

The enabling community for child and family health

Introduction

An ecological view of health contends that health is created within the psychological, social, cultural, educational, physical and economic conditions that surround people's lives.

Communities provide the template for many of these conditions, and are therefore integral to the development of health and wellbeing. 'Enabling' communities are those that optimise, rather than constrain opportunities for good health, and in this respect, the enabling community captures the essence of the relationship between health and place. An enabling community for child and family health is where families are central to community life, and where information, services and resources converge on the common goal of helping children reach their developmental potential. Although family cultural factors and behaviours are major determinants of children's health and development, an enabling community adds the backdrop for the health promoting networks and associations that shape social connectedness. Enabling communities can nurture connectedness through features of the physical landscape, places and opportunities for community interactions, attitudes of inclusiveness and tolerance, and policies and support services that are geared towards empowerment and capacity development.

Health and place: From Bronfenbrenner to contemporary thinkers

Since it was first introduced by Bronfenbrenner in 1979 the social-ecological view of health has become widely accepted by health scholars and service planners. Bronfenbrenner's bio-ecological model contends that human development takes place through progressively complex, regular, reciprocal interaction between an active, evolving biopsychological individual, and the persons, objects, and resources within the immediate external environment (Bronfenbrenner, 1979; Bronfenbrenner and Evans, 2000). This perspective situates the community as the most powerful setting for developing health capacity. For children, the promise of health and successful personal development lies where they, and their parents, can be meaningfully engaged with one another and with other families for

mutual benefit. In this type of environment the community plays a mediating role between health promoting conditions and the individual or family factors that compromise health. Some communities are enabling by virtue of their therapeutic or restorative landscapes; places where illness and/or stress can be alleviated by the healing air of the sea or the forest, or by spaces for physical activity and other leisure pursuits, or opportunities for social interaction, all of which can buffer the stresses of everyday life (Duff, 2011). Communities that provide supportive places for social interactions can be empowering, helping sustain the community's viability as well as residents' personal health (Rifkin, 2003). Such communities are often described as having high social capital.

The concept of social capital was first described by Putnam (1995) as encompassing civic engagement, trust, and norms of reciprocity among community members. In these conditions, the community tends to become dynamic and vibrant, bringing people together through networks, associations, and a sense of purpose (Wood and Giles-Corti, 2008). Information, including health information, flows in many directions, people are compelled to help others for mutual benefit, and they are more likely to participate in democratic institutions, and be accountable for their actions. When communities nurture this type of social climate people tend to share goals, bonding together to build capacity and resilience in the face of economic, social and environmental changes (OHCC, 2009).

Carpiano (2006) argues from the philosophy of Bourdieu, that these social networks in the community are goal-directed, seeking to develop capacity through social control (Carpiano, 2006). He posits that it is the actual or potential material resources, rather than informal social relations that procure benefits for the collective. But there are many types of resources that render a community 'enabling'. Duff (2011) differentiates between social, affective and material resources, which together define the notion of *place* as it shapes people's experiences. Social relations of trust and reciprocity are important elements of the enabling environment, but so are the affective resources that support intimate relationships,

especially those that strengthen the family as a unit. These social and affective resources are crucial to providing the conditions for families to support child health and development. People need mastery and control over the key processes and relationships that influence their lives (deVos et al., 2009). Where this type of personal control is missing, material resources can be squandered or misused. We see this in some communities where inequity of access to knowledge, resources and a lack of inclusive strategies for information sharing creates disabling, rather than enabling influences on health (McMurray, 2010). Social control therefore includes a community's obligations to provide for its citizens equitably, and opportunities for people to learn from one another, develop health literacy, and articulate their lives, their values, and their expectations in their own language (McMurray and Clendon, 2011; Sen, 2000).

Identifying community enabling factors

To date, there have been few examples in the professional literature of successful, enabling communities. This is a glaring omission in the research agenda for family and community health, given the need for policies and programs to respond to empirical knowledge of goal directed planning and practice. Researchers are just recently beginning to address the link between enabling environments and health outcomes. There are indications that features of the built environment are instrumental in improving people's quality of life (Cattell et al., 2008; Maas et al., 2009). For example, the availability of open green spaces have an effect on perceptions of health by providing an opportunity for local exploration, group-based nature activities, social support and community connectedness (Maas et al., 2009). Cattell et al.'s (2008) study has revealed that therapeutic landscapes in the city or country can help foster a sense of belonging and social integration as well as a spirit of civic participation, all of which can help counter adversity. The role of 'place' in supporting the health of children and adolescents is also well established in the international research literature (Duff, 2009; Dunn et al., 2006; Leventhal and Brooks-Gunn, 2000). Neighbourhood influences on child

health and development have been found to be mediated through the quality of resources and relationships as well as collective norms of behaviour (Brooks-Gunn, cited in Andrews, 2010). Duff's (2009) study of factors involved in minimizing the harm associated with illicit drug use among urban adolescents found the social, affective and material resources of an enabling environment play a critical role in addressing the problem of drug use, and a study by Steen et al. (2009) has shown that enabling environments play a crucial role in health promotion initiatives to address epidemics such as HIV/AIDS (Steen et al., 2009).

One of the greatest gaps in our literature of the enabling community for child health lies in understanding the breadth of community factors that can provide support for parenting. In one study of Australian parents' choice of community, Andrews (2010) found that parents tend to choose a certain municipality on the basis of their perceptions of home ownership, family, the setting and space. Yet sometimes there are disparities between their child-centred ideals and the reality of their lives, especially in relation to place-based factors such as the dearth of services, transportation, play areas and job opportunities (Andrews, 2010). This is unsurprising in Australia, given the unevenness of service provision, particularly in relation to rural and remote areas. But it does underline the need to chart these conditions and their links to parenting in order to clarify what features actually contribute to enabling communities for child and family health.

On a global scale, there is widespread understanding that physical environments are deteriorating, and this has a significant impact on children's opportunities for outdoor activities. Health and developmental researchers have expressed concern that today's children are experiencing reduced access to neighbourhood outdoor spaces for child-driven free play, which has unique developmental benefits (Castonguay and Jutras, 2009). This is occurring in the face of empirical studies showing that access to outdoor play areas can promote children's physical, cognitive, social, and emotional health, and help them develop resiliency and friendships (Castonguay and Jutras, 2009). Where the neighbourhood and

community are conducive to creative play, children develop social connections and learn to cooperate with others. This can help them develop an attitude of mutual support that can last into adult life. Further research is necessary to provide evidence for the link between the physical environment and child development, which can be used to inform family-friendly policies. Conversely, there is a need to further investigate how policies impact on child friendly environments; for example, the effect of housing developments tailored to older singles and child-free couples on family and neighbourhood life.

Implications for nurses and other health professionals

It is widely recognized by parents, health professionals and community planners that children, as well as adults need clean air, water, food, safe surroundings, places for physical activity and opportunities to co-create their environments. Enabling places for health and wellbeing must therefore be jealously guarded. The disabling effects of shrinking spaces, deteriorating neighbourhoods and schedules that confine children to indoor activities need attention from a wider audience than community planners. Advocacy for enabling environments is the responsibility of all community citizens seeking to foster quality of life. One of the ways nurses and other health professionals can contribute to this agenda is to be visible and audible in arguing the relationship between health and place.

Equally important is the need for research that would keep the needs of children and parenting on the agenda of policy and planning authorities. It is surprising that so many years after the socio-ecological model of health has become mainstream, there is so little research evidence to guide community action. By collecting data that integrates community factors with children's development, health professionals could add substantial knowledge to planning authorities about the local contextual strengths and constraints that impact on healthy childhoods. Longitudinal studies of child development across the developmental pathway are extremely important, but these require substantial resources and a wide range of expertise. Small scale case studies of environmental influences on children's development

at various stages are logistically feasible, and these would be invaluable in profiling some of the characteristics of an enabling environment. Community case studies could address access to and use of health services and health information; strategies that assist with family relocation and/or other changes; policies, structures and conditions that promote child safety, such as accreditation of child care workers, or stronger child protection schemes; initiatives to prevent ill health; health promotion and supportive programs for physical and psychosocial wellbeing such as paid parental leave schemes; the development of various cultural initiatives in the community; healthy and safe workplaces; and a range of other factors that contribute to an enabling environment.

Another important area for research lies in studies that would give voice to parents in identifying their family aspirations and perspectives on achieving these. Somehow we need to develop a body of knowledge to counter the stereotypes that exist about family life. Some of the under-researched issues include families' perspectives on marriage and its many permutations; guidance strategies that would help family members maintain the bonds of intimacy while parenting positively from inside and outside the family home; and how best to use health networks to bridge the chasm between home and work; perhaps with the assistance of occupational health nurses. Most family members have insights into what they need to help them parent and how to ensure that their family adds value to community life. Their perspectives can include identifying family-friendly housing initiatives; community strategies for inclusiveness; accessible maternity care, child care and after school care; services and advice needed for breastfeeding support, parent-to-parent or grandparent-to-parent support systems. The research agenda should also include an examination of factors that would create a robust environment for early learning readiness; healthy eating resources; spaces for play and physical activity; initiatives to promote positive community attitudes and to overcome stressors such as neighbourhood violence, bullying or community incivility; as well as the macro aspects of the enabling environment: the

provision of safe water, food and clean air.

Community health scholars accept the notion that people are influenced by the environments of their lives: where they work, play, study or live. These include their home, workplaces, recreational settings, cities, towns, villages and campus, as well as the places they go to receive or provide assistance, enact their religious beliefs, and negotiate and transact the exchanges of daily life (McMurray and Clendon, 2011). Place is thus irrevocably interwoven with health. Nurses and other health professionals who are part of this dynamic pattern of interaction are in an ideal position to identify the many aspects of each of these environments that are enabling. By sharing local wisdom and continuing to map the structures, processes and outcomes of family and community life, health professionals can make a major contribution to society's knowledge of those factors that help provide a safe, healthy, equitable, accessible and inclusive pathway from birth to the end of life.

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