

Reply to Commentaries

Context, Agency and Language in the Promotion of Child and Family Wellness

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It is a privilege to have had four commentaries on our work and the opportunity to reflect on and respond to the points raised by the reviewers. Professional and community discourse about how child and family wellness can be promoted is vital, because the policies and programmes that flow from such discourse can either be used to uphold the *status quo* or to create meaningful social change in the lives of disadvantaged families. In this reply, we touch upon three important themes that emerged from our reading of the commentaries: (a) context, (b) agency, and (c) language.

CONTEXT

Both Peter Dudding (2000) and Julian Rappaport (2000) note how existing professional systems and services constrain how we think about and act in relation to disadvantaged children and families. We agree with Dudding that existing child welfare systems are person-centred, adversarial, and reactive (a ‘last resort’), and thus inherently limited in their capacity to promote child and family wellness. Similarly, Rappaport (2000) asserts that mainstream psychology has an ‘underlying cultural bias’, that is individualistic and which often leads to victim blaming. We are in full agreement with this point. In fact, Isaac has written extensively and critically about the biases of mainstream psychology (e.g. Fox and Prilleltensky, 1997; Prilleltensky, 1994).

We believe that social contexts provide both opportunities for and constraints on social change. Levine and Levine (1992) have argued that during periods of economic

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prosperity and social change, policies and programmes for children are more likely to address the social roots of child and family wellness, whereas during periods of economic restraint and conservatism, person-centred, victim-blaming policies are more evident. The Family Wellness Project was commissioned by Human Resources Development Canada in collaboration with the Directors of Child Welfare for each of the Canadian provinces and territories in 1995 during a time in which the federal government, under increasing pressure from the corporate sector to control the debt and deficit, had dramatically cut transfer payments to the provinces for health, education, and social services (Barlow and Campbell, 1995). At the same time, however, public attention was being drawn to increasing rates of child poverty and problems in existing child welfare services. While the context for social change in Canada was grim at this time, we believed that our project could be one voice for change.

But contexts change and now the federal government is expecting large budget surpluses. Although 'tax relief' has become the new mantra of corporate interests, provincial governments and advocates are also clamoring for the reinstatement of transfer payments and the funding of policies and programmes to reduce child poverty and improve child and family wellness. We are hopeful that our work will be quite influential and helpful in promoting progressive policies and programmes for families and children in this changing context. Creating social change requires agency, which is a point that was addressed by the commentators.

AGENCY

Heather Hunt and Gill Crow (2000) raise the issue of agency and ask who we are and who we hope to influence. We are academics with a social change orientation, a belief in the importance of prevention, a preference for participatory action research, and experience with and commitment to partnerships with disadvantaged groups (Nelson, Prilleltensky and MacGillivray, in press). In addition to conducting prevention research, we have been active in pushing for a shift in funding from treatment to prevention both at the local level, through a project with the United Way, and at the provincial level (Nelson and Hayday, 1995); we have both helped to organize local advocacy coalitions; and we have worked *with* disadvantaged families and children to design and implement prevention programmes (e.g. Nelson, Amio, Prilleltensky and Nickels, 2000). We practice what we preach about the need to shift from person-centred to systemic interventions.

Our goal in the Family Wellness Project was to provide a conceptual framework and state of the art review that was based on both formal research and the experiences of a wide range of stakeholders. To this end, we interviewed 114 people (including teenagers and parents who had been involved in the child welfare system, child welfare workers and managers, the Directors of child welfare for the provinces, and research and policy advisors) and asked them how child and family wellness could be promoted. Their voices are present throughout our final report (Prilleltensky *et al.*, 1999). To reach different audiences, we have disseminated the findings of this project through presentations, the distribution of 1000s of summary bulletins across the country (these bulletins, available in both English and French, can now be accessed through the website of the Child Welfare League of Canada, <http://www.cwlc.ca>), journal articles, and a final report which is currently being revised for publication as a book. As

Dudding (2000) notes, our frameworks and findings are quite timely for community workers, programme planners, and policy makers who are currently devising different initiatives in Canada to promote child and family wellness.

From the comments of Hunt and Crow (2000) and Tommy MacKay (2000), we believe that we may have unintentionally given the impression that government is solely responsible for changes in policies and programmes. There is a dynamic 'push and pull' between citizens and communities, on the one hand, and planners/policymakers and governments, on the other hand, in the process of formulating policy and programme initiatives. We believe that disadvantaged citizens should be the 'agents' of programmes and policies, not just the 'objects' of such interventions, a distinction which was recently made by McCubbin and Cohen (1999). This is why we included the voices of different stakeholders in our Family Wellness Project.

Both Hunt and Crow (2000) and MacKay (2000) take exception to our statement 'in apparent disregard for this knowledge, workers continue to focus on counseling, therapy, or person-centred prevention as the main vehicles for the promotion of wellness' (Prilleltensky and Nelson, 2000). This is an unfortunate sentence, that we regret for two reasons. One is that we unintentionally blame workers by implying that they have a choice about what level they work at, when in fact they are quite constrained by the systems in which they operate, as Dudding (2000) notes. Second, this sentence suggests that working with individuals ignores other important values, such as social justice and diversity. We believe that Hunt and Crow (2000) and MacKay (2000) are correct in pointing out that one *can* work with individuals or groups in a critical capacity, and that programme and policy change *can* start at those levels of discontent. While we acknowledge that there are some direct service workers and managers who are advocates for social change, we also recognize that the 'helping' professions can be a powerful force to maintain the *status quo* (Fox and Prilleltensky, 1997; Prilleltensky, 1994). Also, we agree with MacKay (2000) that work 'at the individual level should not be devalued in our quest for the ideal' and that those workers who speak out against social injustice do so at their own personal risk.

Rappaport (2000) questions whether we have gone far enough in promoting an agenda for social change, and Hunt and Crow (2000) wonder why we did not include more examples of advocacy for gender equality, community development, and interventions which address issues of cultural diversity. Examples of such work were covered throughout our final report (e.g. there is a chapter devoted exclusively to aboriginal issues and interventions), and some of that material made it into our article. At the same time, we recognize that psychology has placed greater value on researching the outcomes of prevention programmes than on developing systemic interventions, so that there are more examples of the former rather than the latter in the literature.

Perhaps we should be bolder, as Rappaport (2000) suggests, and spend less time doing research on programmes and more time on community organizing and policy advocacy. We always experience a tension between being academics who primarily write and conceptualize and being activists who disrupt the *status quo*. We need to broaden the criteria as to what is acceptable (i.e. fundable, publishable) research in community psychology, so that we can engage in scholarly, albeit unorthodox, research about the types of social issues and interventions that concern disadvantaged people. We also need to do this without putting ourselves and particularly our junior colleagues in jeopardy of losing their jobs and losing the credibility that we have worked hard to gain through our research and action, as MacKay (2000) argues.

LANGUAGE

Conceptual frameworks are steeped in language that reflect certain implicit ways of thinking. Rappaport (2000) asserts that the 'wellness' metaphor that we have proposed is not conducive to social change, because it brings forth images of the biomedical model, which focuses on illness. For us, wellness is a holistic concept that is an alternative to the biomedical model. We define wellness in a broad sense that includes social justice and empowerment as part of its core values. Wellness would be a problem if we used it in a narrow sense. However, we can see a political advantage in using an accepted word like 'wellness'. People who may object to the language of oppression, justice, and exploitation, may be more amenable to the language of wellness. The question is 'are we selling our souls?' or are we just trying to be collaborative with as many potential stakeholders as possible? At this juncture, we think that the language of wellness creates more opportunities than limitations, but of course its usage has to be monitored. Rappaport (2000) also suggests that the construction of values may be less critical than our language and ways of thinking. Contrary to this assertion, we believe that others can manipulate our language (like conservatives co-opting the term 'empowerment') or distort our arguments, but no one can change our values. Our values are important because they act as guideposts that inform our thoughts, feelings, and actions about social issues.

Hunt and Crow (2000) criticize our conceptual framework. We believe that there is a tension between producing conceptual frameworks that help organize complex issues in easy-to-follow schemas, on the one hand, and not doing justice to the complexity of issues, on the other hand. They viewed the conceptualization of individual versus community interventions as problematic, suggesting that we created some kind of Cartesian dichotomy (as if people were separate entities from communities). The point of an ecological perspective is that smaller systems are nested within larger systems. So for us, community interventions do not ignore individuals or families; they subsume them in their larger focus on the entire community.

We also believe that the conceptual distinctions that we proposed are important. There are clear differences between interventions which affect entire communities (such as increased funding for community-based prevention programmes) and individual therapy or intensive family preservation. The latter do not address systemic issues and do not reflect collectivist values, such as support for community structures or social justice. Not only is the level of intervention important, but also the timing (proactive versus reactive), the mode (self-help versus professional therapy), and the values underlying the intervention are important.

We resonate with the points Hunt and Crow (2000) made about project 'Sure Start' in the UK, as the focus and issues are quite similar to the Better Beginnings, Better Futures initiative in Ontario, with which we have been involved. At the same time, however, we believe that we need to address issues of race, class, gender, and power dynamics, as noted by Hunt and Crow (2000) and Rappaport (2000), through community organization and political action. Citizen participation in social movements is needed to press for progressive social policies of the sort that are enjoyed by citizens in many European countries. Better conceptual frameworks and research evidence are always helpful, but the fundamental question for community psychologists is: Are we ready to partner with disadvantaged people to work towards a more just society that promotes child and family wellness?

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