

# Community Capacity: Antecedents and Consequences

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**ABSTRACT.** Traditional practice models of family support often lack a community focus. Increasingly, human service professionals who work with families focus their intervention and prevention efforts on the communities in which families live and work. The Family Advocacy Division of the United States Air Force recently revised its program standards to address community issues in an effort to strengthen families through community-based prevention activities. This article presents a basic framework designed to inform this expanded practice initiative. Key terms are defined for understanding communities as a context for family life, including community results, community capacity, and social capital. The model is considered to have implications for informing community-oriented interventions in

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Family violence is a national concern and issues associated with abuse and neglect permeate every aspect of our society, including the military services. Efforts by the military services to address family violence through prevention and treatment interventions have paralleled those in the civilian sector. The United States Air Force Family Advocacy Division (FAD) recently revised its program standards with a goal to strengthen families through community-based prevention activities. The FAD recognizes that the prevention of family violence requires a practice model that embraces families within their social context. This context includes the nexus between formal and informal networks of social care.

The successful implementation of these revised program standards requires defining a “language” for community practice in the Air Force (AF). Military leaders and human service practitioners cannot learn this language without a common vocabulary and a corresponding conceptual model that provides a roadmap for community-level prevention efforts. They also require a roadmap that identifies key applied research questions for testing and refining this model.

This article offers a preliminary model that responds to this need. Informed by a risk and resilience perspective, a model of community capacity is proposed as a conceptual anchor for informing prevention efforts at the community level. The model focuses on the production of social capital in formal and informal networks and the relationship between social capital and community results. Emphasis is placed on how military unit leaders and military community human services agencies, which are both formal networks, can work independently and collectively to strengthen informal networks in the community as a supportive context for family life. The model offers an opportunity to expand our theory and conceptualization of community-oriented interventions.

While this model development is being applied within the AF, community practitioners in the civilian sector should find the model

quite relevant. For example, all communities face situations in which the community as a collective must take action, all communities face contextual changes and challenges that involve health and well being, and all communities contain components of formal organizations and informal support. In this context, AF communities provide a laboratory for conceptual development and practice experimentation. Twiss and Martin (1999) conclude that there is much the civilian sector can learn by examining human service initiatives in the military sector. Research that examines variations in community results in the context of policy, program, and practice interventions to strengthen formal and informal networks and the nexus between them will inform community practice in both the military and the civilian sector.

### ***THE CONTEXT***

Although military families have identifications, memberships, relationships, and social resources that extend beyond their physical location, the present discussion is focused on the spatial setting in which the military family resides—the military installation and the civilian community surrounding it. Approximately one-third of AF families who are stationed in the United States reside on a military installation; the other two-thirds reside in the local civilian community (Twiss, 1996). Within this total geographic community, work units and neighborhoods are considered the primary social addresses for military families. These workplace and neighborhood settings offer “social anchors” for families and serve as conduits to resources and opportunities in the broader community (Warren, 1981, p. 66).

The renewed interest by military leaders in communities as systems of social care has been prompted by rapid and profound changes in America’s military. The 1990s were a turning point in the size, composition, and the stationing of America’s military forces. In the context of these changes, social scientists have started to ask questions about the psychological sense of community, *esprit de corps*, camaraderie, and responsibility for mutual support within the military community—an institution that has traditionally prided itself for “taking care of its own” (Moskos, 1988). Bowen and Martin (1998) recently asked if this is still the case: “Does the military really take care of its own?”

Two reports were published recently that illuminate community issues in the military. One report (Van Laar, 1999) focuses on the role

of formal support in building and sustaining community, while the other reflects our model of community capacity (Bowen, Martin & Mancini, 1999). The Van Laar report provides an overview and discussion of prior research and policy studies that highlight the military's concern and interest in promoting a sense of community. The report's emphasis is on formal institutions that support the well-being of service members and their families. The report by Bowen, Martin, and Mancini draws upon quantitative and qualitative data from research on nine AF communities to examine the nature of connections among members and families in the AF, as well as the interface between formal and informal support. From their analysis, the authors discuss strategies and challenges for building what is described as community capacity.

Although there are no definitive answers to the question about whether the military takes care of its own, it is increasingly apparent that the lifestyle of future military members and their families will be a far departure from the "company town" settings and the "welfare capitalism" of the later 20th-century military community (Martin & Orthner, 1989; National Defense Panel, 1997). The military's informal community likely will need to perform an even larger role in the future in order to sustain the quality of life members and their families require and expect.

### ***THE CURRENT AIR FORCE INITIATIVE***

The initiative described here is consistent with the renewed emphasis on community practice in the civilian sector (Ewalt, Freeman, & Poole, 1998; Hesselbein, Goldsmith, Beckhard, & Schubert, 1998; Johnson, 1998; Rothman, 1999). For example, the Alliance for Children and Families (formerly Family Service America) recently implemented a community-centered initiative to assist its member agencies in working more effectively to stimulate community action and to build community linkages. The aim is to strengthen families within a context of healthy, well-functioning neighborhoods and communities (Sviridoff & Ryan, 1997).

Social work scholars, in particular, have begun to challenge the emphasis on individual versus community-oriented approaches to practice in the human services given the contextual nature of many clients' problems (Burt, Resnick, & Novick, 1998; Ewalt et al., 1998; Specht & Courtney, 1994). Both approaches are necessary for effective

social work practice. Yet, according to Turner (1998), human service professionals today increasingly search for “the holy grail of community and neighborhood” in an attempt to strengthen the effectiveness of their interventions (p. ix). Although the “instinct of community” still exists in our society (Wheatley & Kellner-Rogers, 1998), this search has been fueled by declines in social connections and civic engagements among community residents that may leave families vulnerable in high stress situations and overly dependent on formal community resources (Bellah, Madsen, Sullivan, Swidler, & Tipton, 1985; Drucker, 1998; Putnam, 1995; Schorr, 1997; Wilson, 1987).

A community-centered approach to prevention services diverges significantly from the remedial, highly specialized, psychoeducational approach that has dominated human services in the AF, including the treatment and prevention of child and spouse maltreatment. According to this traditional approach, the problems members and families experience in adapting to military life arise more from deficits that they bring (both as individuals and as families) to the situation rather than from deficiencies in the situation. Moreover, the assets that individuals and families possess are often overlooked, and these same assets are pivotal for community capacity. Interventions are directed primarily at correcting these individual and family deficits. In comparison, a community-centered approach attempts to promote members’ and families’ successful adaptation to military life by focusing on risk reduction and increasing assets in the social environment. Interventions include advocacy and social change, citizen participation, community development, resource mobilization, and collective action (Rothman, 1999).

A risk and resilience perspective is used in this article to examine why communities vary in their ability to maintain, regain, or establish favorable community results over time despite adversity or positive challenge—an outcome that Bowen, Richman, and Bowen (in press) label as community resilience. This article focuses on a specific aspect of the risk and resilience perspective: the operation of protective factors at a community level—specifically, social capital. We propose a model of community capacity that specifies community-level processes contributing to variation in community results over time. The model includes three central concepts: community capacity, community results, and social capital in formal and informal networks. Each of these three concepts is described at the macro or group level (e.g., density of informal networks). Although the operation of formal and

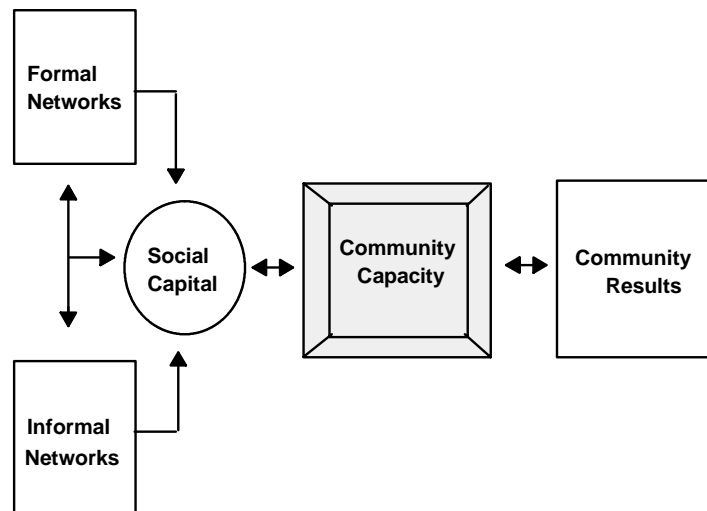
informal networks is constrained by forces in the larger physical and social context, including population characteristics (e.g., age and family structure) and community characteristics (e.g., urbanicity), the functioning and impact of this macro context on these networks are beyond the focus of the present review.

### **MODEL OF COMMUNITY CAPACITY**

Figure 1 contains a graphic representation of the model and its component parts: community capacity, community results, social capital, and formal and informal networks. Community capacity is the central concept in our model, which is represented in a black box in Figure 1. The black box highlights the role of community capacity in past research as an unspecified mediator between the social capital generated from formal and informal networks and community results.

The bi-directional arrows across the model signify the reciprocal influence between model components. This reciprocity applies to the relationships between formal and informal networks, as well as between them and community capacity and community results. Each component is elaborated in the following discussion.

FIGURE 1. Community Capacity Model



### ***Community Capacity***

We define community capacity as the extent to which community members (a) demonstrate a sense of shared responsibility for the general welfare of the community and its members, and (b) demonstrate collective competence in taking advantage of opportunities for addressing community needs and confronting situations that threaten the safety and well-being of community members. Our use of the term “capacity” is consistent with its dictionary definition, which is the “actual or potential ability to perform, yield, or withstand” (Random House, 1991, p. 201).

While it is not our purpose here to review all of the ways the community capacity has been discussed in the literature, we do recognize that its definition is not agreed upon. Our definition contrasts with other definitions of community capacity in the literature that define it as a set of social structural characteristics and resources associated with a community’s ability to address opportunities, challenges, and problems (Kretzmann & McKnight, 1993; Parker, Eng, Schulz, & Israel, 1999; Poole, 1998). For example, Parker, Eng, Schulz, and Israel (1999, p. 39) give a definition that is much broader than our own, and which includes citizen participation and leadership, skills, resources, social and interorganizational networks, sense of community, understanding of community history, community power, community values, and critical reflection. The collective competence component of our definition is similar to the definition of community capacity offered by Paine-Andrews et al. (1998): “the ability of people who share a common place, interest, or experience to address their identified concerns over time and across concerns” (p. 66).

Although shared responsibility and collective competence cut across both formal and informal networks, this discussion of community capacity is focused mainly on its operation within informal networks. It is our belief that an important function of formal networks is to support the strength of informal networks. The AF’s informal sector has been generally neglected as an asset in past community mobilization efforts—an asset that assumes even greater salience in the context of increased military demands and radical shifts in the military’s human service delivery system (Bowen & Martin, 1998; Knox & Price, 1999). These informal networks may range in size and structure from small collections of concerned individuals within work units and

neighborhoods to large groups that traverse the existing boundaries of military work units and neighborhoods, such as a community-wide youth sports league or a charitable effort like a community fund-drive for a child requiring a specialized and expensive medical procedure.

When community members share responsibility for the general welfare, they exhibit common identity and pride, they use the plural “we” rather than the singular “I,” they see the community as worth their investments of time and energy, and they pull together to promote the common good. In addition to the notion of shared responsibility, we also believe that collective competence is a necessary part of community capacity, a concept extracted from work by Zaccaro, Blair, Peterson, and Zazanis (1995) on the concept of collective efficacy. A competent community is one in which the citizens work together in the context of opportunity, adversity, or positive challenge to: (a) identify community needs and assets, (b) define common goals and objectives, (c) set priorities, (d) develop strategies for collective action, (e) implement actions that are consistent with agreed-upon strategies, and (f) monitor results. This definition is informed by the work of Cottrell (1976) but modified to reflect action rather than the potential for action. Teamwork and cooperation are terms often associated with collective competence. These two component dimensions of community capacity are assumed to be interdependent (e.g., collective competence may promote greater shared responsibility, and vice versa).

Several assumptions and caveats about the operation of community capacity are important to note. First, community capacity is derived more from the accumulated experiences of community members as a collective than from conformity to external authority. In other words, capacity does not result from a mandate but is built by people’s responses to challenges. Second, as a group-level concept, community capacity is distinct from the processes from which it emerges. Although community capacity arises both from the actions of individuals and frames and informs these actions, the fund of capacity is more than the sum total of the contributions of individual community members. The capacity that a community possesses cannot be achieved simply by the singular actions of individuals. Third, community capacity represents the emergent properties that develop in the context of interaction between group members. Community is an entity with its own character, ability, and power to accomplish results. Fourth, individuals in the community have perceptions about this collective capacity.

Therefore people not only have a sense of community but also a feeling of how the community will respond should the need arise. Last, community capacity is viewed as a continuously changing variable, subject to influence from new resources and experiences and the reinterpretation of earlier events. The capacity that a community possesses is fluid and therefore can be enhanced by the intentional actions of its formal and informal networks.

Our two-dimension conceptualization of community capacity has linkages to the concept of collective efficacy (Bandura, 1986, 1995). Collective efficacy reflects the confidence that groups have in their ability to achieve specific aims and goals through collective mobilization (cf. Pecukonis & Wenocur, 1994; Zaccaro et al., 1995). As defined by Zaccaro et al. (1995), "collective efficacy represents a sense of collective competence shared among individuals when allocating, coordinating, and integrating their resources in a successful concerted response to specific situational demands" (p. 309). Recent work by Sampson, Raudenbush, and Earls (1997) in urban neighborhoods suggests that collective efficacy functions as a resource that increases the probability that communities will achieve positive outcomes when faced with adversity.

Our view of community capacity differs from definitions of collective efficacy in at least two ways. First, our use of the term community capacity represents more than "a sense of collective competence" (Zaccaro, 1995, p. 309). It reflects an active investment by community members in the welfare of the community and its residents. Without this level of investment, the community may have the competence to solve problems but lack motivation or will to do so. Second, community capacity is considered a generalized group orientation rather than a belief relative to specific situations or tasks. This generalized sense of community capacity arises over time as community members share varied experiences and confront a range of situations and tasks.

### ***Community Results***

We define community results as aggregate, broad-based outcomes that reflect the collective efforts of individuals and families who live within a specified geographic area (cf. Coulton, 1997). These results are benefits owned and achieved by individuals and families. Community capacity influences community results for members and families in five areas: safety, health and well being, family adaptation, commu-

nity satisfaction, and military preparedness (see Table 1). These results are broader than results typically associated with family violence, capturing the interdependency between family violence and other results that reflect the successful functioning of AF families.

The relationship between community capacity and these outcomes is hypothesized as positive but not necessarily linear. In other words, proportional increases in community results may vary as community capacity increases from low to high. Community capacity may also have upper and lower threshold effects in its relationship to community results. Above a certain level of community capacity, further increases in capacity may not be associated with additional yields in community results. On the other hand, once community capacity declines below a

TABLE 1. Community Results

**Safety:** the success to which members and families live free from violence and abuse, as demonstrated by the extent to which they are able to move about in their internal and external environments without intimidation or fear of physical or psychological harm.

**Health and Well Being:** the degree to which members and families remain free from preventable health-related conditions and illnesses, including the avoidance of alcohol and drug related conditions and events, and other health risk behaviors.

**Family Adaptation:** the degree to which families exercise prudent financial management and meet their financial obligations, remain invested in and committed to one another, and successfully manage their relationship as a family unit within the Air Force system.

**Community Satisfaction:** the degree to which families express pride in their base community, feel welcomed and treated fairly by citizens in the local civilian community, and find the community a desirable place to live and raise a family.

**Personnel Preparedness:** the extent to which Air Force members value and adhere to military traditions and institutional values; perform duties with professionalism, dedication, and competence; meet unit requirements; evidence commitment to the Air Force as an institution, and succeed in enlisting the support of their family in helping them meet their service commitments and responsibilities.

certain level, community results may drop precipitously. This is consistent with Crane's (1991) epidemic model of community effects in which problems spread like a contagion once a certain level of community vulnerability is reached.

The influence of community capacity on the community results achieved by individuals and families at any single point in time may vary over the work and family life course (Bowen, Richman, & Bowen, in press). Families may need community capacity to be particularly high during the more demanding stages of work and family careers, for example, when they are juggling early career demands, raising young children, and struggling with limited finances. Military families may need community capacity to be high in times of peak operational demands, such as during large-scale deployments (e.g., the Persian Gulf War mobilization).

Despite the obvious connection between community capacity and community results, little attention has been directed to assessing the defining features of community capacity or its influence on community results (McClure & Broughton, 1998). Community capacity has operated as a "black box" between specific risks and protective factors in communities and community results. This "black box" is known to be there in some form but exactly what goes on within it is unknown, undefined, and therefore difficult to measure. As such, its specification will assist in understanding how risk and protective factors are related to community results.

### ***Social Capital***

Community capacity is hypothesized as an emergent outcome that springs from the social capital generated from the actions and interactions within and between formal and informal networks (cf. Small & Supple, 1998). These formal and informal networks are considered to operate like "turbines," which are "polycentric" rather than centralized or pyramidal in their production of social capital (Morse, 1998). The extent to which they produce social capital, which is the social energy for building community capacity, varies.

As Woolcock (1998) has pointed out in his exceedingly thorough review of the concept "social capital," the term's popularity across numerous social science disciplines masks the fact that the concept does have both theoretical and empirical weaknesses (see Foley & Edwards, 1997 and Durlauf, 1999 for similar reviews). In our use of this term, we

are not attempting to resolve the ongoing debate about its most appropriate use. Rather, the term is used here to best represent what Woolcock describes as the position of the major (social science) contributors to social capital theory. Our focus is on “the reciprocity inherent in one’s social networks” (Woolcock, 1998, p. 189). We define social capital as a sum of resources (symbols, opportunities, information, and supports) for the community that emanate from the reciprocal relationships that constitute the networks among individuals in formal and informal settings. This definition is consistent with the work of Coleman (1988) but the unit of analysis is elevated from the individual to the collective level. Social capital is viewed in this analysis from a community strengths and assets perspective.

In his discussion of social capital from a community perspective, Putnam (1993) makes three observations about social capital that are consistent with its use in our review. First, social capital is a “public good” rather than the possession of any single individual. Second, it allows the community to achieve results that otherwise would not be attainable. Last, because it both emerges from and supports actions and interactions within and between formal and informal networks, the supply of social capital increases with use.

Although social capital is proposed as a necessary condition for the generation of community capacity, it is not sufficient in itself to produce capacity. Similar to the distinction between assets and protective factors in the risk and resilience literature (Gilgun, 1996), communities may fail to sufficiently mobilize available capital to achieve goals and ambitions (i.e., the distinction between shared responsibility and collective competence). Additionally, as Coleman (1988) noted, different types and forms of community social capital may not be exchangeable and may not equally contribute to the generation of community capacity or to the achievement of specific community results. In this way, social capital is like a form of monetary currency. Its value is situation specific and, in some places, it is worthless.

A reciprocal relationship is assumed between social capital and community capacity. The community’s success in accomplishing tasks and in handling situations promotes the further development of social capital and consequently further enhances community capacity. Putnam (1993) concluded that “successful collaboration in one endeavor builds connections and trust—social assets that facilitate future collaboration in other, unrelated tasks” (p. 37). In addition, Zaccaro et al.

(1995) discussed the ways that communities with strong group cultures socialize new members into ways of thinking and behaving that are consistent with group norms. This process, which may include special community events, customs and celebrations, generates connections and social norms that nurture the development of social capital in the community.

### ***Formal and Informal Networks***

*Formal Networks.* Social capital emerges from formal and informal networks in the community, as well as from the nexus between and among these networks. Formal networks include the unit-level chain of command, referred to here as unit leadership. Unit leadership is often the first line of institutional support for AF members and their families and serves as an intermediary social structure that links formal and informal networks (Bowen & Martin, 1998).

Formal networks also include base-level community agencies and local civilian agencies. These agencies address the support needs of individuals and families, and sponsor activities that provide citizens with opportunities for meaningful participation in the collective life of the community. The AF has a well-established human service delivery system comprised of professional agencies focusing on matters and issues including relocation, employment needs, substance abuse, spiritual needs, physical abuse, credit and money management, child care, and recreation. In a recent review of literature, Bowen and McClure (1999) concluded that formal support mechanisms, including unit leadership and community agencies in the military, buffer service demands and provides military members and families an infrastructure promoting their adaptation, commitment to the military, and ultimately readiness and retention.

*Informal Networks.* The military services have long appreciated the importance of primary groups to the functioning and performance of military members (Manning, 1991). The role of informal social support in promoting the physical, psychological, and social well being of individuals is well established in both the military and the civilian literature (Pierce, Sarason, & Sarason, 1996; Richman, Rosenfeld, & Bowen, 1998). Informal networks include group associations, such as unit based support groups, and less-organized networks of personal and collective relationships maintained voluntarily by members and families, including relationships with work associates, neighbors, and friends.

Mutual exchanges and reciprocal responsibility are the cornerstones of informal ties. They are conceptualized here in the context of military work units and neighborhoods. Historically, the work unit rather than the neighborhood has been considered the primary base for one's sense of community in the military (Bowen & Martin, 1998). The nature of exchanges in informal networks is informed by participants' individual and collective values. In addition, these exchanges are regulated by social norms that emerge as product of interaction over time (e.g., "we take care of our own"), and additionally they are constrained by events and situations in the larger social structure such as work demands associated with the military mission.

### *Levels of Effect*

Formal and informal networks generate social capital and produce what is hypothesized to be first-order, second-order, and third-order effects on the level of community capacity. This conceptualization is informed by the work of Small and Supple (1998) who distinguished such system-level effects in their analysis of the community as a context for child and youth development. Our model shifts the unit of analysis from the individual to the group.

*First-Order Effects.* Each network type (i.e., unit leadership, community agencies, and informal networks) can be seen as having a certain fund of social capital that exists in the form of social exchanges, communication channels, and social norms that emerge from the interaction among its members (Coleman, 1988). These forms of social capital may include knowledge, attitudes, and behaviors. For example, within the human services network, the operation of the Family Advocacy Program as a corporate actor could be examined. To what extent are the Family Advocacy Program staff proactive rather than reactive in their approach to service delivery?

Each corporate actor within a network type can be examined by its level of vertical and horizontal integration (cf. Coleman, 1988; Warren, 1965). While vertical integration represents the consistency of knowledge, attitudes, and behaviors across different levels in the organization (e.g., director, program managers, staff, and staff assistants in a community agency), horizontal integration captures the consistency of knowledge, attitudes, and behaviors among peers at a similar organizational level (e.g., staff assistants in a community agency). For example, to what extent do Family Advocacy Program employees, between and

within levels of the organization, work together as a collaborative, integrative, and customer focused team? Vertical and horizontal integration among individuals who are associated with an organization may be negative. Groups may develop norms and values that subvert organizational effectiveness and the achievement of positive community results (McClure & Broughton, 1998). Integration will be positive to the extent that the consistency of knowledge, attitudes, and behaviors promote social capital that can be used to build community capacity.

*Second-Order Effects.* These effects are generated as a product of the overlap and working relationships among corporate actors within a similar network type (for example, relationships between social service organizations in a community). Multiple corporate actors comprise each of the three networks: unit leadership, human services, and the informal. To what extent do corporate actors within a network interact and demonstrate consistency in knowledge, attitudes, and behaviors? The focus of attention is on the level of coordination and consistency of operation by corporate actors within type. From a systems perspective, the fund of social capital increases as various organizations evidence consistency in knowledge, attitudes, and behaviors and work to coordinate their efforts in providing social care. In military work units, this might involve commanders or their subordinates from different units in the same organizational chain of command meeting together to discuss how they can best support families during an upcoming operational deployment. In the human services network, this may involve agencies working together in a collaborative and integrative manner to reduce levels of work and family stress. In informal networks, this may consist of groups from different neighborhoods working together to sponsor a sports program for youth. As corporate actors within type evidence consistency and coordination in their operation, their collective contribution to the fund of social capital is greater than the sum of their independent contributions.

*Third-Order Effects.* These effects emerge from the interactions of corporate actors across types. To what extent do corporate actors individually and collectively interact with corporate actors across types? As with second-order effects, the potential of third-order effects to produce social capital depends on the extent to which these interactions support knowledge, attitudes, and behaviors among corporate actors associated with desired community results. In work units, such third-order effects might involve unit leadership working with spouses

of active duty members to develop unit-based family support groups during a unit deployment. In the human services network, this may involve the Family Advocacy Program training its staff to work with unit leaders as work-life consultants. In informal networks, members of the Parents and Teachers Association (PTA) may work with unit leaders to identify volunteers from the units who are willing to assist with PTA-sponsored events.

Deficits in social capital in any one type may have negative implications for the other types. On the other hand, strengths in any one area may help compensate for deficits in other areas. For example, in studying helping networks, Warren (1978) found that patterns of social relations in neighborhoods worked to both facilitate and restrict the use of formal services in the larger community. In one type of neighborhood, which he labeled as "parochial," formal service use by residents was highly dependent on the confidence that neighbors had in the agency as reflected in their referrals.

### CONCLUSION

The proposed model of community capacity has a number of implications that have the potential to inform community-centered practice. Yet, one question is central from the perspective of the conceptual model: What are the non-negotiable indicators of social capital evidenced in the knowledge, attitudes, and behaviors of unit leaders and human service providers, both individually and collectively as members of formal networks, that promote and sustain the development of social capital in informal networks and the achievement of community capacity that produces positive community results? Sviridoff and Ryan (1997, p. 130) ask a similar question in addressing the concept of community-centered family service: "Does the strategy connect residents to one another as resources for one another?" This research question occupies center stage in the work of John McKnight (1997) whose community models examine the relationship between formal networks (i.e., system) and informal networks (i.e., associations). Fortunately, social work has a well-established literature in community organization and development for framing and informing a research agenda to address this question (Ewalt, Freeman, & Poole, 1998; Rothman, 1999). Recent efforts in social work that advance collaborative models of community practice that involve various stakeholder

groups working together in full partnership provide ideas for investigating the links between formal and informal networks (Graham & Barter, 1999).

It is assumed that the nature of informal networks can be evaluated by examining interaction patterns and associational ties among members and their families within and between units and neighborhoods (first-order and second-order effects). It is possible to examine ties between members and families in units and neighborhoods and the operation of formal networks in the community—all of which are third-order effects. Essentially, the aim is to identify community-level indicators that capture the extensiveness and quality of informal connections in the community, and to measure the extent to which these informal networks are facilitated by the operation of formal networks.

In the context of prior research, little basis exists for specifying indicators of social capital in informal networks or its contribution to the development of community capacity. Yet, the literature in this area would suggest that social capital is generated when members and their families know one another, interact with one another in the context of work units and neighborhoods, and are willing and able to turn to one another for support in times of difficulty (Bowen & McClure, 1999). From the work of Coleman (1988), informal networks are likely to become more viable as support systems as connections between members and their families increase both within and across neighborhoods and units. Such interactional patterns offer the potential to facilitate the development of a common identity, shared values, and social norms reinforcing social responsibility and patterns of mutual support.

The operation of community capacity is perhaps best investigated under conditions of community adversity, such as natural disasters, and positive challenge, such as community service projects. As concluded by Turner (1995), the true test of a conceptual model lies in its efficacy in practice situations. Thomas Kuhn (1972) was among the first to recognize the important role that disruptive events or “social anomalies” play in theory development. In the case of military communities, studies could be conducted as these communities confront adversities and positive challenges, like large-scale operational deployments or base closures, or in positive situations like the addition of a new military organization to the community. Investigators could examine through observations and interviews how unit leadership,

community service providers, and informal networks respond singly and collectively to such events.

In conclusion, our community capacity model is offered as “grist for the mill.” We hope that this model will stimulate and inform a discussion among military and civilian practitioners interested in strengthening families through community-level prevention efforts. This is indeed an acid test for any model. We hope that the model will also inform research efforts to understand variations in the functioning of communities as support systems for families.

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