parkinson, 2006). However, although the family is often touted as the bedrock of society, and the economic and social benefits of prevention or early intervention are increasingly recognised, service provision and associated funding is more likely to focus on tertiary-level interventions. This is possibly a reflection of response to current need; as noted in previous sections of the paper, people are more willing to access help when problems arise, therefore services respond to these needs. This seems to point to a critical need to reduce the stigma attached to help-seeking behaviours, and make prevention a more acceptable personal strategy.

Prevention and intervention policies aimed at reducing divorce rates and supporting strong couple and family relationships are now seen as legitimate government activities.

Another important point in forming family policy is our idea of what constitutes the ideal family. Smart (2005) suggests that family policies need to integrate an awareness of the many layers of meaning around what constitutes “proper families”, drawing a distinction between the family we “live with” and the ideal that we “live by”. An example of this is the grandmother who thinks that modern-day couples who divorce lack commitment and dedication, yet feels that there are genuine reasons why her own child has divorced. Smart (2005) highlights the situation in the UK, where the complexities and contradictions that characterise family policy can be seen as appropriate, given that there are no clearly defined rules and obligations regarding family life. As Smart states: “voicing support for the supremacy of heterosexual marriage, while providing support for post-divorce families, offering tangible protection to cohabitantes or initiating civil partnership legislation for same-sex couples, may be exactly the kind of contradictions with which families are well adjusted to living” (p. 554). As stated in an earlier section, the meaning of what constitutes a proper family in Australia is also complex, and policy needs to be responsive to the issues surrounding how people understand families.

Broader policy environment

An important determinant of what makes a strong family or relationship is consideration of the effects of the broader policy environment on families.

An important determinant of what makes a strong family or relationship is consideration of the effects of the broader policy environment on families. Families Australia, as outlined earlier, produced a vision statement that outlined a family wellbeing framework in which “supportive family relationships” was one of four components of family wellbeing, alongside physical safety and health, external social connections and economic security (Babington, 2006). Policies and efforts to support families to engage in healthy relationships therefore need to be multifaceted. This includes policy review across a range of sectors (for example, employment,

industrial relations, taxation, immigration and transport) and services (for example, child care, education and community development) in terms of their impact on families (Kolar & Soriano, 2000). Similarly, account needs to be taken of the factors impacting more specifically on couple relationships. McKeown and Sweeney (2001) identified a wide range of social and demographic factors in this respect, including: demographic trends, employment, gender relations, human rights, low income, health, education, crime and social capital.

According to Smart (1997), there has been a renewed emphasis on the family as an institution that *should not* change, even though it is clear that radical change is occurring in other domains (original emphasis). As a result, Smart states that “families are changing but the public debate divorces these changes from other social transformations and then seeks to admonish family members for their failure to stand still whilst the conditions that supported the family in the past are demolished” (p. 303). Personal values and social institutions are seen as being in a state of constant flux, and nurturing a stable family and marriage is made more difficult as a result (Wolcott, 1999).

This draws further attention to the need to consider family life from an ecological perspective, and to ask questions such as how joint parenting can be achieved, both within intact relationships and after divorce, under current social conditions in a way that reflects the goals of family wellbeing (Smart, 1997). It also raises the question of what can be done to foster the social conditions that best support families in fulfilling their key functions while meeting the needs of individual members. In an era of individualism, where there is less dependency on traditional marriage and family to survive and prosper, the values of compromise, responsibility and commitment may conflict with individual rights and personal growth (Wolcott, 1999).

Conclusion

This paper provides a snapshot of knowledge about issues that arise in identifying the characteristics of healthy interpersonal relationships and communicating these to the general population. Due to the size and scope of the paper, a number of relevant issues have only been addressed briefly, and considerations such as the efficacy of universal approaches to health information provision, work–family balance and further cultural considerations have not been covered.

Many challenges are faced in encouraging people to access help in strengthening relationships, including a range of barriers to participation and help-seeking, the complexity of family relations, and a lack of comprehensive evaluations of preventative programs. There is a limited amount of literature examining what influences people to seek help in the absence of a specific relationship problem, yet similar research regarding mental health issues indicates that issues such as stigma, both personal and societal, play a large role in willingness to accept help. It seems logical to conclude that stigma may also play a role in an individual’s willingness to access preventative help for relationships.

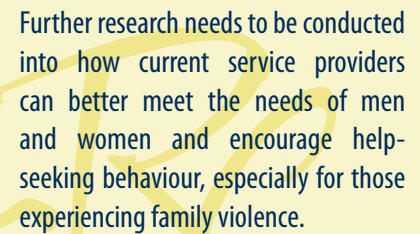
A multifaceted approach to increasing interest in preventative programs and initiatives seems most likely to work, in which contributions from the government and relevant service providers are considered and research, evaluation and adaptation of existing programs (in particular for Indigenous families) is conducted. Mechanisms and processes aimed at overcoming challenges to service provision and obstacles presented by the tension between the individual and family considerations also need to be incorporated.

Such an approach would logically be based on a “family wellbeing” framework that acknowledges and respects the diversities and strengths of the many different families in Australia. The framework would need to be developed in consultation with government, family and relationship organisations, practitioners, and families themselves, to make the framework as relevant and applicable as possible. The Australian Government Department of Families, Housing, Community Services and Indigenous Affairs’ own work on developing a framework and the significant progress made by Families Australia⁹ in defining, exploring and measuring family wellbeing provides a solid foundation for a comprehensive and integrated framework.

Further research needs to be conducted into how current service providers can better meet the needs of men and women and encourage help-seeking behaviour, especially for those experiencing family violence. Research is also needed to further examine stigma as an influential factor in help-seeking behaviour, and the extent to which methods such as the delivery of Internet-based health information can help offset stigma for certain target groups, particularly adolescents.

Service providers in the family relationships services sector need encouragement and support to face a number of critical

challenges, including balancing the provision of universal and targeted services across the life cycle in order to maximise access to services and normalise help-seeking behaviour via these services. Public knowledge of the availability of prevention and early intervention services may increase with collaboration between family relationships services providers and the marketing and information technology sectors. While each of the strategies outlined in this section is recognised as complex and time- and funding-intensive, a multifaceted approach that helps families to embrace and normalise help-seeking is most likely to succeed.



Further research needs to be conducted into how current service providers can better meet the needs of men and women and encourage help-seeking behaviour, especially for those experiencing family violence.

⁹ Go to www.familiesaustralia.org.au/publications/symposiumreportandpresentations.htm

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Useful resources

For an evaluation of the RELATE with Couple CARE program, which addresses some of the barriers to accessing relationship education, go to:

<http://www.aifs.gov.au/afrc/pubs/newsletter/n4pdf/n4b.pdf>

Recent progress in marriage and relationship education in Australia (AFRC Briefing Paper No. 3):

<http://www.aifs.gov.au/afrc/pubs/briefing/b3pdf/b3.pdf>

For articles on strengthening and supporting families, go to:

<http://www.aifs.gov.au/sf/families.html>

Families Australia National Family Wellbeing Symposium:

<http://www.familiesaustralia.org.au/publications/symposiumreportandpresentations.htm>

100 policy ideas for enhancing family wellbeing (Families Australia):

<http://www.familiesaustralia.org.au/policy/index.htm>

Family Action Centre (University of Newcastle):

<http://www.newcastle.edu.au/centre/fac/index.html>

Mensheds Australia:

<http://www.mensheds.com.au>

Child poverty in perspective: An overview of child wellbeing in rich countries (UNICEF):

http://www.unicef-icdc.org/publications/pdf/rc7_eng.pdf

Prevention and early intervention approaches address vulnerability across the municipality and help prevent further vulnerability and disadvantage. The intervention will benefit the health, education and well-being of Whittlesea's children and families in the State Government's; The Report on the Protecting Victoria's Vulnerable Children Inquiry, Everyone Has a Responsibility to Act and Victoria's Action Plan to Address Violence Against Women and Children 2012-2015 and the VicHealth Framework for the Prevention of Violence Against Women. Page 3 of 4 City of Whittlesea; The prevention and early intervention strategy described will meet objectives within a range of cross-Council and community-wide strategic plans.