

What Participants Value



PRACTICES AND OUTCOMES AT FAMILY RESOURCE PROGRAMS

PREPARED BY:

Susan Silver, Ph.D.
Associate Professor, School of Social Work

Rachel Berman, Ph.D.
Assistant Professor, School of Early Childhood Education

Sue Wilson, Ph.D.
Professor, School of Nutrition
Associate Dean, Faculty of Community Services

WITH THE ASSISTANCE OF

M. Carmen Carrero de Salazar (Ph. D. Candidate, York University) and
Leslie Wilson (M.A. Candidate, Ryerson University)

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AN MAFRP – RYERSON UNIVERSITY PROJECT

This report is also available on our website:
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Preface

This project developed out of a partnership between Ryerson University and the Research Committee of the (Toronto) Metro Association of Family Resource Programs (MAFRP).¹ The goal of this partnership was to develop a research program to examine the benefits to children and families of participation in Family Resource Programs (FRPs). A pilot study interviewing participants of three Toronto FRPs was conducted in the spring of 1998. This study confirmed for Ryerson researchers what the FRP community knew well — that the stories participants told were powerful statements of what could be gained from involvement in an FRP. It also suggested the need to develop a way to evaluate FRPs that departed from traditional evaluations and was able to capture the unique contributions of these programs.

Further support for the present study was provided by another pilot study in 1999, in which staff and key informants were asked about their evaluation needs. Program staff indicated their frustration with traditional evaluation tools which did not capture the rich layers of the participant experience. Together, the two pilot studies confirmed the need to bring participant stories to a wider audience, and to develop an evaluation tool based on these experiences.

Cheryl Lajoie, then Executive Director of MAFRP, was instrumental in keeping the research team focused on securing funding to support the vision of an evaluation tool based on participants' voices. This vision was made possible when we received funding from the Social Development Partnerships Program of Human Resources Development Canada (now referred to as Social Development Canada) in December 2002.

The study has been guided by a Steering Committee which includes members of MAFRP, the Ryerson research team, program participants, representatives of FRP Canada and the Ontario Association of Family Resource Programs, and the coordinator of the Ryerson Family Supports Certificate. While Ryerson was responsible for data collection and analysis and for writing final reports, the Steering Committee guided the research process throughout. Indeed, the completion of the study depended on the active engagement of the Steering Committee and their program connections. Community members of the Steering Committee were consulted in all decisions regarding sample selection, questions guiding interviews and focus groups, recruitment materials and strategies, coding and theme development, and the format of the final reports. We were also fortunate to receive feedback regarding the study from several hundred other staff and participants at a number of community consultations, conferences, and workshops.

We have produced two manuscripts: **A Place to Go: Stories from Participants of Family Resource Programs** and **What Participants Value: Practices and Outcomes at Family Resource Programs** (this volume). They are intended to be read as companion pieces, although some readers will

¹ MAFRP has had a long-standing partnership with Ryerson's Schools of Early Childhood Education and Social Work. The School of Early Childhood Education has its own Family Resource Program, the Gerrard Resource Centre. Since 1989, MAFRP and OAFRP (the Ontario Association of Family Resource Programs) have worked with Ryerson's School of Continuing Education to develop a Certificate Program for Family Support practitioners.



no doubt be drawn to one or the other by their professional interest. Each volume has a French version as well. These volumes and other project resource materials are available on the project website at <http://www.ryerson.ca/voices/>. For any further information on the project, please contact us directly.

While our collaboration and consultations were far-reaching, the views expressed in this manuscript are those of the authors alone.

Acknowledgements

The study could not have been completed without the help and support of participating FRPs in Toronto² and across Ontario, and from Alberta, New Brunswick, Newfoundland and Labrador, and Prince Edward Island.³ We were warmly welcomed by the staff at all the sites and we thank them for their assistance in recruiting program participants.⁴ We would also like to thank the programs that sent the pictures that bring a face to the story.

Participants were eager to speak with us and share their experiences. We thank them immensely and hope that we have represented their voices in a meaningful manner. To ensure confidentiality, all names used in this report have been changed.

We would also like to thank our funder, Social Development Canada, and specifically Kelly King, for recognizing the worthiness of our project and providing us with the funds to complete it.

There are many individuals at Ryerson that helped us along the way. Dean Sue Williams, Faculty of Community Services and Maura Estrada, Assistant to the Dean, made sure that we had a comfortable space to accommodate our ever-growing troop of RAs, provided working computers and above all, warm encouragement. We would like to acknowledge Rose Jackson and Denise Ramharry of the Office of Research Services. Not only did they keep our budget on track, but they also gave us a quarterly hug as well. We also received advice and guidance from Dr. Judith Sandys, Associate Vice President, Academic and Robert Dirstein, Director, Office of Research Services. Additionally, each of us have a different academic home and we would like to thank our colleagues for their generous input and support. We would also like to thank Ryerson's Digital Media Project office, and specifically John Hajdu, for helping us make this information available on the Web.

A participatory project such as this can only be realized through the ongoing work and commitment of the community representing the field of family support. We would like to thank the MAFRP Board of Directors and the Effective Practices Committee. We would also like to thank the Board

² All FRPs that were members of MAFRP were invited to participate in the study. All sites that volunteered were included in the study.

³ Study participants were recruited by program staff. The only guideline given to staff in recruiting was that participants had been involved for at least one year. Both participants and programs were given an honourarium in recognition of their invaluable contribution to the study.

⁴ A list of all participating organizations is appended.



of Directors of FRP Canada for providing a national perspective. Our Steering Committee played an essential role in getting this project off the ground and into the field. A special thanks to Shanaz Begg, Marg Cox, Lianne Doucet, Jasmin Earle, Martha Lee-Blickstead, Janice MacAulay, Pat Miller, Catherine Moher, and Linda Silver for their invaluable contribution as members of the Steering Committee.

During the course of this project, eight research assistants were hired at various times and for various tasks. It was indeed our good fortune to have begun this process by hiring M. Carmen Carrero de Salazar, our Project Co-ordinator. We thank her for her remarkable organizational skills, intellect, and grace. Carmen also took the lead in preparing the literature review for the theme **Building Community**. Leslie Wilson, while assisting us with all aspects of the research, also took the lead in preparing the literature review for the theme **Social Support** and **Social Capital**. We would also like to thank all of our RAs, Allia Karim, Debra Ramsay, Natalie Reale, Sophie Soklaridis, and Lydia Thurton. Each of your contributions strengthened the project.

Once all is collected, analyzed, and written up, we relied on our publisher, Tom Scanlan at is five COMMUNICATIONS to take it to the next level. Tom, what a pleasure it was to work with you and your editor, French translator and lay-out staff. We would also like to thank Martha Lee-Blickstead and Marg Cox for reviewing earlier drafts of this manuscript, and Betsy Mann for reviewing the French translation.

Finally, we would like to thank Marg Cox, Jasmine Earle, Pat Miller, and June Pollard. You were our inspiration! You represent the values, commitments, and promise of working with children and families.

Susan, Rachel and Sue



Our *Voices Resource Kit* is dedicated to the memory of Cheryl Lajoie who died on October 4, 2004 after a courageous struggle with cancer. Cheryl was an unwavering advocate for the well-being of children and families. It was her perseverance and commitment that impelled us to prepare the grant proposal which made this project possible.



Introduction

Family support programs are community-based organizations working with children, families and caregivers to enhance strengths, to build capacities and to promote healthy development.

Family resource programs in Canada are voluntary, not-for-profit, community-level organizations supporting families through services that include information, referrals, networking and material assistance.

(FRP Canada. Retrieved April 15, 2005, from <http://www.frp.ca/PDFDocuments/support-e.pdf>)

Family Resource Programs (FRPs)¹ offer a model of early childhood learning and care embedded within environments that offer multiple services that are universally accessible and responsive to the needs and aspirations of families. The services provided by FRPs, are aimed at engaging families in pursuing states of well-being for themselves and their children. In contrast to the traditional service delivery approach, FRPs embrace empowerment practices where service providers see themselves as catalysts or facilitators rather than as experts, and clients are seen as participants rather than as recipients. As such, in a family resource environment, there is a non-hierarchical and participatory approach to family support. FRPs have deep roots in the community and are an integral resource for building networks of support for participants and their families. There are over 2,000 FRPs across Canada, reaching tens of thousands of families.

The everyday experiences of participating in FRPs reveal multiple levels of engagement, leading to outcomes of value and significance. We have tried to capture these experiences through the interview process, and in this way sought to understand the essence of Family Resource Programs. The research process has provided us with an appreciation of the far-reaching outcomes of this inclusive, community-based model of services for children and families. We hope that we have conveyed these experiences in the portraits presented in the companion volume **A Place to Go**. This volume presents an evaluation tool, and a theoretical overview of the practice themes on which the tool is based. The tool consists of 35 indicators organized thematically and identified through the analysis of interviews with participants of FRPs across Canada.

Parents, caregivers, and grandparents overwhelmingly support the service delivery model of FRPs. Among the characteristics that participants said they value were the FRP's accepting, non-judgmental and friendly atmosphere. They equally valued the friendships and networks they developed in these programs. Participants linked their experience of this positive environment and the relationships developed

¹ The term Family Resource Program (FRP) includes all community-based Family Support Programs such as CAPC/CPNP (Community Action Program for Children and the Canada Prenatal Nutrition Program), OEYC (Ontario Early Years' FRPs), Military Family Resource FRPs, Neighbourhood Houses, and Parent Link FRPs. Additionally "FRP" is used throughout the document to designate all terms used to describe Family Resource Programs, such as the centre, the drop-in, and the program.



to a number of beneficial outcomes for themselves and their children. These included school readiness and the development of pro-social skills in children, enhanced parenting skills, decreased levels of stress in parents and caregivers, and more positive family interactions at home. These are exciting findings for researchers, the FRP community, funders, and policy-makers.

It was the desire to capture the unique contributions of Family Resource Programs that brought the research committee of MAFRP to Ryerson initially.² A pilot study conducted in 1998 confirmed that participant narratives were rich in their descriptions of the importance of relationships developed within FRPs, and the outcomes realized for themselves, their children, and their community. Participants in the pilot study told us how both staff and other participants enriched their lives and the lives of their children. They also described how they learned skills and developed confidence that enabled them to advocate for themselves, their families, and their children in other settings. A second pilot study involved interviewing staff and major stakeholders across MAFRP programs. Participants in the staff and stakeholder study confirmed the need for an evaluation tool which went beyond traditional measures of participation and programming to capture the essence of Family Resource Programs.

The set of evaluation indicators developed by the Participants' Voices project is based on what participants of Family Resource Programs across the country told us is important to them. The process of developing the indicators was "a long and winding road"³ as we were in many ways breaking new ground. In the first place, this "tool" is not based on a participant count, program content or individual impacts as is typical in traditional evaluation. Charles Bruner, of the American-based Child and Family Policy Center argues for the importance of reconsidering traditional evaluation methods "in order to better assess the effectiveness of family strengthening methods." Although such key voices in the family support movement as Dunst and Trivette (2001a and 2001b) have argued for the importance of adhering to relationship-based family support principles, most program evaluations do not in fact look at the quality of relationships and how these relationships are established (Bruner, 2004). Most evaluations focus on program content, and program participation, overlooking relationship building and relationship quality, which are indeed far more difficult to conceptualize and measure. Bruner (2004) goes on to argue the importance of recognizing the contributions family support programs make "as mediating institutions or social-capital builders." Evaluations that focus on direct impacts to participants overlook this fundamental community impact. A second departure from traditional evaluation strategies is that this evaluation tool is grounded in participant experiences. Involving participants in the initial stages of developing an evaluation tool is rare; basing evaluation indicators on their experiences is indeed unusual. Building indicators on the experiences of participants, does however, affirm the FRP's empowerment-based model of practice.

Participant experiences were gathered and documented in semi-structured interviews conducted across the country. We did 40 individual interviews, each lasting from 45 to 90 minutes and 21 focus groups.⁴ Data collection started in May 2003 and was completed in June 2004. In all, 220 participants took part in the study. All interviews and focus groups were recorded, and later transcribed for analysis using a qualitative software package called N-Vivo. N-Vivo facilitated the coding and sub-coding process from which we were then able to generate theoretically-relevant categories⁵ of experiences, practices and

² A brief description of the history of the project is found in the Preface.

³ This is the title we used in presenting an analysis of the process used to develop the evaluation tool at the Qualitative Health Meetings in Banff, Alberta, May 2004.

⁴ Each participant filled in a demographic form at the time of the interview or focus group. A brief analysis of this demographic data is included in the introduction to the evaluation tool.

⁵ We used "grounded-theory" (Glaser and Strauss, 1967) methodology to develop theoretically relevant categories.



outcomes. Through this process of analysis, we began to understand what participants most valued about Family Resource Programs, and to identify experiences that were common to participants whether they lived in rural New Brunswick, St. John's, Newfoundland, Northern Ontario, downtown Toronto, Calgary, or at a military base.

As we worked with the stories, it became apparent that the most common recurring themes could readily be located within the social science literature. The four central practice themes that emerged are: **Family Engagement, Empowerment, Social Support and Social Capital, and Building Community.**

Feedback from the steering committee, staff and participants reinforced our belief that practitioners would find discussions of these themes useful. The research team began a thorough literature search to review the most current and progressive thinking in these four areas, particularly as they address family support practice. Through an iterative process, we were able to integrate the "stories" with the findings in the literature. We confirmed that there was a significant convergence between what participants most valued and the factors linked to child and family well-being in the literature. Consequently, each of the four themes can be considered as causal processes or theories that account for the success of the program.

The four practice themes, integrating the literature and the stories, formed the starting point for the development of theme-based evaluation indicators. The indicators constitute a set of "measurable" outcomes for each of the four practice themes, allowing programs to track their progress in each theme. Theme-based indicators have been linked to a "theory-based" evaluation framework (Weiss, 1998). In a "theory-based" evaluation, key theories or themes that are attributed to success are identified and measured.

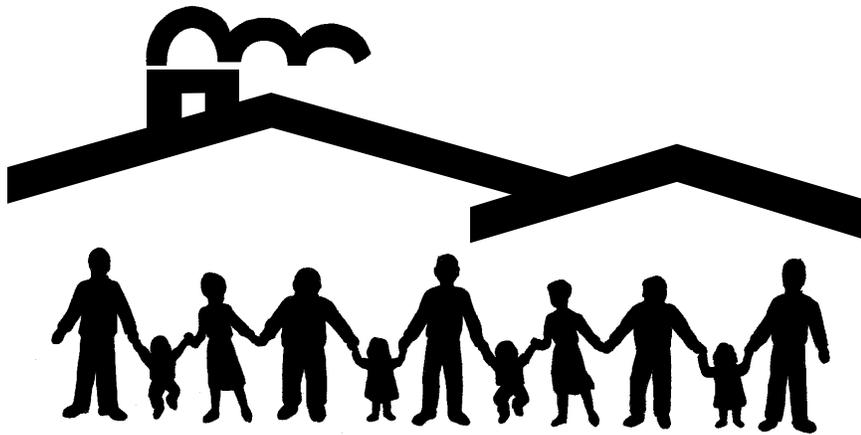
Through extensive community consultations and workshops, we gathered valuable feedback that we used to confirm and refine the indicators. The final set of indicators truly reflects a collaborative effort. As you read this manuscript and begin the process of working with the indicators, we hope that you will recognize your contribution, as staff and as participant, to the far-reaching success of Family Resource Programs. We hope too that as you use the evaluation indicators, you will be affirmed and inspired.





PART I

Practice Themes





Engaging Families¹

Jeppson, Thomas, Markward, Kelly, Koser, and Diehl (1997) provide the following definition of family involvement in the context of planning and governance in Family Resource Programs (FRPs): “Any role or activity that enables participating families to have direct and meaningful input into and influence on systems, policies, programs or practices affecting services or community life for children and families” (p. 21). They explain that family involvement roles can be formal or informal, spontaneous or planned, short-term or long-term, and paid or volunteer.

Additionally, Shimoni and Baxter (2005) describe parent education as the oldest form of parent involvement. Family Support America asserts that “through parenting education, family support programs meet parents’ need for information and skill building opportunities” (2001, p. 1). One of the 12 guiding principles of the Canadian Association of Family Resource Programs affirms that parenting is a life-long learning process.

In short, engaging families involves working with family members, and working with them in a meaningful way. Given their orientation toward service, Family Resource Programs are uniquely positioned to engage families in a way that is meaningful, and that leads to positive outcomes for family members and their communities.

Perspectives and Practices

What does engagement look like?

Families may be engaged in FRPs in a myriad of ways, for example, through volunteering in community kitchens, planning community outings, sitting on advisory boards, being program evaluators, mentors for other families, group facilitators, fundraisers, participants in conferences and working meetings, participants in quality improvement initiatives, members of committees hiring new staff, paid program staff, program evaluators. See Jeppson et al. (1997) for further discussion. Some families may seek contributions that “...go beyond direct service and consultation into partnership and control...” (Reitsma-Street, Maczewski, and Neysmith, 2000, p. 662; also see **Empowerment** and **Building Community** themes). In keeping with Shimoni and Baxter’s (2005) assertion, this review considers, and indeed focuses on, parent education, as well as parent-child activities, as ways of engaging families.

¹ There are a variety of terms used to describe bringing families, or parents, into the process of community service delivery. For example, parent involvement, family involvement, parent engagement, family engagement, and partnership with parents are used in the fields of Family Support, Early Childhood Education, and Education (Giles, 1998; Jeppson, Thomas, Markward, Kelly, Koser, and Diehl, 1997; Shimoni and Baxter, 2005; Williams, 2002). Family centred practice is also a term used in the fields of Family Support and Early Childhood Special Education/Early Intervention (which includes the disciplines of Early Childhood Education, Social Work, Education, Psychology, Sociology, and Occupational Therapy) (Allen and Petr, 1996; Dunst and Trivette, 2001a). Sometimes terms are used interchangeably, or one term is subsumed within another. For example, Shimoni and Baxter (2005) present family centred practice as a particular way of approaching parent involvement. Many of the Canadian Association of Family Resource Programs’ (2002) 12 guiding principles focus on family involvement (e.g. 2, 3, 5, 6, 7, and 10).



Engaging families: A focus on parent-child activities and parent education

Parent-child, or caregiver-child activities are offered during drop-in times at most FRPs. These activities “allow parents and caregivers to learn about, see and practice behaviour that strengthens the parent-child bond and promotes the optimal development of their children” (Family Support America, 2001b, p. 17). Research data from the Participants’ Voices project supports this contention as participants reported that FRPs provide them with the opportunity to engage with their children in a meaningful way and also provide them with the opportunity to strengthen their parenting skills; these factors are crucial for children’s positive outcomes (Willms, 2002).

For example, the Chicago Longitudinal Study traces the scholastic and social development of participating children in one of the 25 Child-Parent Center programs and the contributions of family and school practices to children’s behaviour. This study found that compared to peers who attended other early childhood programs without the family support and involvement component, an adult who participated as a young child in a Chicago Child-Parent Center was 40% less likely to have been placed in a special education program, 40% less likely to have been held back a grade, 29% more likely to have graduated from high school, 33% less likely to have been arrested, and 51% less likely to have been a victim of child maltreatment (Reynolds, 2000). See Berman (2004) for further discussion of family support programs and children’s outcomes.

Parent education is another way families can be engaged. Parent education can occur through classes, home visits and materials (information handouts, brochures, videos, etc.). Such programs can focus on behaviour management, parent-child relationships, child development and/or nutrition, amongst other topics. They may use role play and/or videotaped vignettes of parent-child interaction (Alaggia, 2004). Programs may implicitly or explicitly emphasize parents as teachers and educators, or as supporters of emotional literacy (Miller and Sambell, 2003). Parents may attend workshops separately from their child, they may attend an adult-oriented program where there are activities for the children, or they may engage in a parent education program where both parent and child are involved together, as in “Parent-Child Mother Goose.” Other examples of parenting programs include “Nobody’s Perfect,” “Kids have Stress too,” and “Canadian Parenting Workshops: Preparing Children for School Success.”²

Shimoni and Baxter (2005) note that historically, two streams of parent education existed; one stream that imposed middle-class values on poor people and immigrants through instruction and mandated attendance, and another aimed at the middle class that is voluntary and involves discussion. To avoid the kind of social engineering implicit in the first stream, Cook and Fine (1995), writing with a focus on low-income African-American mothers, assert that “parenting classes and training be offered only within broad based social movements committed to transforming the material and social circumstances of these women and their children” (p. 138).

It is worth noting that some professionals who work with children and families find the phrase “parent education” to be disempowering and suggest that something along the lines of “parent information” would be less expert driven (Gonzalez-Mena Herzog, and Herzog, 1996).

² For in-depth coverage of resources and supports for parent educators, please see Mann, B. (2004). *Working with parent groups: A handbook for facilitators*. Ottawa: FRP Canada. Additionally, for a discussion regarding the changing culture of parenting in Canada, see Daly (2004).



How do parents view parent education? Miller and Sambell (2003) distinguish between three dominant ways in which the parents they interviewed viewed parent education. First is the dispensing model: “A view that parenting support should develop ways of dealing with the child. Effective support is seen as changing the child. Within this view the child is seen as the ‘problem’ and approached accordingly” (p. 36). Second is the relating model which “views parenting support as helping the development of the parent. Effective parenting education is seen as focusing on the needs of the parents and validating them in their role” (p. 37). Finally, there is the reflecting model which “views parenting support as critical reflection and understanding of parent-child relationships. Effective parenting education develops in the parent an understanding of the interactional nature of the parent-child relationship and the reasons that might underpin this” (p. 38).

Shimoni and Baxter (2005) report that most successful parent education programs share the following: they are intensive and extensive; they are substantially funded; they are conceptualized and implemented with highly trained professionals in the field of early childhood (some in family support might take issue with this point; it may hold true only if one is carrying out a “dispensing model”); they respond to parents’ needs; they are managed collaboratively and not using a deficit model of parenting; and they include open-ended discussion.

Smith and Pugh (1996) point out that respect for diversity must also play a key role in parent education programs. Respect for diversity must impact the curriculum, the choice of facilitator(s), and the way the program is carried out. Brady and Coffman (1997a) report that while a particular parenting program was found to be successful in one region in the United States, due to cultural differences in child rearing goals, that same program did not demonstrate the same success in another region. In contrast, in British Columbia and the Prairie Provinces, the “Nobody’s Perfect” program relied on ethnocultural facilitators representing Chinese, Latin American, Indo-Canadian, Vietnamese, and Korean communities, which resulted in participants feeling that these facilitators were acceptable bicultural models (Short and Johnston, 1994). Again, it is key to find out what parents are looking for in a program.

With regard to social class, Alaggia (2003, 2004) reports that Thomas and colleagues recently found that incentives such as childcare and reimbursing transportation costs increased parent education program accessibility for all parents, but improved access especially for economically disadvantaged families. If parent education services are offered in a context where family support principles are honored, it seems likely that outcomes for children and parents will be positive.

Indeed, parenting outcomes have been widely assessed in the family support evaluation literature. Findings include the following: increased knowledge of child development, changes in child-rearing attitudes and behaviour (e.g. use of more positive control and disciplining techniques), improved problem-solving abilities, sense of control, self-esteem and coping (Brady and Coffman, 1997b; Comer and Fraser, 1998); more consistent parenting, increased satisfaction with the parenting role (Pancer, Nelson, Dearing, Dearing, Hayward, and Peters, 2003); and increased parenting knowledge and skills (Brady and Coffman, 1997a). Brady and Coffman (1997a) point out that, generally, programs seek to improve child development through parenting programs and call for the need to look at the relationship between parent and child outcomes. We do know from the Canadian National Longitudinal Survey of Children and Youth that positive parenting practices are linked with better outcomes for children (Willms, 2002).



Engaging families, is it only about the children?

The implicit, or at times explicit, philosophy of a program may deem working with parents or the family as a whole as only a means to promoting healthy child development, as Brady and Coffman (1997a) note, as opposed to enhancing the lives of all family members. For example, Layzer and colleagues assert that “improved outcomes for children are, in a sense, the ultimate goal of all family support programs” (2001, p. A5-1). In other words, parenting outcomes are only assessed because they are framed as benefits for the child. However, family support programs also consider the parent-child relationship, and this can have benefits for the adult involved as well as the child (Brady and Coffman, 1997a). Furthermore, family support programs also provide services that benefit youth, adults, families, agencies, and communities (Reitsma-Street et al., 2000) (which, of course, in turn provides benefits for children, Hertzman and Kohen, 2003).

For example, Jeppson et al. (1997) list the benefits of family involvement in family support programs. Some of these include the following: improves services for own family, provides opportunity to effect meaningful change, feels good to make a contribution, builds knowledge and skills, creates a sense of belonging, provides opportunities to network with other families and providers. Communities, programs, and agencies benefit as well, as engaging families in a collaborative way increases visibility of and respect for the program in the community, keeps programs relevant, and contributes to the stability of the community. It is certainly worth pointing out that staff also benefit, for example, meaningful family involvement helps to develop a fresh perspective on how services should be delivered, increases empathy and understanding of families, builds an advocacy base, and enhances relationships between families and providers.

The participatory evaluation of Atlantic Community Action Programs for children also included a focus parent involvement (O’Hanlon and VanderPlaat, 1997). Specifically, this evaluation looked at parent collaboration in decision-making (which was facilitated by the adoption of a community development approach to programs and services), strategies for increasing parent involvement (e.g. the importance of a welcoming atmosphere), and the process of developing parents’ role in project governance (parents on boards were found to be worthwhile, but presented some challenges). The authors note that some parents wanted to come to the program to interact with their children and did not want further involvement; others wanted to be greatly involved.

Engaging which families? Barriers to inclusion

The benefits of parental involvement for children and communities are widely documented in the literature on education, childcare, and family support. Nevertheless, it is worth noting that while working collaboratively with parents may not appear to be a groundbreaking approach to those well-versed in the principles of family support, many professionals who work with children are not adequately prepared to work with parents. This is true of both teachers of school-age children and early childhood educators (Hope King and Goodwin, 2002; Powell, 1998).

In addition to lack of adequate preparation, what other barriers are there to engaging with families? Hope King and Goodwin (2002) point out that parents who do not fit into the “typical” parent role (middle-class, white, able-bodied, standard-English-speaking) may not be encouraged by the school to take an active role. Indeed, Lareau and Shumar (1996) caution about the individualist approach taken to family-school relationships that is pervasive in educational policy. They point out that most schools attempt to engage individual parents without considering how differences in education,



income, social networks, and positions of power can affect their ability or willingness to participate. The result is that parents from working- and lower-class groups are less likely to become involved in school-related activities.

Bernhard, Lefebvre, Murphy Kilbride, Chud and Lange (1998) report that parent-teacher interactions in ethnoculturally diverse childcare settings were problematic due to lack of communication between the staff and minority parents, a lack of understanding regarding differences in goals of staff and parents, staff's negative views of minority parents' parenting practices, and many of the teachers' lack of recognition of racist incidents that occurred in the childcare setting.

As with school and childcare settings, even though working with families underpins the work FRPs do, FRPs can still be sites where exclusion occurs, and this exclusion may occur within targeted or universal programs.³ This lack of feeling included may be due to particular attitudes held by the staff or families (e.g. providers are paternalistic or families think they have nothing to contribute), certain logistics (e.g. a program can't pay for childcare), or lack of skills (e.g. providers aren't ready to work with families in new ways) (Jeppson et al., 1997). Participants may also exclude one another. It is worth noting that some kinds of engagement cannot be a last minute affair. For example, when staff require participants to sit on boards, or carry out evaluations, staff need to recruit participants long before the board will meet or the evaluation will occur, and they need to make sure that the participants' input is heard and valued.

Additionally, as the discussion of parental involvement in schools and childcare settings makes clear, structural barriers such as social class, sexual orientation, race, and ethnicity must also be considered as potential barriers for family involvement. What is being done in the family support movement to address these issues?

With regard to the issue of culture, the Ontario Early Years Network has recently developed and adopted a set of practice standards and guidelines regarding cultural competence, including clear indicators for self-assessment in order to support OEYC staff to build on and improve their cultural competence knowledge and skills (OEYC, 2004). Akinyela (1997) has developed a set of guiding principles that focus on cultural democracy. These principles are based on a workshop from the 1996 Family Support America conference and many community consultations. One of the principles is that cultural uniqueness should be used as a tool to resist oppressive practices that perpetuate racism instead of simply being reduced to celebrations and food recipes. This is in keeping with the anti-bias curriculum approach to diversity within Early Childhood Education (Derman-Sparks, 1989), and an anti-oppression perspective toward practice in Social Work (Fook, 2002).

FRPs need to continue their good work in reaching out to marginalized people and communities, bringing various communities together once they are present at the FRP, working toward equity and social justice at the FRP, and in the family support movement. Please see focus group stories in the **A Place to go...** book for further discussion of inclusion and exclusion with regard to issues of class, language, age, sexual orientation, and other diversities at FRPs (also see **Building Community** theme for a discussion of social inclusion).

³ Some FRPs are targeted (there are programs with age and/or need based restrictions based on funding requirements) and at times program delivery will and should vary depending on the community and the participants involved (e.g. the military, fathers, newcomers to Canada). Most FRPs are built on a principle of universality, in that they are open to all families, recognizing that all families need support (FRP Canada, 2002), and recognizing the opportunities for social capital building when participants from different backgrounds come together (Symthe, 2004).



What Participants Told Us

This section will explore what participants told us about engaging families in the context of parent-child activities and parent education. The very nature of a “drop-in” at a Family Resource Program means that a parent (grandparent, paid caregiver, etc.) will usually be physically present with her or his children. So the questions become, in what ways (services) and how (practice) will adults be involved or engaged with their children?

Unquestionably, the parents in the Participants’ Voices project value having a time and space to interact, play, sing, read, and create together with their child. These parents also report that being together at the FRP promotes the parent’s interest in activities done by the child, enhances dialogue between the parent and child, promotes a sense of pride and of accomplishment in both the parent and the child, and helps to create a positive routine shared between the parent and child.

SOLEDA: *You know why it is important? Because it kind of connects the child and the parent, yes. Because, for instance, in my house Ariana knows perfectly all the songs that I sing to her. So she says, “Mommy, sing this song.” And I sing it to her. And her dad also sings songs to her. He knows them because we bring him tapes from the bookstore, movies, or music tapes. And I always tell him, “Today we did this in the drop-in centre.” And he says, “Oh, but then you are the only one who is there connecting with the girl. You should bring me something so that I can learn some songs.” And that’s why he knows them, because we take him the resources. He sees which songs the girl likes and he learns it.*

HEATHER: *... Jason would pick up a rhyme, a new song within the first one or two [times of] singing it, and he’s got it. And I am sure it’s because the minute he came, right after he was born, we were here doing it. And as a baby, like they encourage the babies, “You sit on your [parent’s] lap.” At six months, they’re sitting on your lap, they’re bouncing around. That’s another thing too. It’s that contact with your baby, that circle. You are sitting there and you are talking and you’re touching and you’re feeling. And when you are singing to them you are right up in their faces and you’re getting really good contact, which I am not sure I would get if I was just at home. Ah, I know for sure with the twins that they wouldn’t get it, because physically I need two people, so one usually goes to one of the staff and I’ll hold the other one. But they’ll get that eye contact, that touching, that they wouldn’t get. For sure.*

MAY: *It helps the parent spend more time with his children. And we also feel sometimes, myself, I would like to play with them at home but I have to do this, I have to do that. But in the programs, you forget about everything, you’re with your child. And they’re happy. They seem to be happy because they have you, one, for them, and they’re also with other children, you know, and it’s great that they become friends with other children.*

Like May, other parents in the Participants’ Voices project also reported that their children build friendships with other children. Participants also related that children build special relationships with FRP staff members. Additionally, they told us that the FRP enhances children’s readiness to learn. This is accomplished through observation of others in the environment (modelling), the opportunity to practice pro-social behaviour, and through engaging in a variety of play activities, including singing, moving, exploring, pretending, and creating.



WEI: *In this place...what I cherish the most is that, first of all, children begin with free activities, playing with the toys. They have a fairly comprehensive collection of toys, a lot of which are really good for children's cognitive development. Secondly, after the "free activity" session, they provide some snack. After the snack, they have my favourite activity for the children... as all the children sit around the teacher, she teaches them singing, some physical exercises, like "stretch your left arm, stretch your right arm," "stamp your feet, and clap your hands," things like that. This way, the kids can benefit greatly [in terms of] their comprehensive development. This is my favourite program (laughs)!*

TRISHA: *[This FRP has] a wide variety of activities, and I value that. For example, because they have the role-play area, with a kitchen and babies and dress-up costumes, and you don't have... like not everybody has that at home, or the resources to buy that to have at home. So my daughter can dress up as a dog here, whereas I don't have a dog costume at home (laughs). And, when they change the theme, there was a tent in the summer for camping. I don't have a tent at home. My daughter got to play inside a tent. I value the variety of choices they have in toys and areas to play, the playdough, the sand table, the painting, the craft changes every day.*

BRIGITTE: *Well, he's doing, he's talking and he's able to sing the songs and he's able to colour and he plays with the playdough. He does everything now that he, he never, he wouldn't have done it at home because I don't have that kind of stuff, you know...Oh yeah, he learned a lot of the songs here. When he was about seven or eight months old they had the nursery rhymes upstairs in the library and I used to take him up there and he used to listen. And then by the time he was a year old, the first one he liked was E,I,E,I,O. He couldn't remember it all but that's what he would say, "E,I,E,I,O," and you know what it is, you know? And, I'll say to him, "What do you want to put on? What does McDonald have?" "A dog. Woof! Woof!" You know, he'll do the motions...Yeah, they do things here. And then there's another one he just picked up from the, from the nursery rhymes. "The moon is round...two eyes and a nose and a mouth like me!" You know. And he'll say, "No, like Grandpa!" And he'll put something else into it, so we just go along with it. And I find that he's really enjoying, he really enjoys it.*

LANJUAN: *... they both grow up here. It's quite nice here. When children come, they play together. That would be good for building their character. The teachers teach them singing, read them stories [in English]. At home, we all speak Chinese, so this environment is good for their language acquisition.*

BELINDA: *But just coming here is good to meet with the other kids. The ones that he sees regularly, he knows and he enjoys it. And we come to [Parent-Child] Mother Goose [Program] with the songs and the rhymes. It helps me... I use it all the time and it stimulates him. He knows them, he recognizes them. I've noticed in terms of his growth that it's really helped to promote his development.*

Parents in this study relayed that these activities are best carried out in an environment that is welcoming, inclusive, and generates a sense of belonging to a community, where there are appropriate materials for the children and themselves, in a space that is clean, comfortable, and safe, and with staff that are trustworthy, respectful, resourceful, and engage and connect with the children.



DANA: ...Like when we come in, the kids are first, like it's just little things like saying "hello" to Nicole [child] first. I just think that's really nice that they're put first for a change (laughs). And, uh, you know, that's just a little thing that came to mind, but it's those little things that make a big difference. ...Actually, when I started with the play group thing it was through the [Parent-Child] Mother Goose program. That's when I started and I was a little hesitant, I'm like that... I didn't really want to sit down and sing, and it was Ava [staff] who started that. And it was just amazing how much I enjoyed it, and my child enjoyed it. Ava is, she's such a people person. She's really happy all the time... I find that a lot of workers don't have what Ava has or what Stacey [staff] has, like good spirit, very good spirit. You know, a lot of people, some of the workers just do their job. If you ask them a question, you know, about potty training or something like that, they'll take it, "Well, here's what the book says," that's it. While Ava makes you feel comfortable and she speaks to my child...

ELAINE: And then we moved into one of the military housing areas and one of my first wonderful, warm memories was a volunteer from the resource centre call[ing] me at home, just to see how the move was, you know? "Had it been good? And were we okay? And were there any questions? And anything that we needed?" And I remember thinking that was a very welcoming, a very powerful moment that somebody was reaching out and making that connection. Because, you know, on the telephone you never know what response you're going to get, whether it's positive or negative... When we moved into the community and the centre was relocated... I remember coming and one of the staff said, oh you know, "Good morning, so and so," and I remember being quite taken aback that they knew who I was and they knew I had two children. And again it was, it was the warmth that you felt... So, I think that this resource centre itself, for my family has been, you know, nurturing to our children. The people here have reached out specifically to me, to my husband. They know us all on a first name basis. They, you know, they check on us. They've gone out of their way, above and beyond...

XIUMEI: I don't think she looks down on immigrants at all. She was equally nice to all the children, absolutely equal. Whenever children come in, she would [greet] them, and when they go back home, she would say goodbye, one by one, and often touch them gently. Especially, like our [grand]child, who is very shy, she [staff] would give her a kiss, trying to communicate with the child. Very quickly, our child is no longer so timid. In 2001, [the] child's parents bought a house and moved away, in the northeast part of Toronto. After two years, they sold the house and moved back here again. Now we are back to where we started. So, I bring the child to this centre again. This time, I notice some changes. There is no problem with staff's attitude or service. Before, there wasn't a Chinese teacher [staff]; this time, there is Xiao Y. Xiao Y used to take her child here. Now, she is the teacher here. Not only is she a teacher, she also came from the same city/province as mine. So, [the relationship between the staff and the participants is] even closer, right? We also have these English teachers, so she [Xiao Y] could translate for us totally. This way, we are all much closer.

As noted earlier, a second service component that engages families is parent education. A good deal of what occurs in FRPs involves informal sharing of parenting or caregiving advice amongst participants, and amongst participants and staff and while no two family support programs are exactly alike, most offer formal parent education as well. Parents value the educational support provided to participants, and reported on benefits provided by both the formal and informal access to parenting resources.



KAREN: Well, I talk to Toni [staff] on and off about different kinds of parenting issues, and she mentioned, this might have been before Christmas that it first came up, and she mentioned, "I'm going to set something up on behaviour management." And I thought, "That'd be great." She was obviously having this conversation with other parents, and then, a while ago, she came by to tell me that she had set it up and that there would be some information on it soon, and that there was another sign on the bulletin board, on the white board downstairs that had been set up. And then she came by again to tell me, "Oh, don't forget to sign up for it. It's coming."

SAMANTHA: I was so excited when I learned this in one of my parenting courses because my daughter was going through this whiny stage and I really didn't know what to do. I was like, "Stop whining!" you know (laugh), like that's your first instinct is to just say, "Stop." And it didn't, of course, work and um, Jen, she taught us from the program. She gave us the tool and that was, when she was whining to just say, "I can't understand that voice. You have to talk in your everyday voice." So, I still do it almost every day and she changes back to her normal voice within, maybe I have to ask her twice, but she really does switch back, and it's so much easier than yelling like, "Stop whining!"

AMANDA: We both wouldn't sing because I can't sing and he [her son] can't sing. I have a terrible voice to sing, but coming here, you know, we did. I was trying to think of, "You can make a change," I think it's called, and we were both involved. There was one where we took, we read the book and we did the thing and then we did it with our child, right. And so, we were singing into a video camera and now he won't stop singing. That's all he does is sing, sing, sing.

LIZ: There's this endless, endless [list of ways] that Brighter Days has impacted my life, from uh "Parenting For All," it's helped the parenting skills and just watching Jenny [staff], how she relates to the children. Um, learning from other parents, how they relate to their children. Oh, you know, you think, "Well, maybe I could try that." Just kind of, maybe I could speak to them in that way, or use that phrase. That seemed to work and then I could do it at home. Even crafts, ideas you could take home with you.

LI: Yeah, they have a lot of workshops. Sometimes they have father workshops where it's just the fathers, and they have anger management workshops, and they have a lot of one- or two-day workshops and then there's the regular parenting courses and they have one... They come to your home once a week. And then the second year is every two weeks and the third year it's once a month. And they do things like, with you and your child like goal setting, and they um, help you take those steps to reach your goals, and they do developmental stuff with the baby and any kind of advice that you need. Like if your child is going through a stage like, biting, hitting or something. They'll help you find as much information [as] there is. They are always there for you. It's a really great program. One point I would like to make clear is that although [staff member] is Chinese, she conducts most of her workshops in English, but she translates for us. It's reasonable, as English and French are the two official languages, right? So, she is mindful of these things...

MAUREEN: I think too, in terms of offering advice or information, I find that, particularly Elle [staff], I find she almost has a sixth sense of what conversation to listen in to (laughs). And she does it without making you feel like she's eavesdropping. But you know, maybe a conversation about breastfeeding is evolving, but just all of a sudden just sort of you know, materials about breastfeeding just sort of... you know (laughs) start circulating around the room where she'll quietly stroll over an', "So how's that old breastfeeding problem going on?" It's never, "Oh well, you should read



this book or you should watch this video or you should talk to that mom.” She might casually put two people together that have had a similar issue. She’s just really, really good at figuring out how to give people advice and information without giving them advice and information (laughs). And making it seem like it’s not something she’s forcing on you. Um, with my son, um he’s been delayed all along and I’m not quite, I’m not positive, I’d have to ask Elle, but the first words of information kind of came out at the second birthday and I, you know, I think she may have just been observing that this was an issue, providing information and as it was we got him assessed and it worked out well because I wasn’t aware that the clinics were here so. Just, she’s good.

LILY: I think it’s made me a better mom. I always figured I’d be a pretty good mom, but I think it’s made me a better mom. Because of my son’s issues. They can be hard to deal with at times. So, I think it helped me to cope. And to, you know, learn new techniques. Now I’m getting to the point where my kids are getting older and I’m able to help the next parents coming along. Like, there’s a few kids that are very similar to mine. Again, you’re able to give advice... you’re kind of free to give advice, but no one has to worry about whether or not you take it, or not. I think it’s been good. And my husband comes here when he’s off work. So he’s been able to network. He wishes there [were] more dads around. But, it’s been good for that. It’s been good for him because he’s able to talk and kind of learn from some of the moms. And he’s able to hear, to some degree, what some of the other dads are feeling. Even though it’s a mom’s version of it, but at least... he has met a few of the dads.

FLEUR: So, now this kind of program is helping me and, like you can, every day you are learning something like, “Oh, my kids have this kind of problem today.” The other mother will say that, “Oh, this kind of problem. My kid is also having this kind of problem, but now I did this and that.” So, like, you are getting every day something. So, like you are getting involved, you’re sharing your things with other moms, the other moms are sharing their experiences with you, so like it’s kind of getting involved.

ANTOINETTE: But I’ve learned so much. I mean not to undervalue that. ‘Cause everything that I’ve learned about parenting has actually been from other parents. Like I had a base philosophy I think as, as I was pregnant and giving birth, I had my philosophy but I really look to other parents, too, and say, “Well, I love your style,” and I would talk to them more about, “So what do you do? And how do you organize sleep, feeding?” All that stuff. And I learned from them. And that [’s] kind of solidified now. I feel as a parent of two kids solid, solid in how I care, which I don’t think I, there’s no way I would have had that if I had not had the exposure to other parents that I’ve had. I think I’d still be flailing and also kind of recreating things in my upbringing that I didn’t want to recreate. So this has enabled me to kind of start fresh.

Nannies, home childcare providers and grandmothers also noted the benefits.

JANET: Once I had a problem with a kid [ADHD] and I didn’t know how to, you know, really I didn’t know much about it, and they provide[d] me with books. They passed [on] information that I needed to know. I also could tell the parents, that’s what the son has. With the information about what I was taught, I know the kid has ADHD, that hyperactive thing, and ah, you know, he’s being treated now and he’s doing fine. I didn’t know and they started giving me information, and I gave



this information to the parents and, you know, they f[ou]nd a way. He's doing a lot better now. And before he was just a "bad kid."

JEN: *...mostly it's helped with my patience level... And it's helped me learn a lot about the developmental stages of children. Like I said, I've done caregiving for years and years and years, but I'd never studied it formally... A lot of it [learning experiences] from conversations with other caregivers, but also because the centre makes an effort to have professional information available for caregivers and lots of instructional tools and different resources to help set up home daycare centres and stuff to help you deal with it in a more professional manner.*

JOAN: *We were raised, that if you didn't [do something right] you get a slap, right? I raised my two older ones, they got those little taps on their bum and taps on their hand, but when I started coming here, you learn like more to talk to them, explain what they've done wrong. That's a big difference.*

The work FRP practitioners do around formal and informal access to information about parenting and children's development, and the environment they create that allows shared learning between parents/caregivers to flourish leads to positive outcomes for children, parents, families, and ultimately, communities as a whole.

Conclusions

Family engagement, within and beyond the program

Parent-child activities and parent/caregiver education and support at the FRP have been the focus of this review. However, as noted at the outset of this review, family engagement can take many forms. Williams (2002) asserts that meaningful parent engagement can occur at the program level and beyond, which can lead to community and neighbourhood transformation. As noted earlier, such environments impact children's positive outcomes (Hertzman and Kohen, 2003).

Similarly, Pigott and Monaco (2004) point out that "program advisory committees give parents the opportunity to provide input to programming and, on occasion, develop advocacy projects aimed at improving social conditions in the community" (p. 3). Family Support America (2001b) asserts that family support programs "promote families' roles as resources in the community outside of the program by encouraging them to be leaders on community-wide issues, from neighbourhood clean-up to legislative issues that affect families in the community" (p. 77). Indeed, many FRPs already engage in community development and community economic development activities (see **Building Community** theme).

In addition, Williams (2002) discusses how parent engagement can also involve change at the state (provincial) and national level. Ankinyela (1997) reports that "there is a sense among family support advocates that in the future the emphasis will be on family organizing as well as family support" (p. 8). Family engagement can be tied to civic engagement. Continuing to make this link is an opportunity not to be missed.



The following set of indicators tracks the theme of Family Engagement.

- I have learned a lot about raising children here.
- I am better prepared to help my child in school because of this program.
- My child looks forward to coming to this program.
- My child has made friends with other children at this program.
- My child is better prepared for school because of this program.
- Staff encourage all children to take part.
- I read or sing more with my children because of this program.
- Coming to the program is an important part of my family's routine.
- The safety of our children is important to the staff.
- The program gives me an opportunity to further develop my relationship with my child.



Empowerment

Empowerment, a practice perspective within the helping professions, has received attention since the mid-1980s. More recently, empowerment-based practice has emerged as a central practice goal in working with individuals, families, and communities. Most commonly, empowerment is defined as an approach to practice that involves:

the process of increasing the capacity of individuals or groups to make choices and to transform those choices into desired actions and outcomes. Central to this process are actions which both build individual and collective assets, and improve the efficiency and fairness of the organizational and institutional context which govern the use of these assets (World Bank, 2004).

Pinderhughes (1995), in examining family practice, defined empowerment as:

achieving reasonable control over one's destiny, learning to cope constructively with debilitating forces in society and acquiring the competence to initiate change at the individual and systems levels (p. 136).

Empowerment practice has received much attention in the field of family support. The Cornell Empowerment Group attempted early conceptual developments, proposing the following definition of empowerment as:

an intentional, ongoing process centred in the local community, involving mutual respect, critical reflection, caring, and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources (1989, p. 2).

This definition positioned the key practice principles associated with empowerment and includes: the importance of “process” and of community; mutuality in the relationship between practitioner and participant; critical reflection as the basis for self-development and independence; and recognition of oppression created by the inequalities in the distribution of society’s resources (Cochran, 1992). While this broad definition has informed practice, it is the family-strengths perspective within an ecological framework that has traditionally received the most practice attention within the field of family support. (See Dunst et al., 1988; also see **Community Building** theme.)

Developments within the field of family support have paralleled those within the field of social work, though with the advent of critical theory, the emphasis has shifted to power and systemic oppression.



In a review of social work theory, Payne (1997) describes an empowerment perspective as one which “seeks to help clients gain power of decision and action over their own lives by reducing the effect of social or personal blocks to exercising existing power” (p. 266). Similarly, Fook (1993) maintains that empowerment is centrally about power, how we “help people gain power and autonomy in their lives” (p.102). Fook (2002) further alerts us to the paradox of empowerment practice, in that our attempts at empowering can be perceived as disempowering, resulting in a key dilemma of empowerment practice (p. 47).

In contrasting the popular “strengths” perspective from empowerment, Payne argues that a strengths perspective focuses on people’s own abilities while an empowerment perspective gives more importance to power differentials, class and oppression as aspects of society which obstruct self-determination and need to be overcome actively (p. 273).

Empowerment as a theory and as an intervention strategy has thus evolved to emphasize a view of problems and needs within a larger social context, one which is characterized by systemic oppression and powerlessness (Cohen, 1998; Gutierrez, 1995; Pinderhughes, 1995).

Perspectives on “power”

While acknowledging the centrality of “power” in empowerment practice, there are many understandings of power and how it operates. Power can be understood as liberating or as oppressive. Power can control and restrict, but it can also liberate. Feminist theories distinguish between power that is shared with another individual, and power that is wielded over someone (Cohen, 1998).

Another perspective looks at power as personal efficacy and not as something that is finite (Goldring and Hausman, 1997). In their analysis of parent empowerment as a strategy for school improvement, Goldring and Hausman distinguish between empowerment as relational, and empowerment as motivational. Relational notions portray empowerment as a process in which power is either acquired or given up (p. 26). In this “finite” perspective, administrators and teachers are reluctant to empower parents because the more power they relinquish, the less they have for themselves (p. 26).

Contrary to this perspective is the view of empowerment as motivational, with power being based internally in each individual. Empowerment emerges from “parents’ motivation to effect changes and to develop meaningful partnerships for school improvement” (p. 27). Administrators who view empowerment motivationally “see parents as assets” (p. 27) and not as threats to the power base. The authors conclude that empowered parents “feel more ownership in the education of their children and a greater sense of satisfaction with the school” (p. 27).

A postmodern analysis of power would support this notion of power as infinite. Postmodern theorists, interpreting the work of Michel Foucault, French philosopher and social critic, have reformulated this conception of power to one in which power is something that people use and create, rather than simply possess (see Fook, 2002; Healy, 2000; Ife, 1997). These theorists reject the notion of power as a commodity, one that can be traded, given away or transferred from one person to another (Fook, 2002, p. 48).

Instead of power being possessed by those in privileged positions (such as practitioners), power operates through discourses and practices specific to various settings. The key to understanding power



is not only to locate it in groups and social structure, but to understand the local practices through which power is exercised and sustained. How is power expressed in everyday relations and practices and by whom? How do we each contribute to subordination and disempowerment?

Cohen (1998) concludes in her study of client and practitioner perceptions of power that practitioners “would be well advised to examine and confront sometimes subtle sources of power within their agency contexts and within their relationships with clients” (p. 13). Acknowledging all sources of power over clients is the first step in a collective effort — even though this may mean fighting the power of funding sources, accrediting bodies, and agency hierarchies (Cohen, 1998).

While there is no escape from social control in all human service work, the focus should not be on the refusal of power, but on how to make the power more humane and accountable. Practitioners must recognize that power is not always overt, and that often the most powerful actions occur without service users’ or practitioners’ recognition that power has been exercised (Healy, 2000, p. 94).

Language expresses power relations

Practitioner power is most centrally revealed in the language used in practice, making language a major means of empowerment. Bernard et al. (1999), in reflecting on their experiences evaluating the Community Action Program for Children (CAPC), acknowledge the importance of language, particularly its capacity to empower or disempower program participants. For example, they state that “... we made a very conscious effort not to objectify participants or talk about them as people who had things done to them” (p. 6). Further, they stress the importance of using “pro-active language ... which reflects the parent’s proactive role” (p. 6). Specific suggestions that they recommend are:

- Instead of, “Parents get help with ...” we would say, “Parents access resources related to ...”;
- Instead of, “Parents learn skills ...” we would say, “Parents build on existing skills ...” (p. 6).

Therefore, with language, practitioners can instruct program participants in a manner that is empowering, as people “having something to offer, wanting to build on their existing knowledge and skills and wanting to make a contribution to their communities to issues that affect themselves and their families. Language, thus, becomes an important tool for empowerment and social change” (p. 6).

Critical reflective practice

As our perspectives on empowerment shift attention from self-determination and self-esteem to issues of power, the focus also shifts from the individual to the client-worker relationship. As Ackerson and Harrison (2000) point out, this requires a significant rethinking of the client-worker relationship. The role of power, particularly worker power, has not received as much attention in traditional empowerment literature (Cohen, 1998). Through critical reflective practice, practitioners can begin to understand how power operates within the client-worker relationship.

Critical thinking begins with the premise that practice knowledge is generated in a creative and contextual manner, as opposed to the more traditional view of knowledge that is neutral and operating “outside” the practitioner. Further, practice knowledge is mediated through the perspective of the practitioner.



As Fook describes,

... reflective practitioners are those who can situate themselves in the context of the situation and can factor this understanding into the ways in which they practice. ... It allows them to practice in a way which is 'situated' in the specific context. It allows them to take a holistic perspective, because they must take into account all factors which impinge on the situation at any one time, so that they might accurately interpret their practice relative to the context (2002, p. 40).

Critical reflection involves the capacity to recognize our role in generating practice knowledge and to “uncover power relations” and how “structures of domination” are created and maintained (Fook, p. 41). Critical reflective practice involves the ongoing process of deconstructing and challenging the many ways in which knowledge and power serve to exploit and oppress those we work with. It also involves a valuing of “local knowledge” (Payne, 1997, p. 268), one gained from the lived experiences of clients (Bernard et al., 1999, p. 7).

Clearly, some notion of social justice and equality must be operating, or else we would not know who is to be empowered and for what ends (Fook, 2002). However, equality is not to be confused with sameness. This conception of equality leaves little room for “personal choice and social difference” (p. 50). In fact, striving for sameness may actually have the effect of silencing and disempowering other voices.

Practices That Build Empowerment

In this section, we move from theoretical understandings of empowerment to practice methods and techniques.

Empowerment can be expressed through attitudes, knowledge, and behaviours and can occur at the family, service system, and community/political levels (Koren et al., 1992). In a seminal study of human service workers' perspectives on empowerment practice, five central aspects, primarily focused at the individual and psychological level were identified (Gutierrez et al., 1995). These central aspects of empowerment practice include:

1. gaining **control** over one's life, both in terms of feeling in control as well as having the “concrete means” to control outcomes;
2. **confidence** to take risks which involves “believing in one's strength and ability”;
3. gaining **power** to influence one's situation, through “developing the tools to make desired changes”;
4. awareness of **choices** and options, and building the capacity to exercise choice;
5. a sense of **autonomy** or independence, to become self-directed and motivated (pp. 537-538).

These aspects combine attitudes, knowledge, and behaviours. Similar to this study of practitioner perspectives on empowerment, Ackerson and Harrison (2000) found that “taking control of one's life” remains a defining aspect of empowerment, one that can only be realized if the practitioner believes



that the client has the capacity to do so (p. 6). Cohen suggests that the worker be viewed as “the facilitator of client goal achievement, rather than the architect” (1998, p. 3). Dunst and Trivette (1996) also caution that help receivers can “see through” practitioners that give them the impression that they have meaningful choices and decisions when they do not (p. 337). This speaks to the importance of worker trustworthiness as an essential component of empowerment practice.

A further premise of empowerment practice is that one feels empowered by his/her own success (Goldring and Hausman, 1997). Cummingham et al. (1999) demonstrate that to be successful in one domain of the service system encourages confidence in achieving outcomes in other domains. Promoting success begins by establishing a practice context that provides clients with “powerful experiences” of success, and also by “sensitizing them to potential power in their lives” (Fook, 1993, p. 102). Creating this practice context would involve engaging in a process of dialogue through which the range of possibilities and choices are exposed (Cohen, 1998), as are the necessary resources and supports (Pinderhughes, 1995).

Consequently, some form of participatory non-hierarchical practice is viewed as leading to empowerment. In examining effective practices of family-centered care, Dunst and Trivette identify two notions of participatory practices: collective participatory experiences, which include opportunities that bring people together for common purposes, and participatory involvement that focuses on practices that involve shared decision-making between help receivers and help givers (1996). They contend that family-centered care characterized by a “participatory involvement” framework will lead to empowering outcomes in the form of family/professional collaboration that facilitates family decision-making, honours family strengths, respects family coping strategies, and builds parents’ confidence (p. 337). Pinderhughes (1995) stresses the importance of engaging families in “activities that promote group cohesion” as well as developing skills for “establishing alliances, building coalitions, overcoming organizational barriers and becoming politically active” (p. 137). Gutierrez et al. (1995) emphasize the need for client representation in all aspects of the program, from program planning to representation on the board of directors (p. 539).

Education as a focus of empowerment practice was also identified by practitioners (Gutierrez et al., 1995). Education for the purpose of critical awareness and consciousness-raising involves becoming more aware of the social and political world. Critical awareness/consciousness-raising leads to new understandings of problems as social issues, reduces self-blame, and encourages collective action against oppressive structures.

Implicit in the process of critical awareness and consciousness-raising is the importance of social support groups [see **Social Support** theme]. In a study of the processes through which women survivors of abuse by male partners become involved in collective action, participants spoke of creating community and affirming the self, emphasizing

... the importance of connecting with other women who believed in them, being treated with respect, having their voices heard and belonging to community. They underscored the role of significant people in helping them grow, not by providing non-challenging support, but by inviting them to confront facts and issues that they sometimes wished to avoid (Profitt, 2000, p. 89).



Profitt concluded that changes in the women's consciousness intersected with opportunities for collective action, in that they were already connected to networks and communities identified with social activism (p. 96). This reinforces the need for skills training to establish alliances and coalitions, as mentioned above.

In summary, empowerment practice can be considered as a form of "activist practice" (Healy, 2000, p. 194), one which addresses issues of power, control, and change at the individual, organizational, and community levels.

What Participants Told Us

Stories from the Participants' Voices project clearly demonstrate an empowerment practice perspective at Family Resource Programs. Their stories of personal growth, confidence building, gaining voice, and experiences of success are vividly portrayed in **A Place to Go**, which is included in the Participants' Voices Resource Kit. In this section, we share other quotes from participants that exemplify the aspects of empowerment practice that are most valued.

Feeling motivated

Participants spoke extensively about feeling invested in the FRP and highly motivated to "give back." There is a strong collective sense of responsibility, recognizing that everyone's contribution is needed to make the FRP work. Participants valued the variety of opportunities to help out, and felt empowered to take the initiative at the FRP.

SHIRLEY: *If we have a program and we're willing to put some of the work in. They're [the staff] totally willing to help us do it. Yeah, they, they spark our fire.*

GILLIAN: *They, they spark our fire. But, we make it burn.*

CARLA: *There's a really good community thing going, and the fact that we ask participants to participate and not to be passive recipients ... that's really important to build the community. You feel invested in it 'cause you went to that program committee. You wanna make sure that the program that you suggested actually worked out.*

VANESSA: *... when I graduated from university I went into a position that I didn't focus on in university. It was a retail management position and the man who was my boss, he basically destroyed my self-esteem. I had no self-esteem. I couldn't look [at] myself in the mirror. I hated going out. When I walked into the centre ... it's like a spiritual thing. I don't even know. Like, Rena she's the director here, she is my Oprah Winfrey. She really is.*

HELEN: *She's been an inspiration to me and I feel empowered and now, I want to empower. I want to empower.*

Developing instrumental skills and linking with resources

Participants felt empowered through acquiring a range of instrumental skills such as job search skills, assistance with résumés, information on home daycare opportunities. Paid caregivers were especially



welcoming of advice on employee-employer relations, negotiation skills in relation to salary and working conditions, and being connected to labour organizations.

JEN: *And it's also helped me with the professional side of caregiving. Like, dealing with negotiation with parents and, contracts and stuff like that. I've learned a lot of that part too. You know, what others charge, what other people get and don't get. And, and that kind of stuff too.*

LINETTE: *So, they're helping us, you know, start [a] business plan and everything. It's great to see how many women are very interested in starting their own business. Especially women of Aboriginal backgrounds, and they have a lot of great ideas.*

TERESA: *What I ended up doing was, when Daniel was a year, I decided to take in other children. I decided to open up my own home daycare... I got a lot of support... So that was a great experience.*

Consciousness-raising ... beginning with health-related information

Participants also spoke of the importance of acquiring health-related information. In this example, we see how Farah not only values the information she receives from the public health nurse that visits the FRP, but how she also joins with her community in sharing this information, even though it is considered taboo in her culture.

FARAH: *The health nurse comes in once a month and they tell us what is going on with breast cancer and screening and things like that. I make copies of the handouts I get here and pass along the information to the other women at the mosque that I attend. I take five minutes in the mosque to organize the women's community there and I say to them, "We have to take care of ourselves, a lot of these things we don't do," you know, like the Pap test, breast cancer checks, stuff like that ... Some people can't come here, so it is my job to pass along the information to those who need it. Since coming to the drop-in centre, I have confidence to talk with anybody. You know, everybody has a voice. I wouldn't have done this without the drop-in centre.*

Personal growth, affirmation, and nourishing the self

Participants described outcomes of personal growth, affirmation, and a re-engagement with the self, experienced through participation in the workshops offered at FRPs.

MEGAN: *Yeah, they have a lot of ... workshops. Sometimes they have father workshops where it's just the fathers ... and they have a lot of one- or two-day workshops and then there's the regular parenting courses I would take every day if I could (agreement). I love it. It's for yourself, um, it's for your own self-improvement and self-esteem and stuff like that ...*

SAMANTHA: *I think one thing that I'd just like to mention again, and I may have mentioned it again, but I love the way the programs are set up here. Most of the ones I've taken, like a lot of the one-day workshops, although it's parenting information, a lot of it was good information just for*



me. Like it was, whether it was stress management, or you know, the effectiveness of humour, or lighten up with humour, just really good stuff and um, I just find that it's really helpful in just personal growth and affirmation and all of that. It just seems like every program I've taken, I just get that feeling from... It's beneficial.

JANE: And also as a parent it's so easy to get lost in that world of a parent and just identifying yourself as a parent and you just see yourself as a mom [SAMANTHA: Yeah!], and that's your role. You don't exist any other way. It's so nice to come to a group where you're focusing on your hopes and dreams and what your potential is. They help you realize that you are a separate person from your child and you know, it's important for you to nourish yourself as well. Nurture yourself.

SASHA: But what also comes to mind is that not only do I learn a lot at these workshops but I find it's affirming. Like, it's kind of like a shot of medicine, like "Yeah, I am doing okay, things are going okay today." Or, "Oh I'm not doing that well." ... there are things that I always learn, but often there's things that you can give yourself a pat on the back [for] and it's things that you can share with other people that can help them too.

DIANE: I don't rely on him [husband] as much... Yeah, I'm more independent, I'll just go do it myself. [He'll say,] "Don't you need me to do that?" I'll go, "No, I'll do it myself." ... It's given me confidence to go out and do things... Like, you know, to go up to a person and say hi. Even in the park, if I see someone with a small child, to go up to the person...before I was really quite shy.

Collective support

Participants clearly value the sense of connection and belonging that they feel at the FRP. Participants are able to establish meaningful friendships in which the level of trust is such that they can share or expose their vulnerabilities. When they do reveal their vulnerabilities, they feel cared about and supported.

LINETTE: Well, if there's somebody that is going through something traumatic um, and she wants to speak about it, we're all there, we're listening. And, actually I can, one time, ah in Marcie's program there was this lady, we were talking about a certain topic and she just opened up about something personal in her life. And that was very traumatic for her and then she, she started to break down and cry and we were all there, you know, supporting her. We held her and everything and we told her, "It's okay to cry and let it all out." And then there were some ladies there who were part of this group called Soul Sisters. They were a drumming group and what they did for her, um after she had finished saying what she had to say [was that] they honoured her by singing a song for her, a drumming song, and we all stood up and honoured her. And they played the song for her. And they made her feel so much better. It was a woman's healing song. And it was just great. She felt, you know, really great afterwards. She felt strong. And so now she feels, she feels safe enough, and she has the courage enough to always want to come to us and open up about anything because she knows we're going to be there listening. We're going to support her in that way.

Relationship with staff

Participants spoke quite extensively about the staff. They valued the staff's openness and non-judgment-



tal support. The staff engenders a trustworthiness that is expressed through sharing relevant knowledge, ensuring confidentiality, making participants feel welcomed and supported, and establishing non-hierarchical relationships with all participants.

ADRIANA: *When I went to the program, I met Celeste [staff member] and she invited me to talk to her, and I talked to her, and then she decided to visit me at home and, I felt strengthened to go ahead with my pregnancy, even in poverty. But she, she, she gave me courage, she gave me strength. And I felt very good talking to her about my things because more than a social worker, she was like a friend...*

JOCELYN: *Yeah, just, just during the drop-in times. Like sometimes on Mondays and Fridays there are not a lot of moms, especially in the wintertime. So, you know, you just sit around and talk to them [staff] and they're like, "Well, you know, I had my first baby when I was 17. I had to go on assistance. This is what it was like when I was on assistance. I went to school and I had subsidized daycare and I'd have to get my kids ready at seven in the morning. Do this and that." You know, they talk to you like you're a mom, like you know, they're moms too, so they know how hard it is to be a mom.*

Inclusive language

Participants value language which is inclusive. In the following quote, Jocelyn clearly illustrates the power of language, its capacity to empower and create an inclusive space.

JOCELYN: *... if you're not married, they refer to your significant other as a partner. He's not your husband, he's not your boyfriend, he's your partner. And it felt nice not to be, not to have one of those like labels like, oh well, he's your husband or he's your boyfriend. 'Cause, you know, husband and boyfriend are two totally different things, but if you have a boyfriend and you have a baby then you sort of have that stigma. Like, oh you're not married. You know, that's bad. ... that's the person you're with. That's all we need to know, and that's how they refer to him ... he's your partner.*

Respecting diversity

Participants value the diversity of race and culture that is represented at FRPs. Participants enjoy learning about other cultures and celebrating important events across various religions. This diversity contributes to a broader appreciation of community.

GWEN: *... what I really like about the centre is the diversity, the diversity of kids. She [her daughter] gets to interact with kids of all backgrounds, different backgrounds, nationalities ... different cultures and that's fabulous. You don't get that all over the place.*

SARA: *And if they start learning that young, then they'll grow to respect one another.*



Having your voice heard

Participants value having a say in the operation of the FRP and credited the staff with creating an environment of mutual respect, in which staff seek the opinions of participants, and all opinions are taken seriously.

KAREN: ... one thing I should just add is (pause), I really appreciate the way that [at] this community centre they ask for people's opinions, for parents' and caregivers' opinions. I, about a year ago, I participated in another focus group, different, for different reasons. This was back when the government was looking at making changes and setting up those Early Years Centres, and there was a lot of fear about losing the drop-in here. It was a huge fear back at that time. It seems to be OK, but they got a group together. They would ask for volunteers. They asked people's opinions of what should happen, and how to use the facility. And the staff here seemed to ask questions about "What do you need here? What do you think?" And I, I appreciate being asked. I appreciate the opportunity to give my opinion. Not that everything that you ask for happens. I don't expect that. But it's nice to know that people care.

CHRISTINE: And because I feel that I have a say as a parent, in terms of what goes on, if I want to, and the level of activity. Then it's like, yeah, you can always approach a staff and suggest something. And it makes a big difference. You can do whatever volunteer work you want. What you want, within reason. And you know that the staff will listen to you. If you have a complaint they will actually listen to you. They do ask, "What do you think?"

Empowered by success ... Gaining power and autonomy

Participants value the opportunities created at the FRP which allow them to discover their skills, talents, and capacities. Through experiences of success, participants spoke of increased confidence and power, sense of purpose, autonomy, and generally feeling good about themselves. Participants described desired possibilities and choices that become available and attainable.

JEN: And it gave me a whole new career path as well because I became interested in volunteering and fundraising and I chose to go back to school. And I went back to school at night and I got my certificate in that. And, so I'm looking at changing my career path for it. When the kids get just a smidge older... Never would have considered it. I never would have known that job even existed if I hadn't have been here... Just, I think a lot of the positive reinforcement. I mean, when you start doing something and you kind of realize that maybe hey, I've got a bit of a knack for this and then you get it back from other people. You get that reflection back from other people. Like, you know, "Oh, you should do this. Go for it!" You know? It pumps up your self-esteem and you feel like you can do it, you know. Whereas before I would have been, I mean I left school when I was 18, I'm 34 now. I mean, it's 15 years since I've been in school. I never would have gotten up the nerve to do it. And I never would have had the connections to be able to do it. I never would have found a caregiver to look after my own children, if I hadn't been here. You know, like [pause] it just made it possible in several ways.

NEETA: So, I like, I got charged with a lot of stuff, like decorating chalkboards and all this stuff. And the more I do it, the more people recognize, you know, my artistic ability or whatever, the more



people are complimenting me and telling me, “You should do this with it, and this with it.”

FRANCES: One of the workers helped me make up a résumé and all of the volunteer stuff on there, as well, looks good on my résumé, ‘cause I haven’t had a job in so long. But the volunteer stuff looks amazing that I’ve done so much. It makes me feel so much better about myself that I feel like I could get a job and get a good job, once my daughter’s in school.

LORI: For me as well, um, I now run the Good Food Box program which is a lot of responsibility, a lot of money handling, trust. And where before, I would [be] like, “I’ve gotta talk to people I don’t know on the phone? Forget it!” Now it’s, “Hi! I’m calling, you owe me money!” ... I’ve gotta get out there and do it. ... before it was, “Mm mm mm, nope, nope not me. Not happening.”

JEN: And so I’ve done a lot of volunteer work with them now and I’m on the board. I am vice-chair. So, I enjoy doing it.

A sense of control

Participants value the increased sense of control that they developed and how they are able to take control of, or understand, situations that would have provoked extreme anxiety and helplessness. In the following quote, the parent does not feel intimidated or powerless by the teacher’s assessment of her daughter’s reading capacity.

JOANNE: Yeah, my daughter, last year they want[ed] her to get assessed. I’m like, “For what?” [They said,] “She can’t read.” And I said, “Well, if you don’t teach her how to do [it], teach a child to do something, would they be able to do it?” “No.” It doesn’t mean that there’s something wrong with the child. And they argue[d] with me and I said, “No, I’m not giving you consent. I’m not assessing her.” And again, it was a teacher issue...

CORA: Something wrong with the teacher...

JOANNE: ...with the teacher. And again, I mean, if someone doesn’t teach you how to drive a car, you’re not going to know how to drive a car.

CORA: Exactly.

JOANNE: And now, she’s in grade three and she’s back to level three.

KEISHA: I guess my mom is an example ... we came from (a Caribbean island) and she could speak some English, and the first ten years [she was just at] home, with my stepfather, and no friends, no nothing. Until one day she took my sister to the park and someone say, “Go to Applewood Community Connection.” And you know, she thought about it. She thought about it and she finally came. And this woman ... went to the workshops, she ended up being the chair of the organization. She ended up getting her ECE and going out there. I mean, like, without places like this, my mother would probably spend her whole life in that little apartment doing nothing but cooking and cleaning ...it gave my mother independence.



Conclusions

From individual empowerment to collective action

An empowerment perspective is clearly in practice at FRPs. Consistent with Payne (1997), empowerment outcomes include helping participants “gain power of decision and action over their own lives” (p. 266). The “personal blocks to exercising power” (Payne, p. 266) have, in most cases, been removed by empowerment practices at FRPs, with the following summary of valued outcomes.

Participants’ stories attest to the trustworthiness of the staff. Staff form meaningful, non-judgmental and non-hierarchical relationships with participants, evoking a power “with” and not power “over” (Cohen, 1998) participants. There are opportunities for “participatory involvement” in all aspects of the program, along with shared decision-making (Dunst and Trivette, 1996). Further, a profound sense of belonging, collective support (Pinderhughes, 1995), and inclusion are valued by participants. Experiences of success are described throughout the interviews and enable participants to realize the “potential power in their lives” (Fook, 1993, p. 102). Education for personal growth and self-advocacy is also highly valued by participants, as is the knowledge gained in relation to community resources for participants and their families.

However, connecting the personal with the political remains an area of empowerment practice not fully realized at FRPs. FRP practices of empowerment do not tend to frame problems and needs within a larger social context of systemic oppression and social injustice (Cohen, 1998; Gutierrez, 1995; Pinderhughes, 1995). This places limits on the contributions of empowerment practice to social activism and social change. FRPs, as community-based programs for all families, are uniquely positioned to embrace this broader mandate.

The following set of indicators tracks the theme of Empowerment.

- The workshops are useful.
- I do not feel judged by staff.
- I do not feel judged by other participants in this program.
- The staff respect what I have to say.
- Diversity of all kinds is valued here.
- I have been able to build on my strengths by taking part in this program.
- I am encouraged to participate in many activities at the program.
- My participation in the program has been a positive experience for me.



Social Support and Social Capital

Social support and social capital have powerful stress-buffering and health-promoting influences on the health and well-being of families. These concepts are associated with improved individual and community health and well-being (George, 1989; Short and Johnston, 1997; Hurdle, 2001), as well as economic prosperity and an increased standard of living (Woolcock, 2001; Lin, 2000; Woolcock and Narayan, 2000).

Family Resource Programs provide instrumental support through mutual aid initiatives such as community kitchens, respite care, toy and clothing lending/exchange, public transit tokens and financial aid. They provide emotional support with support groups, and workshops where participants can share their experiences and concerns with their peers, home visits, and community development initiatives (advocating for family services).

In this review, we explore some of the theoretical aspects of social support and social capital, the process of building support and capital, and how the unique structure of the Family Resource Program facilitates the expansion of social networks based on participation, mutual respect, and trust.

What is social support?

In the mid-1980s, research on social support began to receive attention within fields such as social psychology and social work. Broadly, social support is understood to be “the resources provided by other persons... potentially useful information or things” (Cohen and Syme, 1985, p. 4). Social science definitions describe social support in terms of structural supports, which include access to helpful information, assistance, and emotional support, and refer specifically to the varying “degree(s) of social isolation or social embeddedness” (Bloom et al., 2001, p. 1514; see also Thoits, 1995). One of the earliest definitions of social support identified it as:

the emotional support, advice, guidance, and appraisal, as well as the material aid and services, that people obtain from their social relationships (Ell, 1984, p. 134).

There are two major types of social support exchanged between people: instrumental (i.e. concrete support—lending money, giving a ride, buying groceries), and emotional (i.e. sympathy, encouragement, appreciation, ‘a shoulder to cry on’) (Rude, 2003). Some authors argue for a third type: that of informational support (i.e. aid in filling out forms, knowing where to find key community services) (Thoits, 1995). Research findings indicate, however, that it is the individual’s perception of support that matters more than the objective indicators (such as the number of social ties in their network, for example) (Thoits, 1995; Taylor, Sylvestre and Botschner, 1998).

Within the context of family support, social support is best understood as a dynamic social activity. This refers to how people interact with one another and how these interactions can create, or fail to create, a shared sense of support. Taylor et al. (1998) emphasize that support is grounded in the relationships and interactions between and among people. In practice, this implies a much more participa-



tory approach, which is a central tenet of the FRP model:

Supportive relationships are those in which each participant shows that he/she is sensitive to how the other would like to be treated... being supportive means signaling a shared understanding of one another's preferred identities (p. 6).

Family support, like social support, offers participants an environment where they are able to build social networks of support based on the sharing of values, commitments, and interests. According to Kyle and Kellerman (1998), social support can come from either formal sources (i.e. public health departments, schools, physicians) or informal sources (i.e. family, neighbourhoods, friends, social groups). The authors argue that access to both formal and informal support increases the ability to carry out parenting responsibilities. It can also influence coping strategies among participants, by fostering independence and mutuality. Kyle and Kellerman emphasize how all families need support—not only those who may be deemed ‘high risk.’ In addition, support is provided without assigning blame or compensating for supposed deficits.

Dunst, Trivette, and Deal (1988) distinguish between intrafamily and extrafamily resources. Extrafamily resources and social supports such as FRPs, include:

the emotional, physical, informational, instrumental, and material aid and assistance provided by others to maintain health and well-being, promote adaptations of life events, and foster development in an adaptative manner (p. 28).

Social support evolved conceptually to include a more progressive emphasis, and this shift in focus has clearly guided the practice of social support within Family Resource Programs:

In contrast to past efforts, support no longer implies deficits; it makes use of the strengths and capacity of all families to develop friendships, to make linkages with other groups, and to benefit from advice and information. Such support increases a family's ability to cope and fosters independence and mutual interdependence in contrast to dependence (Weissbourd and Kagan, 1989, p. 23).

Social support can also have an effect even in the absence of stressful events. Practical and financial assistance from friends can prevent some stressful life events. A sense of belonging can improve satisfaction with life. The strongest associations between social support (particularly emotional support) and health outcomes are seen in relation to psychological well-being. Studies document the lower risk of depression and psychological distress for those who enjoy greater social support (George, 1989; Stansfeld et al., 1997).

In its essence, social support is distinguished by its reference to “the functions performed for the individual by significant others, such as family members, friends, and coworkers” (Thoits, 1995, p. 64). In more recent social support literature, we begin to see a movement from this understanding of sup-



port (as something that is provided unidirectionally, for the individual) to a more comprehensive perspective. In this analysis, in order to better understand how the FRP is positioned to move beyond the traditional support role, we have included the idea of building social capital as well.

What is social capital?

The concept of social capital has been heavily influenced by the work of sociologists such as Pierre Bourdieu, James Coleman, and Robert Putnam. In a succinct comparison, Portes (1998) writes that “[w]hereas economic capital is in people’s bank accounts and human capital is inside their heads, social capital inheres in the structure of their relationships” (p. 7). An idea that has been notoriously difficult to define, social capital can refer to both collective and individual benefits, and can be seen as both a private and a public good.

Bourdieu (1986) argues that “[t]he existence of a network of connections is not a natural given, or even a social given” (p. 249). In fact, social capital is something that is built or constructed with some form of active intent or effort:

The network of relationships is the product of investment strategies, individual or collective, consciously or unconsciously aimed at establishing or reproducing social relationships that are directly usable in the short or long term... implying durable obligations subjectively felt (feelings of gratitude, respect, friendship), or institutionally guaranteed (rights) (pp. 149-150).

For Bourdieu, non-dominant groups do not possess the same quality and quantity of “actual or potential resources” that can be leveraged by individuals based on their access to “a durable network” of relationships (p. 248). This imbalance, he argues, maintains the inherent inequalities of the social hierarchy.

Coleman (1988) argues that “unlike other forms of capital, social capital inheres in the structure of relations between actors and among actors” (p. S98). Unlike Bourdieu, his understanding of social capital is based on the assumption that it is “defined by its function” (p. S98). In other words, Coleman argues that social capital has value insofar as it provides resources that people can use to achieve their goals within the social structure.

Subsequent research has been heavily influenced by Coleman, based on the relational component of social capital. For example, Aston, Nathanson, Schoen and Kim (1999) define it as “the number of relationships a person has; the strength of those relationships; and the nature and amount of resources available as a result of those relationships” (p. 6).

Putnam understands social capital to mean the “features of social organization, such as networks, norms, and trust that facilitate coordination and cooperation for mutual benefit” (1993, p. 35). For Putnam, it is an indicator of life satisfaction, civic and personal health, and is “most powerful when embedded in a dense network of reciprocal social relations” (2000, p. 19). Putnam, like Coleman, argues that social capital is not a singular ‘thing’, but a “variety of different entities” that facilitate social action and participation (Coleman, 1988, p. S98; see also Wilson, 2001).



According to Putnam, social capital performs two important functions in a community: bridging and bonding. Bridging is an inclusive feature; it refers to information diffusion and the system of links connecting to external assets. Bridging allows for broader understanding of other people and social identities and involves the norm of reciprocity. Bonding, on the other hand, is described as exclusive. It refers to the feeling of solidarity, specific reciprocity; it “bolsters narrow selves” and group loyalty (2000, p. 22). In short, Putnam argues that bridging ‘greases the wheels’ of the community, and bonding is the ‘glue’ that keeps a society together.

Falk and Kilpatrick (2000) build on the work of Coleman and Putnam in terms of the potential for the interactions between people “to contribute to the social, civic, or economic well-being of a community-of-common-purpose” (p. 103). They stress that social capital relies on the qualitative dimensions of interactivity; not simply the number of social networks available, for example, but the desired resources, information, advice, advocacy, and emotional support available to someone because of their networks. Interactions based on trust are fundamental to social capital, since trust can lay the groundwork for a sense of shared accountability and the establishment of mutual expectations that “are the social glue that binds many... communities together” (p. 105).

The definition of social capital that is most relevant to the Family Resource Program model, and most appropriate to the Participants’ Voices project, can be found in Woolcock (2001):

Intuitively, then, the basic idea of social capital is that one’s family, friends and associates constitute an important asset, one that can be called upon in a crisis, enjoyed for its own sake, and/or leveraged for material gain. Those communities endowed with a rich stock of social networks and civic associations will be in a stronger position to confront poverty and vulnerability, resolve disputes, and/or take advantage of new opportunities (p. 12).

Practices and Perspectives

FRPs see their role as creating opportunities to increase participants’ supportive networks, and their access to social capital. Falk and Kilpatrick (2000) observed the potential for accumulating social capital through a process of learning interactions. This is achieved when an event occurs within a context or frame of reference that is based on a social support model: trust, reciprocity, shared values, and supportive interactions. Both group and personal growth is made possible through the learning process, increasing possibilities for co-operation, problem-solving, diffusion of information, and improved access to public goods and services. FRPs are in a unique position to provide participants with opportunities for learning interactions. Programs that are modelled on the concepts of family support, empowerment, and universal access, for example, provide a solid foundation for building social capital.

Depending on the quality and quantity of the interaction and the availability of resources, FRPs can facilitate action and co-operation benefiting the community and its members. In this way, the family support model is fundamental to building and using social capital in a positive and effective way (Falk and Kilpatrick, 2000). Research conducted by Kilbride (2000) supports this claim, and she adds that “where parents’ communities have dense social ties and shared values, such support is rich social capital for them to draw upon” (pp. 5-6).



Falk and Kilpatrick (2000) describe two kinds of social capital resources that are often seen in interpersonal, one-on-one interactions within the FRP service model:

1. Knowledge resources: refer to the “common understandings related to knowledge of community, personal, individual and collective information” (p. 99). This includes knowledge of who, when, and where to go for advice or resources and knowledge of how and where to get things done, according to established rules and procedures. Knowledge resources are exchanged between actors, based on the sense of shared values, trust, and reciprocity built up over time. Falk and Kilpatrick (2000) describe the cyclical nature of knowledge resources, and argue that they “both create and use knowledge” based on the quality and quantity of interactions (p. 99). (See also **Building Community** section.)
2. Identity resources: “draw on internal and external resources of common understandings related to personal, individual and collective identities—build a sense of ‘belonging’ and encourage participation, as well as providing the framework for people to re-orient their views of self and others in order to be ‘willing to act’ in new ways” (p. 100). This includes renegotiating self-identities, and a willingness to act in ways that benefit the community. Identity formation is more fluid, and influenced by feelings of self-confidence, human agency, norms of reciprocity, trust, and a shared vision. (See also **Empowerment** section.)

The interaction between knowledge and identity resources, according to the authors, provides opportunities for building social capital.

Challenges to building social support and social capital

Rude (2003) found that in the *Building Strong Families* study of U.S. parents (conducted by Search Institute/YMCA), 53% of the 1,005 respondents indicated that they “don’t regularly reach out for parenting help, advice, or support” from immediate and extended families, friends, and community resources (p. 1). “Only 4% say they receive parenting support from all three resources” (p. 1). Rude argues that access to networks of social support strengthens families in a number of ways. Socially supported parents tend to be more involved emotionally with their children, their children tend to have social networks that mirror their own, and their children tend to perform better in school as a result. In sum, the respondents who benefited from more social support “were more likely to be highly consistent asset builders [and] are more likely to perform positive parenting behaviours resulting in positive child outcomes” (p. 2).

The challenge for FRPs is to better connect with those parents and caregivers who are not reaching out for support, and who are therefore not able to leverage the potentially supportive resources in their network. Social capital is built effectively when more people in the community are engaged in a supportive way.

Benefits of group participation are not necessarily equal for all members of the group. In part this is a result of personal differences, but is also attributed to the patterns of inequality within groups (especially females and minority group members) (Lin, 2000, p. 793). There is a general tendency for individuals to associate “with others with similar characteristics... Thus, members of a social group tend to form networks involving other members from the same group” (Lin, 2000, p. 787). Lin argues that:



Members of a certain group, clustering around relatively inferior socioeconomic standings and interacting with others in the similar social groupings, would be embedded in social networks poorer in resources as well—poorer social capital. Resource-rich networks are characterized by relative richness not only in quantity but also in kind—resource heterogeneity (p. 787).

Trust is important in generating social capital, but its presence alone does not guarantee that people are accruing or will accrue benefits from their relationships with those whom they trust. As Woolcock (2001) argues, “social capital has costs as well as benefits... social ties can be a liability as well as an asset”, especially if the influences and connections turn out to be negative, dysfunctional, or destructive (e.g. racist or supremacist groups, street gangs, extremist organizations) (p. 12; see also Putnam, 2000).

One solution to this problem is to encourage ties with persons who have access to different resources, based on their membership in different social groups. This is similar to Putnam’s idea of bridging, as discussed earlier. Cross-group ties facilitate better access to resources and better outcomes for members of the disadvantaged group. However, such ties are the exception rather than the rule. Structural constraints reduce the likelihood of establishing such ties for most of the disadvantaged members. There may be a need for FRPs to engage in more deliberate bridging strategies both within and without the FRP (Lin, 2000, p. 787).

What Participants Told Us

Social support and social capital provided by Family Resource Programs can be both formal and informal, both intra- and extra-familial, and can mobilize social networks, provide the impetus and context for positive social connections, and establish important community links.

One of the guiding principles of FRP Canada is grounded in the social support and social capital literature. FRPs have a specific mandate “to increase opportunities and to strengthen individuals, families and communities” (FRP Canada, 2004, p. 8). Participants in the Voices project appreciated that FRPs are dedicated to a sense of participation and community development, based on partnerships and holistic service delivery models.

Emotional support and relationship-building

Dunst (1995) observes that “sources of support include the community, people, organizations, groups, and programs that are potentially available to family support program participants” (p. 10). FRP participants told us that they appreciate the social relationships and linkages with other adults and children in the community. Respondents indicated that they feel cared for, valued, and strengthened. The FRP effectively creates cohesive environments and opportunities for meaningful participation, characterized by trust and a sense of belonging. (See **Empowerment** section.)

ROSA: ...But there are people who have no-one and they feel very lonely. In my country I was a very friendly person, a person who liked to make friends, to be pleasant to people, always give my best to others. In these few years I’ve been here... it’s hard for me to [be] open to others. But it’s because there are many barriers, language barriers, problems, and all that, the stress especially.



The resource program visitors are very, very nice people. They make you open up again; help you open up your heart to people, you know what I mean? You start trusting again, because you become distrustful of everything, so with them you start opening up again, start trusting again. It's like they give you hope. You can lean on them. For instance, I had problems, I was detained in prison, the one they have for immigration. The first thing I did, I called my sister and said, "Call Celeste [staff member], please."

ALICE: *Just that when I first started coming this time last year I had raised my son in almost complete isolation for three years. And now, at the end of the day when I reflect on the things that I've had, this place has given me tools. Little things like a diversion... different ways to deal with things, as a result of this program. And how the other people have been talking about their children, what works, what doesn't work. I feel like I'm a better parent. And I've learned much, that's for sure.*

MEGAN: *I just wanted to add that it is very non-judgmental. Every class that I've taken, there's just been such a level of respect for everyone in the class and different ideas and opinions. It just feels so comfortable.*

KELLEY: *And I find, being in a setting like this makes the other parents feel more comfortable. I know when I was 15, when I had my first child and it didn't faze anybody one bit. That was just my little safe haven... and I think that the workers and the ECEs give that vibe, and the other parents that are there, everybody's there for everybody. It's great. Confidentiality is a big thing and the participants that come here know that as well. For the first couple of months of my pregnancy a lot of people didn't know, but I still came here knowing that the other people wouldn't go out and say, "Oh, I saw Kelley at prenatal. Did you know she's pregnant?" Everybody knows it's very confidential. Everybody knows and they're comfortable sharing anything you feel you need to share and get it off your chest.*

SAMANTHA: *That creates a very safe space too. I think that is one of those things that creates the great space here.*

SONIA: *I've used the centre for drop off, just to come get a mental peace of mind. People here have become really close friends of mine. Last November I had an accident and I broke my leg. A person from here actually came to the hospital and relieved my husband because they knew we didn't have family here or anybody that we were close enough to take care of our infant and our daughter.*

Child development and relationship-building

Early childhood development, and subsequent school readiness, is heavily influenced by the child's experiences of trust, stability, security, attachment, stimulation, affection, and caring. Research conducted by Hertzman (2000) supports this claim:

Spending one's early years in an unstimulating, emotionally and physically unsupportive environment will affect brain development in adverse ways, and lead to cognitive, social and behavioural delays. The problems that children so affected will display early in school will lead them to experience much more acute and chronic stress than others, which will have both physiologic and life-course consequences (p. 14).



Hertzman calls for the creation of improved environments where healthy children can develop, characterized by comprehensive programming (education, childcare, parenting/caregiving support), universal availability and accessibility, holistic integration, community decision-making, quality, and accountability (pp. 17-18).

FRPs design programs to facilitate school readiness, child development, and networking in order to engage parents in their child's education. Through their experiences at the FRP, children and families are empowered in emotional and instrumental ways; "parents and children alike can be linked through the school to community networks of social agencies, organizations, and institutions" which results in an accumulation of social capital in that community (Kilbride, 2000, p. 15).

Participants had many positive experiences around relationship-building. They valued the opportunities for children to form strong bonds with other children, with FRP staff, and with other adults.

WENDY: *I have one child who is coming from a divorce right now, and he's been... very 'baby' in the contact with other kids. I started bringing him here. He used to cry: "Owww! Mommy! Mommy!" Now he's, you know, he's adapting, he's getting up, he's got a lot of friends he didn't have before here. He used to play by himself. [Now] he has a lot of friends; he's downstairs right now playing. They just moved from the house, the parents' house. They just got separated, physically, they moved to another house. He's taking it, you know, quite okay. His stable place is this one, being here. The other two places are not very stable.*

DENISE: *When I come here, the children I bring here, they're more relaxed, they have more space to play, more materials. They have friends and they, they learn to socialize. Their behaviour becomes better and I feel more relaxed... They get other friends and they make new friends and they remember their names; expand their vocabulary. And they know and they look forward to their friends too, like I am.*

In some cases, the trusting relationships between parent, child, and staff can have a significant impact on the family.

FATIMA: *One day while Linda [staff] was reading a book to the [group], she realized that she—my younger one—looks pale. So, and she told me, "Fatima, Jasmine looks pale; you have to take her to the doctor." So I took her to the doctor and the doctor says, "Oh, I hear murmur sound. She looks anemic. You have to go to the heart specialist." So she introduced us to the heart specialist. When we went to the doctor, the doctor said, "That's very good that you brought her here. She has a hole in her heart. She has a hole." So that amazed me, how Linda was so experienced, and from the faces of the kids, she knows in what level of health they are. We are really grateful to Linda, for that reason.*

Space to unwind and relax

These programs strive to not privilege any one group over another, and provide support to parents, families, and caregivers in a non-judgmental, safe, and caring atmosphere. The importance of a non-judg-



mental and trusting atmosphere of support is reinforced by the Participants' Voices project findings. Observations by Langone and Rohs (1995) note that within a community:

the notion of egalitarian or 'reciprocal' leadership... is critical... because one person does not control a group. Leadership is shared by many individuals at various times depending on the situation and the required leadership skills (p. 253).

Participants echoed the feeling of the FRP as a 'home away from home.' They appreciate the sense of trust established with the staff and other participants, and benefit from the childcare assistance and parent-relief. Respondents especially value the space to interact with other adults, while still participating in family activities. The physical resources (toys, books, playrooms, snacks, couches, clean/safe environment) were also mentioned as important.

MICHELLE: *There was always someone to take John as an infant, for me to even go to the bathroom without having two children behind. That was a big relief. As anyone who is at home, you know, that getting a bath was a huge struggle, so just to be able to get a cup of coffee and hold onto it and drink it, and know that there is someone with your baby and your other son is going around, playing in the sandbox... It's a big wait even for that span of time. Both me and my children have allergies, and Adam was sick a lot and Anne was so helpful and supportive. Just the fact that she would phone if we hadn't been there for a month or a month and a half and she would call and say, "I'm just calling to check on you. How is everything?" And that makes you feel really good.*

COLIN: *It's like a family environment. I try to keep out of the area when the ladies are nursing (laughs). And, the ladies don't seem to be concerned about the issue so... (laughs). Yeah, I feel like it's a family group, and it's very, very nice. Because too many people are too tight about everything today... What I think the playgroup is really good for is the fact that we have such a terrible climate in the summer and in the winter. This is a chance for children to play in a temperature controlled environment. I spend a lot of time at parks with the kids and you have a window in the spring and summer. In late summer and fall and in the winter and hot summer you're stuck. I used to drag the kids around the shopping centre. This is a beautiful environment for them.*

Welcoming practices

The welcoming practices of the FRPs, including the initial and ongoing contact and efforts made to greet and get to know participants were highly valued. Examples in the interviews and focus groups referred to the efforts of FRP staff to participate in all aspects of the program, to know the names of children and adults, and to accommodate to the different comfort levels of participants.

LORNA: *Glenview is a very multicultural place. And the first few times I came here, my child was the only black child here, but it didn't matter because she's surrounded by other ethnic children. For starters, I'm impressed that they actually make attempts to pronounce everyone's names correctly. Big, huge difference, when you see the children lining in, the staff knows which child is which and*



they know how to say the names. They make an effort to pronounce the names properly. To me that makes a huge difference. And when you come in, they [the staff] welcome you.

ROBIN: *The people who run that program are right down on the floor with the parents, really interacting with the parents. They're parents as well and they let you know that. And there... they know your names; they remember your name, even though the group changes every four to five months. So many people change and they make efforts to pronounce everyone's names properly, to get involved, to respect everyone. And they're down there on the floor, because it's a sit-down-in-a-circle sort of group. And they're not like, "I'm the staff, you're the participant." They're like, "I'm a participant, but I'm kind of leading you."*

PAT: *It's a very positive and very consistent atmosphere here.*

MARIA: *But moving to a new city where it's so big and so intimidating, it was one I visited and it was a really warm welcome. That for me, made a difference with this centre.*

PAT: *You come here, the light and everything like that; it's all pretty much sunlight. It's very warm and welcoming and that's when you feel, "This must be a nice place to leave my kid in." You already feel that warmth. When you walk through the doors you automatically feel it. The first time I walked in here I was like, "Woah, it's crazy in here." But it's really welcoming and that's one of the most important things and that's where trust is built as well. I think that's one of the places where it comes from.*

Service components and instrumental support

According to Smythe (2004), one of the roles of a family support program is to enhance existing informal supports to families and to help create new ones for families. Smythe illustrates the link between social capital and family support in two ways. First, by working to mobilize social networks and providing a context for social connections, family support programs increase social capital in families and communities. Second, family support programs address the processes of marginalization and exclusion that contribute to poverty because of their ability to link people to the community (schools, health care systems, legal/government representatives, and other institutions of power).

Family support centres lay the groundwork for meeting both emotional and instrumental needs, and for providing both knowledge and identity resources to participants. New resource pathways into the community are created, enabling and empowering participants to make the community, in general, more accessible to all by not privileging one group over another. Participants value the connection to community resources, education and parenting support, career networking, advocacy, and ongoing help and assistance.

LOUISA: *I think one of the special [things] that I'd like to share is that, this Christmas was the first Christmas that we had a Christmas tree, like a real Christmas tree. I mean we've been married for four years, but this is the first year we've been able to afford anything. I didn't have any decorations or anything, and so I was kind of wondering, "What am I going to do?" Natalie brought in some of her old ornaments and Gillian brought a bunch of lights and stuff for me; and I didn't ask for anything like that. I just was excited about my tree and then they realized that. They recognized the fact that I said, "I don't have ornaments and I'm wondering, do you have any ideas of different*



things I could do?” It was great for them to get rid of some of their old ornaments and they’re doing me a big favour and I just thought that was one of the perfect examples of a way of go[ing] out of your way to really touch someone’s life, outside of your regular job.

CARLA: *No matter what, I mean, I could practically live on a small paying job while going here because they’ll help me with my baby, they’ll help me with my Pampers, they’ll help me with my food, clothing, everything. They have a clothing exchange, they have a food bank, they’ll help you get groceries in a grocery store, they’ll help you with tickets, they’ll help you with a lot of things. So if I was ever to be on my own, then I would always know that there is this place here that will help financially and emotionally...*

DIANE: *Yes, if anybody has clothing we’ll often swap, “Oh, I got a pair of size 5 sandals, swap them over”, or someone needs a stroller, well I’ve got a stroller, “Here have this one.” And we did a swap from a single stroller to a double stroller. “I need a playpen does anybody have one? I’ll buy it.” It’s pretty good like that.*

TRISHA: *My son has special needs. When we first came to the school he knew very few words. Mom, dad, and yes, and no. And now, he can probably say about 120 words. Like what, I have a private teacher come in on Mondays to help me out, and give me some information on how to deal with my child. And then Claudia [staff] came, approached me, I never approached her, she approached me. She says, “Well, I have a speech pathologist coming.” I never knew what a speech pathologist was until she mentioned it. Not only that though, but, there’s kids that are at different levels, and I find that they don’t treat every child differently because, you know, one’s better than the other. I find they teach every child the same but they specify, like they need something more, you know, more special attention. So I appreciate Claudia’s suggestion and help.*

Conclusions

Social capital can be important to all levels of the social structure: the individual, community, and society (Falk and Kilpatrick, 2000). But capital “cannot be built unless opportunities for this to occur exist, or are provided” (p. 106). However, as Taylor et al. (1998) point out, this process must be fundamentally participatory at every stage. Support is best understood in the framework presented here: in the context of social involvement, empowerment, family engagement, and community participation.

It is important to point out that there is no one way of building social capital and social support. Albee and Boyd (1997) argue that “[t]here is no single answer or model to promoting participation through networks, there are only frameworks and guiding principles” (p. 3). The structure of the Family Resource Program allows for accommodation to the individual needs of participants and communities by promoting an egalitarian, non-hierarchical, and participatory approach to family support. This in turn facilitates relationship-building between and across groups of people, based on common understandings, shared norms and values, mutual respect, reciprocity, a sense of belonging, and trust.

Missed opportunities?

As discussed in the “Challenges” section above, social capital can lead to positive, negative, or even neutral results, depending on the quality and quantity of the interactions. Falk and Kilpatrick (2000)



suggest that “a precondition to building social capital is the existence of sufficient numbers of interactions of a particular quality” (p. 101). They suggest three qualitative dimensions that are important to building social capital: 1) the quality (and sharing) of knowledge resources; 2) the quality of identity resources and degree of reciprocity in “positive identity shifts”, mutual encouragement, and shared values and expectations; and 3) situated trust, meaning that it is grounded in local/micro interactions that make meaningful communication possible.

Only by increasing access to networks and facilitating the pathways or opportunities to these sources of capital can FRPs ensure that these benefits are felt by those in the non-dominant groups. Increasing social capital for disadvantaged groups can form the basis for improved economic standing and better social exchange relationships (Bourdieu, 1986). In terms of social advocacy, there is an opportunity for more outreach and network-linking to raise the profile of the FRP as an integral resource to the community, and to connect and engage individuals and families to strengthen the social capital of their community.

Woolcock (2001) emphasizes that “[t]he broader message rippling through the social capital literature is that how we associate with each other, and on what terms, has enormous implications for our well-being” (p. 15). The FRP is a fundamental part of the social networks within a community, and in facilitating the creation and continued build-up of social capital for participants. However, this work cannot be done in isolation. Social support and social capital are necessary but insufficient elements in achieving broader goals. Social capital resources are most useful within an environment of participant empowerment, within a stable and supportive community, and where the whole family can be engaged with child and parent development and relationship-building. The ripple effect of the FRP is felt on all levels associated with improved economic, social, and cultural indicators: in improved well-being for individuals and families, healthier communities, and more productive societies.

The following set of indicators tracks the theme of Social Support and Social Capital.

- When we come here my child and I feel welcomed by staff.
- When we come here my child and I feel welcomed by other participants.
- Everyone here is treated with respect.
- I know that anything I say to staff is kept private and confidential.
- I feel safe here.
- I have received practical help I can use in daily life.
- I have made friends here.
- The information I get is up-to-date.
- There are new opportunities for me because of this program.



Building Community⁴

Family Resource Programs in Canada have strong roots in the community. Many have been developed through the efforts of a committed group of parents. As a result, FRPs have a history of involvement with the community at many levels. First, FRPs promote the interaction and mutual help of the **parents and caregivers** attending their programs. Second, they can become **neighbourhood** “hubs” where “things happen.” Third, FRPs can impact the **wider community** by linking with community agencies. In short, building community is intrinsic to the work of FRPs.

In this report, “community” refers to regular participants in FRPs’ programs and services, the neighbourhood in which the FRP is located, and the broader community. The focus of this section is on FRPs’ work with the neighbourhood and the wider community. The section on **Social Support and Social Capital** focuses on FRP participants.

Perspectives and Practices

The community work of FRPs can be framed in terms of three main theories or sets of assumptions. One is Bronfenbrenner’s (1979) ecological approach, the second is a strengths-based approach, and the third is social inclusion. The ecological approach developed out of systems theory in the 1970s, when it was adapted in both social work and early childhood education (Payne, 1997). It is still one of the working theories in early childhood education as is the popular strengths-based approach in the field of family support. Social inclusion is a response to renewed concerns with social inequality. It is in some ways an alternative or parallel discourse to that of more radical or Marxist understandings of social difference (Freiler, 2000).

The **ecological approach** proposes that there is an interconnection between individuals and the social groups in which they are embedded. One of its implications is that the well-being of children is dependent upon the well-being of their families. In turn, the well-being of families and individuals is dependent upon the quality of life and resources available in the community(ies) where they live. Successful interventions must necessarily focus on children, their parents, and the wider community (Dunst, 1995; Canadian Association of Family Resource Programs [FRP Canada], 2002; May-Chahal, Katz, and Cooper, 2003). The ecological approach was a welcome development compared to psychological theories that focused on individual “problems” and interventions (Payne, 1997).

As an example of how children’s outcomes are influenced by the community context, Connor and Brink (1999) report that:

⁴ Some of the terms found in the literature to describe Family Resource Programs’ (FRPs) work at the community level were “community impacts” (Centre for Research and Education in Human Services and Centre for Health Promotion [CREHS], 1998; Connor and Brink, 1999), “community outcomes” (Comer and Fraser, 1998), “benefits to communities” (Pancer and Foxall, 1998), “work in communities” (Smythe, 2004), “community development” (O’Hanlon and VanderPlaat, 1997; Peters, Arnold, Petrunka, Angus, Brophy, Burke et al., 2000; Sylvestre, Ochocka, and Hyndman, 1999), and “community economic development” (Moher, 1999; Zizys, 1998). None of these terms, however, was found to be widely used in the family support literature. See also the Family Support America publication, *On solid ground: Family support and sustainable community economic development* (2001 c).



Greater cohesion and collective efficacy...among neighbourhood residents have been associated with fewer behavioural problems and higher verbal competence in young children, lower levels of delinquency in older children (e.g. drug use), and decreased incidence of violence and personal victimization in adults (p. 72; see also Smythe, 2004).

Similarly, Reitsma-Street, Maczewski, and Neysmith (2000) note that “[t]hose children and youth who are prevented from participating in the educational, recreational, employment, and cultural activities of their communities for extended periods of time are more likely to feel alienated and disconnected from society later in life” (p. 652). These findings highlight how community characteristics (e.g. ethos of care for children, cohesion, and availability of barrier-free recreational resources) impact children, and continue impacting them through their adult years.

There have been two major criticisms of the ecological approach. First is the assumption that individuals understand and adapt to systemic conditions, rather than question, resist, or attempt to change them. Second, more radical authors have criticized it for ignoring issues of power and social difference (Payne, 1997). These critics assert that a failure to address the power differentials and conflicts of interest between individuals and groups that exist at every level of the system will limit and possibly defeat the equilibrium goal (necessary for an individual’s well-being) that this approach purports.

The **strengths-based approach** that underlies FRPs’ work with communities refers to the belief that every community has resources that can be mobilized to enhance its quality of life. This can be done either directly or indirectly through advocacy work. This approach stands contrary to a deficit model that sees “at-risk” or “low-income” communities as having little to offer and being dependent on outside help. FRPs’ work with communities is based on the recognition of both community needs and strengths (Dunst, 1995; Ennis and Samson, 2002; FRP Canada, 2004). As Zizys (1998) puts it, “[Community economic development] looks at the resources and opportunities within a community, in terms of the assets of each individual, private firm and public institution, as well as the untapped markets which can be served by locally developed products and services” (p. 3).

Like the ecological approach, the strengths-based approach has been criticized for not addressing directly issues of social difference and power in society that may actively limit individuals and communities’ resources and abilities (see **Empowerment** section).

The third approach that provides a framework for FRPs’ community-building efforts is **social inclusion**. Ennis and Samson (2002) define social and economic inclusion as

...an approach that believes all people should have access to the social and economic benefits of living in our society. It stems from an understanding that some people live on the margins of our society due to many causes, impacts and barriers that exclude them from resources and opportunities considered the norm (p. 4).

May-Chahal et al. (2003) stress that social inclusion is more than a concern with the distribution of wealth. For these authors, social inclusion also deals with “inadequate social participation, lack of social integration and lack of power” (p. 48). As Luxton (2002) notes, it involves more than rights, but



real opportunities to exercising those rights. Friendly and Lero (2002) and Luxton further assert that community-based early childhood and care programs are uniquely positioned to contribute to social inclusion. These programs (can) do so by expanding social networks, being a focal point for community action, and by offering a space where children from an early age can learn the value of diversity. (See **Social Support and Social Capital** section for a discussion on social networks.)

This perspective recognizes that FRPs cannot be expected to do it all, they are but one piece in what needs to be a systemic approach to family support. As Bruner puts it:

“Individual programs, however good they are..., still work with participants who require health care, education, decent housing, safe neighborhoods, and jobs to succeed....if a child then goes to a school that does not believe he is educable, remains in a neighborhood infested with drugs and gangs, lacks adult role models, and exists in a society that marginalizes him because of the color of his skin or a disability he possesses, many of his gains in the program’s environment will be negated” (2004, pp. 2-3; see also Schorr, 1997).

In sum, social inclusion is critical of theory and practice that does not acknowledge issues of power and privilege manifested at all levels, from the societal to the individual. Therefore, we can conclude that effective family support practice at the community level requires an understanding of structural barriers and issues of power in society, while working with the strengths of communities, families, and individuals.

Practices That Build Community

FRPs build communities through their day-to-day formal and informal practices at the participant, neighbourhood, and community levels. The following list summarizes key practices and related outcomes.

- **Creating an atmosphere where people are respected and valued**

*This is the cornerstone of FRPs’ work. Participants feel welcome, accepted, and their opinions are sought both in terms of parent/child advice and program development. This atmosphere is actively demonstrated and promoted by the staff, which results in participants modelling this behaviour (CREHS, 1998; Ennis and Samson, 2002). (See **Social Support and Social Capital** section for more on this point.)*

- **Creating social networks within and outside FRPs**

*FRP staff and activities consciously aim to facilitate relationships among participants, which eventually results in feelings of belonging to the community, mutual aid, and spin-off projects (Dunst, 1995; May-Chahal et al., 2003; Smythe, 2004). Freedman and Bruner also note the importance of developing “relationships that help sustain and support people in their continued growth” (Bruner, 2004, p. 2). (See **Social Support and Social Capital** section for more on this point.)*

- **Designing activities that develop program ownership and promote skill development**

FRPs have built into their programs a number of opportunities to engage participants in



the running of the centres. Staff encourage participants and one another to develop new initiatives in or out of the FRP, and to participate at a level they find comfortable (Groark, Mehaffie, McCall, Greenberg, and Universities Children's Policy Collaborative, 2002; Pancer and Foxall, 1998, Reitsma-Street et al., 2000).

- **Bridges to other community agencies**

FRPs foster participants' use of community resources by bringing in information, professionals, and community agencies to the FRP. They also proactively help participants to access outside community resources (Anderson, 1999; Dunst, 1995; O'Hanlon and Vanderplaat, 1997).

- **Community-based: Responsive to community needs and strengths**

FRPs are not a "one size fits all" kind of resource. Each FRP tailors itself to the characteristics of the community it is immersed in by creating programs and partnerships that will respond to the community strengths and needs. This practice is at the same time an outcome produced by the high level of participant involvement characteristic of FRPs (FRP Canada, 2002; Sylvestre et al., 1999; Zizys, 1998). In a nation-wide study in the United States of programs that targeted at-risk neighbourhoods, Schorr (1997) found this to be one of the key elements of successful community-building initiatives.

- **Web of services: Partnerships with other community agencies**

FRPs not only offer unique programming for parents/caregivers, children, and families, but they also act as a network of community agencies. Indeed, they work together with other community agencies at many levels (e.g. sharing resources, sharing space, planning together, swapping staff) to strengthen each other's work with families in a particular community (Brady and Coffman, 1997; FRP Canada, 2004; Peters et al., 2000).

- **Advocating for the well-being of children and families**

May-Chahal et al. (2003) describe these practices as "services and activities not aimed at individual families but at changing the context in which socially excluded families have to live" (p. 52). These could include partnerships with other community agencies to address a social problem such as housing or employment (Anderson, 1999; Ennis and Samson, 2002).

- **Universal versus targeted programs**

Friendly and Lero (2002) support universal as opposed to targeted programs (directed at children and families deemed "at-risk"). They claim that all children should have plenty of opportunities to fully develop their potential, and that using "risk" as a measure can be problematic and leave behind children and families that also require support (see also Kyle and Kellerman, 1998). Furthermore, FRPs embracing a social inclusion approach to family support may find it contradictory to label families from specific populations as "at-risk" (CREHS, 1998; FRP Canada, 2004). Indeed, many FRPs already welcome and seek diversity within their groups (e.g. in culture, gender, age), and thus, promote a "mixed group" practice.

However, several funders mandate FRPs to target "at-risk" groups (CREHS, 1998; Peters et al., 2000), as noted in the case of Community Action Program for Children (CAPC) projects. This type of mandate makes it difficult for some FRPs to fully implement a social inclusion approach.



Related Outcomes

The following are some of the outcomes associated with these practices.

Community cohesion

Building social networks within and outside FRPs enhances social cohesion. In turn, there are three main outcomes derived from social cohesion. First, FRP participants are able to rely more on each other in and out of the FRP. This is so because of an expanded social network and other factors that FRPs facilitate (e.g. feeling empowered, development of specific skills). Consequently, participants' dependence on professionals and community agencies in the community decreases (Bruner, 2004; Dunst, 1995; May-Chahal et al., 2003).

Second, social cohesion results in increased safety in the neighbourhood (Connor and Brink, 1999; Dunst, 1995; Smythe, 2004).

A third outcome is a decrease in social exclusion. For instance, Pancer and Foxall (1998) found "decreased levels of racism and racial conflict in [CAPC] communities" (p. 53). It appears that people were less likely to maintain prejudices when they were confronted with a diverse group of people in their FRPs whom they were able to learn more about.

Volunteerism and its ripple effects

Community-building practices result in higher levels of volunteerism in the community. Reitsma-Street et al. (2000), in their study of volunteers in Better Beginnings, Better Futures programs found that an atmosphere where participants are respected and valued was key to volunteering (see also CREHS, 1998). Moreover, people needed to feel that they had an opportunity to have a say in the program and feel that they were not just contributing to menial tasks. In O'Hanlon and VanderPlaat's (1997) study of CAPC programs, 99.6% of parents "...felt it was important to have a say in how human services are run..." (p. 97). Thus, Reitsma-Street et al. argue that "the quantity and the quality of participation can increase when people are given or take the power to become partners, delegates, and leaders, with the authority to decide on matters of importance" (p. 658). (See **Empowerment** section for more on this point.)

Participants' voluntary involvement had a number of outcomes. First, volunteering in program planning, fundraising, and governance empowered participants and developed their skills. This facilitated participants' emergence as leaders through involvement in associations in the broader community, advocacy for their rights or the rights of others, and, in some cases, the creation of spin-off projects run completely by participants (CREHS, 1998; Pancer and Foxall, 1998; Williams, 2002).

Volunteering also improved participants' chances of securing employment. In fact, skill development opportunities and logistical supports prepared parents to re-enter the labour market. By being able to include their volunteer experience at the FRP in their résumés, developing transferable skills that participants did not have before (e.g. public speaking, letter writing), and/or by discovering a talent that prompted them to take on a more fulfilling career (O'Hanlon and VanderPlaat, 1997; Peters et al., 2000; Reitsma-Street et al., 2000) participants found the supports to re-enter the labour force. Indeed, in Reitsma-Street et al.'s study, participants indicated that "learning individual skills to run meetings, to cook communally, or to mediate conflicts are useful accomplishments that could help them get a paid



job and become better parents” (p. 661). Logistical supports, like childcare, enabled them to attend the workshops, to volunteer and to have the free time necessary to plan for the future (Moher, 1999; Zizys, 1998). And a better prepared and more satisfied workforce, in turn, will have a positive impact on the economy.

Yet another outcome of volunteerism is more responsive and accessible FRPs. In effect, Peters et al. (2000) learned that “[r]esidents’ knowledge of their community has enhanced the relevance of programs and organizational structures, making projects more accountable to the community in which they operate” (pp. 1-41; see also CREHS, 1998; Sylvestre et al., 1999).

A further outcome is that, in many programs, volunteer work made possible the availability of the programs themselves. O’Hanlon and Vanderplaat (1997) and Reitsma-Street et al. (2000) provide strong evidence in this regard. For instance, Reitsma-Street et al. found that in the Better Beginnings, Better Futures programs they studied, “[o]n average, the number of full-time staff position equivalents doubled in each centre each year when the recorded unpaid volunteer hours of only the staff and community residents are counted” (p. 657). Similarly, in the Atlantic CAPC program evaluations reviewed by O’Hanlon and VanderPlaat (1997), the ratio of volunteers to staff was 10 to 1! These authors concluded that “the work being accomplished was clearly being stretched much further through the contributions of many volunteers” (p. 60). In effect, staff are freed up to provide better services and programs can continue. And Reitsma-Street et al.’s study participants concluded that “volunteering was essential to the survival of the centres” (p. 653). Therefore, the volunteerism fostered at FRPs resulted in the availability of more community resources for caregivers, parents, and children.

Access to and effectiveness of community services

Regarding the availability of community resources, we saw in the first section how a social inclusion approach takes into account the power dynamics that prevent some groups in society from accessing available resources. In this sense, the partnerships established between FRPs and other community agencies clearly resulted in an increased visibility and accessibility of existing community services by program participants. This was mainly through referrals, but also through invited speakers and FRP staff mediation between the participant and the community agency (CREHS, 1998; O’Hanlon and VanderPlaat, 1997; Sylvestre et al., 1999). Proactive outreach by the FRP, or in partnership with other agencies, also resulted in an increase of people from groups that otherwise may not have sought help in a community agency, as was the case with fathers in Ontario CAPC programs (CREHS, 1998; O’Hanlon and VanderPlaat, 1997). Thus, partnership and outreach efforts of FRPs resulted in higher levels of social inclusion in their communities.

Partnerships are also cost-effective (FRP Canada, 2004; Smythe, 2004), make better use of funds and staff, and result in more resources and programs (Brady and Coffman, 1997; O’Hanlon and VanderPlaat, 1997). Finally, Smythe (2004) also notes that partnerships promote “a holistic perspective of family life” by linking a number of services (p. 12). This is also pointed out by Bruner (2004), when he asserts that programs such as FRPs “may serve as community anchors, solidifying support for children and families” (p. 3). Schorr (1997) found this non-categorical approach to serving families, where the multiple needs of families are considered, to be another key element in successful community-building initiatives.



What Participants Told Us

Participants interviewed in the Voices project talked about the importance of many of the practices and outcomes described above. They also shed light on some of the challenges FRPs face.

The need to be part of a community

Participants valued how FRPs allowed them to expand their social networks and feel part of the community. Something that the literature did not stress, however, but our participants noted, was how their children were also able to expand their own social networks, both with adults and other children in their neighbourhood.

ANTOINETTE: *The one I went to in Toronto had two or three staff all the time and the dynamics, ... It was a small place, not as beautiful as this one, but the support that was given to families—which then those people who felt supported could then support others—...was incredible. The community in Toronto downtown kind of zoomed in and it felt like you walked down the street and said, “Hi” to people, you know...which I think people don’t think you can find that in the big city...My Early Years Centre, I’m not in this riding although this is [the] closest centre [to me], is a 20-minute drive from where I live..., but I like to walk. I, I live downtown so I can walk to what I do. And I can’t walk to where my Early Years Centre is...and if it wasn’t for this centre, I don’t know where I would go, or what I would do, because I’m not, I don’t have access to a car every day, and a lot of people don’t, and they shouldn’t have to drive I think, because then I’m not meeting the people who live around me.*

GRACE: *...We live in Toronto and we don’t even know our own neighbour, or our next-door-neighbour and so forth. And we’re, as parents, isolated in raising our children and this kind of program brings...kind of co-operative parenting or community parenting where...in the past when my grandmother was young or, the entire community would..., if they saw your kid smoking they would come and [say], “Your kid’s smoking.” And, or it doesn’t happen anymore, but this kind of environment allows...that.*

KAREN: *Yeah. And the networking...is also very important. We found out about Parent and Tot Playtime in the New World Gym because of a sign here. We found out about a survey that my youngest daughter was able to go and participate in and there was an honourarium and there’s supposed to be a free video eventually. When I’d done it, I told the others, “Hey, you can take your kid to go and do this thing.”...And then, ...people form their own friendships and, ...you find “Oh, there are two other people that come here in my apartment building.” ...You can, there are people here that I can say, “I can’t be here but I need my children to be looked after. Could you look after them at Friends Next Door [FRP] for an hour while I go do whatever it is that I can’t take small children to?”*



Participant involvement through volunteering: A win-win situation for the program, the community, adults, and children

In addition to taking advantage of the opportunities to volunteer in projects organized by FRPs to serve the community, FRPs mobilized community resources in other, less visible, ways. These include channelling donations from businesses (via staff work or participants' initiatives); participant fundraising for trips, new programs, or core funding; and when participants shared information with non-participants (e.g. with their faith community, with friends and relatives, and with employers in the case of paid caregivers).

Participants expressed their appreciation for practices that involved them in all aspects of FRP functioning, such as spaces to voice their ideas and concerns, parent/caregiver participation in FRP boards or committees, and parent/caregiver consultation regarding workshop topics and special events such as trips and fundraisers.

In the interviews, women told stories of finding their voice and feeling empowered to make changes in their lives because of a strengthened sense of self-confidence as a result of experiences they had had at the FRP. Many linked their empowerment to a new career path or to their renewed desire to re-enter the labour force (see **Empowerment** section).

Moher (1999) and Williams (2002) highlight the importance of logistical supports in promoting participants' involvement as volunteers (in program planning and implementation) in the FRP. Providing childcare and compensation (e.g. for transportation) for parents and caregivers was seen as highly positive since it diminishes barriers for those who would otherwise not be able to get involved in FRP activities and whose input can improve services for all.

However, contrary to literature findings, participants did not emphasize the need for logistical supports when volunteering (see above). However, they did mention a number of aids and barriers to becoming a volunteer. They would particularly like volunteer opportunities that involve only a few hours per month and preferably things that can be done while attending the FRP.

AMIRITA: *Yeah, that's another thing. We have...lunches Mondays and Wednesdays. I do Mondays with another girl and two other ladies do it Wednesdays.... And the school-aged children, a lot of them don't have lunches, so they'll get a note from the teacher and they'll come down and we'll feed them. A lot of the parents that are here, they got a kid that's, my daughter, she's in Grade 8, she'll come down to have lunch. So it helps, you know, not just people [who are] coming to our centre, [but] kids [who] are coming to school and forgetting their lunch, they can come [too].*

"Integration" of the work of FRPs

Echoing the findings in the literature, participants in the Voices project valued the range and number of partnerships with other community agencies, from nurses to libraries, to labour bureaus. Indeed, one of the services most valued by participants in this study was referrals to other community agencies and services. FRPs were seen as community hubs where parents or caregivers could find any information pertaining to their family needs, encompassing their parenting, schooling, employment, housing, health,



and other needs. They highlighted how useful it was when FRPs were physically close to other community services, such as a library, a community centre, or a health centre.

It is worth noting that, for participants, proactive, caring, knowledgeable staff were key in realizing these connections with other community agencies.

LISA: *I've had points, you know, when there's more months than you can really get by, and I just call her up, like, "Oh my God, I'm gonna like freakin' freak. My baby's father hasn't given me money in two months. I have nothing, oh my God." You know, "The food bank says I can't go there because I'm out of their jurisdiction..."...She'll call them up; she'll be like, "You let this girl come here now!"*

CAROLYN: *Yeah, before Christmas..., and whenever I was talking to the staff. "Well, things aren't going well, this happened." And she did everything in her power to help me. She gave me vouchers for food. She put me on all the right lists, for the Christmas gifts, and everything. They go out of their way to help you when you really, really need it.*

A place for all

Most participants asserted that mixed groups in FRPs were positive for them and their children. Moreover, some of them expressed concern that their FRPs were not diverse enough, and wondered why and what could be done to change that. Among the practices they valued and others they suggested were using gender neutral language and inclusive language to make gay/lesbian parents feel welcome, celebrating all important religious and cultural dates, and having staff of diverse ethno-cultural backgrounds.

DENISE: *The other thing that really becomes big in our family, I'd say this comes from experience, but what I really like about the centre is...the diversity of kids. She gets to interact with kids of all backgrounds, different backgrounds, nationalities, levels of different cultures and that's fabulous...*

Although proactive outreach is a key to social inclusion, this is not emphasized in the literature (Ennis and Samson, 2002; Sylvestre et al., 1999 are exceptions). FRPs that are not proactive in reaching out to the different groups in their community may end up serving a homogeneous population (e.g. low-income parents, upper middle-class moms) and excluding others. When this is the case, even if the FRP responds well to its participants' perceived needs and goals, it will not contribute to building an inclusive community as described before.

According to the literature, CAPC projects seem to be the only exceptions to this apparent limited importance given to outreach. In fact, CAPC projects have a clear mandate to do outreach in the community (CREHS, 1998; Ennis and Samson, 2002). Nevertheless, this outreach is targeted to specific populations, which has the drawback we explained in the previous paragraph, and which the next practice further develops.

Addressing barriers that impede access to FRPs

One finding that was not salient in the literature, but that was a key finding in the Voices project, referred to issues of access. Specifically, participants (regardless of their own perceived limitations in these areas)



identified access to transportation, finances, and leisure time as barriers to participating in FRPs. Thus, they valued FRP practices that addressed these barriers, such as free or low-cost programs, public transportation tickets, and weekend and evening programs. Rural programs face additional problems of distances in their efforts to enable involvement and will encourage car pooling among participants.

Another key finding was the request from participants to have FRPs available in each neighbourhood, so that families could access them more readily.

TOM: *Oh, man! There's so many times when those trips, I couldn't possibly afford it and I went on the trip anyways. It was great. I mean we never would've been out to the zoo if I hadn't come to this! [Laughter]...*

DENISE: *Then again, I've seen people, you know, it goes the other way, this program means so much to so many people where I have seen them, where it's just them and one child and they put in double of what's on the sheet...*

Advocacy? Could you repeat the question?

The caregivers we interviewed valued FRPs' advocacy work regarding their employment conditions. Parents, however, did not generally perceive FRPs' advocacy work on issues related to families' well-being. Participants would have liked to see some initiatives taken with regard to issues such as family-centred programming in the community, programming beyond five years of age^{*}, and "family-friendly" employment policies.

The following excerpt from a focus group transcript describes how one FRP became an effective advocate. They were able to preserve their FRP when the Early Years Centres initiative in Ontario threatened to close it down. In that process, they helped change the way Early Years Centres operate (i.e. several FRPs in Ontario could continue existing because the statuses of "satellite" and "unique" centres were created).

NATASHA: *You're looking for community involvement? And just since the Early Years thing, we're trying to [go to] the MPP on board and try to get him involved because he hadn't been saying anything. And he had a meeting about something else [laugh] downstairs, like a community meeting. You know, "I'm the MPP, I'm listening to you"...*

PAULA: *He got ambushed.*

NATASHA: *Yeah, we took over his meeting. He was like, "Oh, we'll put you on at the end as new issues." And we're like, about I dunno, 10, 15, 20 of us, we all have kids...*

PAULA: *Banners and ...*

NATASHA: *The kids had banners and everything. And we were like noisy and the kids were getting, they were getting mad at us because [of] the kids. He's like, "Oh, we'll put you on at 9:30 with new*

^{*} Many FRPs are mandated, or limited by their funds to provide services for families with children under six years of age.



issues.” We’re like, “We have a bunch of preschool children here. You know, you’re going to put us on now, we’ll go home and our kids won’t be fussy and making a huge racket come 9:30.” So we totally like...

PAULA: *And it worked. Because he, he did become part of the process, and he still is part.*

Outreach: More is needed

Participants did not feel that their FRPs or the municipalities were doing enough to advertise FRPs. They also suggested informing people about what FRPs do, what they cost (especially that they are free or that the fees can be waived), and that they are not only for families labelled “at-risk.”

These are the comments from a Francophone focus group regarding outreach. It should be noted that these comments were echoed in many of our interviews and focus groups across Canada.

CELINE: *It’s advertised as a Family Resource Program and some parents feel that they don’t require any assistance...*

MICHELLE: *People seem to think that it’s not for them, that there’s a stigma, that it’s for low-income families, families with problems. That’s the first thing that comes to their mind when you mention the “Resource Centre.”*

LOUISE: *When trying to find what the centre was all about at the medical centre, the person wasn’t able to fill me in as to what the centre had to offer. They weren’t able to answer my questions because she had never set foot in this centre so she gave me a pamphlet but I was not enticed to come in until somebody else told me about this program and told me that she was doing a presentation and that is what drew me in.*

JULIE: *When you hear “Resource Centre” I’ve heard others say that it’s social workers that work there and will judge the way you raise your kids. I often hear those comments being said.*

Conclusions

FRPs see themselves as part of their community, and see their work as an intricate part of the web of community services offered to families and children. FRPs in Canada are making conscious efforts to integrate participants into their community, as well as to coordinate their work with that of other service agencies. As the literature and our participants confirm, FRPs make a significant contribution to their communities.

In addition, participants and communities value and benefit tremendously from the opportunities to become involved in program planning and implementation. Just as the ecological approach supports the actions and outcomes related to the interactions with the neighbourhood and the wider community, the opportunities for volunteering can be attributed to the strengths-based approach of FRPs. Furthermore, it seems that the more participants are involved and feel that their participation is sought, the more successful FRPs are. This is because participant involvement allows FRPs to identify and respond more effectively to the perceived needs of participants and their communities. It also provides



FRPs with the human resources to implement some of the actions necessary to address those needs.

Still, FRPs encounter limitations in the work they do. Staff and participants are acutely aware of funding shortages and cutbacks. In this sense, our participants made it clear that privilege should be given to ensuring access to the existing programs through addressing financial and other barriers to participation. Also, they would like to see new programs created (and kept!) that respond to the needs not only of those presently attending FRPs, but of those who cannot attend FRPs (e.g. weekend programs for parents who cannot attend Monday to Friday). Likewise, limited outreach was seen as a result of staffing and funding shortages. Moreover, many participants proposed that municipal, provincial, and federal agencies take on the task of promoting FRPs through their established and more wide-reaching channels. As we can see, inadequate funding limits the work of FRPs in critical areas.

All of the above could be used to support the claim that most Canadian FRPs already work within a social inclusion perspective. They try to bring together the different groups in the community through universal access to their programs. They make community services more accessible to groups who traditionally have limited access to these services. They proactively address barriers to participation in FRPs. And, they constantly review their programs and consult with participants to make sure that they respond to the characteristics of the different groups that are part of their community.

Nevertheless, it is also clear that FRPs could undertake more direct action to challenge the privilege and the oppression of specific groups at the community and at the individual level. The literature reviewed here indicates that community development projects that have an impact on the quality of life of traditionally marginalized groups can be successfully done by FRPs. In fact, FRPs may be uniquely positioned to accomplish these kinds of projects, due to their foothold both in the community and at the institutional levels. Furthermore, our participants pointed out that FRPs should be more proactive in modelling practices of social inclusion related to class, race, culture, and sexual orientation. This could then increase the diversity of participants in FRPs and build more inclusive communities in FRPs.

FRPs have the potential for assuming a broader social role in nurturing a family-friendly community. Perhaps more explicit education sessions or dissemination of information on issues affecting families in the employment, childcare, education, or tax sectors to name a few could be taken on by FRPs. As shown in the literature and in our interview excerpts, some FRPs are already helping to organize families to advocate on behalf of issues that are of interest to them. FRPs can and do point the way for other community agencies in relation to issues of social inclusion and community-building and so to the kind of family-friendly communities we so value.



The following set of indicators tracks the theme of Building Community.

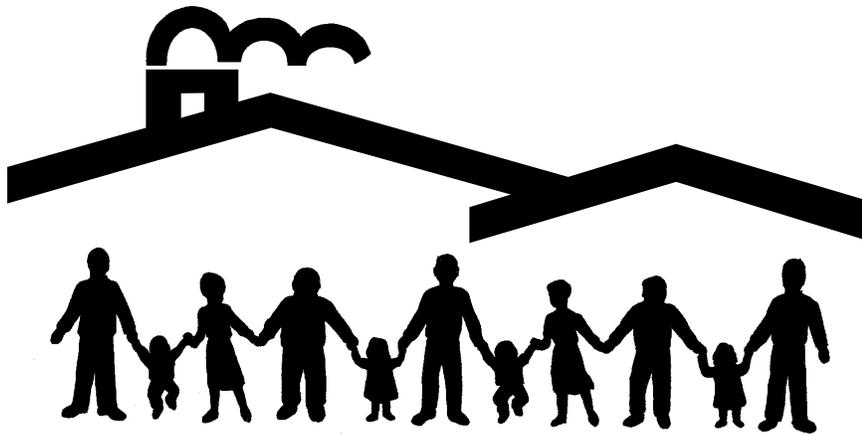
- Money does not stop me from taking part in this program.
- I give back what I can to this program as a volunteer.
- I am more involved in my community now.
- People in the community respect this program.
- This program benefits me and my family.
- I talk about the program with my family or friends.
- Because of this program, I know about services and resources in this community.
- This program benefits my community.





PART II

Keeping Track





Keeping Track

The Participants' Voices project was designed to create an evaluation tool that was based on what participants most value about FRPs. Towards this goal, we selected a purposive sample of 220 participants across Canada and conducted individual interviews and focus groups. Our intention in interviewing such a large number of participants was to capture the diversity of experience across the country⁵. We wanted to hear from mothers and fathers, including young parents, lesbian mothers and gay fathers, as well as paid caregivers and grandparents. We also wanted to talk to participants representing a range of income, educational, ethnic and linguistic groups.

Sample demographics suggest that we were indeed able to capture the diversity of participant experiences. Although 90% of the participants in the study were women, we also talked to 20 men. Most of the women who participated (81%) were parents and a few were grandparents. Some were caregivers and some were both parents and caregivers. Of the 20 men who took part, 90% were parents. Most parents of either sex were under 35 and most (77.2%) were married, although 15% of parents were single and 5.6% were separated or divorced. Three quarters of participating families had only one or two children. Sixty-seven percent of the parents had some post-secondary education and another 28% had completed high school, making this a very highly educated group. Median household income was \$40-\$60,000 a year. The sample was ethnically diverse and included 41 self-identified ethnicities and 26 different first languages. Although most interviews and focus groups were conducted in English, we also interviewed participants in Spanish, French, and Mandarin.

All interviews and focus groups were recorded, and later transcribed for analysis using a qualitative software package called N-Vivo. Based on the initial reading of the transcripts, the research team developed codes including: Access, Benefits to Children, Benefits to Parents, Benefits to Caregivers, Benefits to Community.⁶ All transcripts were reviewed, coded, and sub-coded. From the sub-coded quotations, we were able to identify common experiences from which we developed an appreciation of what participants across the country value. These were again categorized in terms of the four practice themes: **Family Engagement**, **Empowerment**, **Social Support** and **Social Capital**, and **Building Community**. Finally, a comprehensive list of 'what participants value' was compiled including illustrative quotes from participants.

The researchers prepared an initial set of indicators that was generated from the comprehensive list of what participants valued within each of the four themes. The emerging list of indicators was reviewed several times at different stages of the analysis by members of the project's steering committee, members of the FRP Canada board of directors and over 250 participants and attendees at workshops and conference presentations. We also shared the emerging list with participants in focus groups conducted towards the end of the data collection phase. This extensive consultation affirmed that the indicators indeed reflected the experiences, processes, and outcomes of significance. Finally, the set of indicators was reviewed by CLAD (Clear Language and Design) to ensure that the wording would be clearly understood by a wide range of participants.

⁵ In order to ensure wide representation we recruited focus group participants representing the following groups: caregivers, grandparents, fathers, LGBT-TS, young parents, and military participants.

⁶ Please contact the research team at Ryerson University if you wish more detailed information about the analysis or coding strategy.



The Indicators

The evaluation tool consists of 35 indicators, grouped by the four practice themes. Each indicator is presented as a statement reflecting what participants told us they valued. The indicators are presented as follows:

- Engaging Families: 1-10
- Empowerment: 11-18
- Social Support and Social Capital: 19-27
- Building Community: 28-35

While each indicator has been grouped into one of the practice themes, some indicators are applicable to more than one theme. We encourage programs to administer the full 35 questions to gather initial baseline data. Using this baseline data, programs can then select themes and/or specific indicators to track over time.

For each of these indicators, participants are asked to specify the degree, on a four point scale, to which they agree with the statement. To further assist programs in setting priorities, we have also included a three point scale that asks participants to indicate the importance of the concern measured by each statement. The section on “importance” is highlighted in grey and will allow respondents to distinguish questions about issues that are important and meaningful from those that are less salient.

The tool is designed to be easy to reproduce, administer, and tally, and easy for participants to complete. Please refer to the supplementary guide, **Keeping Track**, available on our web-site. This guide provides a set of worksheets and other information to support the evaluation.



Keeping Track

Please complete this survey by:

- a) Checking one white box to show how much you agree with the statement.
- b) Checking one grey box to show how important it is to you.

	CHECK ONE WHITE BOX.			CHECK ONE GREY BOX.			
	Strongly Agree	Agree	Disagree	Strongly Disagree	This is important	This is not important	This does not apply
1. I have learned a lot about raising children here.							
2. I am better prepared to help my child in school because of this program.							
3. My child looks forward to coming to this program.							
4. My child has made friends with other children at this program.							
5. My child is better prepared for school because of this program.							
6. Staff encourage all children to take part.							
7. I read or sing more with my child because of this program.							
8. Coming to the program is an important part of my family's routine.							
9. The safety of our children is important to the staff.							
10. The program gives me an opportunity to further develop my relationship with my child.							



	CHECK ONE WHITE BOX.				CHECK ONE GREY BOX.		
	Agree Strongly	Agree	Disagree	Disagree Strongly	This is important	This is not important	This does not apply
11. The workshops are useful.							
12. I do not feel judged by staff.							
13. I do not feel judged by other participants in this program.							
14. The staff respect what I have to say.							
15. Diversity of all kinds is valued here.							
16. I have been able to build on my strengths by taking part in this program.							
17. I am encouraged to participate in many activities at the program.							
18. My participation in the program has been a positive experience for me.							
19. When we come here my child and I feel welcomed by staff.							
20. When we come here my child and I feel welcomed by other participants.							
21. Everyone here is treated with respect.							
22. I know that anything I say to staff is kept private and confidential.							
23. I feel safe here.							



	CHECK ONE WHITE BOX.				CHECK ONE GREY BOX.		
	Strongly Agree	Agree	Disagree	Strongly Disagree	This is important	This is not important	This does not apply
24. I have received practical help I can use in daily life.							
25. I have made friends here.							
26. The information I get is up-to-date.							
27. There are new opportunities for me because of this program.							
28. Money does not stop me from taking part in this program.							
29. I give back what I can to this program as a volunteer.							
30. I am more involved in my community now.							
31. People in the community respect this program.							
32. This program benefits me and my family.							
33. I talk about the program with my family or friends.							
34. Because of this program, I know about services and resources in this community.							
35. This program benefits my community.							





Implications for Program Planning and Evaluation

We hope that you will use this tool as part of your program's evaluation process. You can use particular indicators that your program staff feel are important, or use the instrument as a whole. The tool is designed to help you gather baseline data, and measure changes over time. It will help you identify and measure areas of particular focus. For example if your staff decides to focus on issues of access, you can use indicators: 13, 15, 20, and 28. Or you might want to find out if participants in your program have concerns about safety by using indicators 9, and 23. Initial responses to the indicators become your benchmark. Next, staff can determine together the ideal proportion of positive responses, and if needed, the strategies and tactics that might lead to an increase in positive responses. For example if your benchmark was 70% positive responses to a particular question, but you wanted to increase that to 80% positive, you have the opportunity as a group to select particular strategies on which to focus your energies.

Further, many of the indicators may suggest different things to different participants. For example, the statement "I feel safe here" (Indicator 23) does not define the kind of safety that is being measured. Safety or the lack of it could be considered in terms of personal attributes such as race or sexual orientation. Safety could also be linked to the program's geographic location and physical environment. Therefore, the process of critical reflection can begin by creating an opportunity for staff and participants to "unpack" some of the meanings and outcomes suggested by these indicators.

Evaluation committee

As you consider ways in which you could work with these indicators, creating an evaluation committee may be a useful starting point. We suggest that it include participants, staff and board members. Five is a good number to start with. Think of evaluation as an ongoing participatory process rather than a one-time event. You will want to create an environment where evaluation is seen as an integral part of program planning. The goal is that both staff and participants expect, value, and contribute to the evaluation process. The evaluation committee will make decisions about the following kinds of questions:

- What questions do we want this evaluation to answer?
- When and where will the evaluation take place?
- Which participants will be asked for feedback?
- Is it reasonable to include all participants, or will we use a convenience sample (i.e. all participants who agree to participate)?
- How will we include non-English and non-French speakers or those who do not read or write in English or French?
- Will this be one-on-one or done in a group?



- Where will the children be cared for while parents or caregivers complete the evaluation?
- How will participants know that their responses are anonymous?

Evaluation works best when respondents feel that their opinions are valued, and that they can express them freely—in a confidential and anonymous format. It is a good idea to make sure responses are protected by using numbers instead of names and providing an envelope for the collection of surveys.

It is also very important to determine as a group how the results of the evaluation will be presented. As suggested above, the indicators provide an invaluable tool to enhance critical reflection. The evaluation committee could explore opportunities to facilitate this type of engagement.

Strategic Significance

Finally, this set of indicators is of strategic significance in relation to “positioning” Family Resource Programs within the broader network of services that enhance the well-being of children and families. With these indicators, we operationalize the four themes that help build an understanding of “how” and “why” FRPs are successful. Taken as a whole, these themes and their respective indicators reveal the multiple and far-reaching benefits of participation. These paths to success, confirmed through our research process, reflect the unique contributions of this inclusive, community-based model of services for children and families. While the themes reflect the “theories” of success, the indicators allow programs to demonstrate the extent of this success, firmly staking FRPs’ advantage within the network of services for children and families. The systematic implementation of this set of indicators on an annual basis will produce powerful trend data. Pooling these trend data across multiple sites will provide conclusive evidence of the critical importance of Family Resource Programs to communities across Canada.



References

- Ackerson, B. J., & Harrison, W.D. (2000). Practitioner's perceptions of empowerment. *Families in Society*, 81 (3), 238-245.
- Akinyela, M. M. (1997). *Culture and power in practice: cultural democracy and the family support movement*. Chicago: Family Resource Coalition.
- Alaggia, R. (2003, Spring/Summer). Parenting programs. *Resources in early childhood education*. (pp. 1-2). Toronto: Gerrard Resource Centre, Ryerson University.
- Alaggia, R. (2004, Spring/Summer). Parenting programs—Part II. *Resources in early childhood education*. (pp. 1-2). Toronto: Gerrard Resource Centre, Ryerson University.
- Albee, A., & Boyd, G. (1997). *Doing it differently: Networks of community development agents*. Scottish Community Education Council, Edinburgh: Scotland. Retrieved March 19, 2005, from <http://www.caledonia.org.uk/networks/Network%20-%20Doing%20it%20Differently.pdf>
- Allen, R. I., & Petr, C. G. (1996). Toward developing standards and measurements for family centred practice in family support programs. In G. H. Singer, L. E. Powers, & A. L. Olson (Eds.), *Redefining family support: Innovations in public-private partnerships*. (pp. 57-86). Baltimore: Paul H. Brookes.
- Anderson, B. (1999, Spring). Family resource centers: Places to build on family and community strengths. In R. A. Landsverk (Ed.), *Families, schools, communities: Learning together*. Madison, WI: Wisconsin Department of Public Instruction.
- Aston, N. M., Nathanson, C. A., Schoen, R., & Kim, Y. J. (1999). Family demography, social theory, and investment in social capital. *Population and Development Review*, 25(1), 1-19.
- Berman, R. (2003). *The training needs checklist and theory and practice modules: Curriculum and course delivery preferences in Family Supports, a view from Ontario*. Unpublished manuscript. Toronto: Ryerson University.
- Berman, R. (2004). Evaluation outcomes in family support: A focus on benefits for children. *Perspectives in Family Support*, 1(1), 33-40.
- Bernard, N., Raven, P., Rivard, M., Samson, Y., VanderPlaat, M., & Book, L. V. (1999). *Learning to listen: What program participants can teach us about empowerment*. Paper presented at the 5th International Qualitative Health Research Conference, Australia. Retrieved March 10, 2005, from <http://www.hc-sc.gc.ca/hppb/regions/atlantic/pdf/mqade.pdf>
- Bernhard, J. K., Lefebvre, M. L., Murphy-Kilbride, K., Chud, G., & Lange, R. (1998). Troubled relationships in early childhood education: Parent-teacher interactions in ethnoculturally diverse child care settings. *Early Education & Development*, (9)1, 5-28.
- Bloom, J. R., Stewart, S. L., Johnston, M., Banks, P., & Fobair, P. (2001). Sources of support and the physical and mental well-being of young women with breast cancer. *Social Science & Medicine*, 53, 1513-1524.



- Bourdieu, P. (1986). The forms of capital. In J. Richardson (Ed.), *Handbook of theory and research for the sociology of education* (pp. 241-58). New York: Greenwood Press.
- Brady, A., & Coffman, J. (1997a). Achieving and measuring results: Lessons from HFRP's parenting study. *The Evaluation Exchange*, 3(1), 11.
- Brady, A., & Coffman, J. (1997b). *Preparing the next generation: Recommendations for meeting accountability demands of family support and parenting programs*. Unpublished manuscript. Cambridge MA: Harvard University.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press.
- Bruner, C. (2004). Rethinking the evaluation of family strengthening strategies: Beyond the traditional program evaluation models. *The Evaluation Exchange*, 10 (2), 1-5.
- Canadian Association of Family Resource Programs. (2002). *The 12 guiding principles of family support*. Ottawa: Canadian Association of Family Resource Programs.
- Canadian Association of Family Resource Programs. (2002, January). *Community supports and the early childhood development initiative*. Ottawa, Ontario, Canada: Canadian Association of Family Resource Programs.
- Canadian Association of Family Resource Programs. (2004). *Synergy: Integrated approaches in family support*. Ottawa, Ontario, Canada: Canadian Association of Family Resource Programs.
- Centre for Research and Education in Human Services, and Centre for Health Promotion. (1998). *Ontario CAPC regional evaluation: Final report*. Kitchener, ON: Health Canada.
- Cochran, M. (1992). Parent empowerment: Developing a conceptual framework. *Family Science Review*, 5(1), 3-21.
- Cohen, M. (1998). Perceptions of power in client/worker relationships. *Families in Society*, 79(4), 433-443.
- Cohen, S., & Syme, S. L. (1985). Issues in the study and application of social support. In S. Cohen, & S. L. Syme (Eds.), *Social Support and Health* (pp. 3-22). New York: Academic Press.
- Coleman, J. S. (1988). Social capital in the creation of human capital. *American Journal of Sociology*, 9(Suppl.), S95-S120.
- Comer, E. W., & Fraser, M. W. (1998). Evaluations of six family-support programs: Are they effective? *Families in Society: The Journal of Contemporary Human Services*, 79(2), 134.
- Connor, S., & Brink, S. (1999, August). *Understanding the early years: Community impacts on child development*. Gatineau, QC, Canada: HRDC Canada.
- Cook, D., & Fine, M. (1995). 'Motherwit': Childrearing lessons from African-American mothers of low income. In B.B. Swadener, & S. Lubeck (Eds.), *Children and families "at promise": Deconstructing the discourse of risk* (pp.118-142). Albany: State University of New York Press.
- Cornell Empowerment Group. (1989). Empowerment through family support. *Empowerment and Family Support*, 1 (1), 2-12.



- Cunningham, P. B., Henggeler, S. W., Brondino, M. J., & Pickrel, S. G. (1999). Testing underlying assumptions of the family empowerment perspective. *Journal of Child and Family Studies*, 8(4), 437-449.
- Daly, K. (2004). *The Changing Culture of Parenting*. Retrieved, November 25, 2004, from <http://www.vifamily.ca>
- Derman-Sparks, L. (1989). *Anti-bias curriculum: Tools for empowering young children*. Washington D.C.: National Association for the Education of Young Children.
- Dunst, C. J. (1995). *Key characteristics and features of community-based family support programs*. Chicago: Family Resource Coalition.
- Dunst, C. J., & Bruder, M. B. (2002). Valued outcomes of service coordination, early intervention and natural environments. *Council for Exceptional Children*. 63(3), 361-375.
- Dunst, C. J., & Trivette, C. M. (1996). Empowerment, effective helping practices and family-centered care. *Pediatric Nursing*, 22(4), 334-337.
- Dunst, C. J., & Trivette, C. M. (2001 a). *Benefits associated with Family Resource Center Practices*. Ashville, NC: Winterberry Press.
- Dunst, C. J., & Trivette C. M. (2001 b). *Parenting supports and resources, help-giving practices and parenting confidences*. Ashville, NC: Winterberry Press.
- Dunst, C. J., Trivette, C. M., & Deal, A. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline Books.
- Dunst, C. J., Trivette, C. M., & Deal, A. (1994). Resource-based family-centered intervention practices. In C. J. Dunst, C. M. Trivette, & A. Deal, (Eds.), *Supporting and strengthening families: vol. 1. Methods, strategies, and practice*. (pp. 141-151). Cambridge, MA: Brookline Books.
- Ell, K. (1984). Social networks, social support, and health status: A review. *Social Service Review*, 56, 133-149.
- Ennis, F., & Samson, Y. (2002, September). *At the heart of work: the theoretical framework and core elements of a reporting and evaluation system for the community action program for children (CAPC) and the Canada prenatal nutrition program (CPNP) in Atlantic Canada*. Halifax, NS: Health Canada.
- Falk, I., & Kilpatrick, S. (2000). What is social capital? A study of rural communities. *Sociologia Ruralis*, 40(1), 87-110.
- Family Support America. (2001 a). *Family support and parenting education fact sheet*. Chicago: Family Support America.
- Family Support America. (2001 b). *Guidelines for family support practice: 2nd edition*. Chicago: Family Support America.
- Family Support America. (2001 c). *On solid ground: Family support and sustainable community economic development*. Chicago: Family Support America.
- Fook, J. (1993). *Radical casework*. St. Leonard's, NSW, Australia: Allen and Unwin Pty Ltd.



- Fook, J. (2002). *Social work: Critical theory and practice*. London: Sage Publications Ltd.
- Freiler, C. (2000). *Social inclusion as a focus of well being for children and families*. Unpublished Manuscript.
- Friendly, M., & Lero, D. S. (2002, June). *Social inclusion through early childhood education and care*. Retrieved, February 21, 2003, from <http://laidlawfdn.org>
- FRP Canada. (2004). *Synergy: Integrated approaches in family support*. Ottawa, ON: FRP Canada.
- George, L. K. (1989). Stress, social support, and depression over the life-course. In K. Markides, & C. Cooper (Eds.), *Aging, Stress, Social Support, and Health* (pp. 241-267). London: Wiley.
- Giles, H. (1998). *Parent engagement as a school reform strategy*. New York: ERIC Clearinghouse on Urban Education.
- Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory*. New York: Adline Publishing Co.
- Goldring, E., & Hausman, C. (1997). Empower parents for productive partnerships. *The Educational Digest*, 62(6), 25-29.
- Gonzalez-Mena, J., Herzog, M., & Herzog, S. (Producers). (1995). *Diversity: Contrasting perspectives* [Videotape]. Barrington, IL: Magna Systems.
- Groark, C. J., Mehaffie, K. E., McCall, R. B., Greenberg, M. T., & Universities Children's Policy Collaborative. (2002, September). *Executive summary: From science to policy: Research on issues, programs and policies in early care and education*. Unpublished manuscript.
- Gutierrez, L., Delois, K., & GlenMaye, L. (1995). Understanding empowerment practice: Building on practitioner-based knowledge. *Families in Society*, 76(9), 534-542.
- Healy, K. (2000). *Social work practices*. London: Sage Publications Ltd.
- Hertzman, C. (2000, Autumn). The case for an early childhood development strategy. *ISUMA*, 1(2), 11-20.
- Hertzman, C., & Kohen, D. (2003, Autumn). Neighbourhoods matter for child development. *Transition Magazine*, 33(3), 3-5.
- HFRP's (Harvard Family Research Project's) parenting study. *The Evaluation Exchange*, 3(1), 11.
- Hope King, S., & Goodwin, L. A. (2002). *Culturally responsive parental involvement: Concrete understanding and basic strategies*. Washington, DC: American Association of Colleges for Teacher Education. Retrieved March 10, 2005, from <http://www.caledonia.org.uk/networks/Network%20%20Doing%20it%20Differently.pdf>
- Hurdle, D. E. (2001). Social support: A critical factor in women's health and health promotion. *Health & Social Work*, 2(2), 72-80.
- Ife, J. (1997). *Rethinking Social Work: Towards critical practice*. South Melbourne, Australia: Longman.



- Jeppson, E. S., Thomas, J., Markward, A., Kelly, J., Koser, G., & Diehl, D. (1997). *Making room at the table: Fostering family involvement in the planning and governance of formal support systems*. Chicago: Family Resource Coalition of America.
- Kilbride, K. M. (2000). A review of the literature on the human, social, and cultural capital of immigrant children and their families with implications for teacher education. *CERIS Working Paper Series*, (13).
- Koren, P. E., DeChillo, N., & Freisen, B. J. (1992). Measuring empowerment in families whose children have emotional disabilities: A brief questionnaire. *Rehabilitation Psychology*, 37, 305-321.
- Kyle, I., & Kellerman, M. (1998). *Case studies of Canadian family resource programs: Supporting families, children & communities*. Ottawa, ON: Canadian Association of Family Resource Programs.
- Langone, C. & Rohs, R. (1995). Community leadership development: Process and practice. *Journal of the Community Development Society*, 26(2), 252-267.
- Lareau, A., & Shumar, W. (1996). The problem of individualism in family-school policies: Special Issue. *Sociology of Education*, 24-39.
- Layzer, J. I., Goodson, B. D., Berstein, L., & Price, C. (2001, April). *National evaluation of family support programs: Volume A: The meta-analysis*. Cambridge, MA: Abt Associates Inc.
- Lin, N. (2000). Inequality in social capital. *Contemporary Sociology*, 29(6), 785-795.
- Luxton, M. (2002, June). *Feminist perspectives on social inclusion and children's well-being*. Retrieved February 21, 2003, from <http://laidlawfdn.org>.
- Mann, B. (2004). *Working with parent groups: A handbook for facilitators*. Ottawa, ON: FRP Canada.
- May-Chahal, C., Katz, I., & Cooper, L. (2003). Social exclusion, family support and evaluation. In I. Katz & J. Pinkerton (Eds.), *Evaluating family support: Thinking internationally, thinking critically* (pp. 46-69). West Sussex, England: John Wiley & Sons Ltd.
- Miller, S., & Sambell, K. (2003). What do parents feel they need? Implications of parents' perspectives for the facilitation of parenting programs. *Children & Society*, 17, 32-44.
- Moher, C. (1999). Community economic development in FRPs: Part II. *Ontario Connections*, 14(3), 1.
- Moher, C. (1999). Community economic development in FRPs: Part II. *Ontario Connections*, 14(4), 1.
- NORAD. (1999). *Handbook in gender and empowerment assessment* [Brochure]. NORAD: Author.
- O'Hanlon, A., & VanderPlaat, M. (1997, December). *Moving along, growing strong: The final report of the Atlantic Community Action Program for Children (CAPC) regional evaluation*. Retrieved April 15, 2003, from: <http://www.phac-aspc.gc.ca/canada/regions/atlantic/pdf/moving.pdf>
- Ontario Early Years Network. (2004). *Achieving cultural competence*. Toronto: Ontario Early Years.
- Pancer, S. M., & Foxall, K. (1998, July). *Our journey from Better Beginnings to Better Futures: The personal stories of community residents*. Waterloo, Ontario, Canada: Wilfrid Laurier University Press.



- Pancer, S. M., Nelson, G., Dearing, B., Dearing, S., Hayward, K., & Peters, RdeV. (2003). Promoting wellness in children and families through community based-interventions: The Highfield Community Enrichment Project (Better Beginnings, Better Futures). In K. Kufeldt & B. McKenzie (Eds.), *Child Welfare: Connecting research, policy and practice*. Waterloo, ON: Wilfrid Laurier University Press.
- Payne, M. (1997). *Modern social work theory: second edition*. Chicago: Lyceum Books.
- Pearce, N., & Davey Smith, G. (2003). Is social capital the key to inequalities in health? *American Journal of Public Health, 93*(1), 122-129.
- Peters, R. D., Arnold, R., Petrunka, K., Angus, D. E., Brophy, K., Burke, S. O. (2000, November). *Developing capacity and competence in the Better Beginnings, Better Futures communities: Short-term findings report: Executive Summary*. Kingston, ON: Better Beginnings, Better Futures Research Coordination Unit Technical Report.
- Pigott, S., & Monaco, L. (2004, September). *Enabling families to succeed: Community based supports for families*. Retrieved September 25, 2004, from www.voicesforchildren.ca
- Pinderhughes, E. (1995). Empowering diverse populations: Family practice in the 21 st century. *Families in Society, 76*(3), 131-140.
- Portes, A. (1998). Social capital: Its origins and applications in modern sociology. *Annual Review of Sociology, 24*(1), 1-24.
- Powell, D. R. (1998). Reweaving parents into early childhood education programs. *Young Children, 53*, 60-67.
- Profitt, N. J. (2000). Survivors of woman abuse: Compassion fires inspire collective action for change, *Journal of Progressive Human Services, 11* (2), 77-102.
- Putnam, R. (1993). *Making democracy work*. Princeton, NJ: Princeton University Press.
- Putnam, R. (2000). *Bowling alone: The collapse and revival of American community*. New York: Simon & Schuster.
- Reitsma-Street, M., Maczewski, M., & Neysmith, S. (2000). Promoting engagement: An organizational study of volunteers in community resource centres for children. *Child and Youth Services Review, 22*(8), 651-678.
- Reynolds, A. J. (2000). *Success in early intervention: The Chicago Child-Parent Centers*. Lincoln, NE: University of Nebraska Press.
- Rude, S. P. (2003). Social support for parents: An important resource for families. *Building Strong Families: Insights from Research, 5*, 1-3.
- Schorr, L. (1997). *Common purpose: Strengthening families and neighborhoods to rebuild America*. New York: Anchor Books, Doubleday.
- Sheldon, S. B. (2002). Parents' social networks and beliefs as predictors of parent involvement. *The Elementary School Journal, 102*(4), 301-316.



- Shimoni, R., & Baxter, J. (2005). *Working with families: Perspectives for early childhood professionals, 3rd edition*. Toronto: Addison, Wesley, Longman.
- Short, K. H., & Johnston, C. (1994). Ethnocultural parent education in Canada: Current status and directions. *Canadian Journal of Community Mental Health, 13*(1), 43-55.
- Short, K. H., & Johnston, C. (1997). Stress, maternal distress, and children's adjustment following immigration: The buffering role of social support. *Journal of Consulting and Clinical Psychology, 65*(3), 494-503.
- Smith, C., & Pugh, G. (1996). *Learning to be a parent*. London, England: Family Policy Studies Centre.
- Smythe, S. (2004) Understanding family support programs. *Perspectives in Family Support, 1*(1), 5-14.
- Stansfeld, S. A., Rael, G. S., Head, J., Shipley, M., & Marmot, M. (1997). Social support and psychiatric sickness absence: A prospective study of British civil servants. *Psychological Medicine, 27*(1), 35-48.
- Sylvestre, J., Ochocka, J., & Hyndman, B. (1999). Findings from the Ontario regional evaluation of the Community Action Program for Children. *The Canadian Journal of Program Evaluation, 14*(2), 29-56.
- Taylor, A. R., Sylvestre, J. C., & Botschner, J. V. (1998). Social support is something you do, not something you provide: Implications for linking formal and informal support. *Journal of Leisureability, 25*(4), 3-13.
- Thoits, P. A. (1995). Stress, coping, and social support processes: Where are we? What next? *Journal of Health and Social Behavior, Extra Issue, 53-79*.
- Wall, E., Ferrazzi, G., & Schryer, F. (1998). Getting the goods on social capital. *Rural Sociology, 63*, 300-322.
- Weiss, Carol H. (1998). *Evaluation, 2nd edition*. New Jersey: Prentice Hall.
- Weissbourd, B., & Kagan, S. L. (1989). Family support programs: Catalysts for change. *American Journal of Orthopsychiatry, 59*(1), 20-31.
- Whitmore, E. (1991). Evaluation and empowerment: It's the process that counts. *Empowerment and family support, 2*(2), 281-286.
- Williams, A. (2002). *Putting parent engagement into action: A practical guide*. Chicago: Family Support America.
- Willms, J. D. (2002). *Vulnerable children: Findings from Canada's National Longitudinal Survey of Children and Youth*. Edmonton, AB: The University of Alberta Press.
- Wilson, J. (2001). Dr. Putnam's social lubricant. *Contemporary Sociology, 30*(3), 225-227.
- Woolcock, M. (2001, Spring). The place of social capital in understanding social and economic outcomes, *ISUMA, 11-17*.



Woolcock, M., & Narayan, D. (2000). Social capital: Implications for development theory, research, and policy. *The World Bank Research Observer*, 15(2), 225-249.

World Bank Group. (2004). *What is empowerment?* Retrieved March 10, 2005, from <http://lnweb18.worldbank.org/ESSD/sdvext.nsf/68ByDocName/WhatIsEmpowerment>

Zizys, T. (1998). Community economic development & FRP's. *Ontario Connections*, 13(3), 1.



Appendices

List of Participating Organizations

NAME	CITY	PROVINCE
Adventure Place	North York	ON
Alexandra Park Community Centre	Toronto	ON
Birchmount Bluffs Neighbourhood Centre	Scarborough	ON
Bowcroft Family Resource Centre	Calgary	AB
Brighter Futures Play Group/ Drop-In	St. John's	NL
Central Eglinton Community Centre	Toronto	ON
Centrepointe Early Childhood Resource Centre	Nepean	ON
Chances Family Resource Centre	Stratford	PEI
Creating Together	Toronto	ON
East End Children's Centre	Toronto	ON
East York, East Toronto Family Resources	Toronto	ON
Edgewood Connection, Applegrove Community Complex	Toronto	ON
Family Resource Connection	Toronto	ON
Gerrard Resource Centre, Ryerson University	Toronto	ON
Jane/Finch Community and Family Centre	North York	ON
L.A.M.P. Family Centre	Etobicoke	ON
Macaulay Child Development Centre	Toronto	ON
More Than Child's Play Family Resource Centre	Toronto	ON



NAME	CITY	PROVINCE
Native Women's Resource Centre	Toronto	ON
Next Door Family Resources	Etobicoke	ON
OEYC Niagara Centre	Welland	ON
Parent Resources	Toronto	ON
Parent Resource Centre	Ottawa	ON
Restigouche Resource Centre for Parents	Campbellton	NB
Rural Family Resource Centre	Thunder Bay	ON
South Riverdale Child-Parent Centre	Toronto	ON
Toronto Military Family Resource Centre	North York	ON
Valley Family Resource Centre	Fredericton	NB



“Voices” Interview Guide

Participation

1. Let's start by telling me about the very first time that you came to this Family Resource Program (FRP)? What was that experience like for you?
2. What was that experience like for your child(ren)?
3. So what happened after that first time?
Probe: Why did you come back? Have you had any experience with other FRPs?
4. Can you tell me about what you and your child(ren) do when you come here?
5. What does it feel like for you when you are at the FRP?
Probe: Can you think of a specific example or situation in which these feelings emerge? How does it happen?
6. Can you tell me about a particular experience that was helpful to you and/or your child(ren)?
Probe: How unique is this experience? Are there other helpful situations?
7. Since you have been coming here what has changed for you?
Probe: The number of activities, type of responsibility assumed (participant, organizer, leader, etc.); Socially, educationally, emotionally
Probes: What made that possible? How did it happen?
8. Since you have been coming here what has changed for your child(ren)?

Relationships with others at the FRP

I would like to move now to more specifically talk about the kinds of relationships that you have made with people at the FRP.

1. Can you tell me about the kinds of relationships that you have made?
Probe: with other parents, caregivers, staff, other child(ren)?
2. Can you tell me about the kinds of relationships that your child(ren) has/have made?
3. How have these relationships changed over the course of your participation?
4. How have these relationships helped you?
5. How have these relationships helped your child(ren)?
6. Can you tell me about a particular relationship that has been very important to you?
Probe: Can you recall a situation that would help me understand the importance of the relationship?



7. Have there been relationships that have disappointed you, which you have not felt positive about? Can you tell me about these?

Relationship with your family

I would like to move on to your relationship with your family.

1. Can you tell me how your relationship with members of your family might have been influenced by your participation in the FRP?
2. Can you tell me about a particular family experience that was made possible by your participation in the FRP?
3. Can you tell me how your participation may have been helpful to members of your family? Can you tell me about a specific situation?

Relationships/Linkages in the community

I would like to now move on to talk about any involvements that you may have in the community.

1. Can you tell me how the FRP reaches out and connects with the community?
Probe: Referrals, etc.
2. Can you tell me how the FRP has influenced your involvement in the community?
3. Can you tell me about an experience you have had in the community that resulted from your involvement in the FRP?

Recommendations

In concluding this interview, I would like to talk about ways in which FRPs can be strengthened.

1. Have there been any disappointments for you or your children at the FRP?
Probe: Has anything made it difficult for you to participate in the FRP?
2. What would you recommend to us that would strengthen the FRP?

Thank you for answering all these questions and for sharing your experiences with us. As we put together a report of the many experiences described by participants, is there anything of particular importance to you that you hope gets attention in the report?

Thank you for completing these questions!





MAFRP

METRO ASSOCIATION OF
FAMILY RESOURCE PROGRAMS

RYERSON UNIVERSITY

AN MAFRP – RYERSON UNIVERSITY PROJECT