

Chapter 2

School/Community Based Interventions for Well-Being

Our task must be to free ourselves... by widening our circle of compassion to embrace all living creatures and the whole of nature and its beauty

—Albert Einstein

Abstract It is now more common place that interventions to address well-being and school violence and bullying and promote prosocial behaviour and resilience draw on collaborative school-community partnerships. It is now better understood that theoretical knowledge must be integrated with the knowledge that exists in communities in order to fully understand fully the nature of human development. The facilitators and barriers to setting up school-community based interventions will be outlined.



Key Terms

Well-being	Refers to optimal experience and functioning
Social capital	The social networks, expectations, and trust that facilitate mutually beneficial outcomes for individuals
Self efficacy	Confidence in the ability to exert control over one's own motivation, behaviour, and social environment
Psychological well-being	Breadth of wellness that includes positive evaluations of one's self and one's life
Mental health	The absence of psychological symptomatology

Introduction

Nationally and internationally there is now a long over-due focus on the well-being and health of young people in both the education and health sectors. In early work in Australia the Commonwealth Government articulated the concept of “Health Promoting Schools” called “Promoting mental health and emotional well-being within a health promoting schools” framework (2001). In the United Kingdom the national education authority Department for Education and Skills (DfES) have taken as their focus the theme “Every Child Matters” (2003). This policy document has a strong focus on health, well-being and the safety of young people at school. These two national policy initiatives are early examples of a country’s educational authorities looking to promote the health, well-being and educational outcomes for students. Masters (2004) noted that “Schools have always been seen it as part of their role to support and encourage children’s all-round development, including their cognitive, interpersonal, social, aesthetic, physical and moral/spiritual growth. Beyond the academic, schools have been committed to children’s general well-being” (p. 2). In the United States the “Elementary and Secondary Education Act” (‘No Child Left Behind Act’ 2001) has been updated to include the development of social and emotional competencies as part of Title IV “Successful Safe and Healthy Students”. More recently, The Council of Australian Government National Action Plan for Mental Health 2006–2011 (COAG 2010) and the Roadmap for National Mental Health Reform 2012–2022 (COAG 2012) identified promotion, prevention and early intervention for positive mental health as essential actions. Secondary schools, primary schools and early childhood and care centres are identified as settings that can enhance students’ social and emotional well-being. However, as argued in this chapter, in considering the matter of interventions to promote well-being it is important not to overlook the fact that schools are embedded in communities and neighbourhood contexts.

In this chapter we highlight the importance of community and neighbourhood context in shaping children’s development and their health and well-being. The matter of interventions must be considered in this context. School and community based interventions will be considered in the context of three commonly identified factors most commonly linked to well-being in the community, namely (i) a safe and supportive living environment (ii) social capital and (iii) self efficacy for community action. The matter of engaging in school and community interventions for promoting well-being will be considered against the backdrop of these three elements.

We begin the chapter with a short overview of the significant concepts, namely mental health, well-being and psychological well-being.

Mental Health—Well-Being: Two Sides of a Different Coin!

Presently there is reasonably sound knowledge of the extent and nature of mental health problems in western countries. As we enter the twenty first century there is substantial evidence that a substantial percentage of young people are struggling with mental health problems. In Australia, as many as one in five young people aged 4–17 years have significant mental health problems (Zubrick et al. 2000). Zubrick et al. also document that mental health disorders are between 16–20 % (ages 4–11 years); 20–25 % (ages 12–17 years) and 25–40 % (ages 18–24 years) in prevalence. They calculate that in Australia there is an average prevalence rate of 23 % in the age range 4–24 years. This is comparable with figures from Canada where it is estimated that 26 % of children experience behavioural, learning, emotional or social problems and of these 12 % “... have clinically important mental disorders” (Offord et al. 1994, p. 285). In Australian research Sawyer et al (2001) noted that 14 % of children were identified as having mental health problems which “is very similar to the median prevalence of 12 % reported by Verhulst and Koot [14] in their review of 49 international studies conducted between 1965 and 1993” (p. 811). These figures are also comparable to the United States of America (Weissberg et al. 2003). Furthermore, Zubrick et al. identify the trend for earlier onset of mental health disorders suggesting this is a result of changes in the rates of biological risk exposure as well as economic and social changes. Importantly, the authors also note that the “fantasy” that children will “just grow out of it”, is just that—“a fantasy”.

At this point it is important to re-iterate that mental health and well-being are not the same thing. As Ryff (1995) notes

A person is viewed as mentally sound if he or she does not suffer from anxiety, depression, or other forms of psychological symptomatology. This prevailing formulation never gets to the heart of Wellness; to do so, we must define mental health as the presence of the positive. (p. 99)

However, as Ryan and Deci (2001) have stressed and as we noted in Chap. 1 “Well-being is a complex construct that concerns optimal experience and functioning” (p. 141). It is not simply the absence of mental illness or ill-health. In South Australia the Department Education and Children’s Services (DECD 2005) policy document concluded that “Well-being refers to children and students’ physical, social, and emotional welfare and development” (p. 3). Research by Easthope and White (2006) notes that well-being is a profoundly “social” concept and not simply a physical or medical matter. As they note “...feeling healthy seems to largely stem from being happy and comfortable in one’s sense of well-being, that is in turn generated in and through one’s social networks” (p. 48).

The Nature of Well-Being

As discussed in Chap. 1 the dominant approach to the study of well-being has been termed ‘subjective well-being’. It is understood that subjective well-being (Keyes 2006) comprises two components, namely (i) judgements regarding life satisfaction and (ii) the extent to which the level of positive affect outweighs negative affect.

Life Satisfaction This is typically evaluated in terms of an individual’s subjective cognitive appraisal of what is the “good life”.

Affective Balance is measured using the term “happiness” and this refers to the balance of positive over negative affect.

Christopher (1999) comments that from this theoretical perspective “... we are doing well (we are happy), when we experience (i.e. individual’s appraisal) more positive than negative feelings in our life” (p. 143). A significant amount of research has emanated from this outlook on the nature of well-being.

Psychological Well-Being

To be well psychologically is more than to be free of distress or other mental problems. (Ryff 1995, p. 103)

A challenge to the idea of “subjective well-being” has been the notion of “psychological well-being” (Ryff 1989). Ryff was a critic of the “subjective well-being” approach with its focus on “happiness” and “life-satisfaction” and was intent on developing a stronger theoretical basis for research into the concept. The argument was that the earlier preoccupation with “subjective well-being” had little basis in empirical research and theorising. To redress this “shortcoming” this researcher synthesised ideas from many of the humanistic theorists including Jung, Erikson, Allport, Maslow and Rogers. Ryff developed a measure of psychological well-being around six sub-scales including self-acceptance, positive relationships with other people, autonomy, environmental mastery, purpose in life, and personal growth.

Taken together, these six dimensions encompass a breadth of Wellness that includes positive evaluations of one’s self and one’s life, a sense of continued growth and development as a person, the belief that life is purposeful and meaningful, the possession of good relationships with other people, the capacity to manage one’s life and the surrounding world effectively, and a sense of self-determination (Ryff 1995, p. 99). This leads us to a consideration of the concept of the “good life” which we referred to in Chap. 1.

Well-Being and the “Good Life”

Put simply and as discussed in Chap. 1, “The concept of well-being refers to optimal psychological functioning and experience” (Ryan and Deci 2001, p. 141).

This apparently simple description masks the fact that well-being has posed significant challenges in terms of understanding, defining and assessing what is meant by the term. In part, to understand the nature of well-being it is important to appreciate that philosophers have long been interested in the idea. Thus, philosophy and religion have often sought to describe and emulate the cultivation of particular virtues. For example, the classical Greek view generally espoused an appreciation of all that is beautiful, respect for reasoned thought, and a humanistic outlook which generally "...specifies living nobly and richly in spirit as the aim of life" (Grayling 2003, p. 11). Such a line of thinking "... is a broadly secular attitude rooted in views about human nature and the human condition" (Grayling 2003, p. 1). In contrast, and according to Grayling, one could compare this view with mainstream western Christian outlook. This outlook is essentially "transcendental" (Grayling 2003) locating the answer to the question of what constitutes the good life as essentially outside the human realm. That is, the "good life" is achieved in the after-life as a "reward" for a life well led on earth. The question remains then—what is the "good life"? To help answer this question we turn to philosophy.

The study of philosophy is generally understood to involve a consideration of the bigger questions that confront us—what is the world like?—how is knowledge possible?—how should we live? The Greek philosophers including Aristotle and Plato valued in particular the human capacity for thought and relegated feeling and action to lesser places. Later Greek philosophers including Epicurus, Epictetus and Seneca gave greater priority to feeling and action. A significant consideration for them was the question of "What should I do to lead the good life"? A strong sense of what constitutes the good life is found in the writings of Seneca the Younger.

The good life (*vita beata*) is a life that is in agreement with its own nature and can be attained in only one way. To paraphrase one must have a sound mind. One must also must be courageous and energetic, and resilient, ready for every emergency, mindful of one's health, and generally at peace with oneself. Last, while one can be attentive to the conveniences of life they are not something that one pursues for their sake alone (cited in Holowchak 2005, p. 78).

The Greek philosopher, Seneca The Younger (c.4BC–65AD) was concerned with the practicalities of philosophy, particularly in relation to how to assist people not to just exist but to live well. "We should strive not to live long, but to live correctly, for to have a long life, you need only Fate. But for right living you need a soul" (Seneca, *Epistles* XCIII.2, 2001). Importantly Seneca understood that living well was a challenging task which required constant vigilance and practice. Building on the points raised in Chap. 1 and the present discussion it is important to understand there are limitations to the concept of well-being.

Limitations to the Conception of Well-Being

As Christopher (1999) has observed, mainstream conceptions of well-being places the onus for well-being squarely on the shoulders of the individual and is consistent with a very western preoccupation with the psychology of the individual, which tends to ignore the impact of broader social, societal and cultural factors. Such an outlook is reflected in the research of Easthope and White (2006) when they wrote: “children and young people are growing up in a world dominated by the neo-liberal emphasis on personal responsibility for one’s own fate and social opportunities” (p. 42). Following their interviews with a group of young Australians they concluded that “While the responsibility for health might be individualised, the context within which this responsibility is exercised is very much ‘social’ in nature” (Easthope and White 2006, p. 48). They noted the paradox that exists in many public health messages exhorting young people to take personal responsibility for their health, but if their peers are engaging in unhealthy or risky behaviours this increases the likelihood of copying such behaviours.

To re-iterate then, mainstream psychology’s early focus on mental illness, psychopathology and ill-health largely precluded research into well-being and the positive aspects of mental health. Two significant influences tipped the balance in favour of an examination of the positive aspects of healthy functioning namely (i) humanistic psychology and (ii) a focus on the influences outside the individual, namely the broader ecological and neighbourhood context. As Slee, Campbell and Spears (2012) noted, when humanistic psychology began to assert an influence in psychological thinking in the early 1960s the balance began to tip toward the study of healthily functioning individuals. Now the focus is more strongly on well-being and is reflected in an emphasis on resilience, building strengths, competence and capacity. To appreciate the issues associated with defining and measuring well-being as outlined in Chap. 1 it is necessary to understand the values and assumptions which underpin current conceptions.

The conceptions of well-being presented generally are predicated upon a western, individualistic understanding of development. In particular, mainstream western conceptions of psychology locate conceptions of well-being very much within the boundaries of the individual which brings us to the focus of this chapter. The second influence was a broader consideration of the context in which an individual was located as influencing their health and well-being.

Reflection

- What does the idea of the “good life” mean to you?
- Discuss with family, friends, colleagues or other students the important elements that would contribute to a “good life”.

Ecological Influences on Well-Being

I should venture to assert that the most pervasive fallacy of philosophic thinking goes back to neglect of context. (John Dewey 1931, p. 5)

In early writings Oakley (1984, p. 22) noted that “the emphasis on childhood as an individual process unfolded from within has tended to neglect the impact on children and childhood of social and cultural contexts”. Moreover the prevailing influence of the dominant scientific paradigm (Shute and Slee 2015) had emphasised the study of children in tightly controlled or experimental contexts. In reaction to this approach Urie Bronfenbrenner had criticized developmental psychology as “the study of the strange behaviour of children in strange situations with strange adults for the briefest possible period of time” (Bronfenbrenner 1979, p. 513). In 1979, he argued that:

The ecology of human development involves the scientific study of the progressive mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings, and by the larger contexts in which the settings are embedded. (p. 21)

Bronfennbrenner conceived of the individual child as developing within a series of settings or systems including:

1. *Microsystem*. This is made up of the individual characteristics of the child and the various settings within which the child is embedded e.g. family, school, neighbourhood
2. *Exosystem*. These systems do not impinge on the child directly but influence the child because they affect one of the microsystems e.g. extended social network of friends, neighbours, the media
3. *Macrosystem*. These settings refer to the much larger cultural or sub-cultural environment in which the child lives. It refers to the values and mores which are part of the broader environment e.g. in Australia being raised within the context of a particular ethnic group such as Greek, Italian or Vietnamese.
4. In a later development of his model he added the *Chronosystem* e.g. across the life-span, how do events such as parental divorce or separation impact on the way a child develops?

In early Australian research Homel and Burns (1989) argued that their research highlighted the importance of contextual and environmental variables for understanding the social and emotional wellbeing of children. In particular they noted that for particularly economically disadvantaged children there were a significant identifiable feelings of increased loneliness, dislike of other children, feelings of rejection, worry, fear, anger and unhappiness and dissatisfaction with their lives and with their families in particular.

In outlining findings from recent research Goldfeld et al. (2015) noted “There is increasing recognition by child development researchers that the environment,

including the neighbourhoods in which children live and grow, is a key determinant of children's wellbeing and psychosocial outcomes (e.g. Prior 2005)". (pp. 198–199).

The Neighbourhood Environment

In considering young people's well-being it is necessary to broaden the outlook beyond that of the individual. Boyle and Lipman (2002) have noted that explanations for the development of behaviour problems in children have referred to (i) constitutional features of the child e.g. temperament (ii) child-context interactions e.g. family conflict (iii) developmental stages of the child, and (iv) contextual influences associated with neighbourhoods. It is the contextual influences which provide the focus for the present chapter.

The neighbourhood environment has increasingly come to be viewed as an important context for children's development. From a systems perspective, Shute and Slee (2015) have noted that context serves to emphasize how child development is influenced by multiple interacting systems, including caregivers and the social context in which they live. Early researchers including Bronfenbrenner (1989), Furstenberg et al. (1999), Garbarino (1982) have argued convincingly that physical, social, and cultural aspects of contexts such as the family, school, and neighbourhood represent spheres of influence on children's development. Other research (e.g. Slee and Murray-Harvey 2007) has confirmed the importance of neighbourhood influence on developmental outcomes. While children's well-being is certainly influenced by their interactions with their primary caregivers it is also influenced more indirectly by their interactions with other carers such as day-care workers and teachers, in systems outside the family (Rutter 2003).

Reflection

- How would you describe the qualities of the suburb or neighbourhood you grew up in?
- What did you like most and least about it? How did this effect your well-being?

Elements of the Neighbourhood Environment and Well-Being

As noted earlier while a good deal of research into well-being has placed the onus of responsibility for change on the individual there are significant advantages to understanding the concept in a broader community context. The movement toward

the wider community initiative is underpinned by the writings of authors such as Etzioni (1995). In advocating a movement toward “communitarianism”, Etzioni (1995) describes the “social webs of communities” as the webs that bind individuals, otherwise isolated, into groups who care for one another and who help maintain a civic, social and moral order. That is, the “social webs” are integral for the development and promotion of well-being. Sampson et al. (2002) identified a number of mechanisms mediating the effects of the neighbourhood on problem behaviour and health related outcomes for young people including (i) social ties and interactions (ii) norms and collective efficacy (iii) institutional resources and (iv) routine activities. The following three components draw on Sampson’s et al.’s (2002) mechanisms of (i) social ties and interactions and (ii) norms and collective efficacy.

Three Underlying Components for the Promotion of Wellbeing in a Neighbourhood Context

The three components identified and discussed here include (a) the development of a supportive, safe living environment and (b) the realization of the social capital within the community and (c) the actualization of self efficacy for action. These components formed the basis for a community based intervention to address school bullying as described later in this chapter.

(i) Safe, Supportive Living Environment

The available evidence points to the basic human need for a safe, trusting and peaceable living environment (Slee et al. 2012). Cameron (2005) has argued that lower levels of safety and trust are all part of the modern living as reflected in a greater focus on security measures where such indicators reflect a generalised community anxiety about safety. In research involving 500 Australian families and their young children Cameron (2005) identified that the issue of neighbourhood safety was a significant concern for the parents. Such an outlook is validated by the evidence that chronic exposure to community violence is associated with a wide variety of mental health problems in children, ranging from posttraumatic stress disorder to anxiety (Osofsky 1995; Richters and Martinez 1993).

Reflection

- Consider whether there are lower levels of trust in the community today.
- Are *perceptions* of safety the same as *actual* safety? How do these relate to well-being?

(ii) Social Capital

A related concept to that proposed by Etzioni (1995) is that of the “social capital” of a society (Cox 1995). Social capital is seen as an ingredient of the functioning of social relations among individuals. Significant elements of social capital include the extent to which individuals trust and have confidence in each other in the general

community. As such, social capital is a resource residing in the social networks of the members of a community. Social capital refers to features in a social organization such as social networks, expectations, and trust that facilitate coordination and cooperation for mutual benefit (Coleman 1990). It is derived from interpersonal relationships and an array of obligations, expectations, information channels and norms within families and communities. It is a resource and like other forms of capital can be drawn on or accessed as needed.

While limited research has examined possible links between social capital and child well-being, evidence exists for a link between social capital and school dropout and an increase in child behaviour problems (e.g. Runyan et al. 1998). One way to operationalise social capital is in terms of school connectedness. Bonding or connectedness is generally defined as an individual's experience of caring at school and sense of closeness to school personnel and environment. Research indicates that school connectedness is associated with safer behaviours and better health outcomes during adolescence. For example, the research of Murray-Harvey and Slee (2007) has identified a strong positive link between feeling supported by teachers, peers and family and social and emotional adjustment. Support is significantly related to belonging to school.

(iii) The Actualization of Self Efficacy for Community Action

The evidence is that any program to promote, prevent or intervene is significantly strengthened by enabling individuals and groups to participate in the community action. That is, to have a "voice" in the development and implementation of the program or intervention. Cameron (2005) has examined the term "collective self efficacy" identifying its component parts as comprising two sets of attitudes:

Social cohesion refers to the level of connection and trust and a perception of sharing a common set of values and standards;

Informal social control refers to the empowerment of community members to actively intervene in the face of social dis-order e.g. violence or vandalism.

Individual self-efficacy arises where individuals feel empowered to take control over their daily lives and to be able to influence the decisions that affect them. Research into victimization clearly indicates that victims feel powerless and voiceless in the face of violence (Slee and Mohyla 2007). The very definition of bullying (see Chap. 6) highlights the powerlessness of the victims. Intervention programs should be driven in a "bottom up" and not "top down" manner such that students and parents are actively engaged in the process and are able to actualize efficacy for taking action.

In summary, Etzioni (1995) describes the social webs of communities linking people to each other, people who would otherwise be isolated, creating groups which care for each other and help create social order. In contrast to a collectivist approach is an emphasis on individualist values. Prilleltensky and Nelson (2000) have identified values on a continuum ranging from collectivist to individualistic. Those values emphasising individualism emphasise interventions primarily focused on the well-being of the individual as "Self determination and personal growth are

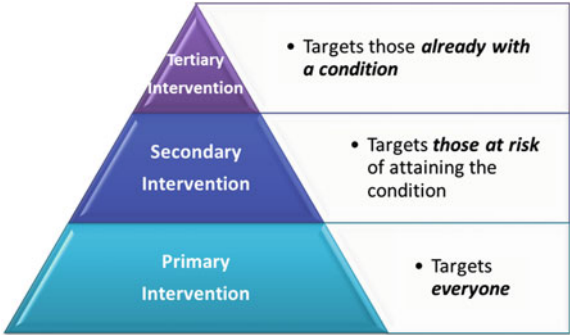
examples of values that seek to achieve what the person desires” (Prilleltensky and Nelson 2000, p. 88).

As Prilleltensky and Nelson (2000) note, in mainstream western cultures the focus is generally on individualistic values in developing interventions. The emphasis is on programs which foster individual development promoting autonomy and personal wellness. The same authors argue that “The problem is not investing in individuals, but neglecting the social dimension of caring” (Prilleltensky and Nelson 2000, p. 90). Some balance is needed in intervention programs because as argued here, strong caring communities are as vital for human health and well-being as is investing in individual needs. Currently many western country’s priorities are heavily skewed towards individualistic values underpinning interventions.

Prevention and Intervention

To assist in making better sense of diverse anti-bullying and well-being programs currently available we may follow a framework (Fig. 2.1) first conceptualised by Brantingham and Faust (1976). This framework was drawn from the public health model of disease prevention and it categorises prevention into three levels of action involving activities at a primary, secondary or tertiary level. Applied to the bullying context, the primary level of prevention involves making changes to the physical or social environment so that the conditions which allow undesirable bullying activities are thwarted. For example, a school might train peer supporters to assist in resolving conflicts during lunch and recess times or provide before and after school care for children whose parents work outside the home. At this primary level of prevention, for example all students are targeted in an anti-bullying program. The secondary level of prevention however, involves identifying likely victims or bullies and intervening in their lives in such a way that they never become involved with bullying. For example the students might be taught conflict resolution skills as part of a pastoral care program. At the third tertiary level of prevention individuals who have actually become involved in bullying as victims, bullies or bully-victims

Fig. 2.1 Different levels of prevention based on Brantingham and Faust’s (1976) framework



are identified for help and support. This support might take the form of one to one counselling.

These three levels of prevention are similar to the chronic health prevention model where primary intervention involves preventing the conditions under which a disease would incubate, secondary intervention involves measures which identify and target various groups at risk (for example, smokers who are at risk of developing lung cancer or overweight people at risk of developing diabetes) while tertiary intervention involves treating patients who have already contracted a condition, such as diabetes (see Williamson et al. 2004).

An issue with tertiary and secondary intervention methods, however, is the risk of labelling students for example as, mentally ill, or as victims, bullies or bully-victims. Labels such as these suggest that individuals are different from their peers. This “difference” may negatively impact individuals’ self-esteem as it becomes internalised by them even to the point of defining them. Such effects are exacerbated by individualistic approaches.

In addressing the issue of targeting interventions to improve young people’s well-being as discussed here we come to the issue of the nature of “change” and how “change” occurs. For example, where an organization such as a school decides to address the matter of mental health, well-being or introduce an anti-bullying program, the important question arises as to just how this is best achieved.



Discussion Starter 2.1

The Office of the Children’s eSafety Commissioner

<https://esafety.gov.au/about-the-office>

The aim of the Office is to help guide children and young people toward safe, enjoyable experiences online. The Office of the Children’s eSafety Commissioner hopes to encourage behavioural change—where Australian children and young people act responsibly online—just as they would offline. The goal is to create an environment in which cyberbullying is truly unacceptable.

Access the Games, apps and social networking link and listen to the video.

<https://esafety.gov.au/esafety-information/games-apps-and-social-networking>

Take some time to consider whether the issue of ‘on-line’ safety is a community matter. What is your community doing to address the issue?

A Dynamic Systems Perspective for Understanding the Change Process in Interventions

Shute and Slee (2015) have outlined the nature of systems theory and in particular have discussed the issue of how change occurs in an organism. As Lerner (1998) has noted there is now "... a burgeoning interest not in structure, function, content, or content per se, but in change, in the process through which change occurs, and thus in the means through which structures transform and functions evolve over the course of a human life" (p. 1). An identifying feature of the dynamic systems view is that there is no simple unidirectional assumption of causality. As noted by Shute and Slee (2015) systems thinking shares with organicism a focus on the individual as an active participant in his or her own development, but is differentiated from organismic theories with its focus on the processes of change and the complexity and diversity of individuals' development. It is also differentiated in terms of its emphasis on the role of culture in human development, "as no longer a mere backdrop, but as part of the very fabric of human development, operating in a co-constructive fashion" (p. 189).

Apart from the nature of change in relation to the individual, the matter of organizational change has been the focus of a good deal of research. From a systemic perspective change only occurs when individuals within the organization critically examine their beliefs and change their work practices. Leadership is a significant factor in relation to facilitators and barriers to organizational change (Fullan 1997). It is also important to understand that shifts in core beliefs, knowledge and practice require time to occur. In this regard a systems perspective suggests that in relation to an organization such as a school we must identify key aspects of school systems that influence students' abilities to achieve well-being and achievements in learning. Murray-Harvey and Slee (2007) identified caregiver-child relationships, teacher-child relationships, peer relationships, school bonding and neighbourhoods as key social and contextual environments in children's social, behavioural and emotional adjustment. As Prilleltensky and Nelson (2000) have convincingly argued

A culture that emphasizes individualism and blames victims for their misfortunes is bound to want to fix people and not structures. So ingrained in our society is the individualistic mentality that professionals rarely question the narrow focus for psychological and social interventions. In a sense, changing individuals in light of ominous social forces is like searching for the penny where there is more light, never mind the penny got dropped in the dark. (p. 92)

Now apart from the complex issue of how change occurs in an individual or an organization, once a decision has been made to intervene and introduce a well-being or anti-bullying program the next very important issue is how best this is done in order to maximise the effects and impact of the program. To illustrate the points presented in this chapter we now provide an example of a community based intervention implemented by one of the authors (PTS) in a school in South Australia.

A Case Study of a Community Based Prevention and Intervention to Reduce Bullying

This community based intervention study is more broadly outlined in Slee and Mohyla, (2007). The school concerned had entered the program because of specific concerns by teachers regarding the level of school bullying which they largely believed emanated from issues within the broader community where there existed conflicts between the parents and families of two major cultural groups. However, the school had no policy or grievance procedure in place regarding school bullying. This 2-year South Australian community intervention program to reduce bullying in schools was funded by the State Government and coordinated by the Crime Prevention Officer at a local Council. Participating community organizations included:

- Schools
- The police department,
- Catholic Education Office,
- Department of Education, Training and Employment,
- Department of Human Services and Flinders University, and
- Researchers from Flinders University.

Representatives from these organizations met regularly to co-ordinate an intervention program in a primary and secondary school, which had volunteered to be involved. The aims of the community based intervention were to:

- create a safer learning environment by re-designing physical aspects of the school playground
- consult broadly with students, teachers, parents and community representatives such as the police on the issue of conflict, conflict resolution and protective behaviours
- actively engaging the community in the program
- implement a school-wide intervention to address matters of bullying enacted by the students in the primary school

Method

The researchers initially consulted extensively with the principals, teachers, parents and central education authorities in developing the intervention. The framework for the interventions is described by Slee and Mohyla (2007) and further details are available on the website: <http://www.caper.com.au>.

A mixed method design using pre and post-test quantitative data, and interviews with students, teachers, parents and education authorities was used. Overall, the program took 3 years to complete with the first year given over to seeking funding, gaining ethics permission and designing the intervention. In the second and third

years data was collected. As part of the design the participating groups helped prepare a survey to administer to students. Information was collected, including: (i) pupils' demographic details, together with gender and age; (ii) questions relating to pupils' experiences of school bullying—e.g. feeling safe from school bullying; (iii) pupils' knowledge of school initiatives to address bullying; and (iv) pupil confidence regarding addressing bullying themselves—e.g. knowing who to talk to at school regarding bullying. Pupils were also asked whether, in the past year, there had been more or less bullying at their school. The questions were generally presented as descriptive Likert-type scales, as previously reported in various publications (e.g. Slee and Mohyla 2007). The questionnaire took approximately 20 min or one school lesson to complete. In addition interviews were conducted with teachers and school support officers and with members of the local council's neighbourhood watch program which had some responsibility for ensuring that the neighbourhood was a safe place for residents e.g. that street lighting was adequate or that traffic flow did not endanger pedestrians.

Participants. There were 164 students involved across the 3 year period (37 % were males) aged 8–12 years.

Students were actively involved by teachers in developing and launching the school anti-bullying policy and grievance procedures and the school adopted a community-wide intervention program involving parents and community services such as the police. The program commenced with a half a day presentation involving drama and art work to highlight the issue of school bullying conducted by the students. The students had written invitations to parents, community organizations, local council members and police to attend and participate in their presentations. For example, the police community liaison unit ran sessions for the students on protective behaviours. On launching its policy to the community, the school had helium balloons released carrying anti-bullying messages written by the students. The symbolism of this particular component was that school bullying is indeed a community issue. As an interesting aside, several of the balloons were carried up to 100 km and messages of support for the school's initiative were sent in by members of the public upon finding the balloon messages.

Outcomes of the Intervention

Across a 2 year period on average 32 % of students reported being bullied less after the first year and 33 % after the second year. In relation to other data collected students reported significant gains in:

- not joining into bully others
- knowing more about how to stop bullying
- knowing more about who to talk to if they were being bullied and
- feeling safer from being bullied

Interviews with teachers and school personnel identified that the playground at recess and lunch was an intimidating area for the younger students. As such, changes were made to the school time-table so that the youngest students were released from lessons 15 min earlier for their break times enabling them first use of the play equipment and access to the sports areas. The school established a peer support program with training provided for older students in conflict resolution to help resolve manageable student disputes. The district police were invited into the school for regular talks on community safety.

Summary

The concept of well-being has long been the subject of discussion and more particularly the matter of how we define and measure it has been debated at length. The previous focus on well-being has been on the individual. In this chapter it has been argued that the discussion and research relating to well-being should also be considered in a broader social and community context. To this end a model has been proposed which draws upon the three basic principles of (i) a safe supportive living environment (ii) social capital and (iii) self efficacy. Embedded within the model are three core concepts of values and beliefs, the prevention-intervention continuum and a systemic-ecological theoretical foundation. To illustrate the model a case study of a community developed school based anti-bullying program conducted by one of the authors has been described.

Reflection

- *What is meant by the term well-being? Identify the defining features of the concept.*
- *Critically examine the concepts of 'safe, supportive living environments', 'social capital' and 'self efficacy' identified with well-being as part of the model presented in this chapter.*
- *Describe what is meant by 'social cohesion' and 'informal social control'.*



Activities

1. Use the resources section in this chapter to identify a range of policy documents and programs and evaluate these programs in terms of the literature relating to the definition of well-being.

2. Interview a teacher or school counsellor who is familiar with the concept of 'well-being' to understand how they interpret the meaning of the term.
3. List and discuss some of the barriers and facilitators to establishing a community based intervention. Read the paper Slee and Mohyla (2007) as a basis for this.

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